



Connecting for Life

Carlow

Suicide Prevention Action Plan 2017 – 2020

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

There is a range of services available in the area of suicide prevention, as well as support in the aftermath of a suicide. People, who feel they are in crisis, for whatever reason, need to know they are not alone. Help, advice and support is available.

- Your first point of contact is your local G.P. If it is late in the evening or at the weekend, contact CAREDOC on **1850 334 999**
- Go to the Emergency Department in St. Luke's Hospital, Kilkenny
- Contact the Emergency Services on **999** or **112**
- Call the Samaritans 24 hour Freephone listening service on **116 123**
- For more information on supports and services visit **www.yourmentalhealth.ie**

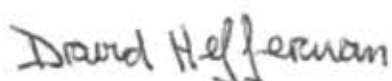
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Foreword by David Heffernan

General Manager for HSE Mental Health Services (CHO 5)

Suicide is a significant public health concern for the people of Carlow where the suicide rate has been higher than the national average for more than ten years. Suicide in Carlow has had a devastating effect on individuals and families in what is a relatively small and tight knit community. The ripple effect of this devastation has been far reaching and the people of Carlow have come together to effect change through the development of a local suicide prevention action plan. *Connecting for Life Carlow* is the result of people in the community taking responsibility and coming together to develop a clear, collaborative and joined up response to an issue that is uppermost in people's minds across the entire County. This action plan for suicide prevention was created using a community development approach with a focus on inclusion, trusting relationships and working together to achieve the best possible outcomes for all concerned. The people in Carlow are well versed in the promotion of positive mental health and collaborative working is the norm. The inherent resilience of the people in Carlow and the willingness to be proactive when faced with the difficulties associated with suicide and self-harm were apparent throughout the development process.

The promotion of positive mental health and wellbeing was paramount throughout the development of *Connecting for Life Carlow* and the consultation process itself contributed to an increase in access to information and training and an increase in help-seeking behaviour. *Connecting for Life Carlow* is a direct result of a whole County working together across all sectors; community, voluntary and statutory, to achieve the vision that is set out in *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020; that is to reduce the rate of suicide and to reduce the incidence of self-harm in Ireland.



Acknowledgements

In acknowledgement of the work that has gone into the development of this plan, special thanks are given to:

- The individuals, families, groups and communities who took part in the consultation process by sharing their views, their needs and their personal experiences in such an honest and forthright way
- Bagenalstown Family Resource Centre, Teach Brìd, Tullow, the Vocational School, Borris, the Cathedral Parish Centre, Carlow and Colàiste Eoin, Hackettstown for hosting the public consultation meetings
- St. Catherine's Traveller Health Projects, Carlow Involvement Centre and Carlow Regional Youth Services who hosted and supported the facilitation of focus groups
- Staff and volunteers from a huge number of organisations; community, voluntary and statutory, who took time out of their already busy work lives to contribute to the conversation
- Every member of the Carlow Suicide Prevention Planning Group and the Consultation Working Group who came together every month and gave their time, their enthusiasm and their expertise (See Appendix 1 for a list of members)
- Carlow Mental Health Association and Carlow Community Development Partnership for promotional and administrative support
- The National Office for Suicide Prevention who provided ongoing guidance and support

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Resource Officer for Suicide Prevention

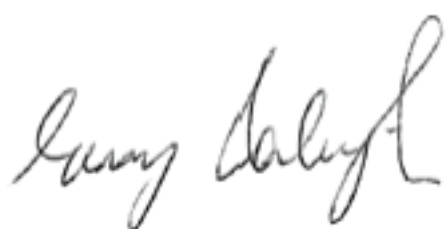
The key terms and abbreviations used throughout the document are explained in Appendix 2 and Appendix 3 respectively.

A Word from Gerry Raleigh

Director of the National Office for Suicide Prevention

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020, 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 Carlow connects all key partners from the statutory, Non-Governmental Organisations (NGO) and the community and voluntary sectors. It has taken the national goals and objectives and taking on board the views of the people in Carlow, agreed a detailed local action plan. It is important that we continually monitor and learn from the implementation of *Connecting for Life Carlow*. There is a focus on outcomes and measuring improvement relating to the targets set for each action. This is important not alone for the communities in Carlow, but also so 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 cooperation, that we can achieve our goal.

A handwritten signature in black ink, reading "Gerry Raleigh". The signature is written in a cursive, flowing style.



Introduction

Suicide is a significant issue in Ireland and the general public recognises the overwhelming and distressing effect of suicide on families and communities. The most up to date figures on suicide (2014) indicate that there were 11 deaths by suicide in Carlow (CSO). Many more are treated in hospital after a suicide attempt, having seriously harmed themselves or having presented with mental health related concerns. While suicide rates are decreasing, the rates are still very high, particularly amongst young people and at risk groups. According to the World Health Organisation (2004) (1), one in four people experience mental health problems at some time in their lives with the majority of people receiving treatment from their GP. This makes mental health and suicide prevention a concern for everyone.

All deaths by suicide occur in a wider community context, the impact following a death by suicide is felt throughout communities, profoundly affecting family members, friends and many beyond. The Carlow Suicide Prevention Planning Group, a group that is made up of a broad range of representatives working in, concerned with or affected by mental health and related issues, believes that through effective local collaboration, suicide and its impact can be reduced and prevented. By working together we can devise and implement responses to suicide that have a positive impact, are effective and sustainable. *Connecting for Life Carlow* is an action plan that proactively links across services and with other key plans and strategies. Taken together, these approaches are referred to as community-based approaches to suicide prevention.

During the consultation process we met with communities across Carlow, we heard first hand of people's experience of the pain and hurt they feel when a loved one dies by suicide. We also heard of the enormous levels of resilience and positivity of people to respond to and support others in times of difficulty. Communities across Carlow have come together to address the issue of suicide and mental health concerns in a collective and meaningful way. This plan takes

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account of the significant social and economic changes impacting Ireland in the past eight to nine years and in particular, takes account of the issues that impact on rural populations such as social exclusion and social isolation.

It is imperative that this local action plan is read and understood in the context of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015–2020. All of the actions in *Connecting for Life Carlow* are aligned to the national strategic goals, the national objectives and the national actions. There are some national actions that did not elicit a local action and some national actions that do not require a local response.

There are key values underpinning the development and implementation of *Connecting for Life Carlow* and these are;

- The importance of collaboration between groups, agencies, organisations and sectors to maximise impact and increase the level of resources focused on suicide prevention work. This includes an emphasis on working cooperatively, sharing knowledge and responding collectively to a range of complex situations. The Suicide Prevention Planning Group is a network that brings with it vitality, diverse perspectives and experience in the pursuit of shared goals
- There is an emphasis on the need to advocate for change, for the development of new services and for attention to be paid to specific priority groups while steering the effective implementation of *Connecting for Life Carlow*
- There is a firm commitment to equity of access for all those who need services regardless of background, socio-economic status, geographic location or nationality



The Brownshill Dolmen, Carlow.



Context for Suicide Prevention in Ireland and Carlow

1.1 Suicide Prevention in Ireland

In the past in Ireland, suicide was a crime under common law and was treated unsympathetically and without benevolence. It was condemned by both Catholic and Protestant churches. Suicide in Ireland was decriminalised in 1993 and since then there has been more open dialogue about suicide and its impact. The benefits of open dialogue include a greater understanding of the contributory factors that can lead to suicide and there is now more compassion and empathy for those who engage in suicidal behaviour; die by suicide or are bereaved by suicide. As time has progressed, people in Ireland have become more open to acknowledging the pain, despair and trauma associated with suicide and there is a realisation that suicide is not an abstract notion, it is part of our society and as such it needs to be addressed and prevented.

Since the decriminalisation of suicide the following landmark developments have contributed to a more cohesive and proactive approach to understanding and addressing suicide;

- **1995:** A National Task Force on Suicide was established
- **1998:** The Final Report of the National Task Force on Suicide called for the appointment of Regional Resource Officers for Suicide Prevention
- **2001:** A study entitled '*Suicide in Ireland: A National Study*' highlighted the high rates of suicide among young men and reported that 49% of those who died were known to have visited their GP within the year prior to death
- **2005:** The national strategy *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014* was published and the HSE National Office for Suicide Prevention (NOSP) was established
- **2007:** The HSE National Office for Suicide Prevention launched the *Your Mental Health* public awareness campaign
- **2012:** The National Suicide Research Foundation (NSRF) published the *First Report of the Suicide Support and Information System (SSIS)* which highlighted that 81% of those who died had been in contact with their GP or a mental health service in the year prior to death

- **2015:** *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* was published, calling for the development and implementation of local County suicide prevention plans
- **2015-2017:** The development of local suicide prevention action plans in response to *Connecting for Life*

Suicide rates rose steadily from 9.2 per 100,000 population in 1993 to a high of 13.9 per 100,000 population in 1998. Since 1998, there has been a slight decrease in the overall suicide rate although rates remain unacceptably high at over 11 per 100,000 population each year. In numbers, and therefore in human lives, this translates as approximately 500 deaths by suicide in Ireland each year. A recent study by Corcoran et al (2015) (2) notes that rates may have been decreasing until the onset of the economic recession in 2008 and considers the impact of this recession in Ireland. Section 1.4 explores the data in relation to suicide and self-harm in more detail.

In this context, suicide prevention work in Ireland has focused on two broad strands;

- Improving mental health and help-seeking behaviour in the general population
- Targeting people at increased risk of suicidal behaviour

The reason behind this approach is that suicide can be highly unpredictable but it can also be associated with ongoing, long-term mental health difficulties and other common risk factors.

1.2 National and Local Policy Context

The development of *Connecting for Life Carlow* has been informed by national, regional and local policies and strategies relating to wellbeing, mental health and suicide prevention. These policy documents have informed specific actions around suicide prevention in Carlow. Policies such as *A Vision for Change* and *Healthy Ireland* provide a national context on health and wellbeing, while a range of other strategies and policies are linked to the broader focus of *Connecting for Life Carlow*. The strategic framework within which *Connecting for Life Carlow* is set includes the following;

- *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, 2015 - 2020
- *A Vision for Change: Report of the Expert Group on Mental Health Policy* 2006
- *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People* 2014 - 2020
- *Healthy Ireland: A Framework for Improved Health and Wellbeing* 2013 - 2025
- *All-Ireland Traveller Health Study: Our Geels* 2010
- *Reducing Harm, Supporting Recovery-a health led response to drug and alcohol use in Ireland*, 2017-2025
- *The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses* 2014
- *South East Traveller Health Unit Strategic Plan* 2015 - 2020
- *Carlow Local and Economic Community Plan* 2016 - 2021
- *South East Strategy to Address Adolescent Substance Misuse* 2007



Figure 1: Strategies and policy documents relevant to Connecting for Life Carlow

As well as these policy documents, the development of *Connecting for Life Carlow* has been informed by comprehensive data and statistics on suicide and self-harm provided by the following;

- The National Office for Suicide Prevention (NOSP)
- The National Suicide Research Foundation (NSRF)
- The National Self Harm Registry of Ireland (NSHRI)
- The Central Statistics Office (CSO)

This data is available in Section 1.4

1.2.1 National Context

Connecting for Life Carlow does not stand alone; the plan is intrinsically linked to and complements other related strategies that are listed below.

Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 - 2020 (3)

Connecting for Life is Ireland's national strategy to reduce suicide and follows on from the Government's previous strategy, *Reach Out: The National Strategy for Action on Suicide*

2005-2014. Over the 10-year period of Reach Out, significant progress was made on suicide prevention, particularly in relation to research, policy and service delivery. In preparation for the development of *Connecting for Life*, an examination of Reach Out was undertaken to build on the progress made and the lessons learned.

Connecting for Life involves preventative and awareness-raising work and aims for high-quality standards of practice across service delivery areas; this is underpinned by a comprehensive evaluation and research framework. It emphasises that suicide and self-harm are complex problems that require a broad range of multi-sectoral responses and actions to ensure positive outcomes. There are 69 collaborative actions in the strategy which are jointly delivered by lead agencies and partners, including government departments, state agencies and community and voluntary stakeholders.

Connecting for Life advocates for a public health perspective on suicide prevention and it promotes three different types of policy interventions:

- Universal interventions, or interventions that are broad-based and address suicide prevention across the whole population
- Selective interventions that address specific individuals and groups that are more vulnerable to suicide
- Indicated interventions that are targeted and have a specific focus on those who are at high risk of suicide because of mental health problems and previous suicidal behaviour

Connecting for Life is supported by core national policies pertaining to mental health, wellbeing and physical health; it also asserts that outcome achievement will depend on the effective delivery of a broad range of health and social policies and strategies including the ones listed below;

A Vision for Change: Report of the Expert Group on Mental Health Policy (4)

A Vision for Change (AVFC) 2006 is the Irish Government's national mental health policy which sets out the direction for mental health services in Ireland and provides a framework for building positive mental health across the entire community. AVFC provides national policy direction and recommendations on suicide prevention, using both a whole population approach and a targeted approach for those particularly vulnerable to suicide. The collaborative approach to suicide prevention, which is integral to *Connecting for Life Carlow*, is echoed in AVFC. It stresses that "effective action to

prevent suicidal behaviour requires the cooperation of the whole community, including education, health and social services, business and voluntary organisations, agencies committed to positive health promotion and to reducing stigma surrounding mental health problems and ordinary people who are often the first to become aware of crises arising in their friends, colleagues and loved ones” (Government of Ireland, 2006:159).

Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 - 2020 (5)

The national policy framework for children and young people envisions Ireland as “one of the best small countries in the world in which to grow up and raise a family, and where ...children and young people are supported to realise their maximum potential now and in the future” (2014:20). However, the policy expresses significant concern regarding “the recent rise in demand for mental health services and the incidence of self-harm and suicide” (2014:53) and provides stark statistics in this regard. Through Better Outcomes, Brighter Futures the Government seeks to achieve better outcomes for children and young people, including children being active and healthy and having physical and mental wellbeing. *Connecting for Life* provides an important supporting strategy in achieving this aim. Numerous factors are identified that contribute to achieving “good mental health” in children and young people, including the importance of parental mental health, the links between mental health and substance abuse, the central role of preventative and early intervention support and the importance of training and up-skilling professionals in all educational settings to identify potential child mental health issues. These factors were also identified as key factors throughout the public consultation process undertaken as part of the development of *Connecting for Life Carlow* and are embedded in this plan.

Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 - 2025 (6)

Healthy Ireland, Ireland’s national framework for action to improve the health and wellbeing of the people of the country is a critical policy document that reinforces the goals and objectives set out in *Connecting for Life Carlow*. Its vision is “A healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility” (2014:5). Mental health is an integral theme throughout the framework and is described as a “growing health, social and economic issue”. Healthy Ireland acknowledges that more Irish young people die by suicide than in other countries and that alcohol is a contributory factor in half of all suicides. In its identification of

indicators for “wellbeing”, Healthy Ireland points to decreased levels of self-harm across all life stages and a reduced suicide rate across all population groups.

All Ireland Traveller Health Study: Our Geels 2010 (7)

The All Ireland Traveller Health Study was published in 2010 and it is the first study of the health status and health needs of all Travellers living on the island of Ireland, North and South. It is a far-reaching report that documents the health status of Travellers, outlines the factors that influence their health status, examines how services available are used by Travellers and considers the attitudes and perceptions of Travellers to health services. The study draws parallels between mental health, suicide and social disintegration and notes that suicide among Travellers is six times the rate of the general population and accounts for approximately 11% of all Traveller deaths. Suicide rates for Traveller men is seven times higher than in the general population and suicide rates of Traveller young people are also higher than in young people in the general population.

The study's findings highlight risk factors for mental ill-health including depression and suicide within the Traveller community. Adverse trends include the disintegration of traditional family structures, the decline of religious certainty or belief and high rates of unemployment. Perceived discrimination is identified as a major problem for Travellers and this directly influences mental health leading to feelings of depression, anxiety and suicide.

The All-Ireland Traveller Health Study and direct consultation with Travellers in Carlow provides important contextual information and facilitates an enriched understanding of the experiences and needs of the Traveller community in Carlow in relation to wellbeing, mental health, self-harm and suicide.

Reducing Harm, Supporting Recovery - a health led response to drug and alcohol use in Ireland 2017-2025 (8)

Following on from the National Drugs Strategy 2009-2016, Reducing Harm, Supporting Recovery lays out the direction of government policy on drug and alcohol use until 2025. The strategy aims to provide an integrated public health approach to drug and alcohol use, focused on promoting healthier lifestyles within society. The vision of the strategy is to create a healthier and safer Ireland, and its actions will contribute towards improving the health, wellbeing and safety of the population of Ireland in the coming years. It refers to the link between addiction and recurring mental health problems, particularly in young people and it seeks to improve the quality and relevance of service

provision for those at higher risk of harm resulting from substance misuse, including those with mental health issues. Recommendations include the development of joint protocols between mental health services and drug and alcohol services to improve outcomes for those with a dual diagnosis. Actions in Reducing Harm, Supporting Recovery are closely aligned to *Connecting of Life* Ireland's National Strategy to Reduce Suicide 2015-2020.

1.2.2 Local Context

Carlow Local Economic and Community Plan 2016 - 2021 (9)

The Local Economic and Community Plan (LECP) for Carlow provides an ambitious roadmap for the creation of “vibrant, sustainable, self-determining communities that have the social, cultural and economic wellbeing of its entire people at their core”. It promotes the economic, local and community development of Carlow through a partnership approach between Carlow County Council, Carlow Local Community Development Committee (LCDC) and other stakeholders. The LECP aims to build “thriving, resilient, sustainable and inclusive communities” and to enhance community wellbeing, health and safety. In this regard, the development of a suicide prevention plan, *Connecting for Life Carlow* is identified in the LECP as a key action. Through *Connecting for Life Carlow*, the LECP seeks to achieve improved awareness of mental health issues, increased uptake of mental health services, enhanced promotion of positive mental health, and a reduction in self-harm and suicide rates.

The LECP also contains an analysis of Carlow's strengths and weaknesses, thus providing a valuable overview of the context within which *Connecting for Life Carlow* is set and the key factors that will help influence its implementation. Strengths include a strong community spirit and pride, a strong volunteering culture, diverse communities, a good range of services for vulnerable communities and strong collaboration between agencies. Identified weaknesses include rural isolation, a concentration of services in urban areas, and limited access to mental health services, especially for young people.

The LECP specifically identifies SICAP (the Social Inclusion and Community Activation Programme) as a key player in Carlow's response to disadvantage and in the development of greater participation in social and political structures. It emphasises the importance of maintaining strong links with key stakeholders during the period of the LECP, and specifically mentions suicide in this regard.

The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses (10)

The 2015 Rainbow Report explores LGBTI health needs and experiences, as well as health sector responses and practices in the HSE CHO 5. Its purpose is to better understand LGBTI people's experience of the health services and to support health professionals to respond effectively to the needs of LGBTI clients. While the report does not make any specific recommendations relating to suicide and self-harm, it provides important analysis in relation to mental health. For example, it states that while the naming of LGBTI people in health policy in Ireland is still only emerging and developing as a coherent practice, the concept of additional needs for LGBTI people was "usefully introduced" in A Vision for Change. The Report recommends that specific mental health interventions for LGBTI people should be developed, that further training and information is required to build understanding of the mental health needs of LGBTI people and that specific LGBTI mental health outreach initiatives should be put in place. The Rainbow Report forms an important contextual document for this strategy by providing a comprehensive overview of the specific needs of the LGBTI community; this overview is based on intensive consultation and primary research with members of the LGBTI community in the South East.

South East Traveller Health Unit Strategic Plan 2015 - 2020 (11)

The HSE's South East Traveller Health Unit has been delivering services in partnership with community and men's health projects, the voluntary sector and the South East Regional Traveller Health Network since 1999. The strategic plan takes a holistic approach to health and emphasises that Traveller health, including mental health, must be considered with reference to the social determinants of health, such as housing, education, employment and access to services. A specific objective of the plan is to bring about change for the better for members of the Traveller community in relation to both mental health and suicide. Its goal is that increased suicide awareness and innovative responses supported by the Traveller Men's Health Projects will reduce rates of male suicide by 10%. The strategy goes on to name sixteen actions specifically aimed at men's health and suicide prevention through targeted services, information, referrals, signposting, cultural capacity, empowerment and self-esteem. The All Ireland Traveller Health Study, the Traveller Health Unit Strategic Plan and *Connecting for Life Carlow* form a trio of complementary documents that inform and respond to the complex mental health issues experienced by the Traveller community in Carlow.

South East Strategy to Address Adolescent Substance Misuse (12)

There is significant evidence that highlights links between mental health concerns (including suicidal ideation) and the misuse of substances such as drugs and alcohol. The National Working Group¹ recommended a four-tier model of service delivery which is accepted by many service providers as the best model for intervention. The model recommended in the working group report is described in Figure 2 below. Similar to the Hardiker model of family support, these services deal directly with vulnerable young people with low to high level mental health needs and risks. These groups are a key target group of *Connecting for Life Carlow*.

TIER 1	Generic services provided by teachers, social services, Gardaí, General Practitioners, community and family groups for those at risk of drug use. Generic services include advice and referral and are suitable for those considering or commencing experimentation with drugs and/or alcohol.
TIER 2	Services with specialist expertise in either adolescent mental health or addiction, such as Juvenile Liaison Officers, local Drugs Task Forces, Homeschool Liaison, Youthreach, General Practitioners specialising in addiction and drug treatment centres. The types of service delivered at this level would include drug-related prevention, brief intervention, counselling and harm reduction, and are suitable for those encountering problems as a result of drug and/or alcohol use.
TIER 3	Services with specialist expertise in both adolescent mental health and addiction that have the capacity to deliver child-centred comprehensive treatments through a multi-disciplinary team. This team provides medical treatment for addiction, psychiatric treatment, child protection, outreach, psychological assessment and interventions, and family therapy. These types of service are suitable for those encountering substantial problems as a result of drug and/or alcohol use.
TIER 4	Services with specialist expertise in both adolescent mental health and addiction that have the capacity to deliver a brief, but very intensive intervention through an inpatient or day hospital. These types of service are suitable for those encountering severe problems as a result of drugs and/or alcohol dependence.

Figure 2: Four Tier Model of Service Delivery for Intervention

¹ Report of the National Working Group on the treatment of those under 18 years old presenting to treatment services with serious drug problems in the South East

1.2.3 Evidence for Suicide Prevention

In 2014, the National Office for Suicide Prevention commissioned the Health Research Board (13) to examine the evidence base for suicide prevention. The purpose of this examination was to establish what works in relation to suicide prevention interventions, and what interventions reduce suicidal behaviour including suicidal ideation, self-harm, suicide attempts and suicide.

The interventions deemed to be effective in the reduction of suicidal behaviour are;

- Restricting or reducing access to means
- Cognitive Behavioural Therapy and Dialectical Behavioural Therapy
- The provision of suicide prevention interventions within Emergency Departments warrants further exploration
- Web based interventions particularly in the current technological climate need more research
- Screening and gate-keeping were seen as effective albeit when followed by referral to behavioural interventions

Overall, the review found that the evidence on suicide prevention interventions available is limited. This does not suggest that interventions are ineffective, but that there is in fact little proof of their effect. To prove an intervention works it needs to be tested. In addition, the NOSP examined the research on knowledge and awareness interventions and found that a number of these interventions also show promise and are worth exploring.

1.3 Area Profile of County Carlow



Figure 3: Map of key areas and towns located in County Carlow

Carlow is an inland County bordered by Wicklow, Wexford, Kilkenny, Laois and Kildare; it is the gateway to the South East of Ireland and the Greater Dublin area and is within close proximity to airports, ports, motorways and rail. The main towns in Carlow are Tullow, Carlow, Muinebheag, Hacketstown and Borris. The population of the County currently stands at 56,932.

County Carlow has developed a balanced infrastructure, designed to create an environment where residents and visitors have access to a variety of services that include world class artistic and cultural spaces, traditional social infrastructure, quality parks and walks. The County provides an opportunity for any individual or organisation to avail of a variety of development opportunities such as the opportunity to gain

personal and professional development from two Institutions of Higher Education; IT Carlow and Carlow College. From an economic viewpoint there are many examples of innovative clusters in areas such as technology, international services and engineering, and these, coupled with access to both Higher Education Institutions, make the County the ideal place to grow business and employment.

From a community viewpoint there are many projects which are aimed at engaging communities in Carlow and helping them grow. Carlow is seen as a developed County with many opportunities for people who work, live and visit the County. During the development of the Carlow LECP, a number of SWOT analyses were carried out under the themes of;

- Living in Carlow
- Doing business and working in Carlow
- Education, up-skilling and professional development
- Visiting Carlow
- Underpinning infrastructure
- Investing in Carlow

Figure 4 below shows the strengths, weaknesses, opportunities and threats that were identified throughout the consultation process for the development of the Carlow LECP all of which have a bearing on life in Carlow.

The community and economic elements of the plan set out to promote synergy, collaboration, engagement, support and leadership by working with stakeholders to enhance the wellbeing of the people in Carlow, so that County Carlow is a sustainable and vibrant place to live, visit, invest and work in.

A more detailed socio-economic profile can be found in Appendix 4.

LIVING IN COUNTY CARLOW - SWOT ANALYSIS

STRENGTHS	<ul style="list-style-type: none"> • Strong community spirit; pride in communities • Strong volunteering culture; backbone of communities • Diverse communities • Collaborative approach between agencies • Responsiveness of agencies to changing needs of communities • Good range of services for youth, family support, people with disabilities, Traveller community, mental health, social inclusion etc. • Age friendly County • Strong heritage credentials • Geographical size of Carlow
WEAKNESSES	<ul style="list-style-type: none"> • Isolation in rural communities • Concentration of services in urban areas • Access to employment • Access to affordable childcare • Ageing profile of volunteers • Lack of affordable accommodation • Lack of economic provision of sustainable transport • Limited access to mental health services especially for young people • Tourism • Enhance the volunteer culture in Carlow
OPPORTUNITIES	<ul style="list-style-type: none"> • Encourage integration through different communities • Promote advocacy and build relationships • Develop projects and programmes for intergenerational work
THREATS	<ul style="list-style-type: none"> • Changes in Government policy • Emphasis on job activation • Impact of economic development on community development and social inclusion initiatives • Increase in elderly population • Availability of support solutions for an ageing population • Rural crime • Environmental pollution

Figure 4: SWOT Analysis of Living in Carlow

1.4 Data in relation to Suicide and Self-Harm in Ireland and Carlow

The National Office for Suicide Prevention (NOSP) and the National Suicide Research Foundation (NSRF) produce annual reports which provide detailed data on suicide and self-harm in Ireland. The NSRF also produce the annual reports for the National Self Harm Registry. Data on deaths by suicide is also available from the Central Statistics Office (CSO). The data provided in these reports provides crucial benchmarks against which the progress of *Connecting for Life Carlow* will be measured.

In its 2015 Annual Report, NOSP highlighted that based on the most recent data available from the Central Statistics Office for 2014; Carlow had one of the highest rates of suicide per 100,000 population along with Limerick City, Roscommon and Tipperary North.

1.4.1 Suicide Rates

Statistics in relation to suicide are gathered by the Central Statistics Office (CSO) (14) and are made available annually. The graphs and tables below relate to Carlow. Data in relation to death by suicide is shown per 100,000 population on an annual basis and also on a three year moving average.

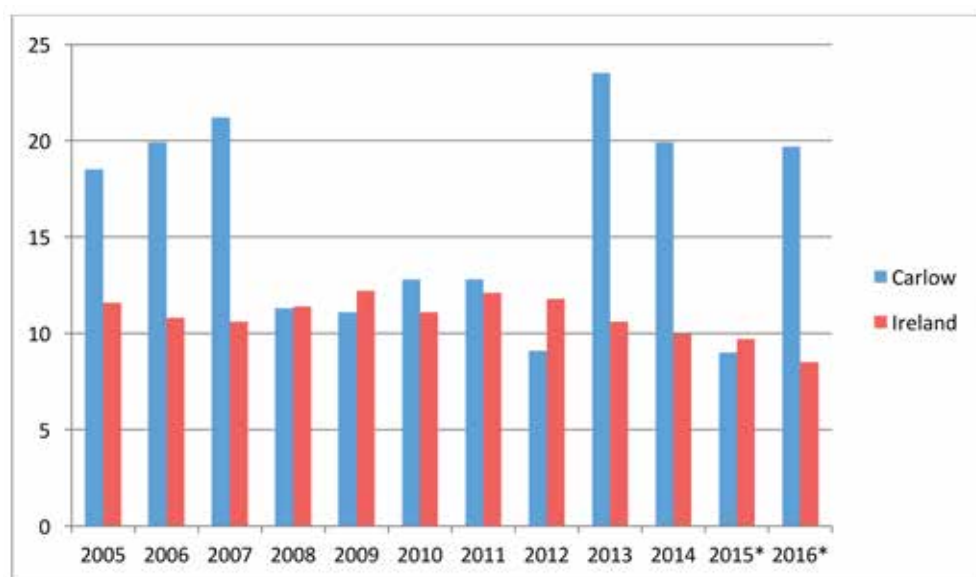


Figure 5: Suicide rates per 100,000 of population 2005 to 2016 in Carlow and in Ireland

Figure 5 shows that the suicide rate per 100,000 population has been higher in Carlow than the average rate for the State in eight of the eleven years recorded above. 2013 and 2014 show significantly higher rates.

Figure 6 below shows the three year moving averages for rates of suicide in Carlow compared to the national rates 2004-2016 per 100,000 population. Carlow has a higher three year moving average than Ireland in all periods apart from the period 2010-2012 where it is exactly the same.

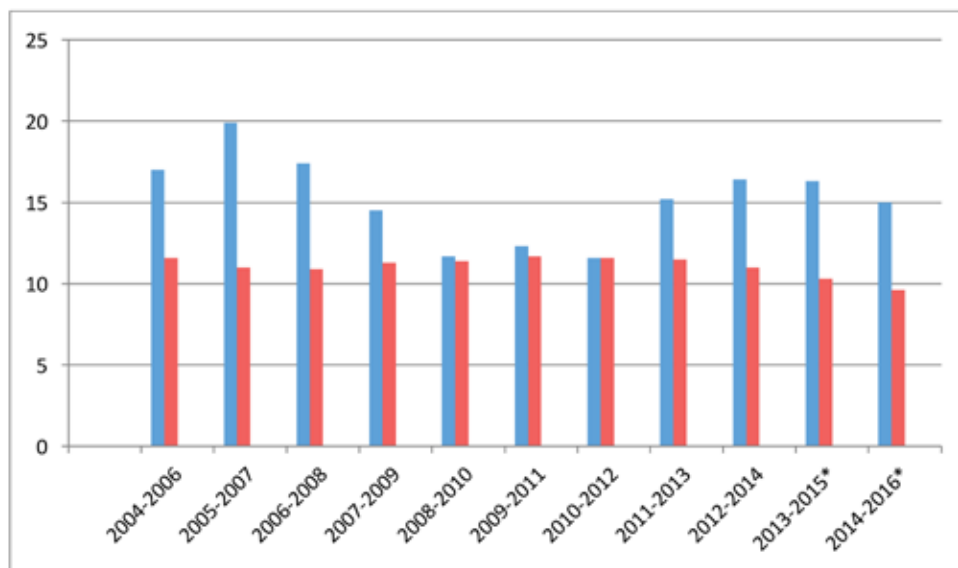


Figure 6: Suicide rates per 100,000 population by three year moving average in Carlow and the State

According to the CSO, nationally 486 suicide deaths occurred in 2014 (399 men and 87 women). This is almost identical to the number of deaths by suicide in 2013 (487). The greatest decrease occurred among men aged 55-64 years, whilst the greatest increase was among men aged 15-24 years. The number of deaths among women was 87 which is a slight decrease on previous years. The graph below shows the total (male and female) suicide rates by age group per 100,000 population for the past five years. The rates of suicide in the 45-54 year age group have been the highest in the last five years.

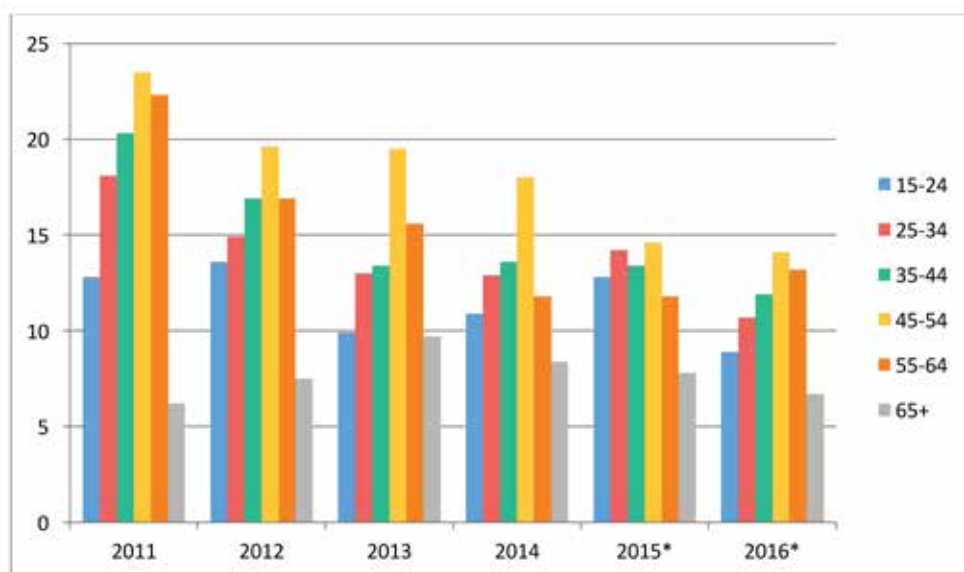


Figure 7: Rates of suicide by age group 2011-2016

*Rates for 2015 and 2016 are provisional and are subject to change

1.4.2 Self-Harm Data

Statistics at a glance for 2015

- Nationally there were 11,189 presentations of self-harm to hospitals involving 8,791 persons in 2015
- The national rate of self-harm per 100,000 population in 2015 is 9% higher than 2007
- The national rate of self-harm per 100,000 population is 204, this equates to 553/100,000 in males aged 20-24 years and 718/100,000 in females aged 15-19 years
- Almost half of all presentations to hospitals in 2015 were made between 7pm and 3am, Mondays and Sundays had the highest number of self-harm presentations
- 65% or 2 in every 3 self-harm episodes involved overdose
- 34% for men and 29% for women or 1 in 3 involved alcohol
- 27% or 1 in 4 involved self-cutting
- 73% received an assessment in the Emergency Department
- 75% received a follow-up recommendation after discharge
- 13% left the Emergency Department without being seen

The National Self-Harm Registry Ireland (NSHRI) highlighted that, although there were successive decreases in the self-harm rate between 2011 and 2013 and an essentially unchanged rate in 2013-2014, the rate in 2015 was still 9% higher than in 2007. The rate was highest among young people, with the peak rate for women in 15-19 year olds, and for men in 20-24 year olds. Carlow had one of the highest rates per 100,000 population

of self-harm recorded for women, relative to the national rate.

Information on self-harm has been collected by the NSHRI in hospital Emergency Departments since 2002. Data on self-harm in Carlow is combined with Kilkenny as the Emergency Department of St. Luke's Hospital, Kilkenny is where the data is collected.

In 2015, there were 332 self-harm presentations to St. Luke's General Hospital, Kilkenny; 103 males and 139 females from Carlow/Kilkenny. Nearly two thirds of all presentations were made by 25-54 year olds. The rates of self-harm presentations per 100,000 population are 161 and 224 respectively.

For residents of Carlow/Kilkenny, 9% of presentations left the Emergency Department before a next care recommendation could be made. Inpatient admission was the next stage of care recommended for 57% of presentations, general or psychiatric. Of all self-harm presentations, 40% resulted in admission to a ward of the treating hospital and 17% were admitted for psychiatric treatment. In total, 34% of presentations were discharged following treatment in the Emergency Department.

In Carlow/Kilkenny drug overdose was the most common method of self-harm, involved in 72% of presentations, alcohol was involved in 41% and self-cutting was the only other common method in 23% of presentations. (15)

A list of available Services and Supports in Carlow is given in Appendix 5



Carlow Cathedral. Photo Credit: Thomas Sunderland Photography.

2

Development of
Connecting for Life Carlow

2.1 Approach

The development of a suicide prevention action plan for Carlow falls under Action 2.1.1 within Goal 2 of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020, launched in June 2015. The action is to "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 the HSE Mental Health Division and aligned with Community Health Organisation structure (CHO 5), Local Economic and Community Plans and the Children and Young People's Services Committees' County plans".

The first step was to establish an inter-agency group in Carlow; the Carlow Suicide Prevention Planning Group (SPPG) whose remit was the coordination and development of *Connecting for Life Carlow*, a Consultation Working Group (CWG) was also established at this stage. Membership details of both groups are available in Appendix 1.

The aims of Carlow SPPG were:

- To facilitate inter-sectoral working and collaboration in the prevention of suicide and suicidal behaviour and in the promotion of positive mental health and wellbeing in Carlow across the community, voluntary and statutory sectors
- To create an awareness and understanding of services and service delivery within Carlow for suicide prevention and mental health promotion
- To develop an integrated suicide prevention action plan that will facilitate a reduction in the rates of suicide and self-harm in Carlow

2.2 Methodologies

A series of interlinked methodologies were used to build a comprehensive picture of local needs and to determine the strategic factors relevant to suicide prevention in Carlow. These included an analysis of local, regional and national literature to establish the policy context within which the plan would be set. A rigorous consultation process was also undertaken to make the plan relevant to the lives of people in Carlow and to deepen understanding of the issues and challenges experienced by those affected by suicide and self-harm.

The consultation process was multi-faceted and provided an opportunity for all interested parties, the general public, community and voluntary organisations, statutory agencies and priority groups to have a say on the development of the plan. It incorporated a series of public meetings, engagement with sectoral stakeholders, priority group focus groups, an on-line survey and a written submission process. A communications campaign was developed and implemented to promote the consultation process widely across the County, using local newspapers, radio and social media, and through local networks at community level.

Public engagement in the consultation process was facilitated through a variety of mechanisms, with every effort made to include people from across the County, both urban and rural. The meetings, workshops and focus groups were independently facilitated to ensure meaningful participation.

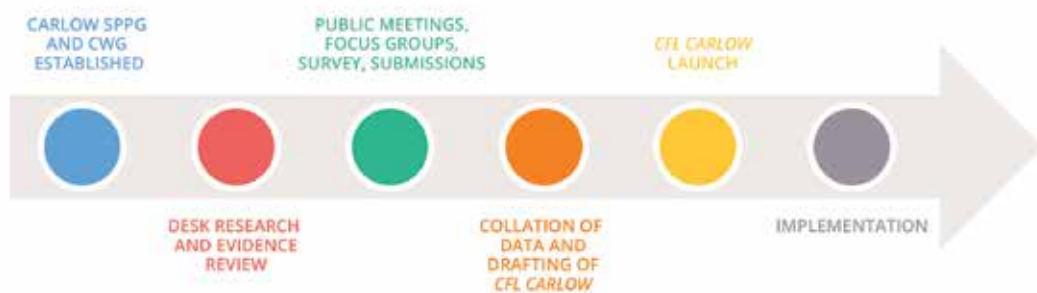


Figure 8: Steps taken in the development of Connecting for Life Carlow

2.2.1 Public Consultations

A series of public meetings were organised across the County, in Carlow Town, Hackettstown, Bagenalstown, Borris and Tullow. Approximately 235 people participated in consultations. These meetings generated robust debate and input from a broad spectrum of perspectives and experiences. Key themes which emerged from these meetings included:

1. The need for more accessible, detailed information on mental health through a variety of formats and methods was a dominant theme. Suggestions included; more local campaigns and programmes that help to normalise conversation around mental health and tackle stereotypes and stigma; the provision of simple, unambiguous, specific information on the spectrum of mental health disorders and the different forms of mental ill-health (such as anxiety, depression, suicide and self-harm); detailed listings on all the local services and supports available across the County; production of a practical “how-to” guide and info-graphic explaining how HSE mental health services and referral processes work
2. The need for a local telephone support service providing targeted, detailed information on local services, organisations, groups, programmes and activities in Carlow. While acknowledging the role of regional and national information/support services, such as the Samaritans and www.yourmentalhealth.ie, many felt that these lacked the necessary knowledge on the range of community supports available in Carlow
3. The requirement for improved primary care services was also identified as crucial. The meetings highlighted an insufficient awareness of the availability of some counselling services through HSE Primary Care such as the Self Harm Intervention Programme (SHIP), Counselling in Primary Care (CIPC) and the Bereavement Counselling Service for Traumatic Deaths, more widespread promotion of these services is required at local level. Other priorities included more low-cost counselling places, the roll out of the Suicide Crisis Assessment Nurse (SCAN) service in Carlow and the establishment of a Social Prescribing programme in Carlow. Social prescribing enables GPs and other primary care professionals to make referrals to non-medical, community-based activities and supports to build a person’s wellness and mental health
4. Increased availability of training and development was identified as crucial to strengthen the capacity of frontline workers to support people with mental health

issues, including health professionals, community workers, volunteers, public servants, Gardaí, GPs and Teachers

5. The need for centrally-located, accessible, drop-in facilities such as a Wellbeing Café, that would provide a space for people to access supports and information in a local, friendly, informal and helpful setting
6. The significant challenges experienced by children and young people in accessing mental health services and the urgent need for a single point of entry to these services to ensure timely, appropriate referrals
7. Many who contributed to the consultation process highlighted the need for a “first responder” programme at local level to equip designated local people with skills and capacity to assist a person at risk of suicide, and to support communities after a death by suicide
8. It was widely emphasised that the culture within schools needs to be more open, with all staff appropriately trained and programmes/systems in place that ensure vulnerable children and young people receive adequate support while also acknowledging the key role of education settings, from pre-school to 3rd level
9. Priority groups in Carlow were identified as young people, NEETS (young people who are not engaged in education or employment), older people, men, the LGBTI community, the Traveller community, unemployed people and those experiencing financial difficulties
10. The urgent need to provide comprehensive services to people with a dual diagnosis of mental ill-health and addiction
11. The challenge faced by rural dwellers in accessing services and the importance of considering both urban and rural factors in service design and delivery, including the need for adequate rural transport

2.2.2 Focus Groups

The focus group sessions with priority groups ensured that those with lived experiences of mental health, suicide and self-harm were given a dedicated platform to have their say. These groups were: mental health service users, young people and the Traveller community, more than 40 individuals participated in focus groups. The sessions were

organised in cooperation with local agencies and organisations that work with focus group members and were held in familiar, supported settings. While many of the issues identified in the public meetings were raised in the focus groups, further themes emerged.

Mental Health Service Users

- HSE psychiatric and psychology services to be delivered in an accessible, consistent, patient-focused manner, of particular concern was the lack of out-of-hours services in Carlow
- The provision of walk-in, specialist mental health services providing 24/7 supports with skilled mental health professionals who are competent and experienced in responding to the needs of vulnerable people
- More home-based, drop-in and peer-led services, such as the Involvement Centre
- Concerns regarding the assessment and referral of patients presenting in the ED with mental health issues and/or suicidal ideation

Young People

- The importance of using honest, clear language in conversation around mental health and suicide
- The provision of information that is age-appropriate and includes the use of interactive on-line platforms and promotional materials such as stickers, badges and wristbands
- The development of programmes, activities and spaces that facilitate young people to explore issues around emotions and resilience such as film, art and dance, as well as well-designed, safe outdoor youth facilities
- Support for parents and young people to discuss mental health and wellbeing

Travellers

- Expansion of the Community Traveller Health Programme in Carlow to provide additional peer-led training and information programmes that encourage openness and reduce stigma
- A range of targeted supports/programmes to meet Traveller mental health needs,

such as support for families coping with a loved one's mental ill-health; home-based supports in times of crises and transition; social programmes to reduce isolation; addiction support programmes; activity-based programmes for men and young people

- The lack of cultural awareness and racism were identified as contributory factors to mental ill-health, widespread anti-racism and cultural competency training is required across the public service workforce
- The role of the media was also highlighted as important in raising awareness of Traveller mental health issues and in challenging racism
- A full-time Traveller Mental Health Liaison Nurse for Carlow

2.2.3 Stakeholder Consultations

Organisations with a role in mental health, wellbeing and suicide prevention were invited to attend a stakeholder engagement workshop in February 2017. Invitees included volunteers and professionals from a broad range of community, voluntary and statutory organisations, 23 different organisations attended on the day. This interactive workshop provided an opportunity for participants to consider priority needs and actions for Carlow under the national strategic goals in *Connecting for Life*. A wealth of knowledge and experience was demonstrated, with the following themes emerging:

- The invaluable role of community organisations in all aspects of mental health and wellbeing promotion, suicide prevention and response, and the importance of supporting and resourcing them fully in this regard
- The need to facilitate better communication and coordination between local service providers by establishing community-wide mental health and suicide prevention networks
- The importance of raising public awareness regarding the link between substance misuse and mental health problems
- The importance of working with GPs and pharmacies to reduce inappropriate access to medication, engaging with off-licenses/retailers to reduce the sale of alcohol to minors and building the capacity of parents to reduce risk factors and increase protective factors for their children

2.2.4 Online and Written Submissions

The on-line survey and written submission questionnaire facilitated interested parties to have their say in a discreet, accessible and inclusive manner. Submissions and surveys were received from a variety of stakeholders, including service users, frontline professionals and community-based organisations. 12 in-depth submissions were received and 65 surveys were completed. The responses received from both the survey and the submission questionnaire demonstrated a great deal of public concern regarding social isolation, pressures on young people today and the continuing stigma in Ireland associated with mental health issues. Frustration was also evident regarding the accessibility of mental health services and the perceived lack of support available to families and individuals in crisis.

95% of respondents to the survey felt that there is stigma surrounding suicide and mental health. Many respondents highlighted the critical role that information and education plays in building a better understanding of mental health and in tackling stigma. As in the public meetings, respondents emphasised the importance of starting early with children to improve understanding and resilience and the need to systematically engage with young people on wellbeing and mental health throughout their educational years.

Specific suggestions which came from the survey and written submissions include:

- Undertake research on the causes, nature and extent of suicide in Carlow specifically and use the findings/data to identify trends and triggers and to inform service development
- There is an identified need for more programmes and activities across the general population that promote coping skills and that provide outlets for improving wellbeing and mental health, including opportunities for social engagement away from the pub culture
- Specific family support services that provide dedicated support to the families of people with mental health problems, including those with a dual diagnosis are currently limited and this needs to be addressed

Analysis of consultation findings

Upon completion of the public consultation process, the findings were collated and summarised. Key themes and priorities were identified and analysed in the context of the remit and role of all stakeholders involved in the delivery of mental health supports

and services in Carlow. From this analysis, 68 local actions were developed aligned to the goals, objectives and actions of the national *Connecting for Life strategy*.

2.2.5 Literature Review

A literature review was carried out to determine the current national and local evidence base for suicide prevention and to support the development of this plan. A list of all documents reviewed is given in Appendix 6 and a summary review of the relevant strategies is given in Section 1.



3

Priority Groups, Risk
and Protective Factors

3.1 Risk Factors Associated with Suicidal Behaviour

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 or 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

Figure 9: Individual, socio-cultural and situational risk factors (16)

There is a limit to the amount of information that is routinely collected about the circumstances of people who take their own life, or indeed from any cause of death. What we know about patterns of death in Ireland is generally based on reports from the Central Statistics Office (CSO) and this information is confined to basic demographics such as age, gender, county of death and cause of death.

For a more in-depth understanding of the factors associated with suicide research studies such as the *Suicide Support and Information System (SSIS)* operated by the National Suicide Research Foundation are relied upon. The first report of the SSIS in 2012 (16), based on over 300 consecutive deaths by suicide in County Cork, revealed the following information which shines a light on a number of characteristics of people who died by suicide.

- **Previous suicidal behaviour**

45% of deaths by suicide had a history of self-harm, of those, 52% had engaged in self-harm in the 12 months prior to suicide, 24% in the previous week, and 12% in the previous 24 hours

- **Psychiatric diagnosis**

Among those who had received a psychiatric assessment (31.4%), 61.1% were diagnosed with mood disorder and 12.9% were diagnosed with an anxiety disorder

- **Drugs and alcohol**

51.7% had misused alcohol and/or drugs in the year prior to death, the majority of those misusing alcohol (78.1%)

- **Employment and occupation**

40.6% were in paid employment, 33.1% were unemployed, 11.4% were retired, 6.8% were full time students, 5% had a long term disability and 3.1% were homemakers

Among those in employment or full-time education, more than two fifths (41.6%) had worked in the construction/production sector, followed by the agricultural sector (13.2%), sales/business development (8.9%), students (8.2%), healthcare sector (6.6%) and education sector (3.9%)

- **Contact with health services**

In the year prior to death, 81% had been in contact with their GP or a mental health service, among those who had been in contact with the GP, the majority (67.4%) had done so 4 times or more during the year prior to death

- **Physical illness**

Out of 165 cases for which this variable was known, 57% of cases had a physical illness

A wide range of illnesses was represented including cancer, chronic back pain, chronic neck pain and coronary heart problems

Of those who had a physical illness prior to death, 38% were in physical pain in the year prior to death and 16.5% had reduced physical capabilities in the month prior to death

3.2 Protective Factors

In contrast to risk factors, protective factors reduce the risk of suicide. In suicide prevention it is important to work towards the reduction of risk factors but it is equally important to consider and strengthen factors that increase resilience and connectedness. Resilience has a buffering effect on suicide risk and for those that are resilient the risk of suicidal behaviour is diminished. The World Health Organisation highlights three key themes in relation to protective factors and these are: strong personal relationships, the existence of religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing. (17)

More practically, mental health promotion activities that have demonstrated promise at both individual and population levels are reflected in the current national #littlethings public mental health campaign. The #littlethings campaign is a broad based social marketing campaign that was developed by the NOSP to disseminate three key messages: It's okay not to be okay, there are little things that you can do for yourself and for others and help is at hand specifically at www.yourmentalhealth.ie and the Samaritans Freephone 116 123.



#littlethings includes tips on diet, alcohol use, sleep, physical activity, joining group activities and staying connected to friends and family. It is an integrated public awareness campaign promoting protective factors in mental health and suicide prevention, these are:

- **Boost your mood with healthy food**

Good food is essential to ensure your mind and body work properly, eat a healthy balanced diet and feel the difference

- **Drink less and great nights become great mornings**

Alcohol can make it harder for us to cope with day to day stresses, drinking less alcohol will have a positive impact on your health and wellbeing

- **8 hours sleep makes the other 16 easier**

We all feel better after a good sleep and even better if we do it regularly, try to get the 7 or 8 hours that we all need

- **The more you move the better your mood**

Keeping active is a great way to protect both your health and your mood, even a quick walk every day will make a difference to how you feel

- **Do things with others, there's strength in numbers**

Doing things with others is proven to have a positive impact on how we feel, book that class, join that group or sign up for that team

- **Problems feel smaller when you share them**

Talking to someone about what's troubling you can make a big difference to how you feel, confide in someone you trust or call Samaritans for a listening ear

- **If a friend seems distant catch up with them**

It's easy to lose touch, remind yourself to catch up with friends and family

- **Lending an ear is lending a hand**

Being there for people, and offering a listening ear when they need to talk, will make a big difference for them and for you

- **Add friends to your tea**

The only thing better than a cup of tea is a cup of tea with friends

3.3 Priority Groups

In addition to the information collated as part of the SSIS, the national *Connecting for Life* strategy, data from the registry of self-harm and other research findings profile certain groups of the population with an increased risk of suicidal behaviour. Among these groups are:

- People with mental health problems of all ages
- People with alcohol and drug problems
- People bereaved by suicide
- Members of the LGBTI and Traveller communities
- People who are homeless
- Healthcare professionals
- Prisoners

Connecting for Life identifies the following priority groups at a national level for 2017:

- Mental Health Service Users
- Young People
- Travellers
- LGBTI community, with a particular focus on young people
- People who are homeless or at risk of same
- Victims of domestic violence
- Health professionals

In Carlow, additional priority groups that were highlighted throughout the consultation process and groups that were named when reviewing the literature include;

- Those engaged in repeated self-harm
- Older adults (65+)
- Unemployed
- Those involved in substance misuse, particularly adolescents
- People living in rural isolation
- People living in marginalised communities

Priority groups may change and new priority groups might emerge during the lifetime of the plan based on a number of factors including social, health and economic developments in Carlow. *Connecting for Life Carlow* will be responsive to emerging needs throughout the implementation of the plan.



4

Connecting for Life Carlow
Strategic Goals, Objectives
and Actions



Connecting for Life *Carlow*

VISION

“A County where fewer lives are lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing”

GOALS

1. Better understanding of suicidal behaviour
2. Supporting communities to prevent and respond to suicidal behaviour
3. Targeted approaches for those vulnerable to suicide
4. Improved access, consistency and integration of services
5. Safe and high quality services
6. Reduced access to means
7. Better data and research

OUTCOMES

- Reduced suicide rate in the whole population and amongst specified priority groups
- Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups

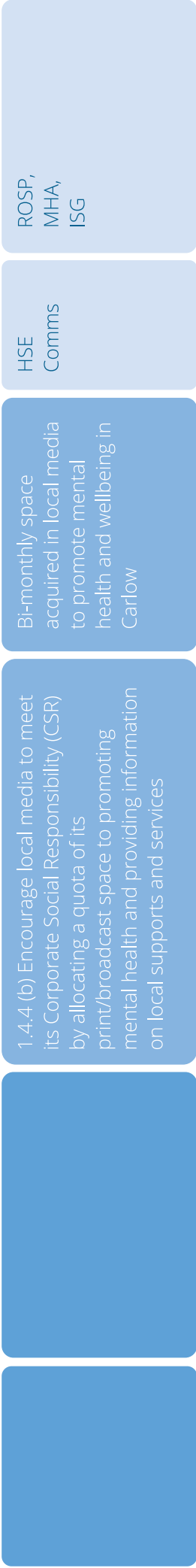
STRATEGIC GOAL 1: To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

Goal 1 is broad based and concentrates on improving understanding of issues around suicide, self-harm and mental health in general. It also aims to eliminate the stigma associated with mental health problems. In Carlow, there has been a positive response to national campaigns such as #littlthings and the Green Ribbon; however there has also been a huge emphasis on the development and roll out of positive mental health initiatives at local level including the hugely successful annual Mensana Festival and the Hello Carlow Campaign. Misperceptions about suicide and suicidal behaviour still persist but by working with people and organisations across Carlow, including the media, a greater understanding of suicide and the factors that protect and improve our mental health can be achieved.

National Objective	National Action	Connecting for Life Carlow Action	Output	Lead	Partners
1.1 Improve population wide understanding of suicidal behaviour, mental health and wellbeing and associated risk and protective factors	<p>1.1.2 Develop and implement a national mental health and wellbeing promotion plan</p> <p>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</p>	<p>1.1.2 Implement the national mental health and wellbeing plan in Carlow to include the issues identified in the consultation process for <i>Connecting for Life Carlow</i></p> <p>1.1.3 Deliver a range of communication campaigns across Carlow, including national campaigns such as #littlthings and local campaigns, to promote positive mental health and wellbeing and ensure consistent signposting to relevant support services</p>	<p>National mental health and wellbeing plan implemented in Carlow</p> <p>Local delivery of nationally coordinated campaigns, such as #littlthings</p> <p>Annual Mensana Fest</p> <p>Annual Hello Carlow Campaign</p>	<p>HSE H&WB</p> <p>HSE MH, HSE Comms.</p>	<p>HSE MH</p> <p>MHA, C&V Sector, See Change, ROSP, HSE H&WB, CYPSC, CRYS, FRCS, Schools, CCDP</p>

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 YourMentalHealth.ie	1.1.5 (b) Engage with Carlow County Council and other relevant stakeholders to encourage the provision of well-designed, safe and maintained outdoor facilities/spaces for young people across the County, including a skate park in Carlow Town	Outdoor activity facilities available to the people of Carlow and promoted through Carlow County Council	Carlow CoCo.	C&V Sector, CYPSC, CRYs, ISG
	1.2.1.1 Aligned with www.yourmentalhealth.ie, provide information in a variety of formats, on mental health services and supports available in the community from both the voluntary and statutory sectors in Carlow and produce practical guides on how to access appropriate services	1.2.1 (a) Aligned with www.yourmentalhealth.ie, provide information in a variety of formats, on mental health services and supports available in the community from both the voluntary and statutory sectors in Carlow and produce practical guides on how to access appropriate services	Accurate and accessible on-line and print information available on all mental health services and access/referral mechanisms in Carlow	HSE MH, HSE Comms.	HSE PC, CYPSC, CRYs, C&V Sector, ROSP
	1.2.1 (b) Establish a drop-in facility, such as a “Wellbeing Hub” in a central location, to provide a space for people to access support and information on services in Carlow	1.2.1 (b) Establish a drop-in facility, such as a “Wellbeing Hub” in a central location, to provide a space for people to access support and information on services in Carlow	Drop-in facility available to the people in Carlow to access informal support, information and signposting to services	MHA	HSE PC, CYPSC, CRYs, C&V Sector, ROSP
	1.2.1 (c) Maintain the Youth Cafe in Carlow as a safe space for young people to access support and information	1.2.1 (c) Maintain the Youth Cafe in Carlow as a safe space for young people to access support and information	Continued availability of a Youth Cafe in Carlow where young people can access informal support, information and signposting to services	CRYs	HSE PC, CYPSC, CRYs, C&V Sector, ROSP

1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	1.2.2 Deliver nationally coordinated targeted campaigns alongside local initiatives to ensure priority groups are provided with clear, accurate information on mental health services in Carlow	Local delivery of nationally coordinated, targeted campaigns Age-appropriate information materials developed for young people, aligned with www.yourmentalhealth.ie and in partnership with young people, using vibrant and modern images and messages	HSE MH, HSE Comms.	CRYS, Schools, ISG, HSE SIU, St. Catherine's, Integration Forum, Chamber of Commerce, Carlow Enterprise Office, Carlow CoCo
1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media	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 local campaigns that reduce stigma and promote positive mental health e.g. the National Green Ribbon Campaign	On-going involvement of communities and organisations in Carlow in national campaigns	HSE Comms., ROSP	HSE MH, MHA, HSE SIU, C&V Sector, ISG
	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 (a) Engage with local broadcast and print media to encourage adherence to relevant national guidelines on responsible coverage of self-harm and suicide and to enhance its role in delivering messages that reduce stigma and raise awareness of mental health issues	Annual media forum to promote best practice in reporting on suicide and debating related issues	HSE Comms.	IAS, Samaritans



STRATEGIC GOAL 2: To support local communities' capacity to prevent and respond to suicidal behaviour

Goal 2 recognises the pivotal role of the community in Carlow in responding to and preventing suicidal behaviour with a focus on collaboration, strengthening the capacity of communities and solidifying relationships. 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.

National Objective	National Action	Connecting for Life Carlow Action	Output	Lead	Partners
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 and Community Plans and Children and Young People's Services Committee's (CYPSC) county plans	2.1.1 (a) Implement, monitor and report on the delivery of <i>Connecting for Life Carlow</i> 2.1.1 (b) Establish a network to facilitate collaboration between local groups and organisations on mental health promotion, suicide prevention and responses to suicidal behaviour	Timely progress reports on the implementation of <i>Connecting for Life Carlow</i> consistent with the national monitoring and evaluation framework Bi-annual mental health forum facilitated to include all stakeholders in Carlow	HSE MH, ROSP ISG	ISG, NOSP ROSP, HSE PC, HSE H&W, Acute Hospitals, NOSP, Carlow CoCo., Tusla, CYPSC, C&V Sector

2.2 Ensure that accurate information and guidance on effective suicide prevention is provided for community-based organisations (e.g. Family Resource Centres, sporting organisations) (17)	2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention	2.2.1 (a) Support and train community-based organisations to implement guidelines and protocols that build their capacity and skills to prevent suicide and self-harm e.g. the Code of Practice on Suicide Prevention developed for FRCs	2.2.1 (b) Advocate for the further development of national policy for community-based organisations to have staff/volunteers designated as Health and Wellbeing Officers or Suicide Prevention Officers e.g. the GAA or the Lions Club	Protocols implemented and training delivered to frontline community workers and volunteers	ROSP	C&V Sector, CSP, Chamber of Commerce, Schools, FRCs, NOSP, ISG
2.3 Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations	2.3.1 Develop a Training and Education Plan for community-based training (as part of the National Training Plan) building on the Review of Training completed by NOSP in 2014	2.3.1 Roll out the NOSP Training and Education Plan across community-based organisations in Carlow, to include the delivery of the following programmes: SafeTALK, ASIST, Understanding Self Harm	2.3.2 Aligned to the National Training Plan deliver suicide prevention and self-harm training to staff and volunteers across community-based organisations	Designated Health and Wellbeing Officers in place in a wide range of organisations across Carlow	ISG	C&V Sector, CSP, FRCs, ROSP
	2.3.2 Deliver training and awareness 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			Quarterly safeTALK training delivered in Carlow	ROSP	NOSP, MHA, Tusla, HSE H&WB, HSE MH, CCDP
				Bi-annual delivery of ASIST and Understanding Self Harm		
				Roll out of additional programmes as they become available		
				On-going engagement with groups and organisations in Carlow by the Regional Suicide Resource Office	ROSP	C&V Sector, HSE PC, HSE Social Care, Tusla

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) Deliver a broad range of whole population and targeted mental health promotion programmes in community, health and education settings in Carlow

Development of a programme with and for young people exploring language and messages relating to suicide

Amber Flag initiative extended to include groups and organisations that actively promote positive mental health

Evidence based resilience-building programmes from early years to adulthood

Programmes targeted at the LGBTI community

Programmes that support parents to discuss mental health and wellbeing with their children

Training for families to support a family member who is experiencing mental health problems

HSE
H&WB,
CRYS,
HSE MH

ROSP,
HSE PC,
Older Persons' Forum,
CSP,
St. Catherine's,
Men's Shed,
CCDP,
DSP,
IT Carlow,
FRCs,
Schools

2.3.3 (b) Work with existing structures to explore ways to promote mental health for vulnerable people in social or rural isolation

Carlow Mental Health Ambassador/Champion Programme established to facilitate community-based organisations to nominate trained Mental Health Ambassadors to promote mental health locally

Initiatives for older people to promote mental health and provide information on services and supports

Alternative activities to meet the needs of people not involved in structured sports and physical activities

Programmes for people who are unemployed and/or in financial difficulty

HSE
H&WB,
MHA,
CSP,
CCDP

HSE MH,
ROSP,
HSE PC,
Older Persons' Forum,
St. Catherine's,
Men's Shed,
DSP,
CRYS,
IT Carlow,
FRCs,
Schools

2.3.3 (c) Work with the Community Traveller Health Programme to explore expansion of the programme to include Traveller specific mental health and suicide prevention initiatives

Alternatives to Traveller Training Centres for young Traveller women
Initiatives that bring Travellers together to increase social support and reduce isolation
Activity-based programmes for men, including those tailored to meet the needs of Traveller men

St. Catherine's,
HSE SIU

HSE MH,
ROSP,
HSE PC,
Older Persons' Forum,
CSP,
Men's Shed,
CCDP,
DSP,
CRYS,
IT Carlow,
FRCs,
ISG,
Schools

STRATEGIC GOAL 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups

Goal 3 explores targeted approaches and how best to respond to priority groups in Carlow. Carlow has one of the highest rates of suicide per 100,000 population in the country, and particular demographic groups have been shown to be at increased risk of 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 that may contribute to risk, especially for vulnerable groups. The actions within this goal take particular consideration of young people and Travellers.

National Objective	National Action	Connecting for Life Carlow Action	Output	Lead	Partners
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups	3.1.1 Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk of suicide or self-harm	3.1.1 Promote the inclusion of <i>Connecting for Life Carlow</i> actions into the policies, programmes and service planning of local organisations and agencies	<i>Connecting for Life Carlow</i> actions included in the organisational plans of the following: CRYs, St. Catherine's, CCDDP, CSP, Tusla, Carlow Co. Co.	ISG	HSE MH, HSE H&WB, CRYs, St. Catherine's, CCDDP, CSP, Tusla, Carlow Co. Co.
	3.1.2 Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents	3.1.2 Implement the National Interagency Emergency Response Protocol in Carlow to enable local, community, voluntary and statutory agencies and organisations to collaborate effectively when responding to critical incidents	Emergency Event Management Protocol approved by HSE MH and implemented		
				HSE MH, NOSP	HSE PC, ROSP, Acute Hospitals, Emergency Services, CRYs, Tusla/CYPSC, Schools, NEPS, Third Level Institutions, Carlow Co. Co.

	<p>3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups</p>	<p>3.1.3 (a) Develop a flow chart for GPs outlining referral pathways and mechanisms to specific services to include HSE Mental Health Services, CIPC, SHIP, Bereavement and National Counselling Services and community-based services</p> <p>3.1.3 (b) Develop a business case for the establishment of a Social Prescribing Programme in Carlow to improve mental health and wellbeing through referrals to non-medical, community-based activities and supports</p> <p>3.1.3 (c) Explore the feasibility of expanding the Traveller Mental Health Programme through the appointment of a full-time Traveller Mental Health Nurse for Carlow</p> <p>3.1.3 (d) Explore the feasibility of expanding the Follaine Youth Counselling Service within Carlow Regional Youth Service</p> <p>3.1.4 Evaluate targeted initiatives named in 3.1.3, including their effectiveness and the experiences of service users, in order to explore opportunities for service improvements</p>	<p>Visual information available in all GP surgeries and Primary Care Centres</p> <p>Business case developed, project approved subject to feasibility, and rolled out across Primary Care teams in Carlow</p> <p>Traveller Mental Health Nurse available on a full time basis</p> <p>Comprehensive availability of a youth counselling service in Carlow</p> <p>Evidence based evaluation reports available for CIPC, SHIP, Bereavement and National Counselling services, for Social Prescribing, the Traveller Mental Health programme and Follaine</p>	<p>HSE PC</p> <p>HSE H&WB</p> <p>HSE SIU</p> <p>CRYS, NCS</p> <p>HSE PC, HSE THU, CRYS</p>	<p>ROSP, CYPSC, HSE H&WB, HSE MH, C&V Sector, PPN, HSE SIU, St. Catherine's, CRYS</p> <p>HSE PC, ROSP, C&V Sector</p> <p>St. Catherine's</p> <p>HSE PC, ROSP</p> <p>HSE H&WB, ROSP, HSE MH</p>
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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) Aligned to the National Training plan, ensure that suicide and self-harm training is delivered to frontline social care/community professionals to enhance their capacity to respond appropriately to the needs of people vulnerable to suicidal behaviour	Training delivered to frontline staff on an on-going basis	ROSP	ISG, HSE MH, HSE PC, HSE Social Care, C&V Sector, MHA, MHI, SOS, South East Recovery College
	3.1.5 (b) Promote the delivery of a range of programmes that support a greater understanding by health, social care and community professionals of the impact of mental health problems on individuals and families	On-going delivery of Cultural Awareness training, WRAP, Mental Health First Aid, Mind Your Mental Health etc.	ROSP	ISG, HSE MH, HSE PC, HSE Social Care, C&V Sector, MHA, MHI, SOS, South East Recovery College
3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the youth sector	3.1.6 Develop and deliver a range of local mental health promotion programmes targeted at all young people with a particular emphasis on vulnerable young people, including young people from the Traveller and LGBTI communities	Young people's continued participation in events that promote mental health, such as Darkness into Light, Cycle Against Suicide and Mensana Youth work programmes that support young people to use a variety of creative methods to explore issues around emotions, resilience, mental health and	CRYS	ISG, HSE MH, HSE PC, HSE H&WB, ROSP, ETB Youth Officer, Schools, Comhairle na nÓg, Youthreach, Carlow Youth Training 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 Support relevant statutory, community and voluntary organisations in the continued delivery of programmes and initiatives relating to alcohol and drug misuse to address the high prevalence of substance misuse and mental health issues	wellbeing e.g. film, drama, art, music and dance Youth led initiatives to support wellbeing Evidence based mental health and resilience programmes e.g. Friends Evidence based programmes and initiatives offered to agencies and organisations where substance misuse is a prevalent issue e.g. the SAOR Model Adherence to guidance on wellbeing across schools in Carlow	HSE Substance Misuse Schools, ETB	Schools, CRYS, CSP, St. Catherine's, CBDI, Drugs Outreach, HSE PC, Tusla NEPS HSE H&WB, CYPSC, ROSP
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide	3.3.1 Support the implementation of the 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 Continue to implement the National Guidelines for Mental Health Promotion "Wellbeing in Primary Schools" and "Wellbeing in Post-Primary Schools" and support schools to ensure a well planned, consistent and integrated SPHE curriculum using a whole school approach			

	<p>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 for the management of critical incidents</p> <p>3.3.3 Work with the HSE to develop national guidance for higher education institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education</p> <p>3.3.4 Implement the National Anti-bullying Action Plan including online and homophobic bullying</p>	<p>3.3.2 (a) Support collaboration between primary and post-primary schools and NEPS to facilitate implementation of NEPS “Responding to Critical Incident Guidelines” and to strengthen school policies for responding in a coordinated way to the needs of students with mental health issues</p> <p>3.3.2 (b) Explore the supports available for young people in non-mainstream school settings and for NEETS in Carlow</p> <p>3.3.3 Work with the higher education institutions in Carlow to encourage the delivery of suicide prevention training to both staff and students and ensure implementation of critical incident response protocols</p> <p>3.3.4 Implement the National Anti-Bullying Plan effectively in Carlow Schools</p>	<p>On-going training available to school staff around critical incident readiness and response</p> <p>Exploration carried out and needs determined</p> <p>Training available to staff and students in Third Level education and EEMT Protocol disseminated</p> <p>Anti-Bullying Plan implemented</p>	<p>Schools, ETB, NEPS</p> <p>Schools, ETB, NEPS</p> <p>ROSP</p> <p>Schools, ETB</p>	<p>CCDP, Youthreach, Youth Training Centre, DSP</p> <p>CCDP, Youthreach, Youth Training Centre, DSP</p> <p>I.T. Carlow, Carlow College, Institute of Further Education</p>
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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 Implement the School's Wellbeing programme in Junior Cycle and facilitate the continued delivery of the programme at Senior Cycle	Wellbeing programme delivered in Junior and Senior Cycle	Schools, ETB	HSE H&WB
3.3.6 Deliver early intervention and psychological support service for young people at primary care level	3.3.6 Improve outcomes for young people with mental health difficulties by reviewing CHO 5 service provision including to what extent services are adequate, visible and accessible Consider options for enhancing access to early intervention services	Barriers to services for young people determined and service improvements made where relevant	HSE PC	HSE MH, CYPSC, C&V Sector, Acute Hospitals, Schools, NEPS
3.3.7 Deliver early intervention and psychological support services for young people at secondary care level, including CAMHS	3.3.7 (a) Implement the Child and Adolescent Mental Health Service (CAMHS) Standard Operating Procedure in Carlow 3.3.7 (b) National interagency protocols implemented for communication and collaboration between, statutory, community and voluntary sector organisations providing services to young people	CAMHS Standard Operating Procedure implemented Protocols for communication and collaboration between statutory, community and voluntary sector organisations providing services to young people implemented	HSE MH HSE MH	HSE PC, Acute Hospitals, NEPS HSE PC, Schools, CRY, NEPS, CYPSC, Tusla

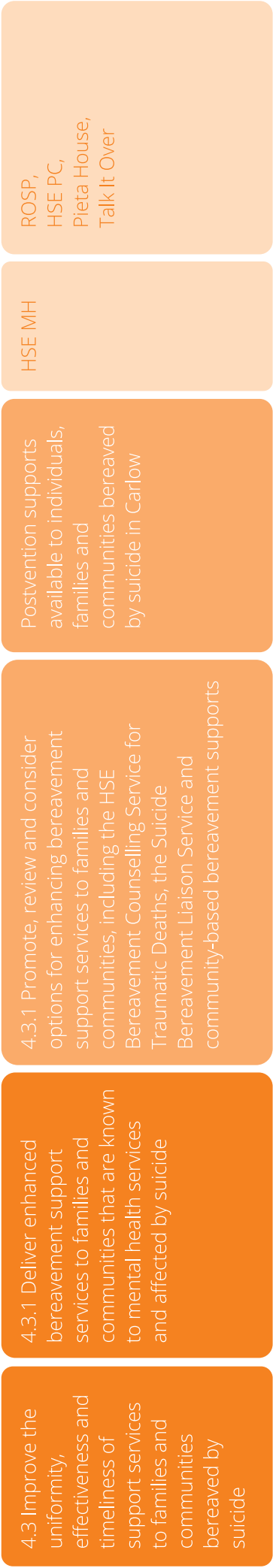
STRATEGIC GOAL 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

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.

National Objective	National Action	Connecting for Life Carlow Action	Output	Lead	Partners
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 pathways of care from primary to secondary mental health services for all those in need of specialist mental health services	4.1.1 Assess and review out of hours services available to those vulnerable to suicide and determine how services can be expanded and improved	Assessment of current services completed and future needs determined	HSE MH	HSE PC, Acute Hospitals, C&V Sector
	4.1.2 Provide a co-ordinated, uniform and quality assured service and deliver 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	Effective and appropriate services available for those with a dual diagnosis of mental health and substance misuse issues	HSE MH	HSE Substance Misuse, CBDI, Drugs Outreach

	<p>4.1.3 Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under Probation services in the community. The Irish Prison Service and the HSE National Forensic Mental Health Service will complete an agreed memorandum of understanding on improved links through the NFMHS Prison In-reach Service and the Probation Service will engage with the HSE on maintaining and developing access to community psychiatric services</p> <p>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</p>	<p>4.1.3 Collaborate with the Probation and Welfare Service and other Department of Justice initiatives to support people in the criminal justice system that are vulnerable to suicidal behaviour</p> <p>4.1.4 Collaborate with the National Mental Health Division to explore, identify and implement a uniform assessment approach across the health services in Carlow for people who have self-harmed or are at risk of suicide</p>	<p>DJE projects and funded agencies have access to training, information and referral pathways to services for priority groups through the HSE Regional Suicide Resource Office</p> <p>Uniform assessment approach in use across all services in Carlow</p>	<p>ROSP</p> <p>HSE MH</p>	<p>HSE MH, Probation and Welfare, CCDP, Gardaí</p> <p>HSE PC, Acute Hospitals, C&V Sector, Tusla</p>
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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	Adherence to protocols regarding the initial assessment and referral of patients presenting with mental health issues	HSE MH	Acute Hospitals
4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) 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	Widespread promotion of the range of counselling options available in Carlow including: Counselling in Primary Care, Traumatic Bereavement Counselling and the National Counselling Service	HSE MH, HSE PC	CRYS, MHA, C&V Sector, ROSP
	4.2.1 (b) Explore options for expanding the availability of SHIP to 16 – 18 years olds through integrated delivery within Follaine Youth Counselling Service	Exploration carried out and service adjustments made where relevant	HSE PC, CRYS	-
	4.2.1 (c) Explore availability of and access to CBT and DBT in Carlow for people vulnerable to suicide	Exploration carried out and service adjustments made where relevant	HSE PC, HSE MH	-



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 that 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.

National Objective	National Action	Connecting for Life Carlow Action	Output	Lead	Partners
5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention	5.1.1 Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure 5.1.2 Continue to promote a whole school approach to student guidance/counselling within each post-primary school	5.1.1 Support local statutory and non-statutory organisations to implement relevant quality standards relating to suicide prevention 5.1.2 Work with local post-primary schools in Carlow to promote a whole-school approach to student guidance and counselling	Up to date and relevant information on standards and guidelines available to organisations working in the area of suicide prevention Information on counselling services available through the HSE and community-based services made available to schools in Carlow	ROSP DES	HSE MH, HSE PC, HSE H&WB, C&V Sector ROSP, HSE MH, HSE H&WB, NEPS, CRYS, Schools, ETB

5.1.3 Provide support and resources for the implementation of the Department's curriculum and programmes in the promotion of wellbeing in the school community and facilitate access to appropriate mental health and suicide prevention training for teachers, e.g. through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise as appropriate, with Government Agencies	5.1.3 Engage with post-primary schools in Carlow to enhance the delivery of suicide prevention and self-harm training to all teaching and non-teaching staff, including safeTALK, ASIST and Understanding Self Harm	Schools targeted for participation in training programmes by the Regional Suicide Resource Office	ROSP	Schools, ETB
5.2 Improve the response to suicidal behaviour within health and social care services with an initial 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 HSE Mental Health Division to explore, identify and implement a uniform procedure for responding to suicidal behaviour across mental health services	HSE MH	HSE PC, Acute Hospitals, Emergency Services, Tusla
5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those known to the mental health service) and develop responsive practice models	5.2.3 Undertake a service review after each incident of suicide and suicidal behaviour within mental health services in Carlow in line with HSE policy	Service review of incidents carried out after each incident and recommendations implemented, in line with HSE policy	HSE MH	Acute Hospitals, HSE PC

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 on suicide prevention	5.4.1 Develop a National Training Plan, building on the NOSP Review of Training	5.4.1 In partnership with NOSP, develop a local training and education plan for health, social care and community practitioners in Carlow	Local training plan developed and implemented	ROSP	HSE MH, HSE PC, HSE Social Care, C&V Sector
	5.4.2 Deliver training in suicide prevention to staff in government departments and agencies who are likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour	5.4.2 (a) Implement the Local Training and Education Plan aligned to the NOSP National Training Plan prioritising professionals who engage with people vulnerable to suicide	Relevant professional individuals, groups and organisations targeted for training by the Regional Suicide Resource Office	ROSP	Carlow CoCo, DSP, Gardaí, Tusla, C&V Sector
	5.4.3 Support professional regulatory bodies to develop and deliver accredited, competency based education on suicide prevention to health professionals	5.4.2 (b) Target staff in the private sector to access safeTALK training to improve their capacity to respond to suicidal behaviour within their workplace	A minimum of two safeTALK trainings delivered to the private sector annually	ROSP	Chamber of Commerce
	5.4.4 Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions	5.4.3 Work with Tusla to promote the delivery of accredited, evidence based education on suicide prevention to all relevant staff	Accredited and evidence based programmes readily available in Carlow	ROSP	Tusla, HSE H&WB
		5.4.4 Promote the delivery of safeTALK as a module in relevant undergraduate programmes in third level education e.g. social care/nursing/youth and community education in Carlow	safeTALK included in a range of undergraduate programmes available in Third Level education in Carlow	ROSP	I.T. Carlow, Carlow College, Institute of Further Education

STRATEGIC GOAL 6: To reduce and restrict access to means of suicidal behaviour

There is evidence to support the fact that suicidal acts in some instances can be prevented by reducing access to means (13). Goal 6 details actions to address this in Carlow including the exploration of alternatives to the prescribing of medication commonly used in overdose, auditing sites in the County that may present a risk to people who are vulnerable to suicidal behaviour. Alcohol misuse, particularly among young people, formed a large part of the discussion around access to means in Carlow.

National Objective	National Action	Connecting for Life Carlow Action	Output	Lead	Partners
6.1 Reduce access to frequently used drugs in intentional drug overdose	<p>6.1.1 Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs</p> <p>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</p>	<p>6.1.1 Liaise with Primary Care Teams in Carlow to encourage the use of prescribing guidelines for medicines commonly used in overdose and advocate for increased referrals to counselling/Social Prescribing</p> <p>6.1.2 Promote the availability of suicide prevention and self-harm training to pharmacists and ensure they have the relevant information to signpost service users to supports and services</p>	<p>Options explored with Primary Care Teams and information on alternatives made available</p> <p>Pharmacists targeted for training by the Regional Suicide Resource Office and signposting information distributed to Pharmacies in Carlow</p>	<p>ISG</p> <p>ROSP</p>	<p>HSE MH, HSE PC, HSE H&WB, C&V Sector</p> <p>MHA, I.T. Carlow</p>

6.2 Reduce access to highly lethal methods used in suicidal behaviour	6.2.1 Local Authorities will be requested to consider, 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 (a) Work with a variety of organisations and agencies across the County to restrict access, where possible, to identified locations and settings where people are at risk of engaging in suicidal behaviour and ensure that these sites contain accessible information on local supports and services	Audit carried out on danger spots in Carlow and signage erected	Carlow Co. Co.	ISG, ROSP, HSE Comms., Samaritans, MHA
		6.2.1(b) Engage with off-licences and other relevant retailers in Carlow to enhance compliance with legislation relating to the sale of alcohol to minors	Information campaign developed on the misuse of alcohol in young people and enforcement of legislation	Gardaí	HSE Substance Misuse
		6.2.1 (c) Develop an awareness campaign for parents on the dangers of underage drinking	Information campaign developed on the misuse of alcohol in young people	CRYS	HSE Substance Misuse
	6.2.2 Implement a strategy to improve environmental safety within the HSE Mental Health Services	6.2.2 Continue to monitor and improve the environmental safety within HSE Mental Health Services in Carlow, informed by ligature audits	Compliance with Mental Health Services safety standards and audits	HSE MH	Acute Hospitals

STRATEGIC GOAL 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Goal 7 relates to the monitoring and evaluation of *Connecting for Life Carlow* and the gathering of relevant research and data throughout the lifetime of the action plan. *Connecting for Life Carlow* will remain a live document and will endeavour to address emerging needs in Carlow associated with suicidal behaviour as they arise. 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 behaviour as well as accelerating the transfer of research findings into practice are fundamental to the success of *Connecting for Life Carlow*.

National Objective	National Action	Connecting for Life Carlow Action	Output	Lead	Partners
7.1 Evaluate the effectiveness and cost effectiveness of <i>Connecting for Life</i>	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 Carry out an annual review of <i>Connecting for Life Carlow</i> including the effectiveness of implementation structures, processes and operations	Annual evaluation and review completed	ISG	HSE MH
7.2 Improve access to timely and high-quality data on suicide and self-harm	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 Monitor and review information available on the incidences of suicide and self-harm in Carlow to inform service improvement and determine emerging needs	Up to date and relevant data available on suicide and self-harm rates in Carlow	HSE MH	Coroner, Gardaí, NOSP, NSRF





Courthouse. Photo Credit: Thomas Sunderland Photography.

5

Implementation and Monitoring

5.1 Implementation Structure

Connecting for Life Carlow is a live, dynamic and flexible plan that will be implemented from 2017 to 2020. A multi-agency Implementation Steering Group (ISG) will be established, underpinned by the same values and principles of the collaborative approach used throughout the development of *Connecting for Life Carlow*. There is a commitment to working and responding collectively to issues associated with suicide and self-harm in Carlow, sharing knowledge and expertise, ensuring equity of access for everyone and advocating for change.

Membership of the Implementation Steering Group will comprise of representatives from the lead and partner agencies as outlined in Section 4 of *Connecting for Life Carlow*. The responsibility for the implementation of the plan lies with the Health Service Executive Mental Health Division of Community Health Organisation 5 (CHO 5). An oversight group for monitoring implementation in the five Counties of CHO 5 will be established, and this group will be the link with the HSE National Mental Health Division and NOSP.

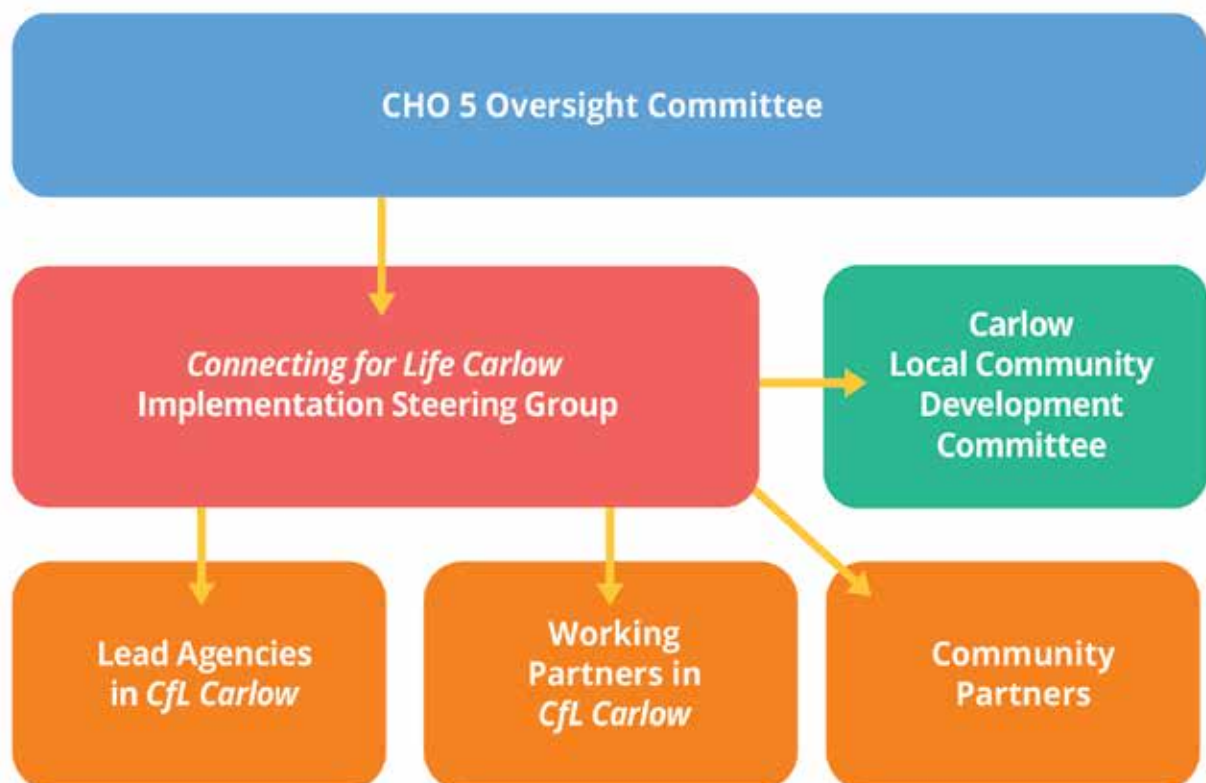


Figure 10: Implementation Structure of Connecting for Life Carlow

The Implementation Steering Group will;

- Be chaired and coordinated by the HSE
- Monitor and oversee the implementation of *Connecting for Life Carlow* as well as having direct responsibility for a number of actions in the plan
- Have responsibility for communication in relation to *Connecting for Life Carlow*. *Connecting for Life* is a national brand thus it is essential that all stakeholders use clear, consistent and evidence informed messaging in relation to the prevention of suicidal behaviour
- Be tasked with monitoring and reporting on *Connecting for Life Carlow* in line with national systems developed by NOSP and the HSE National Mental Health Division
- Report progress to Carlow LCDC
- Be required to be flexible in approach with an ability to recognise and respond to local and national needs that emerge during the lifetime of *Connecting for Life Carlow*
- Ensure local implementation structures align with national implementation structures

5.2 Resourcing *Connecting for Life Carlow*

The actions in *Connecting for Life Carlow* are broad and varied. Responsibility for the implementation of the actions in *Connecting for Life Carlow* lies with a range of lead organisations including the HSE. Alongside each lead agency there are numerous partners who have agreed to contribute to the implementation of the plan. In certain situations additional resources may be required and securing those resources will be a task for the ISG. Many actions in *Connecting for Life Carlow* relate to collaboration and multi-agency work, this should in turn result in improved use of resources and a more efficient way of working.



Carlow Town Park. Photo Credit: Thomas Sunderland Photography.

Appendices



Appendix 1

Membership of Carlow Suicide Prevention Planning Group

- Mary Byrne, Traveller Mental Health Liaison Nurse
- Claire Canning, HSE Primary Care
- David Carroll, National Educational Psychology Service
- Elizabeth Charles, National Educational Psychology Service
- Anne Coffey, HSE Child and Adolescent Mental Health Service
- Ciara Cunningham, St. Catherine's Community Services Centre
- Joanne Donohoe, Carlow County Development Partnership
- Olive Fanning, HSE Health Promotion
- Anthony Furlong, HSE Substance Misuse
- Claire Healy, Carlow Mental Health Association
- Tim Healy, HSE Mental Health Services
- David Heffernan, HSE Mental Health Services
- Tara Hunt, HSE Primary Care
- Martina Kelly, Teach Bùid
- Marie Kennedy, Tusla
- Gemma Lawlor, Carlow/Kilkenny Education and Training Board
- Mairead Maddock, Carlow Children and Young People's Services Committee
- Tracy Nugent, HSE Resource Officer for Suicide Prevention
- Grainne O'Neill, Carlow Public Participation Network
- Elaine Rowe, An Garda Síochána
- Leighann Ryan Culleton, Carlow Regional Youth Services
- Martin Smith, Institute of Technology, Carlow
- Josie Tierney, Bagenalstown Family Resource Centre
- Theresa Tierney, National Educational Psychology Service
- Kathryn Wall, Carlow Regional Youth Services

Membership of the Consultation Working Group

- Mary Byrne, Traveller Mental Health Liaison Nurse
- Claire Canning, HSE Primary Care
- Ciara Cunningham, St. Catherine's Community Services Centre
- Joanne Donohoe, Carlow County Development Partnership
- Anthony Furlong, HSE Substance Misuse
- Claire Healy, Carlow Mental Health Association
- Tracy Nugent, HSE Resource Officer for Suicide Prevention
- Leighann Ryan Culleton, Carlow Regional Youth Services

Appendix 2: Explanation 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

HSE Primary Care services

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

Incidence of self-harm/self-harm rates

There is a national registry for self-harm presentations to Emergency Departments in General Hospitals that 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

Mental health service user

A person that uses the mental health services

Non-statutory and community organisations

Community, voluntary and non-government agencies, services, organisations and groups

People/groups vulnerable to suicide

People/groups that may 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, may experience frequent, intense and enduring thoughts of suicide or self-harm or high distress or have specific plans, people/groups that are vulnerable to self-harm or people/groups who are more susceptible than other people/groups to the possibility of self-harm

Priority groups

In *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020 and *Connecting for Life Carlow* 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 being particularly vulnerable to suicide

Protective and risk 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, 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

A 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

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

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 plan 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 the risk of suicide entirely but it is possible to reduce this risk

Targeted approach

A targeted approach focuses on identifying the smaller number of people who are vulnerable to suicide/self-harm and putting in place appropriate interventions

Whole-population approach

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

Appendix 3: Abbreviations

A&E/ED	Accident and Emergency/Emergency Department
AVFC	A Vision for Change
BSG	Bereavement Support Group
CAMHS	Child and Adolescent Mental Health Services
CAREDOC	Out of hours Doctor service
C&V	Community and Voluntary
CBDI	Community Based Drugs Initiative
CBT	Cognitive Behavioural Therapy
CCDP	Carlow County Development Partnership
<i>CfL</i>	<i>Connecting for Life</i>
CHO 5	Community Health Organisation Area 5 (Waterford, Wexford, Carlow, Kilkenny and South Tipperary)
CIC	Citizens' Information Centre
CKETB	Carlow/Kilkenny Education and Training Board
CRYS	Carlow Regional Youth Services
CSO	Central Statistics Office
CSP	Carlow Sports Partnership
CWG	Consultation Working Group
CYPSC	Children and Young People's Services Committee
DAG	Department of Agriculture
DBT	Dialectical Behavioural Therapy
DES	Department of Education and Skills
DoH	Department of Health
DSP	Department of Social Protection
EEMT	Emergency Event Management Team
FRC	Family Resource Centre
GP	General Practitioner

HI	Healthy Ireland
HRB	Health Research Board
HPU	Health Promotion Unit
HSE	Health Service Executive
HSE H&W	Health and Wellbeing
HSE MH	Mental Health
HSE PC	Primary Care
HSE THU	Traveller Health Unit
IBEC	Irish Business & Employers Confederation
ID	Intellectual Disability
ISG	Implementation Steering Group
IFA	Irish Farmers' Association
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MABS	Money Advice and Budgeting Service
MHA	Mental Health Association
MHI	Mental Health Ireland
MSA	Men's Shed Association
NEPS	National Educational Psychology Service
NGO	Non-Governmental organisation
NOSP	National Office for Suicide Prevention
NSHRI	National Self-Harm Registry Ireland
NSRF	National Suicide Research Foundation
PCC	Primary Care Centre
PCRS	Primary Care Reimbursement Service
PCT	Primary Care Team
PPN	Public Participation Network

ROSP	Resource Officer for Suicide Prevention
SCAN	Suicide Crisis Assessment Nursing Service
SERDATF	South East Regional Drug and Alcohol Task Force
SERFSN	South East Regional Family Support Network
SHIP	Self Harm Intervention Programme
SICAP	Social Integration and Community Activation Programme
SIU	Social Inclusion Unit
SMT	Substance Misuse Team
SOS	Suicide or Survive
SPAP	Suicide Prevention Action Plan
SPPG	Suicide Prevention Planning Group
SRO	Suicide Resource Office
SSIS	Suicide Support and Information System
TCHW	Traveller Community Health Workers
Tusla	The National Child and Family Agency
WHO	World Health Organisation
WRAP	Wellness and Recovery Action Plan

Appendix 4: Carlow Town & County Area Profile

The Social Inclusion, Community Activation Programme (SICAP)

This programme will invest over €500,000 per annum on supporting those communities and individuals affected by social exclusion in County Carlow. The SICAP Programme is a key player in the County's response to disadvantage and in the development of greater participation in social and political structures. Strong links have been established and will continue to be maintained with key stakeholders during the life of this plan in the area of suicide and men's health, community development both urban and rural, early school leaving, lone parents, unemployed and integration of our new communities through strategic interventions. This programme is approved and monitored by the Local Community Development Committee through key performance indicators and working in partnership with the programme implementer Carlow County Development Partnership CLG.

Socio Economic Profile

County Carlow is an inland County, located in the South East Region and bordered by Counties Wicklow Wexford, Kilkenny, Laois and Kildare. The County is 943 sq. km. in area. The principal towns in the County are Carlow, Tullow, Muinebheag, Hacketstown and Borris. Carlow has a pivotal location as a County Town in the South East Region with a strong relationship to the Midlands and South Leinster Region. The main rivers flowing through County Carlow are the Barrow and Slaney Rivers and their associated tributaries. The modern name Carlow is derived from the old Irish place name Ceatharloch, meaning 'four lakes'. Visitors to the area can enjoy its many pre-historic sites, castles, churches and monastic buildings and routes.

Traditionally the economy of the County has been characterised by manufacturing and food manufacturing based on commodities produced in a rich agricultural hinterland. The local economy has changed significantly in recent years. The industrial base is now made up of a wide variety of industries ranging from multi-national enterprises employing skilled workforces of upwards of 100 people to smaller indigenous enterprises serving local to international markets.

Population

Ireland has experienced a population growth of 30.1% over the past 20 years with the South East Region population base increasing at a comparative rate (29.9%). Carlow however, has experienced higher levels of population growth at 33.4% over the same period. According to the 2016 Census the population of Carlow is 56,932, of which 28,465 (50%) are males and 28,467 (50%) are females. The population growth that has been experienced in County Carlow can be largely attributed to external and internal migration (due to Carlow's proximity to Dublin) as well as a natural increase in population.

Notwithstanding the foregoing, the population density for County Carlow at 63.6 people per square kilometre is below the national level of 68.0, thus indicating a relatively high level of population dispersal in the County which gives rise to the issue of social inclusion and rural isolation.

Age Profile

In Carlow 44% of the population are aged between 15-44 years which is higher than the South East Regional level of 42%, but comparable to the national level at 44.2%. Further analysis of the age profile reveals that the proportion of people aged 75 years and older was higher in Carlow at 7.6% than the South East Region at 5.4% and the national figure of 5.2%.

Education

In 2011, 1.9% of the total population of Carlow reported no formal or primary education compared to 1.4% at national level. More specifically, 14.3% cited educational attainment at lower secondary level compared to 16.6% at national level. There has been a continuous improvement in the level of education amongst adults over the past 15 years throughout Ireland. In 1991, 36.7% of the adult population reported having primary education. This dropped to half that level (18.9%) in 2006 and dropped significantly in 2011 to 13.8%. This trend is continued in Carlow with a decline in the population with primary education from 38.1% in 1991 to 14.3% in 2011. This is a reduction of 23.9 % (compared to 22.9% percentage points nationally), and represents a level and rate of change just marginally above that of the national average. Despite the improvement at County level, there are several rural EDs where considerable parts of the adult population have primary education only. These include Coonogue (34.8%), Ballymurphy (26.4%) and Graigue rural (26.4%).

DEIS Status

There are 8 schools with DEIS status in Carlow namely:

- (1) Holy Family Girls National School in Askea
- (2) Holy Family Boys National School in Askea
- (3) Carlow Town Education Together National School
- (4) Scoil Naisunta Treasa Naomha, Tynock
- (5) Carlow Vocational School
- (6) St Joseph's Hacketstown
- (7) Vocational School Muine Bheag
- (8) Naomh Fhingín in Garryhill

The census 2011 figures show that 12.2% of the population of County Carlow ceased education and left the system at or before the age of 15 years, compared to 14.5 % in the South East Region and the state at 12.9%.

Third Level

In 1991, 13.0% of the national adult population had completed third level education growing to 30.6% in 2011. The proportion of Carlow's population who have availed of third level education has grown from 9.3% to 24.3% between 1991-2011. However despite this increase Carlow continues to lag behind in terms of third level attainment compared to the national level (30.6%) but is consistent with the South East Region as a whole (24.1%).

As noted in the Carlow rural development strategy 2007- 2013 the downward trend of the population leaving education before the age of 15 is welcome but does not in any way compensate for the low level of third level education attainment in the short to medium term. This continues to present a challenge to Carlow in that a highly skilled population will be necessary to attract new investment, particularly multinationals. This is vital in order to offset the decline in the agricultural, manufacturing and construction sectors.

Housing Structure

According to the Trutz Haase research, a 1.9% decrease in the population of local authority housing at national level was recorded over the past 20 years, from 9.8% to 7.9%. The South East has declined by 1.1% from 10.2% to 9.1%, during the same period. Carlow has experienced a marginal increase in the proportion of local authority housing from 8.5% to 8.9%. The highest concentration of local authority housing is found in Muinebheag Urban (18.0%), Tullow Urban (17.5%) and Carlow Urban/Rural (15.7%).

Geographical Disadvantage

The Pobal Haase-Pratschke Deprivation Index (HP Index hereafter) comprises successive deprivation indices based on the Census of Population, 1991-2011. The HP Index rates small areas as ranking extremely affluent, very affluent, and affluent, marginally above average, marginally below average, disadvantaged, very disadvantaged and extremely disadvantaged.

The absolute HP Index score for Ireland is -6.78 and the South East Region is -5.76. In comparison, the absolute score for Carlow is -10.41. A spatial analysis of the HP index score for Carlow highlights that specific areas within the County are ranked as 'disadvantaged' or 'very disadvantaged'.

Disadvantaged Groups

New Communities (including Refugees/ Asylum seekers)

The 2011 Census revealed that there are 5,997 foreign nationals in County Carlow, making up 11% of the County's population. These were concentrated in Carlow Urban (699) and Rural (2,527); Graigue Urban (154); Bagenalstown Urban (304) and Tullow Urban (667). This means that, for example, in the Bagenalstown area, 6.2% of the population is of non-Irish ethnicity.

The largest ethnic group comprises members of the Polish community (2,278) who have mainly settled in the principle urban centres (Carlow, Tullow and Bagenalstown) and their immediate hinterlands. Tullow is the town with the 4th highest percentage of Poles in Ireland. However, the primarily rural area of Cranemore has 129 individuals of Polish origin, making up 12.13% of this ED. There are 227 Lithuanian nationals in the County with 127 living in Carlow Rural (127). Clusters of other EU nationals (excluding UK in origin) are situated in Carlow Rural (557) and Tullow Urban (173). Foreign nationals from outside the EU are concentrated in Carlow Urban (217) and Rural (500).

Traveller Communities

The highest concentration of members of the traveller community in the County is found in the North of the County, stretching from Carlow Town to Tullow.

Outside of these 4 areas the majority of EDs in Co. Carlow have a lower proportion than the national average or have no members of the Traveller community.

People with Disabilities

In absolute terms, as seen in the 2011 Census, there are 7,482 disabled persons in County Carlow, which means that the proportion of disabled persons in County Carlow (13.7%) is marginally higher than the national average (13%).

Proportion of Older Persons

Due to a number of factors, including better health care, Ireland's population is increasingly ageing. In 2011, just fewer than 12% of the population were aged 65 and older, but the CSO predicts that this will increase to approximately 16% by 2026. A similar pattern can be expected in Carlow where there were 6,211 persons over the age of 65 years resident in the County in 2011, equating to 11.7% of the total population, consistent with the national average. In Carlow, approximately 58% of older persons live in the rural parts of the County. However, there is a higher proportion in Carlow in the 65 to 69 age category (32.7%) in comparison to the 85 years and over age category (10.4%). EDs situated in rural areas of the south and west such as Rathanna and Borris have a considerably older age profile in comparison to other locations. Research carried out by Carlow County Development Partnership (CCDP) regarding the needs of 250 Older Persons above the age of 65 who are registered with its "Care and Repair" Service stated that in County Carlow, approximately 58% of older persons live in the rural parts of the County. CCDP's research has found that they are susceptible to a double type of exclusion, the first being caused by increasing age and reduced mobility, the second by social exclusion and difficulty in accessing services. While there is often a perception that older people in rural areas have strong family networks, this is frequently not the case.

Furthermore, as services tend to follow density of population, many rural areas are left without important public and social services (Walsh & O'Shea, 2009), and many of the participants in CCDP's survey reported increased isolation as a result. This finding was confirmed in the recent 2014 AIRO index.

One Parent Families (Lone Parents)

One parent families make up 21.1% of all families in Carlow in 2011, which is very similar to the national average, where 35.4% of all births in 2013 were outside of marriage, most of which were to women between the ages of 25 to 40. However, within the County, CSO figures show that some urban areas have rates which are high by comparison with national rates.

One parent families are the household type with the highest poverty and deprivation rates in Ireland (SVDP, 2014). In 2011 28.4% of one parent families were at risk of poverty, with 16.4% experiencing

consistent poverty and 56% experiencing deprivation (CSO, 2012). Recent research in the Growing Up in Ireland report shows that the risk of poverty was highest in one-parent families, where the main carer was under 25 years when a child was born and where the main carer had a Junior Cert level of education or lower.

Work Force

The distribution of Carlow's population by principal economic status is shown in Table 9 below. The CSO 2011 statistics reveals a relatively lower percentage of the population in employment in Carlow (46%) compared to the National level (50%). This relatively lower percentage of the population of Carlow at work is also reflected in the relatively higher levels of unemployment.

According to the 2011 Census, the daytime working population (resident and no-resident) of Carlow in 2011 was 19,502 with commerce and trade being the largest industry.

Unemployment

The economic downturn after 2007 has strongly affected the unemployment rates with unemployed in 2011 surpassing the 1991 levels. In November 2015, there were 5,386 people on the live register in Carlow of which 41% are female and 59% male.

Young Unemployed Persons in disadvantaged areas and Youth at risk

In Ireland, the youth unemployment rate peaked at around 31% in the second quarter of 2012 but it has since declined to 26% in the first quarter of 2014.

Appendix 5: Support Services

Organisation	CARLOW Contact	Other contact details
AWARE Provide emotional & practical support to those affected by depression, bipolar	Beat the Blues Schools talk supportmail@aware.ie	1890 80 48 48 01 6617211 www.aware.ie info@aware.ie
Barnardos Bereavement counselling for children and young people, also specialist bereavement project workers who will work with children from across the country	Barnardos Centre, 24 Askea Lawns, Tullow Rd, Carlow 059 913 2869 info@carlow.barnardos.ie Family Welfare Conference Service Carlow/ Kilkenny 140 Elm Park, Clonmel 052 617 0665 fiona.day@barnardos.ie	Bereavement Helpline Mon-Fri 10am-12noon 01 473 2110 bereavement@barnardos.ie www.barnardos.ie
BeLong To Youth Services Lesbian, Gay, Bisexual, Transgender & Intersex (LGBTI) organisation for young people, aged 14-23	LGBTI Helpline 1890 929 539	01 681 4821 www.belongto.org info@belongto.org
Bereavement Counselling Service for Traumatic Deaths aged 16 +	Coordinated by the Regional Suicide Resource Office 051 874013	Referrals from doctors and other health professionals
Bodywhys Provides support to people affected by eating disorders	Mon, Wed, Sun. 7.30–9.30pm Tues, Thurs, Fri. 10.30am –12.30pm Helpline: 1890 20 04 44 Text 'SUPPORT' to 53305	www.bodywhys.ie alex@bodywhys.ie
Caredoc Doctor service from 6pm -8am	1 850 334 999	
Carlow Kilkenny Parents Support Programme Home visitation programme and parenting support	Helen Casey 087 233 0320 Helen.casey1@tusla.ie	
Carlow & South Leinster Rape Crisis & Counselling Centre Provides a safe environment for survivors of sexual abuse	77 Tullow St, Carlow 059 913 3344 Freephone 1800 727 737 info@carlowrapecrisis.ie	
Carlow Regional Youth Service Provide direct programmes and services for young people at risk, aged 8 – 23	Montgomery House, Athy Road 059 913 0476 www.carlowyys.ie	
Carlow Women's Aid A voluntary organisation providing support and information for adult women who are experiencing or have experienced domestic violence in the home or in close personal relationships.	7 Old Dublin Rd, Carlow 059 917 3552/3 Helpline 1800 444 944 www.carlowwomensaid.ie	
Childline Free listening service for people up to the age of 18	Helpline 1800 66 66 66	01 6767 960 Text 'talk' 'bully' or 'help' 50101 www.childline.ie
Citizen's Information Centre Public service information on entitlements	St Catherine's Community Centre, St Joseph's Rd 0761 07 5130 carlow@citinfo.ie	0761 07 4000 www.citizensinformation.ie
Comhar, the HSE National Counselling Service Counselling service for adults who have experienced trauma and abuse in childhood	Regional Office 051 852122 Freephone 1800 234 118 comhar@hse.ie	Connect Helpline Wed – Sun 6pm-10pm 1800 477 477 www.connectcounselling.ie
Counselling in Primary Care Referral made by GP or Primary Care Team for medical card holders only aged 18+	Information only 051 359088	

Organisation	CARLOW Contact	Other contact details
Drugs, Alcohol, HIV, Sexual Health & Hepatitis Helpline – HSE		Mon-Fri 9.30am – 5.30pm 1800 459 459 www.hse.ie/go/drugshivhelpline helpline@hse.ie
Family Resource Centres (FRC) provide services/supports/counselling to local communities	Bagenalstown FRC 059 972 2028 Forward Steps FRC, Tullow 059 9152776 bagenalstownfrc@hotmail.com forwardsteps@eircom.net	
Farm and Rural Stress Helpline		6pm to 10pm 1800 742 645 farmandruralstress@hse.ie
Foròige Youth Organisation	Regional Youth Officer Rosie O'Brien 086-2997677 Rosie.O'Brien@foroige.ie	info@foroige.ie
GROW Nurtures mental health, personal growth, prevention & recovery from mental illness		1890 474474 056 7761624 southeastregion@grow.ie www.grow.ie info@grow.ie
Health Service Executive (HSE) provides health and social services to people living in Ireland	Carlow District Hospital 059 913 6458 Carlow Alcohol & Addiction Carlow/Kilkenny Child Psychology 056 778 4736 Child & Adolescent MHS 056 778 4600 Counselling Service 059 9178012 Local Health Office 059 913 6570 Mental Health Service 056 778 5109 St. Dymphna's Psychiatric 059 913 6301 Social Work 059 913 6520 Substance Misuse Team 056 778 4638 St Luke's General Hospital (Acute healthcare services to Carlow & Kilkenny) 056 778 5000	HSE INFOLINE 1850 24 1850 For information on health services from 8am to 8pm, Mon to Saturday www.hse.ie info@hse.ie
Irish Association of Counselling & Psychotherapy Publishes national register of accredited members		01 2300061 www.irish-counselling.ie
Jigsaw – support for 12 – 25 year olds National Centre for Youth Mental Health		01 472 7010 www.jigsaw.ie info@jigsaw.ie
Liaison Psychiatric Nurse Works with patients who self-harm or attempt suicide		St Luke's Hospital, KK 056 778 5109
Mental Health Ireland Promotes positive mental health and supports persons/families with a mental illness	Linda Thorpe 087 8353925 linda@mentalhealthireland.ie	01 2841166 info@mentalhealthireland.ie www.mentalhealthireland.ie
Mental Health Support & Information Service Information service for the general public regarding their own mental health or that of a relative/friend.		Mon-Fri 01 249 3333 info@stpatsmail.com www.stpatricks.ie
Money advice and budgeting service (MABS)	0761 07 070 waterford@mabs.ie carlow@mabs.ie	National Helpline 0761 07 2000 www.mabs.ie

Organisation	CARLOW Contact	Other contact details
Parents Reliable information for parents about supporting young people's mental health & well being		www.ReachOutParents.com
Parentline Confidential helpline		01 878 7230 1890 927 277 www.parentline.ie info@parentline.ie
Pieta House Centre for the Prevention of Self-Harm and Suicide	24 hour helpline 1800 247 247	www.pieta.ie mary@pieta.ie
Psychiatric Consultation Liaison Service Assessing patients presenting to ED with mental health issues		Waterford Regional Hospital 9am – 5pm 051 848000
Rainbows Peer-support programme to assist children/young people and adults grieving a death/separation	Usually located in school settings and in parish and pastoral centres	01 4734175 www.rainbowsireland.ie ask@rainbowsireland.ie
Reach Out Web-based service to help young people through tough times		01 764 5666 www.reachout.com general@reachout.com
Rehabcare Mental health promotion project for young people incorporating the National Learning Network which provides a range of flexible training programmes and support services for people who need specialist support	carlow@nl.ie	01 2057200 www.rehabcare.ie info@rehabcare.ie
Samaritans Carlow & Kilkenny A confidential 24 hour emotional support service for people who are feeling distress or despair	2 Abbeybridge, Dean Street, Kilkenny 056 776 5554	Free phone 116123 jo@samaritans.org www.samaritans.org
Senior Helpline A confidential listening service for older people	Lines open 10am– 10pm 365 days LoCall 1850 44 04 44	www.thirdageireland.ie/senior-helpline
Shine Discovery National organisation addressing the needs of all those affected by enduring mental illness	Jessica Statham 086 852 5747 Martin Matthews 086 852 5562 Tel: 051 – 852528 mmatthews@shineonline.ie chudson@shineonline.ie jstatham@shineonline.ie	www.shine.ie www.facebook.com/shinediscovery
SHIP Self-Harm Intervention Programme This service is accessed by referral only, counselling for people aged 16+ who are experiencing suicidal ideation/self-harm		Telephone enquiries 051 – 359017
SpunOut Interactive website with health information for young people		www.spunout.ie info@spunout.ie
St Catherine's Community Servies Centre, Carlow Provides a range of services to communities, groups and individuals	9 St. Joseph's Rd, Carlow 059 913 8700 info@catherines.ie	
Suicide or Survive Wellness Workshops and WRAP (Wellness Recovery Action Plan) training programmes in the SE Region		1890 577577 01 272 2158 info@suicideorsurvive.ie www.suicideorsurvive.ie

Organisation	CARLOW Contact	Other contact details
Transgender Equality Network Ireland (TENI) National transgender organisation		01 873 3575 www.teni.ie office@teni.ie
The Men's Development Network Counselling Service, support for men		051 844260 www.mensdevelopmentnetwork.ie men@mens-network.net
Woman's Aid		Freephone 1800 341 900 info@womensaid.ie www.womensaid.ie
Websites www.turntome.org www.mymind.org www.hse.ie/eng/services/list/3/carer-support	www.nosp.ie www.menssheds.ie http://headspaceireland.ie	www.yourmentalhealth.ie www.ifightdepression.com http://www.3ts.ie

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**For further information on
*Connecting for Life Carlow***

Contact

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