



Connecting for Life

Cavan and Monaghan

Suicide Prevention Action Plan
2017 – 2020



National Office for
Suicide Prevention

Are you, or someone you know, in crisis now and need someone to talk to?

Please do not be alone. If you are worried about yourself or someone you know it is important to get help as soon as possible. Everyone needs help from time to time. In fact, asking for help is a sign of personal strength.

- Your first point of contact is your local GP. If it is late in the evening or at the weekend, contact NE Doctor on Call on 1850 777 911.
- Go to the Emergency Department in Cavan General Hospital.
- Contact the Emergency Services on 999 or 112.
- Call the Samaritans 24 hour Freephone Listening Service on 116 123.
- Visit www.yourmentalhealth.ie for information on mental health supports and services.

TABLE OF CONTENTS

	Foreword	3
	Acknowledgements	4
	Introduction	5
1	Context for Suicide Prevention	7
1.1	International context	8
1.2	National policy context	9
1.3	Local context in Cavan and Monaghan	14
2	Development of the Action Plan	25
2.1	Approach	26
2.2	Consultation process	26
3	Priority Groups, Risk and Protective Factors	29
3.1	National priority groups in Ireland	30
3.2	Local priority groups	31
3.3	National risk factors	35
3.4	Local risk factors	35
3.5	Protective factors	38
4	Connecting for Life Cavan and Monaghan Strategic Goals, Objectives and Actions	42
5	Implementation of Connecting for Life Cavan and Monaghan	66
5.1	Implementation structures and roles	67
5.2	Monitoring and evaluation	68
5.3	Communicating <i>Connecting for Life Cavan and Monaghan</i>	68
5.4	Resourcing <i>Connecting for Life Cavan and Monaghan</i>	68
	Appendices	
	Appendix 1: Abbreviations	70
	Appendix 2: Definition of key terms	71
	Appendix 3: Membership of Cavan Monaghan Suicide Prevention Steering Group	74
	Appendix 4: Sources of evidence for <i>Connecting for Life Cavan and Monaghan</i>	75
	Appendix 5: Notes and caveats on suicide data	76
	Appendix 6: Overview of HSE/NOSP suicide prevention training programmes	77
	Appendix 7: Consultations undertaken in Cavan and Monaghan	80
	References	82

LIST OF TABLES

Table 1.1:	Self-harm data - Number of residents and rates per 100,000 (2015)	18
Table 1.2:	Suicide Prevention Training Programmes	21
Table 2.1:	Numbers attending the consultations in Cavan and Monaghan	27
Table 3.1:	Priority groups identified in <i>Connecting for Life</i> (2015-2020)	30
Table 3.2:	Groups identified as at risk of self-harm and suicide in Cavan consultations	32
Table 3.3:	Groups identified as at risk of self-harm and suicide in Monaghan consultations	34
Table 3.4:	National individual, socio-cultural and situational risk factors	35
Table 3.5:	Local risk factors identified in the Cavan consultations	36
Table 3.6:	Local risk factors identified in the Monaghan consultations	37
Table 3.7:	Some ways protective factors could be strengthened	39

LIST OF FIGURES

Figure 1.1:	Global suicide facts and figures (WHO)	8
Figure 1.2:	Suicide rate per 100,000 by gender, 2001-2015 (CSO)	10
Figure 1.3:	National self-harm statistics for 2015 (NSRF)	11
Figure 1.4:	Rates of self-harm per 100,000 by gender, 2002 – 2015 (NSRF)	12
Figure 1.5:	Three year moving average death rates by suicide per 100,000 of population in Cavan, Monaghan and the State; 2004 – 2015	16
Figure 1.6:	Age standardised death rate by suicide per 100,000, 2003-2012 (Cavan)	17
Figure 1.7:	Age standardised death rate by suicide per 100,000, 2003-2012 (Monaghan)	17
Figure 1.8:	Training needs identified in the National Suicide Prevention Training Strategy	21
Figure 3.1:	Groups identified as at risk of suicide in the Cavan survey	31
Figure 3.2:	Groups identified as at risk of suicide in the Monaghan survey	33
Figure 5.1:	<i>Connecting for Life Cavan and Monaghan</i> Action Plan Implementation Structures	67

FOREWORD

Connecting for Life is the National strategy to reduce suicide in Ireland over the period 2015 - 2020. The Cavan and Monaghan Suicide Prevention Action Plan has been developed to ensure our local actions and outcomes are relevant and responsive to that strategy.

Preventing suicide is essential work as we begin to move away from our historical failure to properly value Mental Health Services and begin to understand the importance of good mental health, and the terrible burden poor mental health places on individuals, families and society.

The impact of suicide on families and communities is deep and prolonged. This Suicide Prevention Action Plan is founded upon meaningful engagement with all key stakeholders. It is clear that the voice of the community has informed the overall aim of the plan to create a supportive living environment where good timely and informed intervention is the norm.

While the HSE will lead on the implementation of *Connecting for Life Cavan and Monaghan*, it is understood by everyone involved that the way forward is to act together within and across services, sectors and communities.

I am glad to extend thanks to the Chair of the Cavan Monaghan Suicide Prevention Steering Group Pdraig O'Beirne, Area Director of Nursing Cavan Monaghan CHO1, and to everybody who contributed to the development of the truly wide-reaching, positive and integrated approach outlined in the action plan. I look forward to the delivery of the commitments and actions as set out.



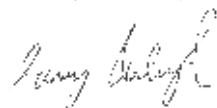
Leo Kinsella

Head of Service Mental Health CHO1

A word from the Director of the National Office for Suicide Prevention

Connecting for Life, the national strategy for suicide prevention sets a minimum target of a 10% reduction in the suicide rate in Ireland by 2020. The achievement of this challenging target will rely upon an all of government, all of society approach. The key challenge of translating national policy into local implementation in a consistent, effective and efficient manner is acknowledged.

Connecting for Life Cavan and Monaghan connects all key partners from the statutory, community and voluntary sectors. It has taken the national goals and objectives and, taking on board the views of the people in Cavan and Monaghan, agreed a detailed local action plan. It is important that we continually monitor and learn from the implementation of *Connecting for Life Cavan and Monaghan*. There is a focus on outcomes and measuring improvement relating to the target set. This is important not alone for the communities in Cavan and Monaghan, but also that improved learning and understanding can be shared nationally and internationally. It is only by connecting and pooling our expertise, resources and energy and by working together in a spirit of real co-operation, that we can achieve our goal.



Gerry Raleigh

Director, National Office for Suicide Prevention

ACKNOWLEDGEMENTS

The participation on the Cavan Monaghan Suicide Prevention Steering Group from a wide range of statutory and non-statutory organisations, from the Community and Voluntary sector and from individuals affected by suicide made the process of developing *Connecting for Life Cavan and Monaghan* a truly collaborative one. Everyone involved gave their time, energy, enthusiasm and commitment and this was a crucial part of the success of the project. Membership of the Cavan Monaghan Suicide Prevention Steering Group is listed in Appendix 3.

Special acknowledgement and thanks to:

- The people of Cavan and Monaghan who took the time to share their views on suicide prevention and mental health during the public consultation process, through attendance at community workshops, specific focus group meetings, completion of online surveys and postcards;
- Consultants Allen McAdam from MCA Consulting and Kathy Walsh from KW Research Associates for their invaluable contribution in supporting the planning process and drafting the final plan;
- Staff in the National Office for Suicide Prevention and the HSE Mental Health Division for their guidance and support throughout the process;
- Cavan County Council, Monaghan County Council and Tusla for their financial assistance towards the consultation elements of the plan;
- Martin MacKenna for contributing his time and expertise to the photography for the document.

PHOTO CREDITS

A special thanks to Cavan and Monaghan's famous sons and daughters for showing their support with the work and giving their time freely to endorse the initiative through photographs and videos.

- **Page 6:** Neven Maguire, MacNean House & Restaurant, Blacklion, Co. Cavan
- **Page 24:** Charlene Mc Kenna, The Lodge at Castle Leslie, Co. Monaghan
- **Page 28:** The Strypes, Townhall, Cavan, Co. Cavan
- **Page 41:** Aoibhinn Mc Ginnity, Rossmore Park, Co. Monaghan
- **Page 44:** Aogan O Fearghail, GAA President; Caitriona Smith, Cavan Ladies GAA; Laura Mc Enaney, Monaghan Ladies GAA; Breffni Park, Co. Cavan
- **Page 65:** Honorary Garda Ceejay Mc Ardle, Garda Eve Mc Crystal, Sergeant Tom Mill, Garda Frances Merrick, Inspector Kevin Gavigan, Castleblayney Garda Station, Co. Monaghan
- **Page 69:** Áine Cahill, Cavan County Council, Co. Cavan
- **Page 85:** David Hanley, Monaghan Minor Captain and Paddy Meade, Cavan Minor Captain with Referee SP Doherty, Linemen Dan Mullan, Kevin Faloon and Sideline Official Karol Doherty. Breffni Park, Co.Cavan

Connecting for Life Cavan and Monaghan is available in electronic format at
www.connectingforlifecavanmonaghan.ie

INTRODUCTION

Suicide prevention and reduction is the responsibility of everyone in society as every death by suicide is a tragedy that affects families, friends, workplaces and communities. This shared concern where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing requires a collective response. *Connecting for Life Cavan and Monaghan* is a four-year action plan, grounded in an approach that recognises the contributions that can be made across all sectors of our community.

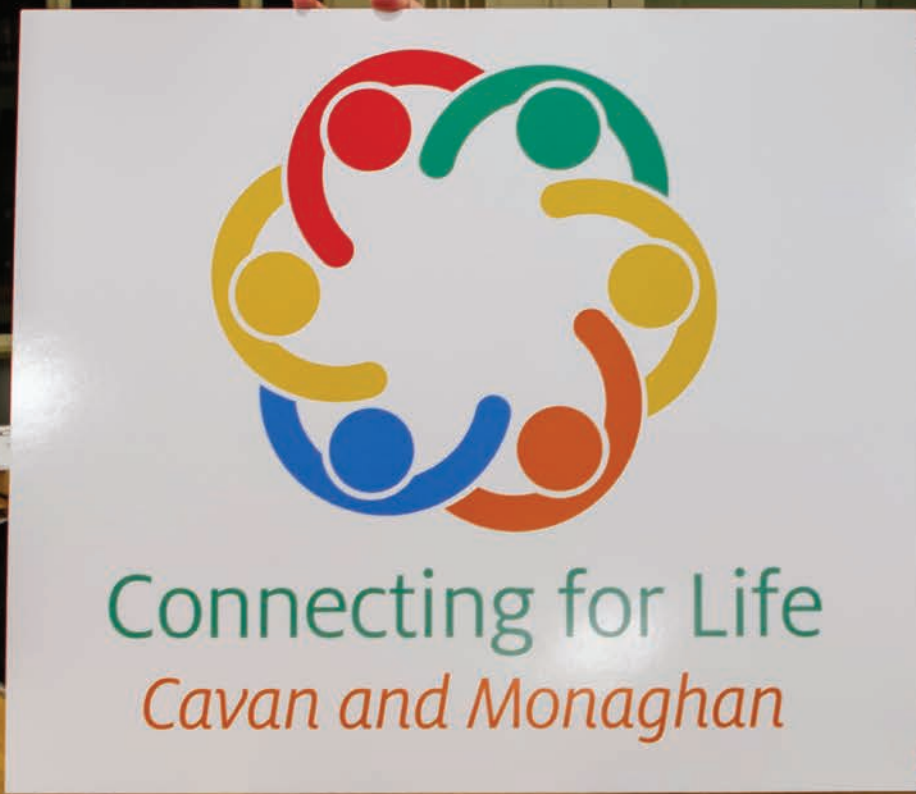
Suicidal behaviour is complicated and usually cannot be explained by a single cause or risk factor. It is more often the end point of a complex history of risk factors and distressing events. Therefore it is important that people feel confident and competent talking about mental health, suicide prevention and suicide. It is through this approach that individuals and communities learn to recognise the signs and symptoms associated with mental health problems and suicidal behaviour, develop skills to support others, and are aware of where help is available. It is equally important that the services providing support do so in a timely and effective manner.

Many suicides are preventable, and for national strategies and local action plans to be effective, a comprehensive multi-sectoral approach is needed. *Connecting for Life Cavan and Monaghan* recognises the contributions that can be made across all sectors of our community with the aim of reducing suicide. This Action Plan sets out a vision for suicide prevention across both counties and outlines the actions that will be taken to achieve the vision. *Connecting for Life Cavan and Monaghan* has been developed in response to *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015 – 2020. The approach in the preparation of the local action plan has been collaborative and inclusive, involving a broad range of organisations and individuals from statutory, non-statutory, community and voluntary sectors, and has also involved the general public.



Padraig O'Beirne

Area Director of Nursing Cavan Monaghan
Chair *Connecting for Life Cavan Monaghan*





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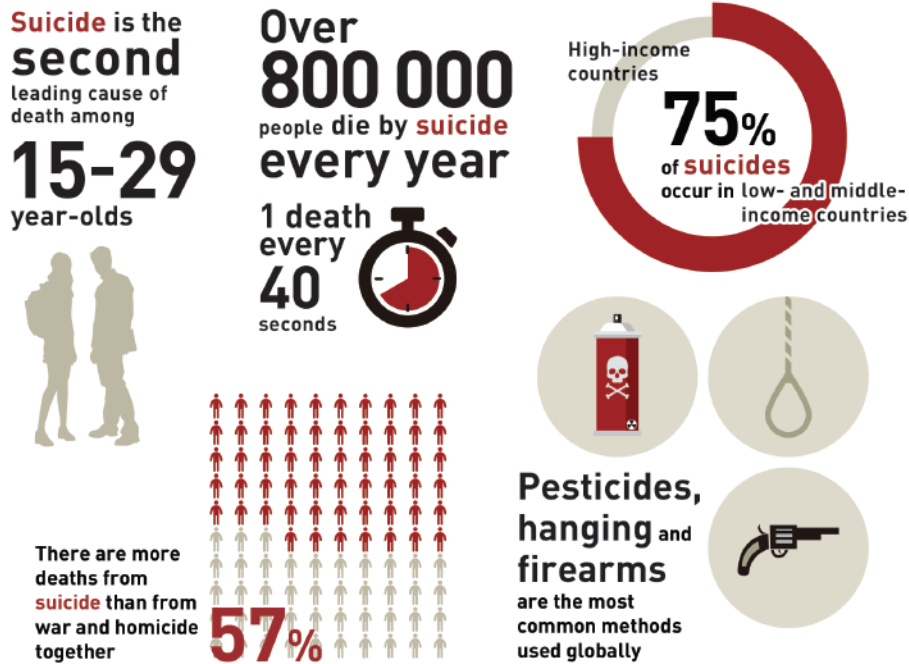
CONTEXT FOR SUICIDE PREVENTION

1.1 INTERNATIONAL CONTEXT

According to the World Health Organisation (WHO), over 800,000 people die by suicide every year with many more people attempting suicide (1). See Figure 1.1 for global suicide facts and figures.

Figure 1.1: Global suicide facts and figures (1)

Suicide: facts and figures



Suicides are preventable



Key is a comprehensive multisectoral approach

Most countries currently do not have a **national suicide prevention strategy**



10% reduction of suicide rates is the target in the Mental Health Action Plan 2013-2020

1.2 NATIONAL POLICY CONTEXT

Connecting for Life is the national strategy to reduce suicide in Ireland over the period 2015 – 2020 (2). It sets out the Irish Government's vision for suicide prevention, the expected outcomes over the next five years and the actions that will be taken to prevent suicide and self-harm in Ireland. The strategy follows on from Reach Out (2004 - 2014) (3), the first Irish national strategy for suicide prevention. The National Office for Suicide Prevention was set up in 2005 within the HSE to oversee the implementation, monitoring and coordination of Reach Out. There has been extensive development of national and international research in relation to suicidal behaviour and suicide prevention interventions, and the services available to people in emotional distress have improved in terms of availability, access and quality.

A Vision for Change, the national strategy for mental health (4); *Healthy Ireland*, the national framework for action to improve the health and wellbeing of the population (5), and *Better Outcomes, Brighter Futures*, the national policy framework for children & young people 2014 – 2020 (6) collectively provide the broad policy context for suicide prevention actions both nationally and locally.

1.2.1 SUICIDE IN IRELAND

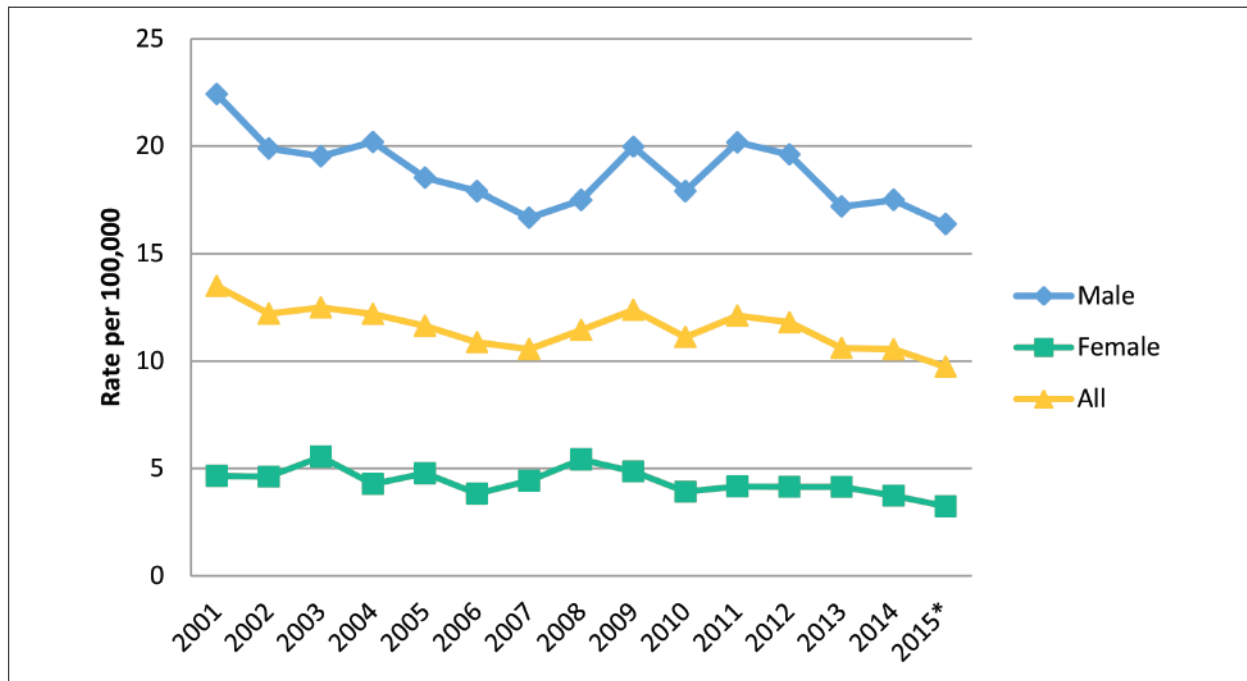
The number of deaths by suicide in Ireland is lower than it is for most European Union countries (7). Looking at the total rate of suicide for men and women of all ages, in Ireland the rate in 2013 was 11.1 per 100,000 of the population – the 12th lowest of 33 European countries. However, in Ireland the suicide rates among young males and females are relatively high in comparison to international rates for young people. Taking males and females aged 15 – 19 together, the national rate in 2013 was 7.6 per 100,000, the 6th highest suicide rate in this age group in the EU (8).

The number and rate of completed suicides in the Republic of Ireland for 2014 was 486 or 10.5 per 100,000 population with males accounting for 399 (82%) and females 87 (18%) (9). The 2014 figures for males indicate a high completed suicide rate among males aged between 45 and 54 at 28.2 per 100,000, while the greatest increase was among men aged 15 – 24 years (rate of 23.4 compared to 16.1 in 2016). The highest rate among females was also between ages 45 and 54 years at a rate of 6.9 per 100,000. It is therefore imperative that the focus of suicide reduction is not confined to a gender or indeed a particular age group.

Figure 1.2 outlines the suicide rate per 100,000 population by gender for the period 2001 – 2015 (10). The recession in Ireland appears to have had a significant negative impact on rates of suicide in men and on self-harm in both men and women. Research conducted by the National Suicide Research Foundation (11) found that by the end of 2012, the male suicide rate was 57% higher than it would have been had the economic recession not occurred, whereas female suicide was almost unchanged. The rate of male and female self-harm was 31% and 22% higher respectively for the same period.

It is well known that suicide has a widespread and devastating effect on people close to the deceased. A study from a next-of-kin perspective in Northern Ireland (12) found that for every death by suicide, 71 other individuals were affected (16 family members, 31 friends, 10 people in the local community, 13 colleagues and 1 health care professional).

Figure 1.2: Suicide rate per 100,000 by gender, 2001-2015* (10)

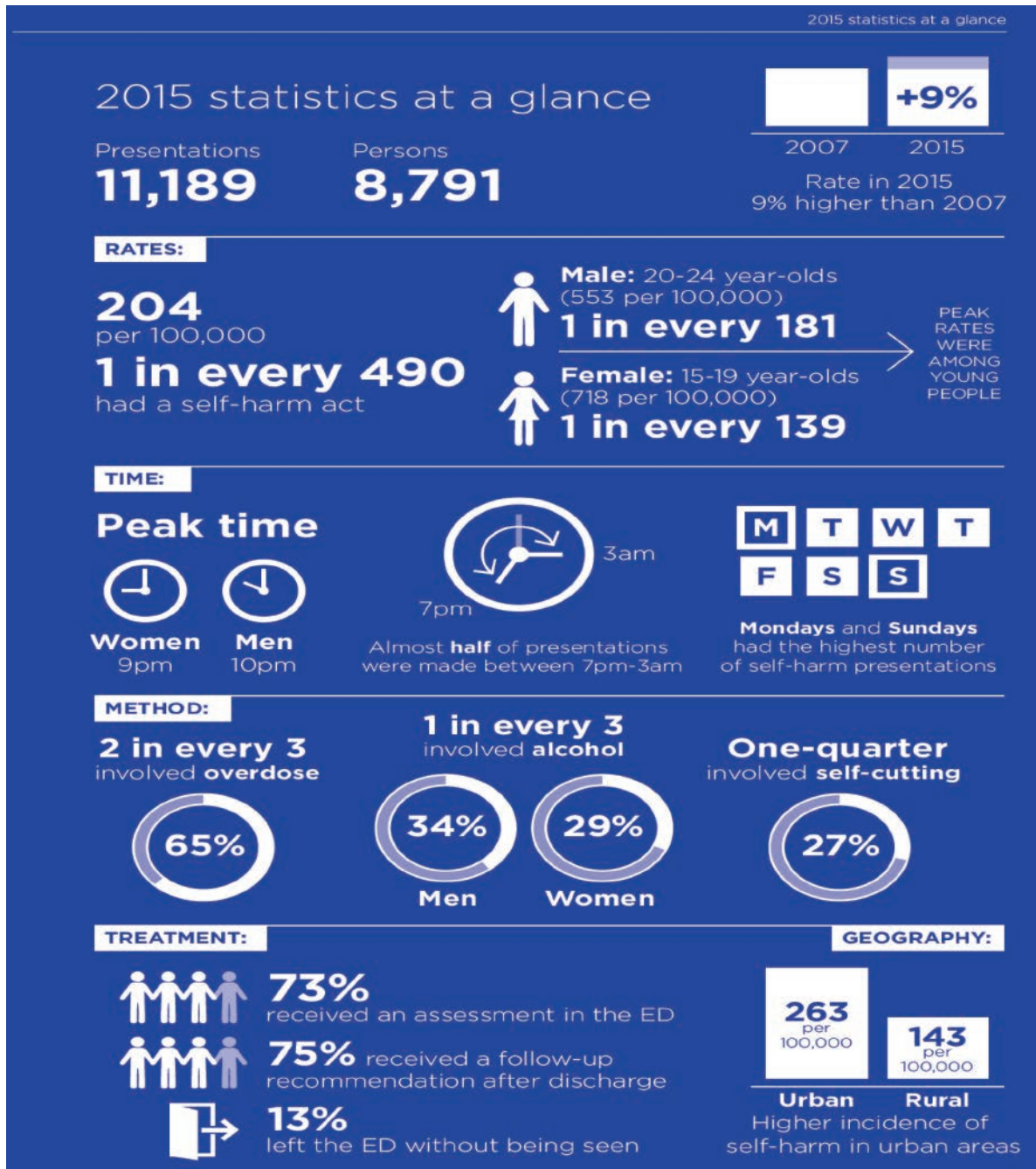


* Rates for 2015 are provisional and subject to change

1.2.2 SELF-HARM IN IRELAND

Self-harm describes the various methods by which people harm themselves non-fatally. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent. However, a history of one or more acts of self-harm is the single strongest predictor of repeated suicidal behaviour, both fatal and non-fatal (13). See Figure 1.3 for details of national self-harm statistics for 2015 (14).

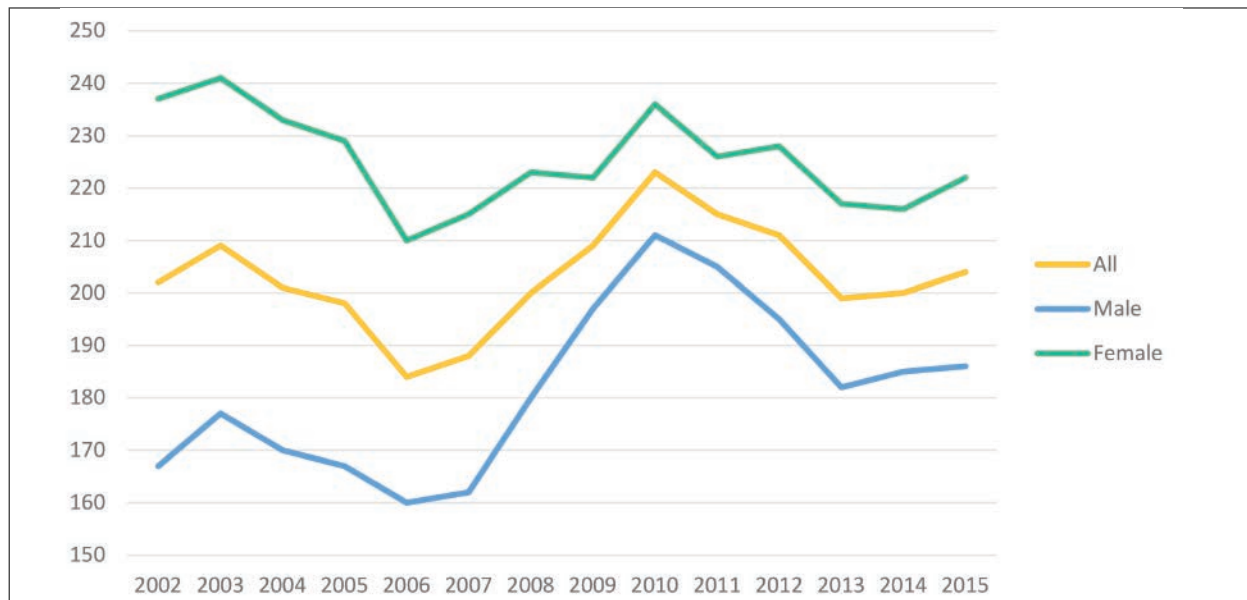
Figure 1.3: National self-harm statistics for 2015 (14)



Data held by the National Self-Harm Registry Ireland (14) suggests that there has been a stabilisation and modest fall in self-harm rates. Between 2011 and 2013, there were successive decreases in the self-harm rate. An essentially unchanged rate in 2015 indicates a further stabilisation of the rate of self-harm in Ireland since 2013. However, the rate in 2015 was still 9% higher than in 2007, the year before the economic recession. Nationally, the rate of self-harm remains higher among women than men but the gender gap has narrowed from 37% a decade ago to 19% in 2015. According to the National Suicide Research Foundation (NSRF) the increase in male rates is particularly worrying because self-harm methods among men tend to involve “higher lethality” leading to a greater risk of suicide following self-harm among males compared to females (14). Compared to 2014, the only significant change in the rate of hospital-treated self-harm by age in 2015 was among men aged 35-39 years, where the rate increased by

15% from 220 to 253 per 100,000. Rates of self-harm for other age groups remained similar to 2014 figures. In 2015, 14.6% of all patients treated in Emergency Departments with an act of self-harm repeated; 14.5% males and 14.7% females. In general, levels of repetition fluctuated slightly between 2007 and 2014 but overall levels of repetition have not decreased. Figure 1.4 outlines the changes to rates of self-harm per 100,000 population by gender for the period 2002 – 2015.

Figure 1.4: Rates of self-harm per 100,000 population by gender, 2002 – 2015 (14)



1.2.3 THE ROLE OF ALCOHOL IN SUICIDE AND MENTAL HEALTH

The World Health Organisation (WHO) acknowledges harmful alcohol use is a key risk factor for all types of suicidal behaviour (1). Individuals with a substance use disorder (i.e. either a diagnosis of abuse or dependence on alcohol or drugs) are almost six times more likely to report a lifetime suicide attempt than those without a substance use disorder (15). Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and current suicidal thoughts are common (16, 17). The long-term effects of alcohol misuse are probably mediated through interconnected effects on mood and social processes. Those not actually dependent on alcohol are at risk through the short-term effects on mood, cognitive processes and impulsivity. Young people appear to be particularly susceptible to alcohol-associated suicidal behaviour, and the pattern of drinking especially binge drinking may be of relevance (18).

There is substantial evidence in Ireland and internationally of the negative effect of excessive alcohol use on mental health and wellbeing. My World Survey of young people’s mental health in Ireland showed that excessive use of alcohol is associated with poor mental health and wellbeing, with strong links between excessive drinking and suicidal behaviour in young adults (19). A study by the National Suicide Research Foundation of suicides in Cork found that the presence of alcohol and/or drug abuse was confirmed in 60.7% of cases. Among these, 48.6% had abused alcohol, 21% had abused drugs and 27.6% had abused both alcohol and drugs (20). Similarly, Walsh et al. (21) found that alcohol consumption had a significant effect on suicide mortality among men in Ireland and is strongly associated with suicide completion in the general population and among young people. In relation to self-harm the National Self-Harm Registry in Ireland 2015 found that alcohol was involved in one third of all self-harm cases being associated with more cases in males than females (34% and 29% respectively) (14).

Evidence-based public health policies to reduce the harmful use of alcohol and drugs are required to reduce suicidal behaviour (22). These policies are considered particularly important within populations with a high prevalence of alcohol use, such as Ireland (23).

1.2.4 EVIDENCE FOR SUICIDE PREVENTION, KNOWLEDGE AND AWARENESS

In 2014, the Health Research Board (HRB) were asked by the National Office of Suicide Prevention (NOSP) to examine the evidence base for suicide prevention in order to establish which suicide prevention interventions were successful in reducing suicidal behaviour including suicidal ideation, self-harm, suicide attempts or death by suicide (24). This review found the body of evidence on suicide prevention interventions to be limited.

More recently in 2016, two major reviews were published which synthesised the evidence around suicide prevention (25, 26). The outcomes from these studies strengthen the evidence base in several areas of suicide prevention and have been included in the list below. Clearly more research is needed and systematic evaluation of interventions carried out under the implementation of Connecting for Life will make a very important contribution to the evidence base.

A review of all literature indicates that the following types of interventions were effective or show promise (24; 25; 26):

- Promote public awareness with regard to issues of mental wellbeing, suicidal behaviour, the consequences of stress and effective crisis management.
- Enable early identification, assessment, treatment and referral to professional care of people vulnerable to suicidal behaviour.
- Promote increased access to comprehensive services, including mental health services and Emergency Departments, for those vulnerable to, or affected by suicidal behaviour.
- Allow screening for suicide risk among groups vulnerable to suicide.
- Improve healthcare services targeting people vulnerable to suicide, including improvements in inpatient and outpatient aftercare available to people who have attempted suicide.
- Maintain a comprehensive training programme for identified first responders and frontline healthcare staff (e.g. Gardaí, Emergency Department staff, educators, physicians, mental health professionals).
- Promote responsible reporting of suicidal behaviour by media outlets.
- Effective pharmacological and psychological treatments of depression are important in prevention.
- The anti-suicidal effects of clozapine and lithium have been confirmed but may be less specific than previously thought.
- The provision of therapeutic approaches such as dialectical behavioural therapy (DBT) and cognitive behavioural therapy (CBT) to defined population groups, e.g. those who repeatedly self-harm.
- Provide supportive and rehabilitative services to people affected by suicide/suicidal behaviour.
- Restricting access to lethal means can prevent suicide.
- Support the establishment of an integrated data-collection system, which serves to identify at-risk groups, individuals, and situations.
- Support a whole-school approach to mental health promotion.
- Evidence is also emerging relating to the potential benefits of online supports and services to people who have mental health problems or are vulnerable to suicide.

1.3 LOCAL CONTEXT IN CAVAN AND MONAGHAN

Along with the rest of the country, Cavan and Monaghan have faced major economic, social and financial change in the last decade. These challenges include population growth, increasing diversity, high levels of unemployment, poverty, homelessness, social deprivation, alcohol and drug misuse and financial difficulty arising from the recent economic downturn. New technologies have changed personal and business communications and the increasing presence of social media and the immediacy of communications are bringing new challenges for everyone, especially teenagers and young adults. The Irish healthcare and social care services have also gone through a series of reforms. In the community and voluntary and non-statutory sector, whilst new agencies, groups and supports have been established to address the issues of mental health and suicide prevention, this sector has been severely challenged by recent structural reforms and lack of funding.

1.3.1 COUNTY CAVAN

County Cavan is a largely rural County, with agriculture being the primary land use: 74% of Cavan's population live in rural areas. The agricultural sector remains a strong contributor to the overall economy of the County, which has a long tradition in the food and agribusiness industry such as meat, milk and poultry processing and pig production. The agri-food sector, renewable energy and tourism are identified as areas of importance for County Cavan by the County Council.

1.3.2 KEY STATISTICS FOR CAVAN

Recent headline figures released in 2017 from the Central Statistics Office (CSO) (27) indicate the population of the county was 76,176 persons in 2016 (an increase of 19% since 2006, compared to a 12% increase nationally).

A more detailed breakdown of CSO data from the 2011 Census (28) showed that Cavan:

- Was the 8th most deprived local authority area in Ireland (29).
- Ranked 7th/24 for dependency ratio (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) of 55.4% (National rate 49.3%).
- Had the fourth highest proportion of population with primary education only of 19.4% (National rate 15%).
- Ranked 11th/34 for unemployment rate in Ireland at 21.2% (National rate 19%).
- Ranked 29th/34 for lone parent rate in Ireland at 9.8% (National rate 10.9%).
- Ranked 24th/34 for local authority rented housing at 6.6% (National rate 7.8%).
- Had below average rates for those who reported their health as being bad or very bad at 1.3% (nationally 1.5%) and for those with a disability at 11.9% (nationally 13.0%).

1.3.3 COUNTY MONAGHAN

County Monaghan remains a predominantly rural county with approximately 80% of the population living in population centres of less than 1,000 people. County Monaghan traditionally had a very strong agricultural base and primary and secondary agriculture still has an important role to play in the county's economy. While agriculture continues to provide both direct and indirect employment, it has reflected the national trend of a decline in employment numbers.

1.3.4 KEY STATISTICS FOR MONAGHAN

Recent Central Statistic Office (CSO) figures released in 2017 indicated the total population of the county was 61,386 persons in 2016 (an increase of 10% since 2006, compared to a 12% increase nationally) (27).

A more detailed breakdown of CSO data from the 2011 Census (30) showed that Monaghan:

- Had high deprivation with 93% of the population below average affluence or disadvantaged (national 51%) (29).
- Was the seventh most deprived local authority area in Ireland (29).
- Had higher than average proportion of semi, unskilled and agricultural workers of 15.6% compared to national rate of 11.7%.
- Had the second highest proportion of population with primary education only of 20.8% (National rate 15%).
- Had a dependency ratio (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) of 53.0% (National rate 49.3%).
- Had an unemployment rate of 20.6% (National rate 19%).
- Had a lone parent rate of 10.5% (National rate 10.9%).
- Ranked 20th/34 for the percentage of local authority rented housing at 7.1% (National rate 7.8%).

1.3.5 LOCAL POLICY CONTEXT IN CAVAN AND MONAGHAN

Counties Cavan and Monaghan are part of the HSE Community Healthcare Organisation (CHO) 1, which was established in 2015 as part of the HSE's reorganisation of the country's community health services. The area covered by CHO 1 has a population of 393,449 and includes the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo. Integrated primary care, social care, mental health and health and wellbeing is the foundational building block to providing health care in the area with effective clinical pathways and links to other specialist services (substance use, chronic disease, palliative care etc.). The hospitals that serve Cavan and Monaghan are part of the Royal College of Surgeons in Ireland (RCSI) Hospitals group.

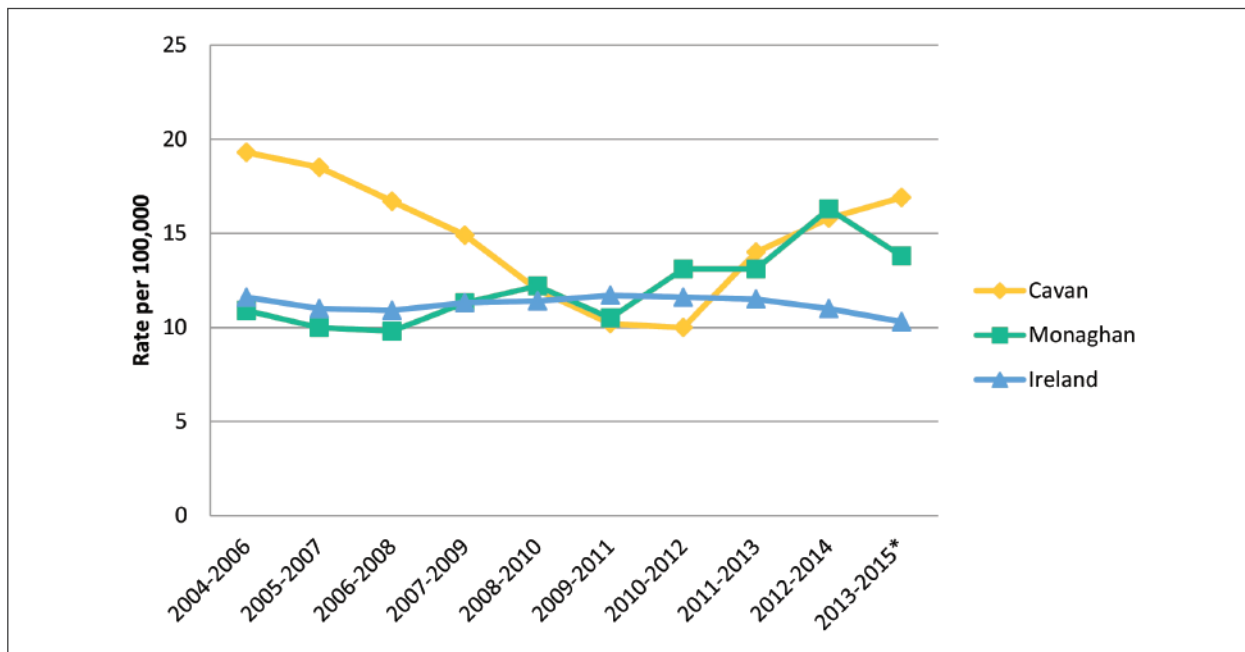
New local government structures were introduced throughout Ireland as part of the Local Government Reform Act in 2014. Within Cavan and Monaghan County Council, the new Local Community Development Committees (LCDCs) are responsible for developing, coordinating and implementing a coherent and integrated approach to local and community development, including the governance, planning and oversight of publicly funded local and community development interventions. County Cavan and Monaghan LCDCs developed and launched their 6 year Local Economic and Community Plans (LECP) in 2016, which set out objectives and supporting actions to promote economic development and local and community development in the two counties. The implementation of Connecting for Life Cavan and Monaghan is included within the Local Economic and Community Plans.

The Cavan and Monaghan Children and Young People's Services Committee (CYPSC) is a county wide committee that brings together the main public and not-for-profit agencies and organisations providing services to children and young people in the county. Their three-year plan aims to ensure that children and young people are active and healthy, achieving their full potential, safe and protected from harm, have economic security and are connected, respected and contributing to their world.

1.3.6 SUICIDE RATES IN CAVAN AND MONAGHAN

The Central Statistics Office (CSO) provides data on deaths by suicide by local government area (9). It is customary to use rates per 100,000 of the population in order to map trends and to compare areas. Reporting deaths from suicide at county level can be problematic, with a significant risk that people can be identified in the data, difficulty defining the population of the area and the relatively big swings in rates if numbers change even minimally. Therefore, 'three-year age standardised death rates' have been used to show trends and avoid bias due to annual fluctuations.

Figure 1.5: Three year moving average death rates by suicide per 100,000 of population in Cavan, Monaghan and the State; 2004 – 2015* (9)

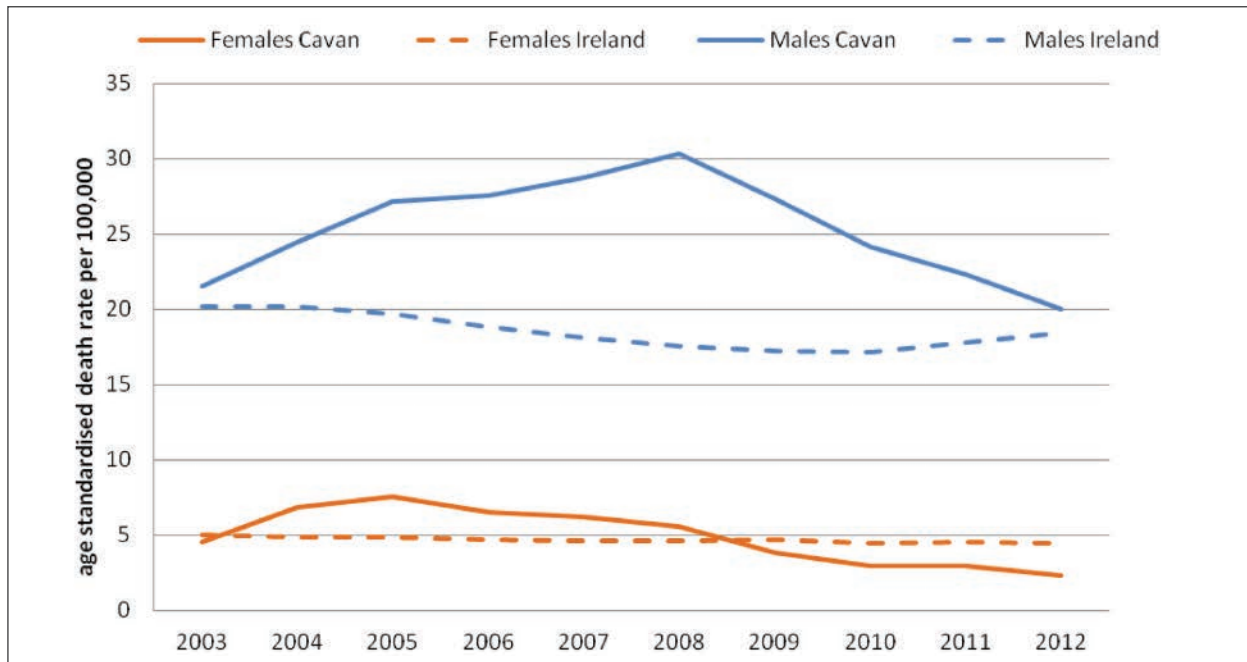


* Rates for 2015 are provisional and subject to change

Figure 1.5 presents three-year moving average rates of suicide per 100,000 of the population for the two counties compared to the national average. These figures indicate that while there has been a general downward trend over the last ten years nationally, the rates for both Cavan and Monaghan have generally been above the national rate. When rates across the country are considered, the CSO data (9) indicates that Monaghan has the fourth highest average suicide rate by county of residence for the period 2012 – 2014, at 16.3 per 100,000, while Cavan has the seventh highest rate at 15.8 per 100,000. It should also be noted that the above figures do not include unconfirmed deaths by suicide or attempted suicides. It is indeed 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 (31). Death by suicide or a suicide attempt not only affects the person directly but has dramatic effects on their family, friends, colleagues, and the community as a whole.

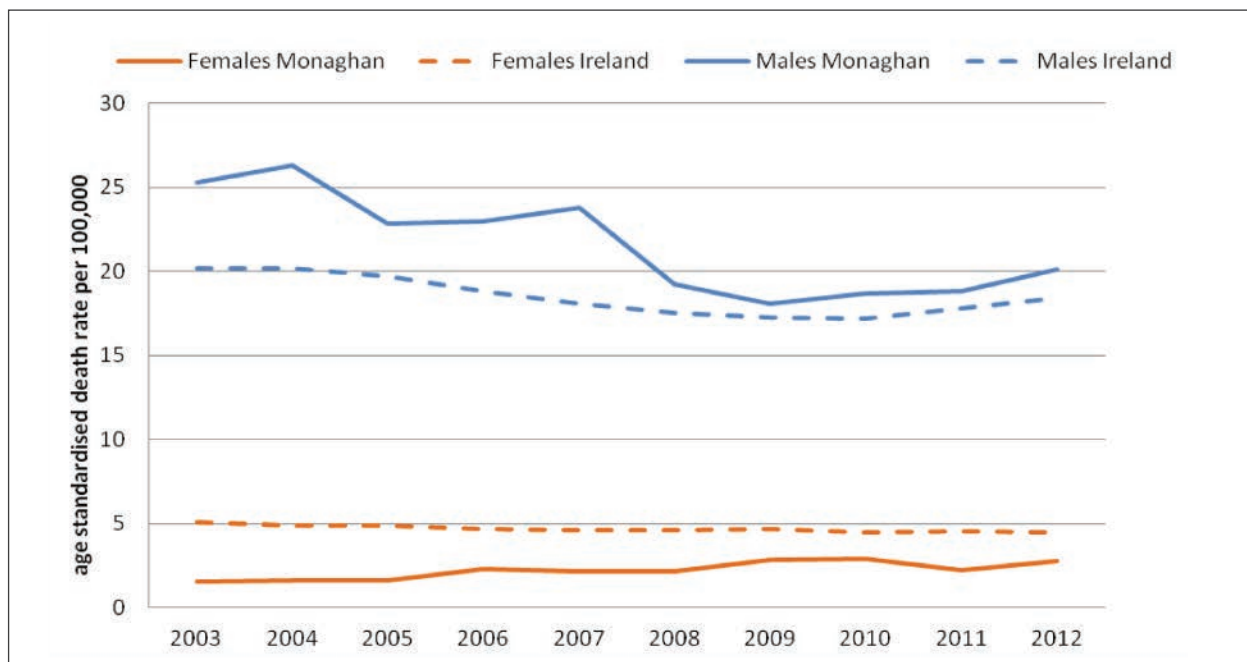
In addition, both Cavan and Monaghan show significantly different rates between males and females, when compared to national rates, i.e. the ratio of male to female deaths is much greater in Cavan and Monaghan compared to Ireland (28, 30). Figures 1.6 and 1.7 outline the age standardised death rate by suicide per 100,000 for males and females in Cavan and Monaghan compared to national rates.

Figure 1.6: Age Standardised Death Rate by Suicide per 100,000, 2003-2012, Cavan (28)



- In Cavan, the ratio of male to female deaths 2008-2012 was 8:1 compared to the national ratio of (4:1) (28).
- The 2008-2012 Five-year age standardised death rate in Cavan for males at 20.03/100,000 was higher than the national rate (18.4/100,000), and for females the rate at 2.3/100,000 was lower than the national rate (4.5/100,000) (28).

Figure 1.7: Age Standardised Death Rate by Suicide per 100,000, 2003-2012, Monaghan (30)



- In Monaghan, the ratio of male to female deaths 2008-2012 was 7:1 compared to the national ratio of 4:1 (30).
- The 2008-2012 Five-year age standardised death rate in Monaghan for males at 20.1/100,000 was higher than the national rate (18.4/100,000), and for females the rate at 2.8/100,000 was lower than the national rate (4.5/100,000) (30).

1.3.7 RATES OF SELF-HARM IN CAVAN AND MONAGHAN

Data from the National Self-Harm Registry Ireland (14) indicates there were 11,189 recorded self-harm presentations to acute hospitals, made by 8,791 nationally in 2015. In counties Cavan and Monaghan respectively 79 male and 114 female residents presented to Emergency Departments with an act of self-harm. See Table 1.1 for details. Taking into account the population, the rate of persons presenting to hospital in Cavan and Monaghan following self-harm was 123 and 181 per 100,000 for males and females respectively. Nationally, the rate of self-harm for males and females was 186 and 222 per 100,000 respectively.

Table 1.1: Self-harm data - Number of residents and rates per 100,000; 2015 (14)

Cavan and Monaghan	Male	Female
Individuals	79	114
Rate per 100,000 population	123	181
National Rate per 100,000 population	186	222

The data on self-harm only refers to hospital presentations of self-harm. Many people who self-harm never attend an Emergency Department and so will not be counted. In addition, data related to hospital activity should be treated with caution as variations in admissions may be related to available services in a geographical area.

Key points to note from the National Self-Harm Registry data (14) on Counties Cavan and Monaghan include:

- In 2015, there were 108 male and 136 female presentations with self-harm, the majority (60%) of which were made by 20-44 year olds.
- Drug overdose was the most common method of self-harm, involved in 71% of presentations (n=172). Alcohol was present in 37% of presentations (n=91). Self-cutting was the only other common method, involved in 23% of presentations (n=57). There were 16 presentations involving attempted hanging (8%). Fewer than 20 presentations involved attempted drowning and poisoning.
- There were 193 individuals treated for 244 self-harm episodes in 2015. This implies that one in five (51, 21%) presentations in 2015 were due to repeat acts. Based on persons, the rate of repetition was 14% (19% for men and 10% for women).
- The two main hospitals residents from Cavan and Monaghan presented to were Cavan General Hospital and Our Lady of Lourdes Hospital, Drogheda. For all self-harm patients seen in Cavan General Hospital (n=181) 162 were residents, while 19 residents presented to Our Lady of Lourdes Hospital, Drogheda.
- Overall, for residents of the area, in 14% of presentations, the patient left the Emergency Department before a next care recommendation could be made. Following their treatment in the Emergency Department, inpatient admission was the next stage of care recommended for 46% of presentations, irrespective of whether general or psychiatric admission was intended.

Of all self-harm presentations, 39% resulted in admission to a ward of the treating hospital whereas 7% were admitted for psychiatric inpatient treatment. Most commonly, 39% of presentations were discharged following treatment in the Emergency Department.

- There was a striking pattern in the number of self-harm presentations seen over the course of the day in 2015. The numbers for both men and women gradually increased during the day. The peak time for men was between 10pm and 11pm, and for women was 11pm. The monthly average number of self-harm presentations to hospitals in 2015 was 20. In 2015, April saw more self-harm presentations than any other month while July saw the fewest number of presentations for the year.

1.3.8 HSE - MENTAL HEALTH SERVICES AND SUICIDE PREVENTION SUPPORTS AND SERVICES IN CAVAN AND MONAGHAN.

The Cavan Monaghan Mental Health Service is delivered through specialist mental health multi-disciplinary teams from childhood to old age. These teams include:

The Child & Adolescent Mental Health Service (CAMHS). The CAMHS Team is a multidisciplinary service that prioritises the assessment and treatment of children up to the age of 16 presenting with mental health problems.

The Adult Community Mental Health Service (AMHS). The AMHS Team is a multi-disciplinary service that provides mental health care to working age adults. Its aim is to provide an integrated, comprehensive, high quality, individualised system of care and support which meets the needs of people with acute mental health problems and their carers.

The Community Rehabilitation Service. The Community Rehabilitation Service provides care to people with severe and enduring mental health difficulties who have complex needs. The core philosophy of the Adult Community Rehabilitation Service is to provide individualised care programmes for service users and carers, based on identified need and implemented as much as possible in a non-institutional setting.

Psychiatry of Later Life Service. The Psychiatry of Later Life Service provides care to people who develop mental health problems as they get older (over 65 years). Its aim is to provide integrated, quality, patient centred and community based services to patients and their families.

The Mental Health Intellectual Disability Service (MHID). The MHID Team is a multi-disciplinary service that provides mental health care for adults (18+) with a moderate/severe/profound intellectual disability. The team work with the service user, alongside their families, carers and support services to assess and to provide treatment and intervention to support the service users through to recovery.

Additional Developments in HSE Mental Health Services

Recent additional developments within Cavan Monaghan Mental Health Service include the following:

Self-Harm Clinical Care Programme. Since October 2016, the Emergency Department in Cavan General Hospital has one Self-Harm Nurse as part of the Self-Harm Clinical Care programme. The programme aims to improve the assessment and management of all individuals who present to the Emergency Department with self-harm, reduce rates of repeated self-harm, improve access to appropriate interventions at times of personal crisis, ensure rapid and timely linkage to appropriate follow-up care and to optimise the experience of families and carers in trying to support those who present with self-harm.

Psychiatric Liaison Team. The Mental Health Service has also developed a Psychiatric Liaison Team, initially comprising of a Consultant Psychiatrist and two Clinical Nurse Specialists. These services came into place in October 2016.

Dialectical Behaviour Therapy (DBT). A DBT programme has been available in Cavan Monaghan Adult Mental Health Service since 2011. DBT is an evidence-based multimodal therapeutic approach for individuals who have a diagnosis of borderline personality disorder, engage in self-harm and exhibit suicidal behaviour. DBT is all about learning new skills to help with strong and persistent emotions like anger, shame, guilt, fear, and sadness which might be having a huge impact on an individual's quality of life. Research has shown DBT to be effective in reducing suicidal behaviour, non-suicidal self-injury, psychiatric hospitalisation, treatment dropout, substance use, anger, and depression and improving social and global functioning.

1.3.9 HSE PRIMARY CARE SERVICES CAVAN AND MONAGHAN

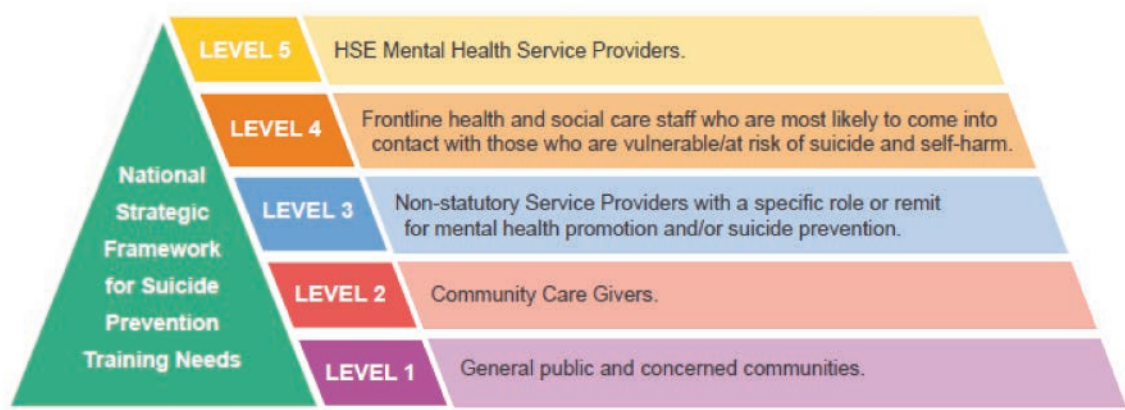
- **Primary Care Team and Network services¹.** There are seven Primary Care Teams operational in Cavan and five in Monaghan in 2017. It is envisaged that these teams will be further strengthened in the future so that they will be the main unit both for the delivery of health and social care services and the development of health and wellbeing initiatives in primary care areas.
- **Counselling in Primary Care (CIPC).** CIPC provides short term counselling in primary care settings to medical card holders aged 18 years and over. The counselling is provided by professionally qualified and accredited counsellors or therapists who work under the supervision of the HSE National Counselling Service.
- **Rian Counselling Service.** Managed by the National Counselling Service, this service is specifically for adult survivors of childhood abuse and is a free service, open to all adults, and includes the option of self-referral.
- **HSE Primary Care Addiction Service.** The aim of the service is to provide community based interventions to address the harms associated with the misuse of alcohol and other substances.

1.3.10 HSE - NATIONAL OFFICE FOR SUICIDE PREVENTION TRAINING PROGRAMMES

The Resource Officer for Suicide Prevention in Cavan and Monaghan co-ordinates the delivery of a number of suicide prevention training programmes that are aligned to the National Training Plan. The aim of these training programmes is to enhance awareness of and develop skills to respond to suicide and self-harm behaviour. Ultimately, everyone can make a difference to suicide prevention; the more people in the community who have suicide intervention training, the more likely it is that they will be able to identify someone at risk and intervene to help keep them safe. See Figure 1.8 for details of training needs.

¹ A Primary Care Team (PCT) is a team of health professionals who work closely together to meet the needs of the people living in the community. They provide a single point of contact to the health system.

Figure 1.8: Training needs identified in the National Suicide Prevention Training Strategy (NOSP).



To date nine evidence-based programmes have been identified to meet the training needs of people living and working in Cavan and Monaghan across all 5 levels as outlined in Table 1.2 below:

Table 1.2: Suicide Prevention Training Programmes

Training Programme	Target Audience
E suicide talk	<ul style="list-style-type: none"> • General public and concerned communities • Community care givers • Non-statutory service providers with a specific role or remit for mental health promotion and/or suicide prevention
Suicide Awareness Prevention Programme	
safeTALK	
Suicide bereavement grief and loss - 2 hr programme	
Understanding self-harm	<ul style="list-style-type: none"> • General public and concerned communities • Community care givers • Non-statutory service providers with a specific role or remit for mental health promotion and/or suicide prevention • Front health and social care staff who are most likely to come into contact with those who are vulnerable/at risk of suicide or self-harm
Loss and Bereavement through suicide - 1 day programme	
ASIST	
ASIST tune-up	
STORM Suicide and STORM Self-injury	<ul style="list-style-type: none"> • HSE mental health service providers

Details on the range of training programmes available are provided in Appendix 6.

1.3.11 HSE - HEALTH PROMOTION AND IMPROVEMENT - SCHOOLS BASED PROGRAMMES

A number of mental health and wellbeing interventions are offered at both primary and post primary level by HSE Health Promotion and Improvement Department; Zippy's Friends (Primary) and Mind Out (Post Primary). Staff are also involved in supporting schools to implement the Wellbeing in Primary and Post Primary School Guidelines, and also support both primary and post primary schools to implement the framework for developing a Health Promoting School.

1.3.12 CHALLENGES FOR HSE SERVICES

- **Staffing.** Pressures on the health services in recent years have curtailed the development of Mental Health Services. *A Vision for Change* outlined clear guidelines regarding the composition and complement of community mental health teams but some do not yet meet the required complement of staff. However, a range of further developments are in progress in the wider CHO 1 area.
- **Access to appropriate counselling services.** Although the Counselling in Primary Care (CIPC) service is a welcome new service, the fact that it is restricted to medical card holders means that many individuals may not have access to counselling. It is important that a range of therapies including Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT) and other management modalities which have been demonstrated to be effective for treatment of depression, anxiety and a range of other issues are made available.
- **Increasing demand for services.** Referrals to both child and adolescent and adult mental health services have increased in recent years. Lack of availability of counselling services at primary care level results in increased referrals to secondary care, adding additional pressure for acute services and creating longer waiting lists. Early intervention and support at primary care level need to be improved, and the CIPC service and self-harm nursing services are good examples of efforts to address this need. Reducing waiting times for the CAMHS service is a national priority and young people who are presenting with suicidal behaviour or who are self-harming are seen urgently. The appointment of a third Consultant Psychiatrist for Cavan Monaghan CAMHS teams is a welcome development and will enable the teams to look at providing the service for young people up to 18 years.

1.3.13 DEPARTMENT OF EDUCATION & SKILLS PROGRAMMES

The National Educational Psychological Service (NEPS) is provided by the Department of Education and Skills (DES) to all primary and post-primary schools. Psychologists from NEPS support schools to promote the wellbeing and mental health of all students. In line with best practice, NEPS encourages schools to adopt a whole-school, continuum of support approach to providing for students' needs. NEPS provide a number of programmes in schools:

- Delivery of the Incredible Years Teacher Classroom Management Programme. This is an evidence-based programme which reduces behavioural difficulties and strengthens social and emotional competence in the early years and primary school-age children. It addresses multiple risk factors associated with behavioural difficulties and which are more concentrated in disadvantaged communities. It is a five to six -day workshop delivered over six months.
- Provision of two-day training to teachers in the delivery of the Friends Programmes. These programmes, which reduce anxiety and promote coping and resilience in children and young people from 4-18 years can be delivered by teachers, universally or to targeted smaller groups of pupils. The evidence base for these programmes has been established internationally and in Ireland by NEPS and the National Behaviour Support Service (NBSS). The Friends for Life programme is endorsed by the WHO.
- Training for schools to promote social and emotional competence and well-being by the implementation of a Continuum of Support and of effective individual support planning (including monitoring and evaluation of outcomes) using the NEPS student support file.

NEPS also provide support to school communities in preparing for and attending to Critical Incidents that challenge the coping mechanisms of schools. When a school requests support a psychologist is available from the local NEPS service in their area. *Responding to Critical Incidents* - NEPS Guidelines and Resource Materials for Schools has been revised for a second time and hard copies have been issued to all schools in October 2016. This document provides comprehensive advice for schools in preparing for and dealing with a crisis situation.

1.3.14 COMMUNITY AND VOLUNTARY SECTOR SUICIDE PREVENTION SERVICES AND SUPPORTS IN CAVAN AND MONAGHAN

Community based supports (that receive some level of public funding) available across Counties Cavan and Monaghan include:

- **The Tusla funded Child and Family Agency Family Resource Centres (FRCs).** These centres provide a range of universal and targeted services and development opportunities that address the needs of families, including the provision of counselling and support to individuals and groups. There are two FRCs in Cavan (Tullacmongan, Cavan and Killeshandra) and two FRCs in Monaghan (Teach na Daoine, Monaghan and Clones).
- **Cavan Family Resource Centre.** This is an independent voluntary group whose aim is to meet the needs of those experiencing social, personal and family difficulties within the community. The services and the facilities at the centre are open to all, including access to low cost counselling and mediation services.
- **AWARE.** AWARE provides support and information to individuals and families affected by depression, through its Lo-Call Helpline, Support Groups, Online Support Groups and email support service.
- **GROW.** GROW's mission is to nurture mental health, personal growth, prevention and full recovery from all kinds of mental illness. Weekly Meetings are held throughout the North East.
- **Mental Health Ireland (MHI).** MHI is a national voluntary movement committed to promoting positive mental health in the first instance, and helping those with a mental health difficulty, their families and carers. It does this through its Development Officer team across the country and 100 local voluntary Mental Health Associations, including 12 in the north-eastern counties.
- **SHINE.** SHINE is the national organisation dedicated to upholding rights and addressing the needs of all those affected by enduring mental illness through the promotion and provision of high quality services working to ensure the continual enhancement of the quality of life of the people it serves.
- **Irish Advocacy Network (IAN).** IAN provides support, information and choice for people who have experienced mental health. IAN has peer advocates in place in most health service areas in Ireland, north and south, who regularly attend acute units and day centres. Sometimes they meet people in the community.



2

DEVELOPMENT OF THE ACTION PLAN

2.1 APPROACH

As with the national strategy, *Connecting for Life Cavan and Monaghan* has taken an evidence-informed approach to suicide prevention, to ensure that the actions will deliver real and measurable benefits in a cost-effective way. The local work is aligned with the whole of society approach applied in the overall *Connecting for Life* National Strategy (2015-2020). It involved the provision of opportunities for consultation throughout Cavan and Monaghan, as well as engagement with all the relevant statutory, non-statutory and community and voluntary organisations. This approach has ensured that the actions are relevant to the needs of the people of the county.

The first step was the establishment of a project governance structure, the cross-county Connecting for Life Steering Group, to oversee the project. The purpose of the Steering Group was to provide the guidance, support and direct contribution to the development and preparation of the local plan. The guiding principles for the preparation of the plan were agreed at the outset by the Group. These principles included:

- Actions would be evidence led, practical, and achievable;
- Actions would be developed in partnership with all stakeholders;
- Actions would take account of the lived experience of people touched by suicide.

2.2 CONSULTATION PROCESS

The consultations were led by the Resource Officer for Suicide Prevention with support from members of the local Connecting for Life Steering Group and the two consultants employed to support the process. Every effort was made to enable the general public, community and voluntary organisations, statutory and non-statutory agencies and the HSE staff and others share their experiences and opinions. Venues and times of consultation meetings were chosen to ensure ease of access, and community buildings were used where available.

Consultation strategies employed across both counties included:

- Public facilitated workshops
- Widely distributed postcards
- An online survey
- Workshops and meetings with HSE staff, including Adult Mental Health Services, Child and Adolescent Mental Health teams
- Focus groups for specific sectors of the population and priority groups (e.g. families bereaved by suicide, ethnic and cultural minorities, LGBTQI community and young people).

The broad selection of mechanisms employed to engage with the general public and also with specific target groups led to over 1,100 persons participating in the process from a good representative cross-section of the community. The process was actively supported by Connecting for Life Steering Group members whose active engagement in the process led to the high level of participation. See Table 2.1 for an overview of the numbers attending the various consultations undertaken in Cavan and Monaghan. See Appendix 7 for full details of the consultations undertaken.

Table 2.1: Numbers attending the consultations in Cavan and Monaghan

Category	Cavan	Monaghan
Individuals who attended community consultations	55	59
Mental health professionals including GP's	57	58
Young people	144	164
People from higher risk groups including mental health service users, people bereaved by suicide, Travellers, members of LGBTQI community, asylum seekers and victims of domestic violence	52	28
People who completed postcards or the online survey	233	294
Total	541	603

The combined feedback from the consultations in each county was summarised and shared with the Steering Group. The feedback was developed into a list of actions aligned to the goals, objectives and actions in the national strategy. These actions were further refined and shaped by the Steering Group at their January, February and March 2017 meetings respectively. The summary of the findings arising from the extensive consultation process is provided in Section 3.



The Strypes, Townhall, Cavan, Co. Cavan

3

PRIORITY GROUPS, RISK AND PROTECTIVE FACTORS

3.1 NATIONAL PRIORITY GROUPS IN IRELAND

Ireland’s overall suicide rate is among the lowest in the OECD (7). However, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour (1, 2). While there is significant overlap between many of the groups and it is important to note that the presence of risk factors does not necessarily lead to suicidal behaviour, for example, only a minority of people with a mental disorder will die by suicide (1). As part of developing the national strategy, the National Office for Suicide Prevention (NOSP) reviewed the available Irish and international evidence in relation to risk and protective factors with the aim of identifying potential priority groups vulnerable to suicide in Ireland (2). See Table 3.1 for details.

Table 3.1: Priority groups identified in Connecting for Life 2015-2020 (2)

Health/mental health related groups	<ul style="list-style-type: none"> • People with mental health problems of all ages • Individuals who have engaged in repeated acts of self-harm • People with alcohol and drug problems • People with chronic physical health conditions
Minority groups	<ul style="list-style-type: none"> • Members of the LGBTQI community • Members of the Traveller community • People who are homeless • People who come in contact with the criminal justice system (e.g. prisoners) • People who have experienced domestic, clerical, institutional, sexual or physical abuse • Asylum seekers • Refugees • Migrants • Sex workers
Demographic cohorts	<ul style="list-style-type: none"> • Middle aged men and women • Young people • Economically disadvantaged people
Suicide related	<ul style="list-style-type: none"> • People bereaved by suicide
Occupational groups	<ul style="list-style-type: none"> • Healthcare professionals • Professionals working in isolation, e.g. veterinarians, farmers

Over the lifetime of *Connecting for Life*, other population groups may emerge as particularly vulnerable to suicide. This list of priority groups will be reviewed regularly by NOSP based on the most up to date research and evidence (2).

3.2 LOCAL PRIORITY GROUPS

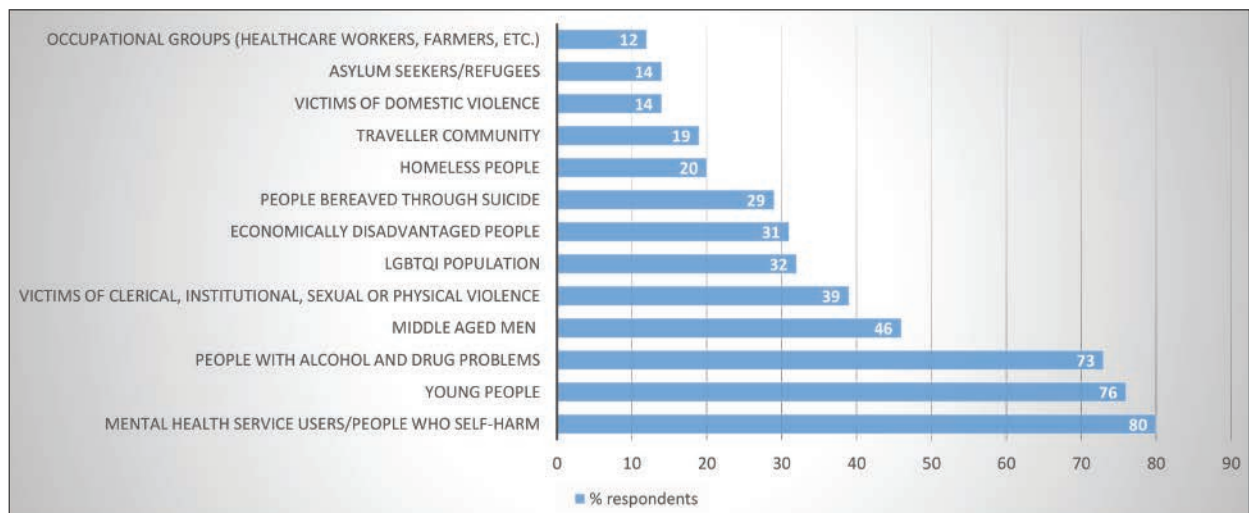
3.2.1 LOCAL PRIORITY GROUPS – CAVAN

The online survey (n = 59) identified the three groups most at risk of suicide and self-harm as:

- People with mental health problems/mental health service users/people who repeatedly self-harm (80% respondents);
- Young people (76% respondents);
- People with alcohol and drug problems (73% respondents).

Figure 3.1 below provides details of the other groups identified as at risk of suicide by the online survey respondents.

Figure 3.1: Groups identified as at risk of suicide in the Cavan survey (n=59)



See Table 3.2 for details of the groups identified as at risk of self-harm and suicide within the various community and stakeholder consultations (n = 560).

Table 3.2 Groups identified as at risk of self-harm and suicide in the Cavan consultations

Health/mental health related groups	<ul style="list-style-type: none"> • Individuals with mental health issues • Individuals with alcohol and or drug misuse problems • Individuals with poor coping skills • Individuals who self-harm
Minority groups	<ul style="list-style-type: none"> • Members of the LGBTQI community • Members of the Traveller community (particularly males) • Non-Irish nationals • Individuals with disabilities • Individuals who are homeless
Demographic cohorts	<ul style="list-style-type: none"> • Young people (male and female) • Middle aged men • Economically disadvantaged individuals • Older people (male and female) • People of working age (male and female)
Suicide related	<ul style="list-style-type: none"> • Individuals bereaved by suicide • Individuals in communities where there has been a bereavement due to suicide
Occupational groups	<ul style="list-style-type: none"> • Individuals working in certain professions (GP's, dentists, priests/ministers) • Members of the Farming community

The three groups most frequently identified as being at risk of self-harm and suicide at the consultations were:

- Individuals with mental health issues (No 1 in the online survey)
- Young people (male and female) (No 2 in the online survey)
- Individuals with alcohol and or drug misuse problems (No 3 in the online survey)

The other groups which were frequently identified as at risk were:

- Middle aged men
- Economically disadvantaged individuals
- Individuals bereaved by suicide

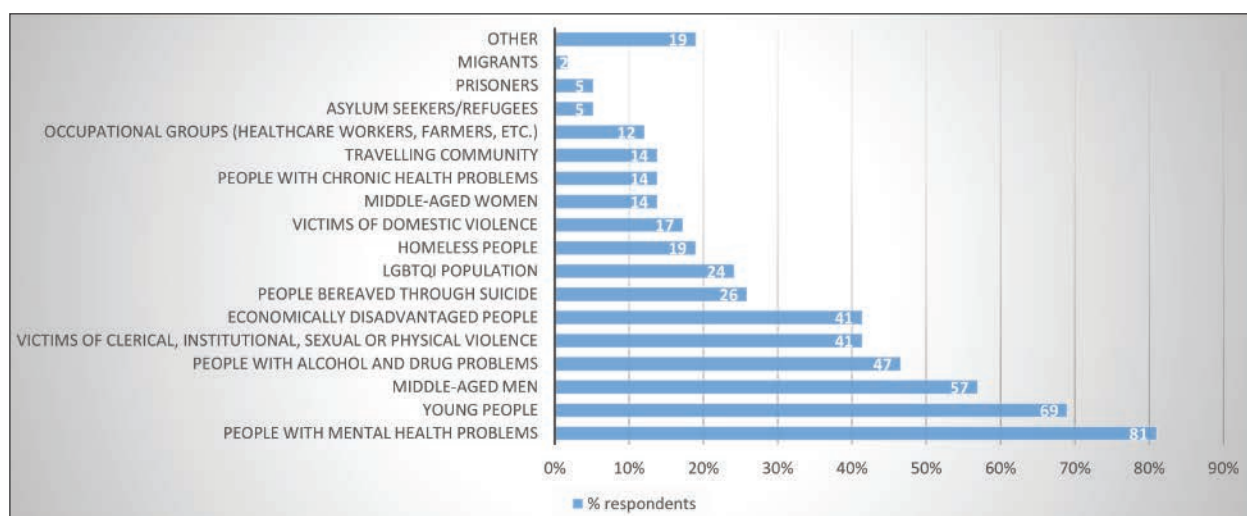
3.2.2 LOCAL PRIORITY GROUPS – MONAGHAN

The online survey identified the three groups most at risk of self-harm and suicide as:

- People with mental health problems/mental health service users/people who repeatedly self-harm (81% online survey respondents)
- Young people (69% respondents)
- Middle-Aged Men (57% survey respondents)

See Figure 3.2 for details of the other groups identified as at risk of suicide by the online survey respondents.

Figure 3.2: Groups identified as at risk of suicide in the Monaghan survey (n=58)



Within the category of “other”, online survey respondents identified: older people (and especially older men); people who have been harassed/bullied; young people who are experiencing loneliness; all groups (five respondents); individuals who are isolated, lonely and/or living alone and young men (two respondents). Other groups identified in the consultations included individuals who engage in binge drinking and farmers working alone and/or in financial crisis.

See Table 3.3 for details of the groups identified as at risk of self-harm and suicide within the various community and stakeholder consultations.

Table 3.3: Groups identified as at risk of self-harm and suicide in the Monaghan consultations

Health/mental health related groups	<ul style="list-style-type: none"> • Individuals with mental health issues • Individuals with alcohol and or drug misuse problems • Individuals who self-harm
Minority groups	<ul style="list-style-type: none"> • Individuals with disabilities • Members of the LGBTQI community • Members of the Traveller community (particularly males) • Individuals who are homeless • Non-Irish nationals
Demographic cohorts	<ul style="list-style-type: none"> • Young people (male and female) • Older people (male and female) • Middle aged men • Economically disadvantaged individuals • People of working age (male and female) • Individuals who are unemployed • Females with caring responsibilities
Suicide related	<ul style="list-style-type: none"> • Individuals bereaved by suicide • Individuals in communities where there has been a bereavement due to suicide
Occupational groups	<ul style="list-style-type: none"> • Members of the farming community • Carers, carers where the individual they are caring for has died) • Individuals working in certain professions (Doctors, Dentists, Priests, Ministers)

The three groups most frequently identified as being at risk of self-harm and suicide at the consultations were:

- Individuals with mental health issues
- Young people
- Individuals with poor coping skills

Other groups frequently identified as at risk were:

- Individuals with alcohol and drug problems
- Individuals bereaved by suicide
- Individuals in financial crisis
- Victims of clerical, institutional, sexual or physical violence

3.3 NATIONAL RISK FACTORS

The foundation of any effective response to suicide prevention is the identification of both risk and protective factors that are rooted in robust data. Suicidal and self-harm behaviours are complex. There is rarely a single cause. Generally, a number of risk factors interact (in different ways for different groups) to increase an individual's vulnerability to suicidal behaviours (1). International research has identified some common risk factors at individual, socio-cultural and situational levels (22). See Table 3.4 for details.

Table 3.4: National individual, socio-cultural and situational risk factors (22)

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • Previous suicide attempt • Mental health problem • Alcohol or drug misuse • Hopelessness • Sense of isolation • Lack of social support • Aggressive tendencies • Impulsivity • History of trauma or abuse • Acute emotional distress • Major physical or chronic illnesses and chronic pain • Family history of suicide • Neurobiological factors 	<ul style="list-style-type: none"> • Stigma associated with help-seeking behaviour • Barriers to accessing health care, mental health services and substance abuse treatment • Certain cultural and religious beliefs (e.g. the belief that suicide is a noble resolution of a personal dilemma) • Exposure to suicidal behaviour, e.g. through the media, and influence of others who have died by suicide 	<ul style="list-style-type: none"> • Job and financial losses • Relational or social losses • Easy access to lethal means • Local clusters of suicide that have a contagious influence • Stressful life events

As previously noted, frequently several risk factors act cumulatively to increase a person's vulnerability to suicidal behaviour. Often, a culmination of a number of individual and structural risk factors will increase the risk of someone successfully completing suicide. Apart from those individualised risk factors outlined in the previous section, there are also systemic, societal, community and relationship risk factors that can increase the risks (1).

3.4 LOCAL RISK FACTORS

The community and stakeholder consultations, online survey and postcard survey identified a range of individual, socio-cultural and situational level risk factors in both counties. All of the national level individual risk factors were identified, while many of the socio-cultural and situational level risk factors were also identified, as well as a range of other additional risk factors.

See Table 3.5 for details of the local risk factors identified in the Cavan consultations and Table 3.6 for details of the local risk factors identified in the Monaghan consultations.

Table 3.5: Local risk factors identified in the Cavan consultations

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • Previous suicide attempt • Mental health problems • Alcohol or drug misuse • Sense of isolation/ hopelessness • Lack of social support • History of trauma or abuse • Acute emotional distress • Major physical or chronic illnesses and chronic pain • Family history of suicide • Working in particularly lonely professions (local clergy, doctors, farmers) • Dealing with financial issues/crises 	<ul style="list-style-type: none"> • Stigma associated with accessing mental health services • Exposure to suicidal behaviour, e.g. through the media, and influence of others who have died by suicide • Barriers to accessing health care, mental health services and substance abuse treatment (e.g. Inability to be able to access services 24/7, • Long wait times; acute services must be accessed through the Emergency Department of the General Hospital) 	<ul style="list-style-type: none"> • Job and financial losses - can put communities at risk • Suicide clusters occur • Perceptions of the existence of some high-risk locations for suicide • Need to recognise the relationship between alcohol/substance misuse and suicide • Stressful life events - People need to be resilient to be able to cope with stress

Table 3.6: Local risk factors identified in the Monaghan consultations

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • Mental health problems • Family history of suicide • Previous suicide attempt • Alcohol or drug misuse • Sense of isolation • Lack of social support • History of trauma or abuse • Acute emotional distress (e.g. relationship breakdown, etc.) • Major physical or chronic illnesses and chronic pain • Working in particularly lonely professions (local clergy, doctors, farmers) • Dealing with financial issues/crises • Sense of hopelessness • Lack of confidence (such that bullying/harassment can have a significant effect) • Absence of self-worth (linked to a lack of occupation (e.g. a job/a clear role) 	<ul style="list-style-type: none"> • Barriers to accessing health care, mental health services and substance abuse treatment including: <ul style="list-style-type: none"> - Lack of clarity in relation to what services are available (for what age groups) - Need to identify the first point to contact (during office hours and outside of office hours) - Inability to access services 24/7 - Lack of clarity about how to access services and pathways available • Stigma associated with help-seeking behaviour and especially mental health services • The need for support for individuals and communities affected by suicide 	<ul style="list-style-type: none"> • Acute services can only be accessed through Cavan General or Drogheda Hospitals (this is an issue for Monaghan residents who do not have access to transport) • Job loss can put individuals at risk and can financial crises • Suicide clusters occur • Some locations in the county have become hot spots for suicide • People need to be resilient to be able to cope with stress

3.5 PROTECTIVE FACTORS

3.5.1 INTERNATIONAL RESEARCH

Research conducted by the World Health Organisation (1) demonstrated that strong personal relationships, religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing are the protective factors against the risk of suicide:

- **Strong personal relationships.** Suicidal behaviour increases when people experience relationship conflict, loss or discord. Equally, maintaining healthy close relationships can increase individual resilience and act as a protective factor against the risk of suicide.
- **Religious or spiritual beliefs.** Faith itself may be a protective factor since it typically provides a structured belief system and can advocate for behaviour that can be considered physically and mentally beneficial. Many religious and cultural beliefs and behaviours may also contribute towards stigma related to suicide due to their moral stances on suicide, which can discourage help-seeking behaviours. The protective value of religion and spirituality may occur from providing access to a socially cohesive and supportive community with a shared set of values.
- **Lifestyle practice of positive coping strategies and wellbeing.** Personal wellbeing and effective positive coping strategies protect against suicide. An optimistic outlook, emotional stability and a developed self-identity assist in coping with life's complications. Good self-esteem, self-efficacy and effective problem solving-skills, which include the ability to seek help when needed, can mitigate the impact of stressors and childhood adversities. Because of the perceived stigma of mental health problems people (especially males) may be reluctant to seek help. Healthy lifestyle choices which promote mental and physical wellbeing include regular exercise and sport, sleeping well, a healthy diet, consideration of the impact on health of alcohol and drugs, talking about problems, healthy relationships and social contact and effective management of stress.

3.5.2 LOCAL PROTECTIVE FACTORS

The key protective factors identified through the consultations across both counties included:

- Increased levels of awareness of mental health.
- The availability of local community activities and sporting activities (linked to a positive healthy lifestyle).
- Increased level of mental health supports and skills available.

The consultations and surveys also identified some ways in which local protective factors could be strengthened. See Table 3.7 for further details.

Table 3.7: Some ways protective factors could be strengthened

Theme	Description
Raise awareness of the issue and educate people about the issue.	Increase awareness (talk about it, reduce stigma) talk in schools and workplaces, speak to the community openly and do not treat mental health as an illness and treat it more as a problem in today's society. This was the protective factor identified most frequently in the postcard survey (33% postal survey respondents) in the local community consultations and in the online survey.
	Target awareness raising events at young people.
	Organise and hold talks and workshops to raise awareness in schools, communities and workplaces.
	Make the necessary information available (using a variety of media) in order to make sure people know where to go if they have a problem.
	Promote a culture of talking.
	Promote the value of counselling.
	Continue to use local celebrities/well known figures to promote awareness.
	Raise awareness of what constitutes self-harm and who is at risk of self-harm (it is a lot more than cutting). – Have a website with all the information in one place
	– Use community noticeboards – Use simple language/not clinical language – Have a regular feature in the local press and radio on minding your mental health.
Activities and services that promote a healthy lifestyle.	Put in place more affordable/subsidised activities for young people.
	Encourage/support groups targeting isolated people e.g. Men's Sheds, to give people a social outlet.
	Develop community based life/ensure that there are opportunities for everyone to feel involved in their community, make sure no one is left behind or forgotten about.
	Reduce rural isolation; Have support groups in place particularly in rural areas as people can feel isolated.
	Need a resource centre for Travellers in Cavan.
	Affirm LGBTQI identities.
	Attempt to reduce alcohol intake of all - particularly young people.
	Support sporting organisations as much as possible.
	Build up the resilience of our young people (expose them to small disappointments, so that if something 'bad' happens it is not viewed as the end of the world).

Theme	Description
Increased level of mental health supports and skills.	Have a designated pathway of care.
	Ensure there are more services to deal with people earlier (avoid crisis situations).
	Have more staff/resources to deal with the issue.
	Have help available 24 hours a day for people who are suicidal/fragile.
	Have Emergency Department type access to the Psychiatric ward at Cavan hospital.
	Drop in services would be helpful in allowing people to know that there are people there to listen when they are ready to talk.
	More helplines available.
	Put in place supports for individuals bereaved by suicide.
	Enhance the level and nature of counselling services available (ideally in every GP practice).
	GP's to be trained in the area of suicide and self-harm and know where to send people (the pathway of care).
	GP's to be trained in the area of suicide and self-harm and know where to send people (the pathway of care).
Increased level of mental health supports and skills at community level.	Train local people (e.g. safeTALK).
	Put in place a Jigsaw like mental health service for young people locally.
	More peer support (continue talking to one another).
	Identify links in the community for a person to reach out to/have a system e.g. like the 'first responders' who are available to keep safe those who are suicidal.
	Have a 'first responders' network resourced, insured and trained to be available for people in mental health crisis.
	Need to put supports in place for minority groups (Travellers, members of the LGBTQI community).
Stop bullying.	Use education opportunities such as the SPHE programme in Transition Year in schools.
	Have a zero-tolerance approach to bullying.
Engage with individuals and those with whom they have strong personal relationships.	Services need to listen to the individual.
	Services need to listen to close family and where appropriate involve them.
Improve education in schools about mental health and resilience.	Work at national and secondary levels with topics such as mindfulness and life-skills.
	Engage parents in this process, reminding them to remind their children and young people that their love is unconditional and if they are ever feeling bad they should never be afraid to talk about it with them.
	Teachers should be made aware of the signs of a student who is being bullied or depressed or just in bad form.
	Promote a good study/work life balance.



Connecting for Life
Cavan and Monaghan

4

*CONNECTING FOR LIFE CAVAN AND
MONAGHAN STRATEGIC GOALS,
OBJECTIVES AND ACTIONS*

Connecting for Life Cavan and Monaghan is based on the same vision, goals and primary outcomes as the national strategy outlined below. Connecting for Life Cavan and Monaghan sets out the local actions that were developed based on the feedback received from the public engagement process in October 2016, and the best available evidence relating to suicidal behaviour. All local actions are aligned to a national action. The component actions for the achievement of each goal and objective are listed together with the lead and key partners for implementation clearly identified.

VISION

'The counties of Cavan and Monaghan will have fewer lives lost through suicide, and communities and individuals will be empowered to improve their mental health and well-being'

STRATEGIC GOALS

1. To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Cavan and Monaghan.
2. To support local communities' capacity to prevent and respond to suicidal behaviour.
3. To target approaches to reduce suicidal behaviour and improve mental health among priority groups.
4. To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.
5. To ensure safe and high-quality services for people vulnerable to suicide.
6. To reduce and restrict access to means of suicidal behaviour.
7. To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

PRIMARY OUTCOMES

1. Reduced suicide rate in the whole population of Cavan and Monaghan and amongst specified priority groups.
2. Reduced rate of presentations of self-harm in the whole population of Cavan and Monaghan and amongst specified priority groups.

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Cavan and Monaghan.

In the past number of years there has been significant interest in and public awareness of mental health and wellbeing across Cavan and Monaghan and many initiatives aiming to increase understanding and awareness of the importance of mental health in relation to overall wellbeing have been developed and implemented. However, many people remain hesitant to talk openly about their own mental health, and misperceptions about suicide and suicidal behaviour persist. Mental health problems are a major risk factor for suicide and by working with people and organisations across Cavan and Monaghan, including the media, a greater understanding of suicide and the factors that protect and improve our mental health and reduce stigma can be achieved.



Aogan O Fearghail, GAA President; Caitriona Smith, Cavan Ladies GAA; Laura Mc Enaney, Monaghan Ladies GAA; Breffni Park, Co. Cavan

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Cavan and Monaghan.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk & protective factors.	1.1.2 Develop and implement a national mental health and wellbeing promotion plan.	1.1.2 Implement the national mental health and wellbeing promotion plan locally.	HSE Health & Wellbeing (Health Promotion and improvement)	–HSE Mental Health –Resource Officer for Suicide Prevention	– HSE Mental Health – Resource Officer for Suicide Prevention
	1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services.	1.1.3 (a) Deliver national positive mental health campaigns at a local level, such as the Little Things campaign.	HSE Mental Health, Resource Officer for Suicide Prevention, HSE Communi-cations	– HSE Health and Wellbeing (Health Promotion & Improvement) – Cavan County Council (including Comhairle na nOg) – Breffni Integrated Development – Family Resource Centres – Foroige – Youth Work Ireland – Tusla	– HSE Health and Wellbeing (Health Promotion & Improvement) – Monaghan County Council (including Comhairle na nOg) – Monaghan Integrated Development – Family Resource Centres – Foroige – Youth Work Ireland – Tusla
		1.1.3 (b) Organise community wide events to promote mental health and wellbeing with a focus on providing information on help-seeking services.	HSE Mental Health, Resource Officer for Suicide Prevention, HSE Communi-cations	– HSE Health and Wellbeing (Health Promotion & Improvement) – Cavan County Council (including Comhairle na nOg) – Breffni Integrated Development – Family Resource Centres – Foroige – Youth Work Ireland – Tusla – Cavan Monaghan Education and Training Board	– HSE Health and Wellbeing (Health Promotion & Improvement) – Monaghan County Council (including Comhairle na nOg) – Monaghan Integrated Development – Family Resource Centres – Foroige – Youth Work Ireland – Tusla – Cavan Monaghan Education and Training Board

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Cavan and Monaghan.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk & protective factors.	1.1.4 Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns.	1.1.4 Ensure the link between alcohol/drug misuse and suicidal behaviour is included in relevant information and awareness raising work.	Monaghan Drug and Alcohol Forum Cavan Drug and Alcohol Forum	<ul style="list-style-type: none"> – HSE Primary Care – Resource Officer for Suicide Prevention – HSE Health & Wellbeing (Health Promotion & Improvement) – Local Community Organisations (Family Resource Centres, Cavan Drug and Alcohol Service, Youth Services) – North Eastern Regional Drugs & Alcohol Task Force – Cavan Traveller Women's Primary Healthcare Project – Cavan Monaghan Education and Training Board 	<ul style="list-style-type: none"> – HSE Primary Care – Resource Officer for Suicide Prevention – HSE Health & Wellbeing (Health Promotion & Improvement) – Local Community Organisations (Family Resource Centres, Cavan Drug and Alcohol Service, Youth Services) – North Eastern Regional Drugs & Alcohol Task Force – Monaghan Integrated Development 'Safe Socialising Consortium' – Cavan Monaghan Education and Training Board
	1.1.5 Promote physical activity as a protective factor for mental health through the National Physical Activity Plan.	1.1.5 Link with local Sports Partnership plans, and relevant actions in the Local Economic & Community Plan and Children & Young People's Services Committee plans to implement actions promoting the benefits of physical activity in supporting positive mental health (including implementation of the National Physical Activity Plan).	Cavan Sports Partnership Monaghan Sports Partnership	<ul style="list-style-type: none"> – Tusla – Cavan County Council – HSE Health and Wellbeing (Health Promotion & Improvement) – Local voluntary sporting organisations, e.g. GAA etc. – Cavan Monaghan Education and Training Board 	<ul style="list-style-type: none"> – Tusla – Monaghan County Council – HSE Health and Wellbeing (Health Promotion & Improvement) – Local Voluntary sporting organisations, e.g. GAA etc. – Cavan Monaghan Education and Training Board

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Cavan and Monaghan.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
1.2 Increase awareness of available suicide prevention and mental health services.	1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at www.yourmentalhealth.ie	1.2.1(a) Ensure information on all local mental health services is included and kept up to date on the 'www.yourmentalhealth.ie' online resource, making this the single on-line point of access for information on mental health services across the two counties.	HSE Mental Health, Resource Officer for Suicide Prevention	– HSE Communications	– HSE Communications
		1.2.1(b) Aligned with www.yourmentalhealth.ie, collate information on all mental health services available in Cavan and Monaghan and from this: <ul style="list-style-type: none"> • Compile a list of HSE approved community-based counselling services and make this available across GP practices and community services. • Communicate the options that exist for accessing supports through appropriate communications channels including out of hours and emergency services. • Have regular features on mental health and the services available on the local media. • Encourage and support local statutory and community/ voluntary services to promote information and support available through 'yourmentalhealth.ie'. • Ensure every public building has up to date information displayed on 'yourmentalhealth.ie' • Use the GAA and other sporting organisations as well as the Public Participation Network to promote information and support available through 'yourmentalhealth.ie'. 	HSE Mental Health, Resource Officer for Suicide Prevention, HSE Communications	– HSE Primary Care – HSE Health & Wellbeing (Health Promotion & Improvement) – Family Resource Centres – Cavan County Council (LCDC) – Breffni Integrated Development – Tusla (Children and Young People Services Committee) – Cavan Monaghan Education and Training Board	– HSE Primary Care – HSE Health & Wellbeing (Health Promotion & Improvement) – Local family resource centres – Monaghan County Council (LCDC) – Monaghan Integrated Development – Tusla (Children and Young People Services Committee) – Cavan Monaghan Education and Training Board

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Cavan and Monaghan.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
1.2 Increase awareness of available suicide prevention and mental health services.	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.	1.2.2 Deliver nationally co-ordinated targeted campaigns alongside local initiatives to increase awareness of mental health and well-being issues and local support services for specific priority groups, including but not exclusively Travellers, young people, LGBTQI community, middle aged men, carers, individuals with addiction issues (gambling, drugs, alcohol), victims of domestic violence, clergy and farmers etc.	HSE Mental Health	<ul style="list-style-type: none"> – HSE Communications – Resource Officer for Suicide Prevention – Foroige – Youth Work Ireland – Cavan Traveller Women's Primary Healthcare Project – Cavan Traveller Movement – Outcomers – Farming organisations – Local Family Resource Centres – Children and Young People's Services Committee – Family Carer's Ireland – Cavan Monaghan Education and Training Board – Youthreach 	<ul style="list-style-type: none"> – HSE Communications – Resource Officer for Suicide Prevention – Foroige – Youth Work Ireland – Outcomers – Farming organisations – Local Family Resource Centres – Children and Young People's Services Committee – Family Carer's Ireland – Cavan Monaghan Education and Training Board – Youthreach

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Cavan and Monaghan.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups.	1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.	1.3.1 Aligned to national campaigns develop and deliver suicide prevention and positive mental health awareness raising events e.g. county wide mental health awareness campaigns (e.g. Monaghan Mental Health Awareness Week).	HSE Communications, Monaghan County Council LCDC Equality sub-group, Cavan County Council LCDC Equality sub-group, Children and Young People Services Committee – Cavan and Monaghan	<ul style="list-style-type: none"> – HSE Mental Health – Resource Officer for Suicide Prevention – Foroige – Youth Work Ireland – Cavan Traveller Women’s Primary Healthcare Project – Cavan Traveller Movement – Outcomers – Breffni Integrated Development – Focus Family Resource Centre – Teach Oscail Resource Project Ltd – Bounce Back Project (ISPCC/ Youth Work Ireland) – Cavan Monaghan Education and Training Board – Youthreach – Local personalities to endorse campaigns (where relevant/ appropriate) 	<ul style="list-style-type: none"> – HSE Mental Health – Resource Officer for Suicide Prevention – Foroige – Youth Work Ireland – Outcomers – Monaghan Integrated Development – Clones Family Resource Centre – Teach na Daoine Family Resource Centre – Cavan Monaghan Education and Training Board – Youthreach – Local personalities to endorse campaigns (where relevant/ appropriate)
1.4 Engage with the media to improve the reporting of suicidal behaviour.	1.4.4 Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting.	1.4.4 Link to and engage with local press in relation to national guidelines adherence and make training on media guidelines available to local press and radio.	Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – Local media outlets – HSE communications – Headline – Samaritans 	<ul style="list-style-type: none"> – Local media outlets – HSE Communications – Headline – Samaritans

Strategic Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.

Mental health promotion and suicide prevention is already a priority for many groups and organisations in the area. This goal provides an excellent basis for continued development within communities so that they are confident, informed and connected to support services to prevent and respond to suicidal behaviour.

Strategic Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
2.1 Improve the continuation of community level responses to suicide through planned, multi-agency approaches.	2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic & Community Plans (LECP) and Children & Young People's Services Committee's county plans.	2.1.1 (a) Implement, monitor and report on the delivery of Connecting for Life Cavan and Monaghan.	HSE Mental Health, Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – Cavan County Council – Tusla – HSE Primary Care – HSE Health & Wellbeing (Health Promotion & Improvement) – Cavan Monaghan Education & Training Board – Local Family Resource Centres 	<ul style="list-style-type: none"> – Monaghan County Council – Tusla – HSE Primary Care – HSE Health & Wellbeing (Health Promotion & Improvement) – Cavan Monaghan Education & Training Board – Local Family Resource Centres
		2.1.1 (b) Use existing county structures to support the implementation of Connecting for Life Cavan and Monaghan and improve interagency co-operation and sign-posting (e.g. LCDC equality sub-group).	HSE Mental Health, Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – Cavan County Council – LCDC structures – Cavan Children and Young People Services Committee structures – North East Regional Drugs & Alcohol Task Force structures 	<ul style="list-style-type: none"> – Monaghan County Council – LCDC structures – Monaghan Children and Young People Services Committee structures – North East Regional Drugs & Alcohol Task Force structures

Strategic Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.

National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
2.2 Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sporting Organisations).	2.2.1 Provide community-based organisations with guidelines and protocols on effective suicide prevention.	2.2.1 (a) Explore the feasibility of including suicide prevention in the mental health policies of: <ul style="list-style-type: none"> i) Organisations who are members of the Connecting for Life Implementation Group and its sub-groups and; ii) Local businesses (e.g. as part of a health & wellbeing policy). 	Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – Members of the <i>Connecting for Life</i> implementation group and its sub-groups – Key local employers 	<ul style="list-style-type: none"> – Members of the <i>Connecting for Life</i> implementation group and its sub-groups – Key local employers
		2.2.1 (b) Support and assist community based organisations in relation to access to and adherence with relevant national guidelines and protocols in relation to effective suicide prevention.	Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – Family Resource Centres – Sporting organisations – Cavan County Council – National Office for Suicide Prevention 	<ul style="list-style-type: none"> – Family Resource Centres – Sporting organisations – Monaghan County Council – National Office for Suicide Prevention
		2.2.1 (c) Support and train staff in local Family Resource Centres in using the Family Resource Centre Code of Practice for Suicide Prevention.	National Family Resource Centre Forum	<ul style="list-style-type: none"> – Focus Family Resource Centre – Teach Oscail Family Resource Centre – Resource Officer for Suicide Prevention – Tusla 	<ul style="list-style-type: none"> – Clones Family Resource Centre – Teach na Daoine Family Resource Centre – Resource Officer for Suicide Prevention – Tusla

Strategic Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.

National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
2.3 Ensure delivery of training and education programmes on suicide prevention to community-based organisations.	2.3.2 Deliver awareness training programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide.	2.3.2 Aligned to the National Training Plan deliver suicide prevention and self-harm training to staff and volunteers across community-based organisations. See Appendix 6 for details.	Resource Officer for Suicide Prevention	Local community based organisations, including: – Youth services – Family Resource Centres – Cavan Traveller Women's Primary healthcare Project – Sporting organisations – Church based organisations	Local community based organisations, including: – Youth services – Family Resource Centres – Sporting organisations – Church based organisations
	2.3.3 Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups.	2.3.3 (a) Train local Health Promotion and Improvement staff to deliver the national HSE Health & Wellbeing one day training programme in Cavan and Monaghan to those working in the health and community sector.	HSE Health & Wellbeing (Health Promotion & improvement)	– HSE Mental Health – Members of the <i>Connecting for Life</i> implementation group and its sub-groups	– HSE Mental Health – Members of the <i>Connecting for Life</i> implementation group and its sub-groups
		2.3.3 (b) Support local community and voluntary organisations through promotion and encouraging participation on relevant mental health promotion programmes, e.g. Shine "Taking Control" workshop, Mental Health Ireland "Mind your mental health" programme.	Resource Officer for Suicide Prevention	– Shine – Mental Health Ireland – Members of the <i>Connecting for Life</i> implementation group and its sub-groups	– Shine – Mental Health Ireland – Members of the <i>Connecting for Life</i> implementation group and its sub-groups

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.

The suicide rate in Cavan and Monaghan has been higher than the national average over the past three years, and particular demographic groups have been shown to have increased risk to suicide as outlined in Section 3. Identifying risk and protective factors for suicide is important at a whole population level and particularly for those vulnerable to suicide. Within this plan consideration has been given to particular issues which may contribute to risk, especially for vulnerable groups.

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	3.1.2 Develop and implement a range of agency and inter-agency protocols (including protocols for sharing information) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.	3.1.2 Implement at a local level new and updated suicide prevention and critical incident management HSE and interagency protocols.	HSE Mental Health	<ul style="list-style-type: none"> – Resource Officer for Suicide Prevention – HSE Primary Care – Cavan General Hospital Acute Unit – An Garda Síochana – Tusla 	<ul style="list-style-type: none"> – Resource Officer for Suicide Prevention – HSE Primary Care – Cavan General Hospital Acute Unit – An Garda Síochana – Tusla
	3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.	3.1.3 (a) Use outcomes from mapping exercise (results of Action 1.2.1b) to take action to enhance co-ordination of local service provision, determine local service gaps (and advocate for additional services where required).	HSE Primary Care, HSE Mental Health	<ul style="list-style-type: none"> – HSE Health & Wellbeing (Health Promotion & Improvement) – Family Resource Centres – Cavan County Council – Cavan Children and Young People's Services Committee 	<ul style="list-style-type: none"> – HSE Health & Wellbeing (Health Promotion & Improvement) – Family Resource Centres – Monaghan County Council – Monaghan Children and Young People's Services Committee
		3.1.3 (b) Support the development of Pieta House suicide and self-harm counselling services in Cavan and Monaghan.	HSE Mental Health, Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – HSE Primary Care – Family Resource Centres – Cavan County Council 	<ul style="list-style-type: none"> – HSE Primary Care – HSE Health & Wellbeing (Health Promotion) – Family Resource Centres – Monaghan County Council

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.						
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan	
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.	3.1.3 (c) Support and feed into local parenting initiatives and explore the potential for development of specific parenting programmes targeted towards parents experiencing mental health difficulties.	Tusla, HSE Primary Care, Parenting Monaghan	<ul style="list-style-type: none"> – HSE Health & Wellbeing (Health Promotion & Improvement) – Cavan County Council – Cavan Drug and Alcohol Service – Family Resource Centres – Cavan Monaghan Education and Training Board – Breffni Integrated Development 	<ul style="list-style-type: none"> – HSE Health & Wellbeing (Health Promotion & Improvement) – Monaghan County Council – Monaghan Integrated Development – Cavan Drug and Alcohol Service – Family Resource Centres – Cavan Monaghan Education and Training Board 	
	3.1.4 Evaluate as appropriate targeted initiatives and or services for priority groups.	3.1.4 Co-ordinate the collation of data from services and/ or initiatives delivered to priority groups and use to evaluate impact of interventions and initiatives to ensure continuous improvement (Linked to Action 7.1).	Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – Members of the <i>Connecting for Life</i> Implementation Steering group and its sub-groups in Co. Cavan 	<ul style="list-style-type: none"> – Members of the <i>Connecting for Life</i> Implementation Steering group in and its sub-groups in Co. Monaghan 	
	3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.		3.1.5 (a) Provide health and social care professionals, including frontline mental health service staff and primary care health providers with the various suicide prevention training programmes available in line with the National Training Plan.	Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – HSE Primary Care – HSE Mental Health – Tusla 	<ul style="list-style-type: none"> – HSE Primary Care – HSE Mental Health – Cavan General Hospital Acute Unit – Tusla
			3.1.5 (b) Provide front line mental health service staff with specific suicide prevention and self-harm mitigation training to improve their skills in assessment and management of suicide risk in line with the National Training Plan.	HSE Mental Health	<ul style="list-style-type: none"> – Resource Officer for Suicide Prevention 	<ul style="list-style-type: none"> – Resource Officer for Suicide Prevention

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.	3.1.5 (c) Aligned to the National Training Plan train staff from local statutory services to deliver suicide prevention and self-harm training programmes in order to increase the capacity to deliver such programmes locally.	Resource Officer for Suicide Prevention	<ul style="list-style-type: none"> – HSE Primary Care – Tusla – Cavan Monaghan Education and Training Board 	<ul style="list-style-type: none"> – HSE Primary Care – Tusla – Cavan Monaghan Education and Training Board
	3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector.	3.1.6 (a) In collaboration with Jigsaw, the National Centre for Youth Mental Health, train local HSE Health Promotion & Improvement staff as trainers to deliver Introduction to Youth Mental Health Training and Minding Youth Mental Health Training to people who work or volunteer with young people between the ages of 12 and 25 years.	HSE Health & Wellbeing (Health Promotion & Improvement)	<ul style="list-style-type: none"> – HSE Mental Health – Resource Officer for Suicide Prevention – Foroige – Youth Work Ireland – Family Resource Centres – Cavan Monaghan Education and Training Board 	<ul style="list-style-type: none"> – HSE Mental Health – Resource Officer for Suicide Prevention – Foroige – Youth Work Ireland – Family Resource Centres – Cavan Monaghan Education and Training Board
		3.1.6 (b) Support the implementation of the HSE national positive mental health promotion programme with and for members of the Traveller community locally.	HSE Health & Wellbeing (Health Promotion & Improvement)	<ul style="list-style-type: none"> – Cavan Traveller Movement – Cavan Traveller Women's Primary Healthcare Project – Family Resource Centres 	<ul style="list-style-type: none"> – Monaghan Integrated Development – Teach na Daoine Family Resource Centre – Clones Family Resource Centre
3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.	3.2.1 (a) Continue to roll out SAOR (SAOR is a model of screening and brief intervention for problem alcohol use in the ED and acute care settings) training to professionals and volunteers who come in contact with individuals with addiction issues.	North East Regional Drugs & Alcohol Task Force	<ul style="list-style-type: none"> – HSE Primary Care – Cavan Drug and Alcohol Service – Cavan Drug and Alcohol Forum – Tusla 	<ul style="list-style-type: none"> – HSE Primary Care – Cavan Drug and Alcohol Service – Monaghan Drug and Alcohol Forum – Tusla

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.	3.2.1 (b) Promote awareness of available services through ongoing liaison with local addiction services and peer support groups.	North East Regional Drugs & Alcohol Task Force	<ul style="list-style-type: none"> – Cavan Drug and Alcohol Service – The Family Addiction Support Network – Cavan Children and Young People's Services Committee – Cavan County Council – Local Peer Support Groups – Cavan Drug & Alcohol Forum 	<ul style="list-style-type: none"> – Cavan Drug and Alcohol Service – The Family Addiction Support Network – Monaghan Children and Young People's Services Committee – Monaghan County Council – Local Peer Support Groups – Monaghan Drug & Alcohol Forum
		3.2.1 (c) Continue provision of 'detached' youth work model of service provision being delivered through Youth Work Ireland and ISPCC in Monaghan town, Castleblayney, Carrickmacross, Virginia, Bailieborough, Ballyjamesduff, and Belturbet.	Youth Work Ireland, the ISPCC, Cavan Monaghan Education and Training Board	<ul style="list-style-type: none"> – HSE Mental Health – Local youth services – Gardai – Children and Young People's Services Committee – Tusla – Breffni Integrated Development 	<ul style="list-style-type: none"> – HSE Mental Health – Local youth services – Gardai – Children and Young People's Services Committee – Tusla
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	3.3.1 Support implementation of relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education.	3.3.1 (a) Support schools, including Youthreach Centres to implement the Wellbeing in Primary and Post Primary School Guidelines.	Department of Education and Skills (National Educational Psychological Service; NEPS)	<ul style="list-style-type: none"> – Local schools – Youthreach – Cavan Children and Young People's Services Committee 	<ul style="list-style-type: none"> – Local schools – Youthreach – Monaghan Children and Young People's Services Committee
		3.3.1 (b) Support both primary and post primary schools to implement the framework for becoming a Health Promoting School.	HSE Health & Wellbeing (Health Promotion and Improvement)	<ul style="list-style-type: none"> – Local schools 	<ul style="list-style-type: none"> – Local schools

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and critical incident management.	3.3.2 Aligned to the National Training Plan provide access to and encourage uptake of suicide prevention training of teaching staff, ensuring teachers are aware of the signs of a student who is being bullied or is depressed (use opportunities such as Teachers Summer School).	Resource Officer for Suicide Prevention, Department of Education and Skills (National Educational Psychological Service; NEPS)	<ul style="list-style-type: none"> – Local schools and Youthreach Centres and their teaching staff – HSE Health & Wellbeing (Health Promotion & Improvement) 	<ul style="list-style-type: none"> – Local schools and Youthreach Centres and their teaching staff – HSE Health & Wellbeing (Health Promotion & Improvement)
	3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying.	3.3.4 (a) Use SPHE time in first year to address bullying through implementation of an evidence-based anti-bullying curriculum.	Department of Education and Skills (National Educational Psychological Service; NEPS)	– Local schools and their teaching staff	– Local schools and their teaching staff
		3.3.4 (b) Support the roll out of the Peace IV anti-bullying and youth resilience Programme.	Cavan Monaghan Education and Training Board	–	<ul style="list-style-type: none"> – Local primary and post-primary schools – Monaghan County Council – ISPPC
	3.3.5 Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle; and encourage schools to deliver an SPHE programme (including RSE and mental health awareness) at Senior Cycle.	3.3.5 Support post primary schools, including Youthreach Centres to implement the new Wellbeing Programme.	Department of Education and Skills (National Educational Psychological Service; NEPS)	<ul style="list-style-type: none"> – Local schools and their teaching staff – HSE Health & Wellbeing (Health Promotion & Improvement) 	<ul style="list-style-type: none"> – Local schools and their teaching staff – HSE Health & Wellbeing (Health Promotion & Improvement)

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	3.3.6 Deliver early intervention and psychological support service for young people at primary care level.	3.3.6 Develop, launch and implement a youth mental health early intervention service across Cavan and Monaghan.	HSE Mental Health, HSE Primary Care	<ul style="list-style-type: none"> – HSE Health & Wellbeing (Health Promotion & Improvement), – Cavan County Council, – Tusla, – Cavan Monaghan Education and Training Board – Foroige – Youth Work Ireland – Department of Education and Skills (National Educational Psychological Service) 	<ul style="list-style-type: none"> – HSE Health & Wellbeing (Health Promotion & Improvement), – Monaghan County Council, – Tusla, – Cavan Monaghan Education and Training Board – Foroige – Youth Work Ireland – Department of Education and Skills (National Educational Psychological Service)
	3.3.7 Deliver early intervention and psychological support service for young people at secondary care level; including Child and Adolescent Mental Health Service	3.3.7 (a) Implement the Child and Adolescent Mental Health Service (CAMHS) Standard Operating Procedure in Cavan and Monaghan.	HSE Mental Health	–	–
		3.3.7 (b) Outline and review Community Healthcare Organisation (CHO) provision of Tier 2 (community-based multidisciplinary) and Tier 3 (CAMHS and inpatient) mental health services, including to what extent services are adequate, visible and accessible. Consider options for aligning current resources to need within CHO 1 and where required, develop additional resources.	HSE Mental Health	–	–

Strategic Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

A person vulnerable to suicidal behaviour requires easy access to a continuum of support in accordance with his or her needs at a particular time – from a sensitive response to a disclosure of distress to crisis management or appropriate referral, psychotherapeutic interventions or longer-term support. Transition points between services need to be clear and easily navigated and this applies to pathways between health services but also between health and other statutory or community and voluntary services. The foundations of a sustained approach to preventing and reducing suicide and self-harm are consistently available services and integrated care pathways, across both statutory and non-statutory services.

Strategic Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service and deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	4.1.1 Review current service provision, identify potential development of out of hours service and associated costs.	HSE Mental Health	<ul style="list-style-type: none"> – HSE Primary Care, – Members of the <i>Connecting for Life</i> Implementation Group – Other non-statutory organisations 	<ul style="list-style-type: none"> – HSE Primary Care, – Members of the <i>Connecting for Life</i> Implementation Group – Other non-statutory organisations
	4.1.2 Provide a co-ordinated uniform and quality assured service and deliver uniform pathways of care for those with co-morbid addiction and mental health difficulties.	4.1.2 Implement in local service delivery, national model of care for those with co-morbid addiction and mental health difficulties.			
	4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.	4.1.4 Collaborate with MHD to explore, identify and implement a uniform assessment approach across the health services in Cavan and Monaghan.	HSE Mental Health	<ul style="list-style-type: none"> – Cavan General Hospital Emergency Department – Psychiatric Liaison Team 	<ul style="list-style-type: none"> – Cavan General Hospital Emergency Department – Psychiatric Liaison Team
	4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to Emergency Departments.	4.1.5 Continue the implementation of the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments.	HSE Mental Health	<ul style="list-style-type: none"> – Self-harm Clinical Care Programme – North East Doctor on Call 	<ul style="list-style-type: none"> – Self-harm Clinical Care Programme – North East Doctor on Call

Strategic Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
4.2 Improve access to effective therapeutic interventions for people vulnerable to suicide.	4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems at both primary and secondary care levels.	4.2.1 Improve access to effective therapeutic interventions such as DBT, CBT, counselling and other relevant services by undertaking the following actions: (a) Outline and review provision of psychotherapeutic interventions in Cavan and Monaghan; (b) Assess to what extent services are adequate, visible and accessible; (c) Consider proposals for aligning current resources to need at CHO 1 level; (d) Develop business case where additional identified resources are required.	HSE: Mental Health and HSE Primary Care at CHO 1 level (as per national strategy)	– Resource Officer for Suicide Prevention – Members of the <i>Connecting for Life</i> Implementation Group – Other non-statutory organisations	– Resource Officer for Suicide Prevention – Members of the <i>Connecting for Life</i> Implementation Group – Other non-statutory organisations
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	4.3.1 Deliver enhanced bereavement support services to families and communities known to mental health services and affected by suicide.	4.3.1 (a) Identify and review provision of publicly funded bereavement services, including to what extent services are adequate, timely and effective. Consider proposals for aligning current resources to need within the local area and where required, developing additional resources.	HSE Mental Health	– Resource Officer for Suicide Prevention	– Resource Officer for Suicide Prevention
		4.3.1 (b) Progress the establishment of suicide bereavement support services, including suicide bereavement liaison support and suicide bereavement counselling services.	HSE Mental Health	– Resource Officer for Suicide Prevention – Pieta House	– Resource Officer for Suicide Prevention – Pieta House
		4.3.1 (c) Investigate the feasibility of development of local peer support groups for families bereaved by suicide.	Resource Officer for Suicide Prevention	– Local community and voluntary groups	– Local community and voluntary groups

Strategic Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	4.3.1 Deliver enhanced bereavement support services to families and communities known to mental health services and affected by suicide.	4.3.1 (d) Aligned with the national Training Plan, deliver training programmes developed by National Office for Suicide Prevention to support communities affected by suicide.	HSE Mental Health, Resource Officer for Suicide Prevention	– Local community and voluntary groups	– Local community and voluntary groups
		4.3.1 (e) Aligned with yourmentalhealth.ie, develop and disseminate information outlining the supports available to bereaved families through the appropriate communications channels.	Resource Officer for Suicide Prevention	– HSE Mental Health – HSE Primary Care	– HSE Mental Health – HSE Primary Care
		4.3.1 (f) Develop and implement a Community Response Plan when a death by suspected suicide occurs in Cavan or Monaghan.	HSE Mental Health, Resource Officer for Suicide Prevention	– HSE Primary Care (Psychology) – Dept. of Education and Skills – National Educational Psychological Service – Cavan and Monaghan Education and Training Board – An Garda Síochána, – Church based organisations – Family Resource Centres – Local Youth Services – Tusla – Local media – HSE Communications	– HSE Primary Care (Psychology) – Dept. of Education and Skills – National Educational Psychological Service – Cavan and Monaghan Education and Training Board – An Garda Síochána, – Church based organisations – Family Resource Centres – Local Youth Services – Tusla – Local media – HSE Communications
		4.3.1 (g) Investigate the feasibility of moving inquests (related to deaths by suicide) to alternative venues, other than the Court House.	Resource Officer for Suicide Prevention	– Local Coroners – An Garda Síochána – Pieta House – Local Community and Voluntary Groups	– Local Coroners – An Garda Síochána – Pieta House – Local Community and Voluntary Groups

Strategic Goal 5: To ensure safe and high-quality services for people vulnerable to suicide.

Having a range of high quality services available to support people through a time of distress, and for those who are actively suicidal is a crucial element of a suicide prevention plan. This applies to statutory and non-statutory services, which need to have good-practice guidelines, clear care pathways and protocols, and appropriate training and supervision mechanisms. All services must promote a sense of hope and an ambition for recovery, restoring the individual’s independence built on self-worth and self-belief.

Strategic Goal 5: To ensure safe and high-quality services for people vulnerable to suicide.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
5.2 Improve the response to suicidal behaviour within health and social care services, with a focus on incidents within mental health services.	5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services.	5.2.1 Collaborate with the HSE Mental Health Division to explore, identify and implement a uniform assessment approach across mental health services.	HSE Mental Health	<ul style="list-style-type: none"> – HSE Primary Care – Relevant Hospital Groups 	<ul style="list-style-type: none"> – HSE Primary Care – Relevant Hospital Groups
	5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services and develop responsive practice models.	5.2.3 (a) Trained investigators to be made available within Cavan/ Monaghan Mental Health Service to carry out system and service reviews in line with HSE policy.	HSE Mental Health	–	–
		5.2.3 (b) Ensure the learning arising from incidents of child suicide in care are disseminated and reviewed at local level.	Tusla	–	–
5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes.	5.4.2 Deliver training in suicide prevention to staff involved in the delivery of relevant services and to staff in government departments and agencies likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.	5.4.2 Deliver training in alignment with the National Training Plan for front line staff working across statutory agencies and government departments.	Resource Officer for Suicide Prevention	Various statutory agency staff including: <ul style="list-style-type: none"> – Tusla – Cavan County Council – Dept. of Social Protection – Money Advice Budget Service – Citizens Information Services – Cavan Monaghan Education and Training Board 	Various statutory agency staff including: <ul style="list-style-type: none"> – Tusla, – Monaghan County Council, – Dept. of Social Protection, – Money Advice Budget Service, – Citizens Information Services – Cavan Monaghan Education and Training Board

Strategic Goal 6: To reduce and restrict access to means of suicidal behaviour.

Restricting, where practicable, access to means of suicidal behaviour has been consistently shown to be effective in reducing suicidal behaviour across counties and settings. Implementation of strategies to restrict means can occur at national level, via legislation and regulations, and at local level, for example by improving safety at locations where people frequently attempt or complete suicide. This also includes exploring additional interventions for the most frequently used methods of suicide within the Irish context.

Strategic Goal 6: To reduce and restrict access to means of suicidal behaviour.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
6.1 Reduce access to frequently used drugs in intentional drug overdose.	6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems.	6.1.2 (a) In line with national strategy, continue to raise awareness amongst retailers and the public of the dangers of paracetamol misuse and the use of point of sale systems.	HSE Mental Health, HSE Primary Care, HSE Communications	<ul style="list-style-type: none"> – Retailers – Pharmacists – Cavan Drug & Alcohol Forum 	<ul style="list-style-type: none"> – Retailers – Pharmacists – Monaghan Drug & Alcohol Forum
		6.1.2 (b) Work with HSE Colleagues across CHO Area 1 (Donegal, Sligo, Leitrim) to investigate the feasibility of establishing an initiative to collect and dispose of unused/out of date medications across the counties.	HSE Mental Health	<ul style="list-style-type: none"> – Cavan County Council – Pharmacists – HSE Mental Health; Donegal, Leitrim and Sligo – Cavan Monaghan Education and Training Board 	<ul style="list-style-type: none"> – Monaghan County Council – Pharmacists – HSE Mental Health; Donegal, Leitrim and Sligo – Cavan Monaghan Education and Training Board
6.2 Reduce access to highly lethal methods used in suicidal behaviour.	6.2.1 Local authorities develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.	6.2.1 Work with the relevant organisations to identify high risk locations within the county and to introduce preventative measures and additional supports at these locations.	Cavan County Council	<ul style="list-style-type: none"> – Garda Síochána – Coroner's Office 	<ul style="list-style-type: none"> – Garda Síochána – Coroner's Office
			Monaghan County Council	<ul style="list-style-type: none"> – Resource Officer for Suicide Prevention 	<ul style="list-style-type: none"> – Resource Officer for Suicide Prevention
	6.2.2 Implement a strategy to improve environmental safety within HSE Mental Health Services (e.g. ligature audits).	6.2.2 Continue to monitor and improve the environmental safety within HSE Mental Health Services in Cavan and Monaghan, informed by local ligature audits.	HSE Mental Health	– HSE Estates	– HSE Estates

Strategic Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

Responsive, cost-efficient and effective suicide prevention services and supports depend on the widespread availability of robust data. Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, having real-time and better integrated data surveillance systems for suicidal behaviours as well as accelerating the transfer of research finding into practice are fundamental to the success of *Connecting for Life Cavan and Monaghan*, and other suicide prevention policies and practices.

Strategic Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.					
National Objective	National Action	Local Action	LEAD	Key Partners Cavan	Key Partners Monaghan
7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life.	7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of <i>Connecting for Life</i> ; disseminate findings and share lessons learned with programme practitioners and partners.	7.1.1 Establish data collection and monitoring and evaluation mechanisms to accurately record progress against local and national outcomes and indicators, in line with the national <i>Connecting for Life</i> evaluation process.	National Office for Suicide Prevention, Resource Officer for Suicide Prevention	– Members of the local <i>Connecting for Life</i> Implementation Steering group (including Tusla)	– Members of the local <i>Connecting for Life</i> Implementation Steering group (including Tusla)
	7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of <i>Connecting for Life</i> .	7.2.2 Use available data sources proactively to capture important information about suicide and suicidal behaviour in Cavan and Monaghan and to guide service improvement.	HSE Mental Health National Office for Suicide Prevention	–	–

Honorary Garda Ceejay Mc Ardle, Garda Eve Mc Crystal, Sergeant Tom Mill, Garda Frances Merrick, Inspector Kevin Gavigan, Castleblayney Garda Station, Co. Monaghan





5

IMPLEMENTATION OF *CONNECTING
FOR LIFE CAVAN AND MONAGHAN*

5.1 IMPLEMENTATION STRUCTURES AND ROLES

Connecting for Life Cavan and Monaghan is a live, dynamic and flexible plan spanning 2017 to 2020. A multi-agency Implementation Steering Group will be established, underpinned by the values and principles of the partnership approach used throughout the development of *Connecting for Life Cavan and Monaghan*. Membership of the Implementation Steering group will comprise of the lead agencies outlined in *Connecting for Life Cavan and Monaghan*.

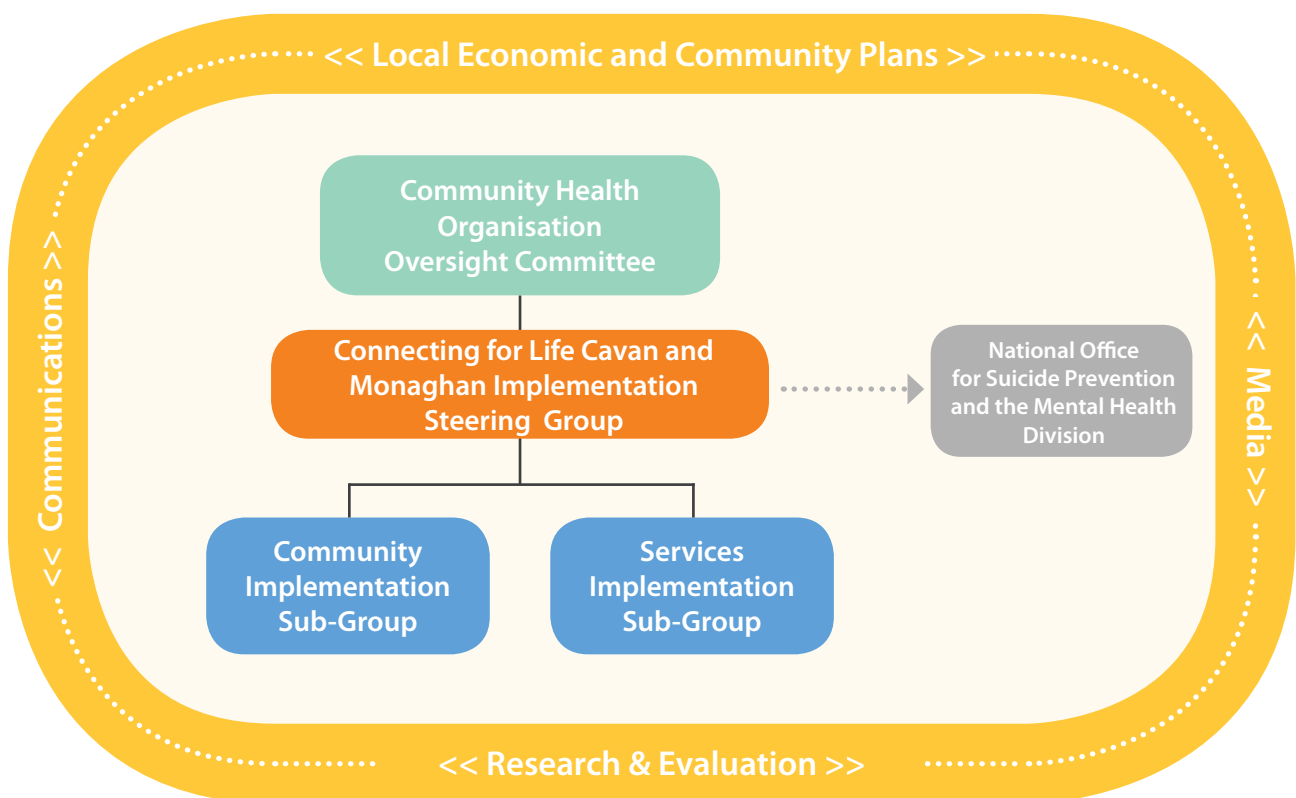
The Implementation Steering Group will be:

- Chaired by the HSE.
- Accountable for the implementation of *Connecting for Life Cavan and Monaghan*.
- Responsible for communicating *Connecting for Life Cavan and Monaghan*.
- Responsible for monitoring and reporting of *Connecting for Life Cavan and Monaghan* in line with the national system for monitoring and evaluation.
- Flexible and take into account local and national needs which emerge during the timeframe of *Connecting for Life Cavan and Monaghan*.

Specific details in relation to the working of the group, and the requirement for working groups will be developed by the Implementation Steering Group. Local implementation structures will align with national implementation structures.

It is envisaged that the implementation of the local action plan is and will be included in strategic plans of all partner organisations, where possible. See Figure 5.1 for details of the various proposed implementation structures.

Figure 5.1 *Connecting for Life Cavan and Monaghan* Action Plan Implementation Structures.



5.2 MONITORING AND EVALUATION

The *Connecting for Life Cavan and Monaghan* Implementation Steering Group will be accountable for the implementation of the plan. The Chairs of Working Groups will also sit on the Steering Group and report on progress and issues on the implementation of the actions. The National Office for Suicide Prevention national system for monitoring and evaluating will ensure effective and timely monitoring and evaluation of *Connecting for Life Cavan and Monaghan*.

5.3 COMMUNICATING CONNECTING FOR LIFE CAVAN AND MONAGHAN

All communications relating to the implementation of *Connecting for Life Cavan and Monaghan* will be the responsibility of the Implementation Steering Group, supported by HSE Communications, and NOSP where required. There are numerous action leads and key partners, and ensuring that there are clear and consistent messages from all stakeholders is essential. A Communications Plan will be prepared to ensure that the communications element of implementing *Connecting for Life Cavan and Monaghan* is actively considered and managed.

5.4 RESOURCING CONNECTING FOR LIFE CAVAN AND MONAGHAN

The actions in *Connecting for Life Cavan and Monaghan* are broad ranging and their implementation is the responsibility of the HSE and many other organisations. In the development of the plan, agreement was reached with the various organisations taking the lead for particular actions. This approach can generate outcomes that may not otherwise be achievable working in isolation and this will provide for a more effective implementation process and efficient use of resources.

Implementing the actions will involve both improved use of existing resources and the need for additional resources. It will be the responsibility of the Implementation Steering Group to identify and seek sources of funding through Government, HSE, Local Authority and Cross Border funding streams. It is envisaged that *Connecting for Life Cavan and Monaghan*, based on a whole of society approach will provide a strong case for additional funding when required.



Áine Cahill,
Cavan County Council, Co. Cavan

APPENDIX 1: Abbreviations

ASIST	Applied Suicide Intervention Skills Training
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behaviour Therapy
CHO	Community Healthcare Organisation
CIPC	Counselling in Primary Care
CSO	Central Statistics Office
C & V	Community & Voluntary
DBT	Dialectical Behaviour Therapy
EU	European Union
FRC	Family Resource Centre
GP	General Practitioner
HSE	Health Service Executive
HSE HPI	Health Service Executive Health Promotion and Improvement
HSE MH	Health Service Executive Mental Health
HSE PC	Health Service Executive Primary Care
HRB	Health Research Board
ISPCC	Irish Society for the Prevention of Cruelty to Children
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex
MHI	Mental Health Ireland
NBSS	National Behaviour Support Service
NEPS	National Educational Psychological Services
NE-RDATF	North Eastern Regional Drugs and Alcohol Task Force
NOSP	National Office for Suicide Prevention
NSRF	National Suicide Research Foundation
OECD	Organisation for Economic Co-operation and Development
RCSI	Royal College of Surgeons in Ireland
WHO	World Health Organisation

APPENDIX 2:

Definition of Key Terms

Families/friends/communities bereaved by suicide: People who have been impacted, directly or indirectly, when someone has died by suicide.

HSE mental health services: The HSE provides a wide range of community and hospital based mental health services in Ireland. HSE mental health services are delivered through specialist mental health teams from childhood to old age.

Incidence of self-harm/self-harm rates: There is a national registry for self-harm presentations to Emergency Departments in General Hospitals. This is managed by the National Suicide Research Foundation.

Mental health and wellbeing: Mental health is defined as a state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community.

Mental health problems: Refers to a wide range of mental health conditions that affect mental health and impact on mood, thinking and behaviour.

Mental health promotion: Mental health promotion is any action which aims to promote positive mental health among the population and those who are at risk of experiencing mental health problems.

Non-statutory and community organisations: Community, voluntary and non-statutory services, organisations and groups.

People/groups vulnerable to suicide: People/groups that experience more of the risk factors for suicide.

People at acute risk of suicide/self-harm: People who are at high risk of suicide or self-harm. This may include frequent, intense and enduring thoughts of suicide or self-harm, specific plans or high distress.

People/groups that are vulnerable to self-harm. People/groups that are more susceptible than other people/groups to the possibility of self-harm.

Primary care services: Primary Care Teams comprise of GPs, Public Health Nurses, Occupational Therapists, Physiotherapists, other HSE staff and community representatives.

Priority groups: In Connecting for Life and Connecting for Life Cavan and Monaghan, priority groups refer to the population groups identified as vulnerable to suicide in Ireland. Over the lifetime of the Strategy, other population groups may emerge as particularly vulnerable to suicide.

APPENDIX 2: Definition of Key Terms

Risk and protective factors: In general, risk factors increase the likelihood that suicidal behaviour will develop, whereas protective factors reduce this likelihood. In relation to mental health, protective factors include secure family attachments, having one supportive adult during early years, positive early childhood experiences, good physical health, and positive sense of self, effective life and coping skills. Risk factors include physical illness or disability, family history of psychiatric problems, family history of suicide, low self-esteem, social status and childhood neglect.

Reducing suicide/Reducing self-harm: Reducing suicide, or self-harm, means lowering the number of deaths by suicide or the number of self-harm incidents.

Resilience: Resilience is the ability to cope with adverse or challenging circumstances.

Responding to a suicide attempt: Response, or intervention, to support someone who attempts suicide.

Responding when someone has died by suicide/Postvention: Responding to suicide refers to the response, or intervention, to support relatives, friends and communities after someone dies by suicide.

Self-harm: Self-harm describes the various methods by which people harm themselves. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all self-harm.

Service user: Person who uses the mental health services.

Social exclusion: Social exclusion refers to being unable to participate in society because of a lack of access to resources that are normally available to the general population. It can refer to both individuals, and communities in a broader framework, with linked problems such as low incomes, poor housing, high-crime environments and family problems.

Stigma reduction: Stigma reduction refers to the process of minimising negative beliefs associated with different types of mental health problems. It brings about a positive change in public attitudes and behaviour towards people with mental health problems.

Suicide/die by suicide: Suicide is death resulting from an intentional, self-inflicted act.

Suicide attempt/attempted suicide/someone who has attempted suicide: A suicide attempt means any non-fatal suicidal behaviour, when someone has the intent to take their own life.

APPENDIX 2:

Definition of Key Terms

Suicidal behaviour: Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself. For the purpose of this Strategy, the term suicidal behaviour also refers to self-harm (see above for a full definition of self-harm).

Suicide prevention/Help prevent suicide: Suicide prevention aims to diminish the risk and rates of suicide. It may not be possible to eliminate entirely the risk of suicide but it is possible to reduce this risk.

Targeted approach: Embedded in a whole population approach and focuses on 1) identifying the smaller number of people who are vulnerable to suicide/self-harm and 2) putting in place appropriate interventions.

Whole-population approach: A whole-population approach focuses on suicide prevention for all members of society. It aims to reduce suicidal behaviour by addressing the risk and protective factors at individual, family, community and societal levels.

APPENDIX 3: CAVAN MONAGHAN SUICIDE PREVENTION STEERING GROUP MEMBERSHIP

Representative	Organisation
Padraig O'Beirne (Chair)	HSE Mental Health Service
Emer Mulligan	HSE Mental Health Service
Dr Gulzar	HSE Mental Health Service
Cathal Hand	HSE Primary and Social Care
Jennifer Treanor	HSE Health and Wellbeing/Health Promotion and Improvement
Dr Bernadette O'Keefe	HSE Public Health
Martin Keeney	Tusla
Maureen McIntyre	Cavan Monaghan Education and Training Board
Emer Coveney	Cavan County Council
Fintan McPhillips	Monaghan County Council
Inspector Kevin Gavigan	An Garda Siochana
John Murphy, Kim O'Connor	Service User Representative
Dr Richard Rutledge	Department of Education and Skills (NEPS)
Francis McCarron	Monaghan Integrated Development
Hazel Leahy	Breffni Integrated Development
Colin McAree	Foroige
Claire Barkey	Youth Work Ireland
Angela Graham	Clones Family Resource Centre
Bernie Brady	Teach Oscal Family Resource Centre, Cavan
Angie McKenna	Focus Family Resource Centre, Killeshandra
Carmel Cassidy	Individuals/families bereaved by suicide
Councillor Carmel Brady and Councillor Shane P O'Reilly	Cavan County Council Elected Representatives
Councillor Paudge Connolly and Councillor Colm Carthy	Monaghan County Council Elected Representatives
Dr Mary P Flanagan and Dr Martin J Watters	GP/Coroner (Email communication)

APPENDIX 4:

SECONDARY SOURCES OF EVIDENCE FOR CONNECTING FOR LIFE CAVAN AND MONAGHAN

Connecting for Life Cavan and Monaghan takes an evidence-informed approach to suicide prevention, to ensure the proposed aims, objectives and interventions deliver real and measurable benefits in a cost-efficient way.

Evidence and data used included:

- An examination of key learning points from Reach Out, Irish National Strategy for Action on Suicide Prevention 2005 – 2014;
- Research on risk and protective factors for suicide;
- Central Statistics Office material;
- National Self-Harm Registry Ireland Annual Report 2015;
- A review of the evidence base for interventions for suicide prevention by the Health Research Board (HRB) Suicide Prevention: An evidence review, 2014 commissioned by HSE NOSP;
- International evidence about key elements in effective suicide prevention strategies;
- Evidence on social media and social marketing strategies, language and stigma reduction and media reporting issues and interventions;
- The WHO 2014 Report: Preventing Suicide: A Global Imperative.

APPENDIX 5: NOTES AND CAVEATS ON SUICIDE DATA

Mortality data from the Central Statistics Office on deaths by suicide (ICD codes X60-X84) is collected nationally by the CSO as part of its work on national mortality.

Limitations:

- The CSO only provides standard demographic data on people who have died by suicide. Data on psychosocial and psychiatric characteristics of those who died by suicide is not recorded. In-depth information on suicide cases is only available at regional level based on the Suicide Support and Information System (SSIS) in Cork (20) and Donegal (32).
- The CSO uses robust methodology to produce the figures. However, there are factors unique to suicide that can affect the numbers. Until 1993, taking your life by suicide was a criminal offence in Ireland. The legacy of this, together with the potential influence of teaching that suicide is a sin, has contributed to under-reporting of suicide deaths over the years. In addition, all suspected deaths by suicide have to be reported to the coroner's office. This can increase the level of trauma and associated stigma for bereaved relatives of the deceased.

Sources of under-reporting include:

- A Coroner's verdict may not attribute the death to suicide. A Coroner's verdict of death by suicide requires a level of proof akin to 'beyond reasonable doubt'. If there is insufficient evidence then an open verdict or a verdict of accidental death may be recorded. However, this is addressed to some extent by the use of 'Form 104' in such cases. This is an additional form that is issued by the CSO following a coroner's inquest. It is completed by the investigating Garda. This enables the CSO to attribute some undetermined deaths as suicides (for statistical purposes only). Ensuring that Form 104 is always returned by the Gardaí improves the completeness of the data.
- A Coroner may in the past have been influenced by factors such as family sensitivities as a result of the perceived stigma of a suicide verdict or the risk that an insurance policy may not pay out if the death is by suicide. Moreover, a Coroner's process can take several years, and if a verdict is not returned within a certain time frame then the death may not be counted in the figures at all.
- Not suspecting a suicide death and a doctor signing a certificate attributing the death to another cause can be a problem with people who are older or who already have a number of life-threatening conditions. People with chronic disease and physical disability are an emerging risk group for death by suicide (33).

Connecting for Life is committed to improving the recording procedures for death by suicide. Improving the accuracy of suicide mortality statistics during the implementation of the strategy may have implications for the comparison between baseline and follow-up measurement of the primary outcome: suicide. Therefore, it would be important to consider this when interpreting trends over time as any improvement in reporting will actually lead to a temporary increase in the reported rates.

APPENDIX 6:

OVERVIEW OF HSE/NOSP SUICIDE PREVENTION TRAINING PROGRAMMES

esuicideTALK

esuicideTALK (level 1 training) is a two-hour online programme which helps participants explore issues surrounding suicide in a safe, self-paced environment. Developed using adult learning principles, esuicideTALK helps people take the first steps toward community suicide prevention.

Target group: esuicideTALK is ideal for all English speakers aged 18 and older who want to take the first steps toward suicide prevention. esuicideTALK does not teach suicide first aid and intervention skills - instead, it helps people become more aware of the dangers of suicide, its impact on the community, and how discussing it openly and honestly can save lives. esuicideTALK is also an excellent tool for organisations that want to help their employees increase awareness and reduce the stigma surrounding suicide.

How to access the programme:

The link to esuicideTALK is now live on yourmentalhealth.ie:

<http://www.yourmentalhealth.ie/Get-involved/Community-action/esuicideTALK/>

Suicide Awareness Prevention Programme

Suicide Awareness Prevention Programme (level 1 training); is a 2hr workshop developed which helps participants explore issues surrounding suicide in a safe environment. It helps people take the first steps toward community suicide prevention.

Target group: It is ideal for those aged 18 and older who want to take the first steps toward suicide prevention. The workshop does not teach suicide first aid and intervention skills - instead, it helps people become more aware of the dangers of suicide, its impact on the community, and how discussing it openly and honestly can save lives.

Suicide bereavement grief and loss

Suicide bereavement grief and loss (level 1 training) is a new 2 hr programmes developed in collaboration with the Hospice Foundation for the general community. Participants develop greater understanding and awareness of normal reactions and responses following suicide.

Target group: This course is suitable for individuals and community members living and working in a community bereaved by suicide.

APPENDIX 6:

OVERVIEW OF HSE/NOSP SUICIDE PREVENTION TRAINING PROGRAMMES

safeTALK

safeTalk *(level 2 training) safeTALK is a half-day alertness training that prepares anyone over the age of 18 yrs., regardless of prior experience or training, to become a suicide-alert helper. Following the training participants will be alert to suicidal ideation and have a clear understanding of what steps they need to take in order to help persons with thoughts of suicide.

Target group: The programme is suitable for professional caregivers such as social workers and counsellors and is also suitable for students, teachers, community volunteers, first responders, Gardaí, among many others. By providing a universal model with adaptable components, safeTALK offers useful skills to every audience.

*Note: Many participants who attend safeTALK later decide to take the ASIST training programme (see below for details).

Understanding Self Harm Awareness Training

Understanding Self Harm Awareness Training (Level 2 training) is a one day training programme which develops participants' knowledge and understanding of self-harm.

Target group: This course is suitable for professionals working with young people for e.g. teachers, healthcare workers, youth and community workers.

Loss and Bereavement through suicide

Loss and Bereavement through suicide (Level 2 training) is a one day training where participants' awareness of the unique aspects associated with suicide bereavement is enhanced. Participants develop greater understanding and awareness of support needed for people who have lost someone through suicide.

Target group: This course is suitable for individuals or professionals and caretakers working with individuals bereaved by suicide for e.g., health professionals, teachers, youth and community workers.

ASIST

ASIST *(Applied Suicide Intervention Skills Training) (Level 3/4 training) is an intense two-day interactive workshop in suicide first-aid. The ASIST model teaches participants how to recognise risk and learn how to intervene to prevent the immediate risk of suicide.

Target group: Anyone over the age of 18 years regardless of prior experience or training can become an ASIST-trained caregiver. Many professionals attend ASIST because suicide intervention skills are essential for their work; nurses, physicians, mental health professionals, pharmacists, teachers, counsellors, youth workers, Gardaí, first responders, school support staff, clergy, and volunteers have all found that ASIST complements their existing training and knowledge.

APPENDIX 6: OVERVIEW OF HSE/NOSP SUICIDE PREVENTION TRAINING PROGRAMMES

ASIST Tune Up

ASIST Tune Up (online) (Level 3/4 training) is a 2 hour online programme for anyone who is already ASIST certified i.e. has attended the ASIST 2 day workshop more than two years ago and wishes to refresh skills.

STORM® Suicide Prevention and Self-harm Mitigation Training

STORM® Suicide Prevention and Self-harm Mitigation Training (Level 5 training) focuses on developing the skills needed to assess and manage a person at risk of suicide or self-harm to stay safe. The training is highly interactive with methods proven to enhance a greater understanding of the subject and the development of skills. These include active demonstration, role-rehearsal, filmed role-rehearsal, feedback, and self-reflection.

Target group: The training is suitable for professional caregivers.

* Although safeTALK and ASIST are separate programmes, they are designed to complement each other. Many communities and organisations use both safeTALK and ASIST. By working together, people with safeTALK and ASIST training create a larger, more effective network of suicide intervention resources. The result is that those at risk of suicide are more likely to have their invitations for help recognised - and more likely to get the help they need in staying safe.

APPENDIX 7A: CONSULTATIONS UNDERTAKEN IN CAVAN

Group	Area/Location	Date	No of people who attended	Totals
Community	Cavan	12th Oct	27	55
Community Workshops County Cavan	Cavan town	18th Oct (7-9pm)	5	
	Bailieborough	17th Oct (7-9pm)	0	
	Cootehill	25th Oct(7-9pm)	0	
	Killeshandra	1st Nov (7-9pm)	7	
	Virginia	3rd Nov (7-9pm)	8	
	Swanlinbar	7th Nov (7-9pm)	0	
	Kilnaleck	9th Nov (7-9pm)	8	
Mental Health Service staff and GP's	Cavan Community Mental Health Team	24th Oct 2016	21	57
	Cavan Child and Adolescent Mental Health Team	26th Oct 2016	9	
	Cavan General Hospital Acute Psychiatric Unit staff	27th Oct 2016	7	
	Cavan GP CME Network	24th Jan 2017	20	
Young people	St. Claire's Secondary School Ballyjamesduff	10th Nov 2016	50	144
	Cavan Comhairle na nOg	17th Nov 2016	76	
	Foroige Youth Services- Youth Café, Cavan Town	7th Nov 2016	8	
	Foroige Youth Services- Youth Café, Cavan Town	11th Nov 2016	10	
Individuals bereaved by suicide	Breffni Integrated	13th Nov 2016	14	52
LGBT Community	Members of Cavan LGBT community	16th Nov 2016	7	
Travellers	Cavan Traveller Movement	8th Nov 2016	1	
	Extern Traveller Primary Health Care Team	Various locations, various dates: 2 Ballyconnell 3 Belturbet 5 Cootehill 10 Cavan and its surrounds 3 Kingscourt 5 Bailieborough 2 On the move /no fixed abode	30	
Postcards			174	233
Online Survey			59	
Total				541

APPENDIX 7B: CONSULTATIONS UNDERTAKEN IN MONAGHAN

Group	Area/Location	Date	No of people who attended	Totals
County wide	Monaghan	11th Oct	18	59
Community Workshops	Monaghan Town	19th Oct(7-9pm)	7	
	Clones	25th Oct (7-9pm)	11	
	Ballybay	27th Oct(7-9pm)	7	
	Castleblayney	2nd Nov (7-9pm)	5	
	Carrickmacross	8th Nov (7-9pm)	11	
Mental Health Service staff and GP's	Monaghan Community Mental Health Team	17th Oct 2016	21	58
	Monaghan Child and Adolescent Team	14th Nov 2016	9	
	Monaghan GP CME Network	16th & 17th Jan 2017	28	
Young People	Monaghan Comhairle na nOg	3rd Nov 2016	22	164
	Monaghan Institute – Presentation to social studies students and others	25th Oct & 10th Nov	118	
	Monaghan Youth LGBTQ Support Group	11th Nov 2016	8	
	Foroige -Monaghan NYP	8th Nov 2016	8	
	Foroige- Garda Youth Diversion Programme	9th Nov 2016	6	
	Foroige NYP group	undated	2	
	Higher risk groups	Solas Service Users (Monaghan)	7th Nov 2016	
	Monaghan Integrated Development (asylum seekers)	2nd Nov	8	
	Tearmann (domestic violence)	various	6	
Postcard Survey			236	294
Online Survey			58	
Total				603

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