



Connecting for Life *Donegal*

Preventing Suicide Together ACTION PLAN 2015 - 2020



COMHAIRLE CHONTAE
Dhún na nGall
DONEGAL COUNTY COUNCIL



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

National Office for
Suicide Prevention

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

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

- Contact your local GP. If it's late in the evening or night-time, contact NowDOC at 1850 400 911
- Go to the Emergency Department, Letterkenny General Hospital
- Contact emergency services by calling 999 or 112
- Call the Samaritans, the FREE 24 hour listening service, to talk to someone now about what's on your mind. Call 116 123

"We should make mental health as normal as talking about getting your 5 fruit and veg a day. Mental health is crucial to the attitude towards suicide in our society"
Submission No. 212

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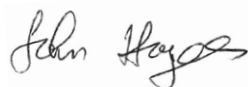
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FOREWORD

Too many people in Donegal have been affected by suicide and we know that every death has a devastating effect on families, friends and the whole community. *Connecting for Life Donegal* has been developed by an experienced multi-agency group in response to Ireland's national strategy to reduce suicide 2015 – 2020. Many people across the county have also been consulted as part of preparing the plan, including community members, community groups, people who have been bereaved by suicide, nurses, doctors, consultants, researchers, sports organisations, youth services, transport services, coroners, the Gardaí and members of the public. We have taken an open, consultative and inclusive approach and we want this to continue throughout the implementation of the plan.

Mental health problems are common and this points to the need for us all as individuals to be aware of our own mental health and the mental health of the people around us. We all need to make ourselves aware of the signs and symptoms of mental health problems and suicidal behaviours. We also need to know where to go for help and to be met by professionals and services that are caring, person centred and easily accessed.

In delivering the actions in our action plan, *Connecting for Life Donegal*, we need to work together, within and across services, sectors and communities. Suicide prevention is everyone's concern, and taking shared responsibility and accountability for making Donegal a happier, healthier place where suicide is a very rare occurrence will help us build a stronger and more cohesive county for everyone. We are looking forward to working together to successfully implement all of the actions in *Connecting for life Donegal*.



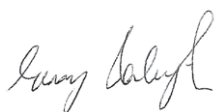
John Hayes

Chief Officer, Community Health Organisation Area 1

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

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

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



Gerry Raleigh

Director, National Office for Suicide Prevention

INTRODUCTION

Every death by suicide is a tragedy for family, friends, workplaces and communities. The prevention of suicide is a shared concern for individuals, communities and organisations throughout Donegal that requires a collective response. *Connecting for Life Donegal* is a 5 year action plan that is grounded in an approach that recognises the contributions that can be made across all sectors of our community. It is important that people feel confident and competent talking about mental health, suicide prevention and suicide, and that everyone can recognise the signs and symptoms of people with mental health problems and suicidal behaviour, know how to support them and where to go for help. It is equally important that the services providing support do so in a timely and effective manner. Suicidal behaviour is complex and usually cannot be explained by a single cause or risk factor. It is more often the end point of a complex history of risk factors and distressing events.

Many suicides are preventable, and for national strategies and local action plans to be effective, a comprehensive multi-sectoral approach is needed. *Connecting for Life Donegal* sets out the county's vision for suicide prevention, the expected outcomes over the next five years and the actions that will be taken to achieve the vision. *Connecting for Life Donegal* has been developed in response to *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015 – 2020. The approach in the preparation of the local action plan has been collaborative and inclusive, involving a broad range of organisations and individuals from the statutory, non-statutory and the community and voluntary sector, and also the general public.



Connecting for Life
Donegal

1

Context for Suicide Prevention in Ireland and Donegal

1.1 NATIONAL CONTEXT

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

Vision for Change, the national strategy on mental health, *Healthy Ireland*, the national framework for action to improve the health and wellbeing of the population and *Better Outcomes, Brighter Futures*, the national policy framework for children & young people 2014 - 2020 all provide a supportive policy context for suicide prevention action.

1.1.1 Suicide and self-harm patterns in Ireland

The number of deaths by suicide in Ireland is below the profile for most European Union countries; Ireland has the 11th lowest suicide rate overall, yet the figures for young men and women are particularly high by international comparison. Ireland has the 4th highest rate among young men and women out of 31 European countries for which data was recorded. Since 2007, particularly since the onset of the economic recession in 2008, there was an increase in the suicide rate in Ireland, specifically among men. The overall increase in suicide in Ireland between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide. In 2012, 82.3% of all those who died by suicide were men, with the highest rate of suicide among 45 to 54 year old men. The lowest rate for male suicide in 2012 was in the 65+ age group. The highest rate for female suicide in 2012 was also in the 45 to 54 age group, and the lowest rate for female suicide in 2012 was also in the 65+ age group⁽¹⁾.

The term self-harm is used to cover various methods by which people harm themselves non-fatally. Research has shown that people who engage in self-harm are at increased risk of dying by suicide than those who do not engage in self-harm⁽²⁾. Data from 122,743 self-harm presentations to hospital in Ireland from 2003 to 2013 held by the National Registry of Deliberate Self-Harm (NRDSH) showed that the rate of use of highly lethal methods of self-harm has increased significantly since 2004, with the strongest increase among those aged 15-29 years⁽³⁾.

More recent data suggests a stabilisation and modest fall in suicide and self-harm rates. The 2012 Central Statistics Office (CSO) figures indicate that there were 541 deaths by suicide that year. This represents a decreasing trend from 2011 figures. Provisional data from 2013 and 2014 suggests a further decreasing trend. In Donegal there were 19 deaths by suicide in 2009, 6 in 2010, 13 in 2011, 12 in 2012 and 15 in 2013⁽⁴⁾. Since 2010 there has been a 12% decrease in the overall rate of self-harm presentations to accident and Emergency Departments. However, this figure is still 6% higher than rates for 2007, before the economic recession⁽⁵⁾.

1.1.2. The role of alcohol in suicide and mental health.

As of 2010, the alcohol consumption rate for Ireland was one of the highest in Europe. The Irish rate increased by 24% between 1980 and 2010, whereas the average alcohol consumption in Europe decreased by an average of 15%. Alcohol and other substance use disorders are found in 25-50% of all suicides. The use of alcohol and drugs can contribute to an individual's problems if they already have a pre-existing mental health issue, and ongoing problem alcohol use can lead to the development of mental health issues. Alcohol exacerbates feelings of hopelessness and depression and can affect people's ability to cope, manage and overcome everyday stresses and significant life events e.g. unemployment or bereavement. It can also reduce inhibitions enough for an individual to act on suicidal thoughts. There is a clear correlation between hazardous levels of alcohol consumption and psychological distress in young people(6), and 93% of suicides in people under age 30 have featured alcohol as a factor (7). Alcohol also often acts as a risk factor for self-harm, manifesting through social and financial problems, domestic violence and effects on mood.

1.1.3. Evidence for suicide prevention, knowledge and awareness

In 2014, the Health Research Board were asked by the National Office of Suicide Prevention to examine the evidence base for suicide prevention to establish to which suicide prevention interventions were successful in reducing suicidal behaviour including suicidal ideation, self-harm, suicide attempts or death by suicide. The interventions that were effective in reducing suicide behaviours are as follows: means restriction, cognitive behavioural therapy and dialectic behavioural therapy. Emergency Departments are settings for the delivery of suicide prevention interventions that show promise. Tele-mental health and web-based interventions have only emerged recently so there is not enough evidence to comment on the success. Screening and gatekeeping were effective when followed by referral to behavioural interventions. Overall the review found the body of evidence on suicide prevention interventions to be limited. This does not mean that interventions are ineffective, but that there is little evidence of their effect in published papers. In order 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 show promise. This research has important implications for the work carried out as part of *Connecting for Life Donegal* in that systematic evaluation of interventions will be needed to define best approaches in the Irish context.

Taken together, the review of all literature indicated that the following interventions are effective or show promise:

- Promote public awareness with regard to issues of mental wellbeing, suicidal behaviour, the consequences of stress and effective crisis management.
- Enable early identification, assessment, treatment and referral to professional care of people vulnerable to suicidal behaviour.
- Maintain a comprehensive training programme for identified first responders and frontline healthcare staff (e.g. Gardaí, emergency department staff, educators, mental health professionals).
- Promote responsible reporting of suicidal behaviour by media outlets.
- Promote increased access to comprehensive services, including mental health services and

Emergency Departments, for those vulnerable to, or affected by, suicidal behaviour.

- Provide supportive and rehabilitative services to people affected by suicide/suicidal behaviour.
- Support the provision of therapeutic approaches such as dialectical behavioural therapy and cognitive behavioural therapy to defined population groups, e.g. those who repeatedly self-harm.
- Reduce the availability, accessibility, and attractiveness of the means for suicidal behaviour.
- Support the establishment of an integrated data-collection system, which serves to identify at-risk groups, individuals, and situations.
- Allow screening for suicide risk among groups vulnerable to suicide.
- Improve healthcare services targeting people vulnerable to suicide, including improvements in inpatient and outpatient aftercare available to people who have attempted suicide.
- Support a whole-school approach to mental health promotion.

1.2 LOCAL CONTEXT IN COUNTY DONEGAL

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

1.2.1 General county information

Donegal has a population of 161,137 and has an annual average population growth rate of 1.9%. The population of Donegal is growing at a faster rate than the state.

Key points to note are:

- There are 29,915 people in Donegal who are 60 years of age or over
- There are 36,949 people in Donegal under the age of 15, which is above the national average, and young people, particularly young men can be particularly vulnerable to mental health problems
- The largest decline in population are among age categories '20-24' and '25-29' years
- Donegal has a higher percentage of its population who are 65 years and over, living alone than the State, although it has a lower than average percentage of people over age 65 than the State. Older men are more vulnerable to mental health problems and suicidal behaviour
- 38.9% of the population are married, 52.5% are single, 2.5% are separated, 1.8% are divorced and 4.5% are widowed
- Donegal has the second highest increase in the State in the number of people who were enumerated as Irish Travellers. In Donegal the number of Traveller families usually fluctuates between 250 and 300. The most recent profile of the population completed by the Donegal Travellers Project in February 2015 identified 320 Traveller families living in Donegal. Travellers are 6.6 times more likely to die by suicide than the general population
- 22% of Donegal's resident population was born outside of Ireland and there is increased risk of mental health problems for migrants⁽⁸⁾

In terms of deprivation, County Donegal:

- Is the second most disadvantaged local authority in Ireland; 74% of its population is either very disadvantaged, disadvantaged or marginally below affluent
- Has the second highest dependency ratio (i.e. the number of those aged 0 - 14 and 65 and over as a percentage of the number of persons aged 15 - 64) - 56.9% (National rate 49.3%)(9)
- Has the largest proportion of the population with primary education only - 24.9% (National rate 16%) and one of the lowest rates of those with third level education - 25.3% (National rate 30.6%)
- Has the second highest unemployment rate in Ireland - 26.2% (National rate 19%)
- Has the 6th highest lone parent rate in Ireland - 12% (National average 10.9%)
- Ranks 11th for local authority rented housing - 8.3% (National average 7.8%)(10)

1.2.2 Local Policy Context

New local government structures were introduced throughout Ireland as part of the Local Government Reform Act. Within Donegal County Council, the new Local Community Development Committee (LCDC) is responsible for developing, coordinating and implementing a coherent and integrated approach to local and community development. It is responsible for the coordination, governance, planning and oversight of publicly funded local and community development interventions. The LCDC is in the process of developing a 6 year Local Economic and Community Plan (LECP), which will set out objectives and supporting actions to promote economic development and local and community development in the county. The implementation of *Connecting For Life Donegal* is included within the Local Economic and Community Plan.

The Donegal Children and Young People's Services Committee (CYPSC) is a county wide committee that brings together the main public and not-for-profit agencies and organisations providing services to children and young people in the county. Their 3 year plan aims to ensure that children and young people are active and healthy, achieving their full potential, safe and protected from harm, have economic security and are connected, respected and contributing to their world.

1.2.3 Suicide, self-harm and mental health in Donegal

The number of suicides and self-harm incidents are relatively small at county level, and while local data are important, numbers may be too small to allow robust statistical analysis. This section provides information on suicide deaths, suicide rates and self-harm information for County Donegal.

Statistics indicate that the number of deaths by suicide in Donegal is relatively small and that the official suicide rates for Donegal are lower than the Irish average. However, the reality is that every death is a personal tragedy for the person, the family and their wider community. A study from a next-of-kin perspective in Northern Ireland found 16 family members, 31 friends, 10 people in the local community, 13 colleagues and 1 health care professional are impacted by a suicide death (11). The belief of the Donegal Suicide Prevention Planning Group is that, while we are better than the Irish average in Donegal, we can still do better. This plan aims to reduce these deaths further by building on the resilience and strengths we have in Donegal.

Notes and caveats on suicide data

Information on death by suicide is collected nationally by the Central Statistics office (CSO) as part of its work on national mortality information. It uses robust methodology to produce the figures for mortality. However, there are factors unique to suicide that can affect the number of deaths by suicide recorded. Until 1993, taking your life by suicide was a criminal offence in Ireland. The legacy of this, together with strong catholic teaching that suicide is a sin, has contributed to under-reporting of suicide deaths over the years. In addition, all suspected deaths by suicide have to be reported to the coroner's office.

The sources of under-reporting include:

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

In future it is hoped that the efficiency of these procedures will be reviewed and optimised, which could in the short-term lead to an improved effectiveness in reporting suicide deaths in the county. It should be noted that any improvement in reporting will actually lead to a temporary increase in the reported rates. The number of deaths by suicide is relatively small compared to the population of Ireland. The actual number of deaths by suicide for Donegal and Ireland 2010 - 2013 are presented in Table 1. However, in general with health information, while it can be helpful to know the number of people who e.g. died locally from a given cause, it is not that helpful to compare the raw numbers of deaths between areas, because a change in population size will affect the number of deaths. It is customary to use rates (deaths per head of population, ideally standardised to allow for the age profile of the population) to map trends and to compare areas. However, it is a phenomenon of conditions with small numbers that even small fluctuations in the raw numbers can produce relatively large swings in the rates. Therefore, for deaths by suicide it is customary to use 'five year age standardised death rates' to show trends. These are presented for Donegal in Figure 1.

In addition there are issues about reporting small numbers at small area level e.g. by GP practice or by town. Even reporting deaths from suicide at county level is problematic. The problems are the risk that people will be identified in the data, difficulty defining the population of the area and the relatively big swings in rates if numbers change even by one.

The issue in relation to data on Self-Harm is that it only refers to hospital presentations of self-harm. Many people who self-harm never attend an Emergency Department and so will not be counted on the self-harm register. Also, data related to hospital activity, particularly when making comparisons between areas, should be treated with caution. There are currently no benchmarks on what number or rate of people who self-harm should be managed in hospital or the community. Variations in admissions may be related to availability of services rather than on best practice and the needs of individuals. There is anecdotal evidence that since several new nurse-led initiatives have been instigated in Primary Care and the Emergency Department in Donegal, the number of people presenting with self-harm has increased. This most likely reflects that there is now a service available for people and so the community need has been 'revealed', rather than a true increase in the number or rate of self-harm incidences.

Suicide Deaths

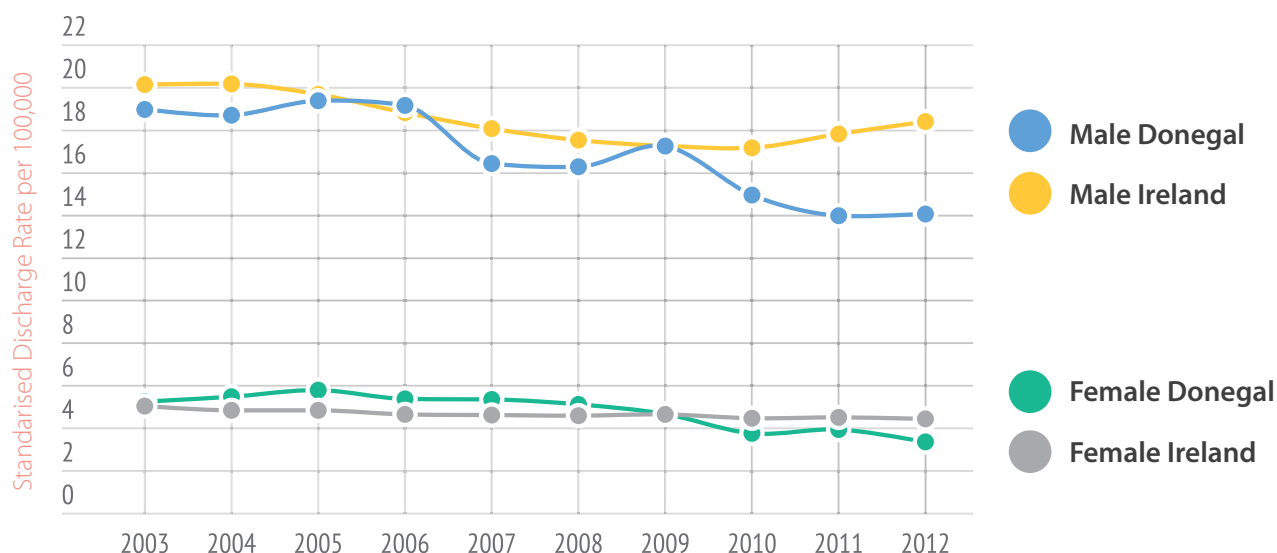
The numbers of deaths by suicide in Donegal are relatively small. There is some fluctuation from year to year but the five-year age standardised rates, discussed above and presented below in Figure 1 show that there has been a general downward trend over the last ten years. The rates for both male and females in 2012 were below the Irish national average.

Table 1: Number of deaths by suicide by age group Donegal and Ireland

	Donegal				Ireland			
Age at death	2013	2012	2011	2010	2013	2012	2011	2010
<20	-	-	1	-	22	31	33	34
20-39	8	7	6	2	184	210	246	212
40-59	4	3	4	4	193	222	200	200
60 and over	3	2	2	-	76	78	75	49
Total	15	12	13	6	475	541	554	495

- 2013 data may be subject to future revision
- The most common age at death for Donegal residents was 20-39 years

Figure 1: Five-year age standardised death rate by suicide (2003 – 2012)



- For males the 5 year death rate for Donegal (14.1/100,000) was significantly lower than the national rate (18.4/100,000)
- For females the 5 year death rate for Donegal (3.4/100,000) was similar to the national average (4.5/100,000)
- The ratio of male to female deaths for Donegal was 4:1 which is identical to the national rate (4:1)

Self-Harm

The term self-harm is used to cover various methods by which people harm themselves non-fatally. Varying degrees of suicidal attempt can be present at the time of self-harm; sometimes there may not be a suicidal attempt, although an increased risk of further suicidal behaviour is associated with all self-harm.

- There were 302 episodes of hospitalised self-harm seen at Letterkenny General Hospital in 2013 (132 males and 170 females. Provisional data for 2014 indicates a decrease in presentations.
- The most common age at presentation for both males and females was 25 to 34 years
- The European age-standardised rate of hospital treated self-harm per 100,000 population for residents of Donegal in 2013 was 150/100,000 for males and 177/100,000 for females. Both rates were lower than the national rate of 182/100,000 for males and 217/100,000 for females.
- There is a 10.1% self-harm repetition rate for males and a 14.1% self-harm repetition rate for females presenting at Letterkenny General Hospital (2013)

1.2.5 HSE mental health and suicide prevention supports and services in Donegal.

There are number of both established and new mental health and suicide prevention supports and services currently available in Donegal. These have developed from local need and in response to national policy and developments in mental health and suicide prevention.

- **Schools Based Programmes.** A number of mental health and wellbeing interventions are offered at both primary and post primary level by the HSE Health Promotion and Improvement Department; Zippy's Friends, Roots of Empathy, and Mind Out. The implementation of the Wellbeing in Post Primary Schools Guidelines is supported through an interagency group led by the HSE.
- **Social Prescribing For Health and Wellbeing.** Social Prescribing is the provision of non-medical support to address the needs of people who are socially or geographically isolated or whose health is affected by depression or anxiety. It enables primary care professionals to refer people to a variety of non-medical supports within their community, for example walking and exercise groups, 'Books for Health' through the county Library Service, stress control workshops and community gardening etc. The service is currently available in six of the 17 Primary Care Teams in the county and there are plans to roll it out across the whole of the county. A recent evaluation has demonstrated significant benefits for participants in terms of reduction in depression and anxiety, increased wellbeing and participation in the community.
- **SafeTALK.** This half day suicide alertness programme prepares participants to be suicide alert helpers. Participants learn how to provide practical help to persons with thoughts of suicide. SafeTALK is delivered throughout the county in local communities often in partnership with Family Resource Centres and sports organisations such as the GAA.
- **ASIST (Applied Suicide Intervention Skills Training).** This is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardaí, youth workers, volunteers, people responding to family, friends and co-workers and is delivered on an ongoing basis throughout the county.

- **Understanding Self Harm.** Understanding Self Harm is a new national programme which aims to build awareness of self-harm issues. This is a one day course offered to key HSE staff and to a range of other professionals e.g. Tusla (Child and Family Agency) staff, teachers and youth and community workers. There are three people trained to deliver the course in Donegal.
- **STORM Skills Training.** STORM provides skills based training in suicide prevention, postvention and self-harm for mental health service staff. The training focuses on skills needed to help a person at risk of suicide or self-harm. The two day training course is delivered by trained staff from Donegal Mental Health Service
- **Primary Care Teams.** Since 2003, Primary Care Teams (PCTs) comprising GPs, Public Health Nurses, Occupational Therapists, Physiotherapists, other HSE staff and Community representatives have been established incrementally across the county. There are now 17 PCTs in Donegal and it is envisaged that these teams will be further strengthened in the future so that they are the main unit both for the delivery of health and social care services and the development of health and wellbeing initiatives in primary care areas.
- **Community Health Forums (CHFs).** CHFs are networks of community groups and individuals who are also focused on developing and enhancing the health and wellbeing in primary care areas from a community perspective. CHFs work in partnership with PCTs and others and it is envisaged that these groups will be key to the delivery of many of the locally based actions in this plan.
- **Counselling in Primary Care (CIPC).** CIPC is the provision of short term counselling in primary care settings to medical card holders aged 18 years and over by professionally qualified and accredited counsellors or therapists who work under the supervision of the HSE National Counselling Service.
- **Jigsaw Donegal.** Jigsaw Donegal provides a free and confidential mental health support service for young people aged 15 – 25, with a drop-in centre in Letterkenny and outreach services across the county as well as providing training in youth mental health to a range of people working with young people. Jigsaw Donegal is a partnership between Headstrong, the HSE and The Alcohol Forum.
- **Self-Harm Clinical Care Programme .** Since January 2015, the Emergency Department in Letterkenny General Hospital has two Self-Harm Nurses as part of the Self-Harm Clinical Care programme. The programme aims to improve the assessment and management of all individuals who present to the Emergency Department with self-harm, reduce rates of repeated self-harm, improve access to appropriate interventions at times of personal crisis, ensure rapid and timely linkage to appropriate follow-up care and to optimise the experience of families and carers in trying to support those who present with self-harm.
- **Suicide Crisis Assessment Nurse (SCAN).** The Suicide Crisis Assessment Nurse service provides support to General Practitioners in caring for any patients with thoughts of suicide. The service is available in a number of GP practices and a second Suicide Crisis Assessment Nurse nurse will enable the expansion of the service so that it can be rolled out across the whole of the county on a phased basis.
- **Dialectical Behaviour Therapy (DBT) in Child and Adolescent Mental Health Services (CAMHS)** Since 2011 Donegal Child and Adolescent Mental Health Services have been using Dialectical Behaviour Therapy (DBT) with very good outcomes with young people expressing suicidal ideation. DBT teaches individuals alternative skills to manage difficult emotions instead of resorting to self-harm or suicide. These skills include learning to tolerate distressing situations, learning to accept the

present moment and learning to manage interpersonal problems effectively.

- **Child and Adolescent Mental Health Service (CAMHS) Out of Hours Service.** Linked with Adult Mental Health Service, CAMHS have developed an annual on-call rota. This service is not available nationally.
- **Console Family Suicide Bereavement Liaison Service.** This service provides immediate outreach support to families and individuals following a death by suicide. It is provided by Console, the national suicide charity and funded by the National Office for Suicide Prevention.

1.2.6 Community and Voluntary Sector suicide prevention supports and services in Donegal.

Local Action and Support Groups. There are a number of local voluntary community groups that have been formed in response to a death by suicide:

- **Insight Inishowen** promotes mental health and emotional wellbeing and works to prevent suicide. Launched in 2009 in response to suicide deaths in Buncrana, it now serves the wider Inishowen peninsula, providing counselling and support services, education, training and awareness. Its award winning annual flagship project is 'Feel Good Fortnight' – a community wide festival promoting positive mental health.
- **Finn Valley Together** was formed in response to a number of youth suicides with an aim to promote youth mental health in the area. It completed a needs assessment with young people, teachers and parents and delivered a number of parenting and school based initiatives in the community. With support from Insight Inishowen the group is also running 'Feel Good Fortnight'.
- **Living Links** provides practical help, information and support to people bereaved by suicide. The service is delivered by trained volunteers, some of whom have been bereaved themselves.

Community Wellbeing Events. There are a number of well-established and newer community run wellbeing events across the county, which aim to build resilient communities that promote positive emotional and mental wellbeing.

Family Resource Centre Code of Practice for Suicide Prevention. The new Code of Practice was prepared by the Western Regional Forum of Family Resource Centres and is currently being implemented by all Family Resource Centres in the county.

Strengthening Families Programme. Led by the Alcohol Forum, the Strengthening Families Programme (SFP) is a nationally and internationally recognised parenting and family strengthening programme for high-risk and general population families. SFP is an evidence-based family skills training programme found to significantly improve parenting skills and family relationships, reduce problem behaviours, delinquency and alcohol and drug misuse in children and to improve social competencies and school performance. Since 2010 four 14 week programmes each year have been offered throughout in the county with approximately 10 families participating in each programme.

Donegal Mind Wellness Ltd. This is a new charitable organisation that aims to bring wellbeing programmes to the people of Donegal. Their flagship programme, Stress Control, a free six week programme has been delivered to over 1,700 people throughout the county.

Local Mental Health Supports. There are 10 local Mental Health Associations throughout the county, managed by volunteers and supported by Mental Health Ireland. GROW is a Mental Health Organisation which helps people who have suffered, or are suffering, from mental health problems. Aware is a national organisation in Donegal whose purpose is to provide information, education and support for people who experience depression or related mood disorders and their concerned family members and friends.

1.2.7 Challenges for HSE services

The 2006 Government policy on mental health, A Vision for Change sets out the direction for Mental Health Services in Ireland and describes a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental health problems. Although good progress has been made in many areas some challenges remain;

Staffing. The financial pressures on the health services in recent years has limited the development of Mental Health Services. Vision for Change outlined clear guidelines regarding the composition and complement of community mental health teams but some do not yet meet the required complement. An additional Child and Adolescent Mental Health Team and further development of Intellectual Disability and Liaison Psychiatry is required in Donegal.

Access to appropriate counselling services. At primary care level, although the Counselling in Primary Care (CIPC) service is a welcome new service, the fact that it is restricted to medical card holders means that there is a whole section of the population who may not have access to counselling. It is important that a range of therapies including Cognitive Behavioural Therapy (CBT) which is a recognised proven therapy for depression, anxiety and a range of other issues are available to everyone when they need them. The lack of availability of counselling therapies can lead to increased prescribing of psychoactive medication and increase referrals to secondary services.

Increasing demand for services. Referrals to both child and adolescent and adult mental health services have increased in recent years. Lack of availability of counselling services at primary care level results can result in increased referrals to secondary care, adding additional pressure for acute services and creating longer waiting lists. Early intervention and support at primary care level needs to be improved and the CIPC service, the Jigsaw service and the SCAN and self harm nursing services are good examples of efforts to address this need. Reducing waiting times for the CAMHS service is a national priority although young people who are presenting with suicidal behaviour and who are self-harming are seen as an urgent case.

Location of in-patient services. The nearest in-patient unit for children and young people experiencing mental health problems is a 12 bed unit located in Galway. The distance involved is a barrier to young people from Donegal being admitted as parents often do not want their child to be so far away. This inevitably puts further pressure on both HSE and community based mental health supports and services within the county. The local CAMHS service is considering other responses for those children and young people requiring a more intense intervention.



2

How the Action Plan was Developed

2.1 APPROACH

As with the national strategy, *Connecting for Life Donegal* has taken an evidence-informed approach to suicide prevention, to ensure that the actions will deliver real and measurable benefits in a cost effective way. The local work was aligned with a whole of society approach, ensuring there were opportunities for consultation throughout the county, and engagement with all the relevant statutory, non-statutory and community & voluntary organisations. This approach has ensured that the actions are relevant to the needs of the people of the county.

The first step in Donegal was to establish the project governance structure, and the Suicide Prevention Planning Group (SPPG) was set up to oversee the project. The purpose of the SPPG was to provide guidance, support and direct contribution to the development and preparation of *Connecting for Life Donegal*. Two additional working groups were set up; the Engagement Working Group (EWG), and the Information and Research Working Group (IRWG). The aim of the Engagement Working Group was to facilitate broad engagement and participation, and ensure that stakeholders in the county, particularly in the community and voluntary sector had an opportunity to be involved. The purpose of the Information and Research Working Group was to lead on the information and research elements of *Connecting for Life Donegal* and identify existing suicide prevention services and supports in Donegal, and to determine the research and data gaps and any requirement for primary research. Membership of the groups is shown in Appendix 3.

The guiding principles for the preparation of the plan were agreed at the outset by the Suicide Prevention Planning Group and were used as a reference point as the work progressed. These were that the local actions would be evidence led, practical, achievable and developed in partnership with all stakeholders. It was also a priority to listen to and take account of the lived experience of people touched by suicide. The National Office for Suicide Prevention (NOSP) also played a role providing support and challenge to the local process, and also ensuring that the work carried out at a local level was linked to the national goals, objectives and actions.

2.2 CONSULTATION PROCESS

The county wide consultation led by the Engagement Working Group was one of the major elements of developing the local action plan. Every effort was made to enable the general public, Community and Voluntary organisations, statutory and non-statutory agencies and HSE staff to share their thoughts.

This was done through a number of channels:

- Five public workshops in each of the Primary Care Networks in the county
- Widely distributed postcards and an online survey
- Workshops and meetings with HSE staff, Primary Care Teams, Adult Mental Health Services, Child and Adolescent Mental Health Management Team and the Donegal Clinical Society

- Focus groups for specific sections of the population; families bereaved by suicide, ethnic and cultural minorities, LGBT community and young people

In total there were 257 postcard and online survey responses from both individuals and on behalf of community groups, and 116 people attended the five public workshops. The other meetings and focus groups included in the region of 50 people, making a total of approximately 423 people involved in the consultation.

The feedback from the public workshops was summarised in one report which was circulated to all workshops participants. The feedback from all sources was analysed in detail with all submissions read at least three times by the Engagement Working Group. The feedback was developed into a list of actions across a number of themes, ranked by the number of times the action or issue was mentioned. This was distilled into key actions under each theme, and the themes and actions were checked back against and referenced to the strategic goals, objectives and actions in *Connecting for Life*.



Connecting for Life
Donegal

3

Priority Groups, Risk and Protective Factors

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 in Donegal which may contribute to risk, especially for particularly vulnerable groups.

3.1 PRIORITY GROUPS

As part of the public consultation process, questions were asked about priority groups, risk factors and protective factors for poor mental health and suicidal behaviour in Donegal.

The feedback showed that the groups deemed to be most at risk in Donegal are:

- Socially and rurally isolated people
- Young men
- Older men
- People who misuse alcohol and/or drugs
- People in financial difficulty or poverty
- People who are long term unemployed

Some demographic groups have consistently been shown by both national and international research evidence to have an increased risk of suicidal behaviour, as outlined below. There is significant overlap between many of the groups, and it is important to note that even within a group where there is increased risk only a minority will engage in suicidal behaviour. This list of priority groups will be reviewed regularly based on the most up to date evidence.

Health and mental health related groups: People with mental health problems of all ages, those who have engaged in repeated acts of self-harm, people with alcohol and drug problems and people with chronic physical health conditions.

Minority groups: Members of the LGBT community, members of the Traveller community, people who are homeless, people who come in contact with the criminal justice system (e.g. prisoners), people who have experienced domestic, clerical, institutional, sexual or physical abuse, asylum seekers, refugees, migrants and sex workers.

Demographic cohorts: Middle aged men and women, young people and economically disadvantaged people.

Suicide related: People bereaved by suicide.

Occupational groups: Healthcare professionals, professionals working in isolation, e.g. veterinarians, farmers.

3.2 RISK FACTORS

International research has identified some common risk factors at individual, socio-cultural and situation levels. These are shown in Table 2.

Table 2. Individual, socio-cultural and situational risk factors (12)

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • Previous suicide attempt • Mental health problem • Alcohol or drug misuse • Hopelessness • Sense of isolation • Lack of social support • Aggressive tendencies • Impulsivity • History of trauma or abuse • Acute emotional distress • Major physical or chronic illnesses and chronic pain • Family history of suicide • Neurobiological factors 	<ul style="list-style-type: none"> • Stigma associated with help-seeking behaviour • Barriers to accessing health care, mental health 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

The findings from the Donegal consultation reflected the national and international evidence. The risk factors identified locally were unemployment, isolation (no access to transport), misuse of drugs and/or alcohol, poverty, lack of education and emotional, physical and sexual abuse.

3.3 PROTECTIVE FACTORS

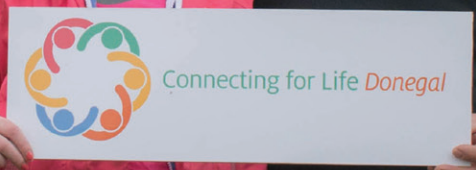
Research conducted by the *World Health Organisation's 2014 Preventing Suicide, A global imperative* demonstrates that strong personal relationships, religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing are the protective factors against the risk of suicide.

Strong personal relationships. Suicidal behaviour increases when people experience relationship conflict, loss or discord. Equally, maintaining healthy close relationships can increase individual resilience and act as a protective factor against the risk of suicide.

Religious or spiritual beliefs. Faith itself may be a protective factor since it typically provides a structured belief system and can advocate for behaviour that can be considered physically and mentally beneficial. Many religious and cultural beliefs and behaviours may also contribute towards stigma related to suicide due to their moral stances on suicide, which can discourage help-seeking behaviours. The protective value of religion and spirituality may occur from providing access to a socially cohesive and supportive community with a shared set of values.

Lifestyle practice of positive coping strategies and wellbeing. Personal wellbeing and effective positive coping strategies protect against suicide. An optimistic outlook, emotional stability and a developed self-identity assist in coping with life's complications. Good self-esteem, self-efficacy and effective problem solving-skills, which include the ability to seek help when needed, can mitigate the impact of stressors and childhood adversities. Because of the perceived stigma of mental health problems people (especially males) may be reluctant to seek help. Healthy lifestyle choices which promote mental and physical wellbeing include regular exercise and sport, sleeping well, a healthy diet, consideration of the impact on health of alcohol and drugs, talking about problems, healthy relationships and social contact and effective management of stress.

The protective factors identified in the Donegal consultation were good relationships, an awareness of supports and services, a sense of community pride and support, religious or spiritual beliefs and involvement in social activities.



4

Connecting for Life Donegal Strategic
Goals, Objectives and Actions

Connecting for Life Donegal is based on the same vision, goals, objectives and measurable outcomes as the national strategy. The action plan will track its progress against the national primary and intermediate outcomes which have been mirrored at a local level. The primary and intermediate outcomes and the associated indicators are shown in Appendix 5.

VISION

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

STRATEGIC GOALS

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

PRIMARY OUTCOMES

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

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

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

“We need an information campaign around mental health issues, I know if I cough up blood I should go to the doctor because my chest infection has got really bad – but I don’t know what the signs and symptoms of common mental health issues are for me or my family” Submission No. 24

1: To improve understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within the county			
National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors	1.1.1 Implement and integrate national communications campaigns e.g. Little Things at a local level in partnership with statutory agencies and community and voluntary groups to promote mental health and wellbeing, ensuring the link between alcohol/drug misuse and suicidal behaviour is included	HSE Suicide Resource Office & Communications	Local media, Alcohol Forum, TUSLA, C&V Organisations, other Statutory Organisations
	1.1.2 Organise community wide events to promote mental health and wellbeing with a focus on providing information on help seeking and services	Inisght Inishowen, Finn Valley Together, Connect Mental Health	Other C&V Organisations, Schools, Workplaces, HSE, Community Health Forums, HSE Primary Care Teams
	1.1.3 Hold an annual <i>Connecting for Life Donegal</i> event to build alliances between all sectors and share good practice in suicide prevention and mental health	Donegal County Council	HSE, Schools, Community Health Forums, Other Statutory Organisations, C&V Organisations, TUSLA, FRCs, Children and Young People's Committee

1: To improve understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within the county

National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
1.2 Increase awareness of available suicide prevention and mental health services.	1.2.1 Deliver up to date information on all local mental health services and how to access them for the general population and priority groups, and make make available online through the <i>Connecting for Life Donegal</i> website and yourmentalhealth.ie	HSE	Donegal Youth Service, Donegal Sports Partnership, Donegal Travellers Project, TUSLA, NOSP, Community Health Forums, HSE Primary Care Teams
1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups	1.3.1 Develop a programme of cultural and arts activities to address suicide prevention, mental health and reduce stigma	Donegal County Council Cultural Services	County arts and culture organisations, Community & Voluntary organisations
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	1.4.1 Engage with and support local media to promote mental health awareness, supports and help-seeking, and to reduce the associated stigma	HSE Communications	Local Media, HSE Health Promotion and Improvement, HSE Mental Health Service, Alcohol Forum, C&V Organisations
	1.4.2 Work with local media to organise an annual meeting to promote the Media Guidelines for reporting on suicide, provide an up-date on and a forum to debate issues relevant to suicide prevention	HSE Communications	Local Media, HSE Health Promotion and Improvement, Coroners, HSE Mental Health Service

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

Donegal has a vibrant and engaged community sector. The Community health fora and the many collaborative initiatives involving the community and voluntary sector and the statutory sector are numerous. Mental health promotion and suicide prevention is already a priority for many groups and organisations who are already engaged in delivery of specific activities. This provides an excellent basis for continued development of communities so that they are confident, informed and connected to support services to prevent and respond to suicidal behaviour.

***"A whole community approach is required with a recognition of the community social capital available to assist in the process"* Submission No. 58**

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

National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
2.1 Improve the continuation of community level responses to suicide through planned multi-agency approaches	2.1.1 Establish networks of ASIST trained individuals in local communities	HSE and Family Resource Centres	TUSLA, C&V Organisations, Community Health Forums
	2.1.2 Implement the Stress Control Programme throughout the county and strengthen links with GPs and mental health services	Donegal Mind Wellness	FRCs, HSE Psychology Service, HSE Mental Health Service, HSE Training and Development, HSE Health Promotion & Improvement, Worklink, Community Health Forums, HSE Primary Care Teams
	2.1.3 Develop and disseminate an annual programme of mental health promotion and suicide prevention programmes in community and health settings aimed at improving the mental health of the whole population and priority groups.	HSE Health Promotion and Improvement	DCC, TUSLA, Alcohol Forum, C&V Organisations, Donegal Mind Wellness, Suicide or Survive (SOS), Community Health Forums
	2.1.4. Continue to develop and support the Social Prescribing Programme to ensure reach throughout the county	HSE Social Inclusion	HSE Health Promotion, C&V Organisations, GPs, HSE Primary Care, FRCs and County Library Service
	2.1.5 Provide co-ordinated support to Post Primary schools to implement the Wellbeing in Post Primary Schools Guidelines and increase their capacity to promote mental health and prevent suicide	Interagency Wellbeing Committee	Post Primary Schools, TUSLA, C&V Organisations, Children and Young People's Committee
	2.1.6 Provide co-ordinated support to Primary Schools to implement the new Wellbeing in Primary Schools Guidelines for mental health promotion	Interagency Wellbeing Committee	Primary Schools, TUSLA, Children and Young People's Committee
	2.1.7 Gardaí will be further up-skilled to respond to suicidal behaviour and to those bereaved by suicide	An Garda Síochána	HSE
2.2. Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, sporting organisations)	2.2.1 Provide support to community based organisations through the provision of guidelines and protocols on effective suicide prevention	HSE and C&V Organisations	C&V Organisations, TUSLA, LYIT, Community Health Forums
	2.2.2 Develop and implement a 'Building Positive Clubs' programme with policies to support cultural change in sports clubs across the county	Donegal Sports Partnership	C&V Sports Organisations and Clubs, Alcohol Forum
	2.2.3 Ensure that all GAA Clubs will receive training in Suicide Prevention	GAA Health and Wellbeing Committees	HSE Health Promotion and Improvement
	2.2.4 Ensure that the Suicide Prevention Code of Practice will be implemented by Family Resource Centres	TUSLA	Family Resource Centres, HSE
	2.2.5 Explore the feasibility of including Suicide Prevention as part of the mental health policies of county businesses and statutory organisations	HSE	Workplaces, Alcohol Forum, Trade Unions, Community Health Forums
2.3 Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations	2.3.1 Deliver SafeTALK, ASIST and Understanding Self Harm training programmes prioritising professionals and volunteers, particularly those who come into regular contact with people who are vulnerable to suicide	HSE Mental Health Service	TUSLA, C&V Organisations, Community Health Forums, HSE Primary Care Teams, LYIT, Youthreach, Donegal Youth Service, Foróige, Water Safety, Armed Forces, Farming organisations etc.

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

Whilst the suicide rate in Donegal is among the lowest in Ireland, particular demographic groups have been shown to have increased risk to suicide. These include men particularly in the 40-55 age-group, people with mental health problems and or alcohol and drug problems and people bereaved by suicide. In recent years the focus of many HSE resourced interventions has been a targeted approach which has aimed to support individuals to avail of mainstream supports and services.

“There is the need to promote a range of community based support services that will provide early interventions across all ages in Donegal” Submission No.169

3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups			
National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups	3.1.1 Suicide prevention and promotion of mental health will be included in the strategic goals and operational activities of youth organisations and programmes such as Donegal Youth Service and Foroige	TUSLA, Donegal Youth Service and Foroige	LYFS, DYC, Alcohol Forum, C&V Youth Organisations and Youth Workers, Community Health Forums
	3.1.2 Suicide prevention and promotion of mental health will be included in the strategic goals and operational activities of local organisations and community groups working with priority groups e.g. Traveller families, LGBT, isolated people and people misusing alcohol or drugs	C&V Organisations	HSE, Alcohol Forum, TUSLA, DTP, Break Out, Community Health Forums
	3.1.3 Mental health and suicide prevention will be addressed in programmes targeting people living with long term chronic health conditions	HSE	LGH, C&V Organisations, Community Health Forums, HSE Primary Care Teams
	3.1.4 Agencies will work together to respond to critical incidents to develop protocols for sharing information	HSE Psychosocial Management Team	TUSLA, NEPS, C&V Organisations, Community Health Forums
	3.1.5 Provide and sustain mental health promotion and suicide prevention training to health and social care professionals, including frontline Mental Health Service staff and Primary Care Health Providers	HSE Health Promotion and Improvement	TUSLA, GPs, HSE Mental Health Service
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 Establish a practice change initiative on Screening and Brief Intervention for alcohol with a specific focus on self-harm and non-fatal suicide attempts in partnership with the HSE Health & Well Being Mental Health and Mental Health & Addiction Service	TUSLA and Alcohol Forum	HSE Health and Wellbeing, HSE Mental Health, Letterkenny General Hospital
	3.2.2 Establish a practice change initiative on using teachable moments to create greater awareness of the low risk drinking guidelines	Alcohol Forum	HSE Health and Wellbeing, HSE Mental Health, TUSLA, Primary Care
	3.2.3 Increase access and availability to evidenced based Family Skills Programmes targeted at parental alcohol and other drug use	Alcohol Forum	HSE Health and Wellbeing, HSE Mental Health, TUSLA
	3.2.4 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with Primary Care	HSE	Alcohol Forum, TUSLA, Community Health Forums, HSE Primary Care Teams

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

National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide	3.3.1 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and the management of critical incidents	NEPS	TUSLA, Schools Interagency Wellbeing Committees, Alcohol Forum, CAMHS, Childrens and Young People's Services Committee
	3.3.2 Continue the early intervention Jigsaw service as an accessible and flexible service throughout the county and extend the service to cover young people aged 12 - 25 years	HSE and Headstrong	TUSLA, Alcohol Forum, C&V Organisations, DLDC, IDP, Youth organisations, Childrens and Young People's Services Committee
	3.3.3 Provide training in supporting youth mental health professionals working with young people.	HSE and Jigsaw	HSE, C&V Organisations, TUSLA, ETB, Youthreach, Schools, Donegal Youth Service, Foróige, Community Health Forums, HSE Primary Care Teams

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.

“Make sure all service providers and the community and voluntary sector are linked up and that there are clear access points to services and clear pathways of care and support” Submission No. 1

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

National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour	4.1.1 Deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services especially those with co-morbid addiction and mental health difficulties	HSE Mental Health Service	HSE Primary Care, HSE Psychology Service, TUSLA, C&V Organisations, Community Health Forums
	4.1.2 Implement a memorandum of understanding between Child and Adolescent and Adult Mental Health Services to improve communication and transition between services	HSE Mental Health Service and HSE CAMHS	HSE Primary Care, TUSLA
	4.1.3 Increase and improve support to people in the first 8 weeks after discharge from the acute Mental Health Service	HSE Mental Health Service	HSE Primary Care, TUSLA, C&V Organisations, Community Health Forums
	4.1.4 Deliver a comprehensive approach to managing self-harm presentations in the Emergency Department, Letterkenny General Hospital, through the Self Harm Clinical Care programme	HSE Mental Health Service	Letterkenny General Hospital

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

National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide	4.2.1 Implement Dialectical Behaviour Therapy (DBT) in adult Mental Health Services and continue to support DBT in the CAMHS Service	HSE Adult MH & CAMHS	NOSP
	4.2.2 Increase the availability and accessibility of evidence based psychological interventions including counselling for people with mental health problems, especially CBT at both primary and secondary care levels	HSE Primary Care	HSE Mental Health and Psychology Services, C&V Organisations
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide	4.3.1 Provide support and signposting to families in the immediate aftermath of a suspected suicide death	Gardaí, HSE	Console, GPs, Coroner Service, Undertakers
	4.3.2 Deliver enhanced bereavement support services to families and communities affected by suicide including those people known to Mental Health Services	Console, HSE Mental Health Service	C&V Organisations, HSE Bereavement Service, Living Links, Inisght Inishowen, Pastoral Centre, Family Enrichment Centre, Community Health Forums

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

Having a range of high quality services to support people through a time of distress, and those who are actively suicidal is a crucial element of a suicide prevention plan. This applies to both statutory and non-statutory services which need to have good-practice guidelines, clear care protocols, 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.

"There seems to be gaps between services. When you're depressed or having a mental breakdown you need to be able to access a service quickly and easily"

Submission No. 64

5. To ensure safe and high quality services for people vulnerable to suicidal behaviour			
National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
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 Supported by Continuing Medical Education (CME) Risk Assessment training and supports, and the completion of the Irish College of General Practitioners Suicide Prevention in General Practice Training, GPs will undertake patient suicide risk assessment in a non-judgemental and empathetic manner	GPs	Irish College of General Practitioners, Donegal Clinical Society
	5.2.2 Implement the recommendations of the National Suicide Research Foundation (NSRF) Study into untimely deaths of Mental Health service users across Donegal mental health service which will improve the service response to people with suicidal behaviour and the support provided to bereaved families	HSE Mental Health Service	National Suicide Research Foundation
	5.2.3 Continue to implement and further develop the SCAN service to all GPs in the county	HSE Mental Health Service & HSE Primary Care	GPs, NOSP
	5.2.4 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services	HSE Mental Health Service	National Suicide Research Foundation
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 To ensure that a Steering Group is in place to oversee the quality implementation of the Self Harm Clinical Care Programme in Letterkenny General Hospital	HSE Mental Health Service	GPs, Letterkenny General Hospital
	5.4.2 Deliver training in suicide prevention and understanding self-harm training to relevant health and social care practitioners who are likely to come into contact with people vulnerable to/at risk of suicide	HSE, TUSLA	HSE Primary Care, TUSLA, Community Health Forums

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

Restricting, where practicable, access to means of suicidal behaviour has been consistently shown to be effective in reducing suicidal behaviour across countries and settings. Implementation of strategies to restrict means can occur at national level, via legislation and regulations, and at local level, for example by improving safety at locations where people frequently attempt or complete suicide. This also includes exploring additional interventions for the most frequently used methods of suicide within the Irish context. Drug overdose has featured as a particular issue for suicide deaths of mental health service users in the county.

6. To reduce and restrict access to means of suicidal behaviour			
National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
6.1 Reduce access to frequently used drugs in intentional drug overdose.	6.1.1 Plan and deliver a prescribed drug dumping campaign across the county	HSE	Donegal County Council, Pharmacists
6.2 Reduce access to highly lethal methods used in suicidal behaviour	6.2.1 Improve environmental safety within the HSE mental health services (e.g. ligature points)	HSE Mental Health Service	
	6.2.2 Review Strategic Goal 6 on an annual basis to determine if additional actions are required	Implementation Steering Group	

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

Responsive, cost-efficient and effective suicide prevention services depend on the widespread availability of robust data. This data should include the services and interventions that are effective in reducing or preventing suicidal behaviour, vulnerable groups, trends in suicidal behaviour in the county and key risk and protective factors. Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, having real-time and better integrated data surveillance systems for suicidal behaviours as well as accelerating the transfer of research finding into practice are fundamental to the success of *Connecting for Life Donegal* and other suicide prevention policies and practices.

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

National Objective	Connecting for Life Donegal Actions	Lead	Key Partners
7.3 Review (and, if necessary, revise) current recording procedures for death by suicide.	7.3.1 Current county data collection and reporting systems for suicide and self-harm will be evaluated and improved	HSE Public Health	Coroner Service, An Garda Síochána
7.4 Develop a national research and evaluation plan that supports innovation aimed at early identification of suicide risk, assessment, intervention and prevention	7.4.1 DCC and the HSE will explore how data on www.spacialnw.eu can inform <i>Connecting for Life Donegal</i> actions	HSE Public Health	Donegal County Council, TUSLA
	7.4.2 Undertake local research to inform the implementation of <i>Connecting for Life Donegal</i>	HSE Public Health	Donegal County Council



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Connecting for Life
Donegal

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Implementation of Connecting for Life Donegal

5.1 IMPLEMENTATION STRUCTURES AND ROLES

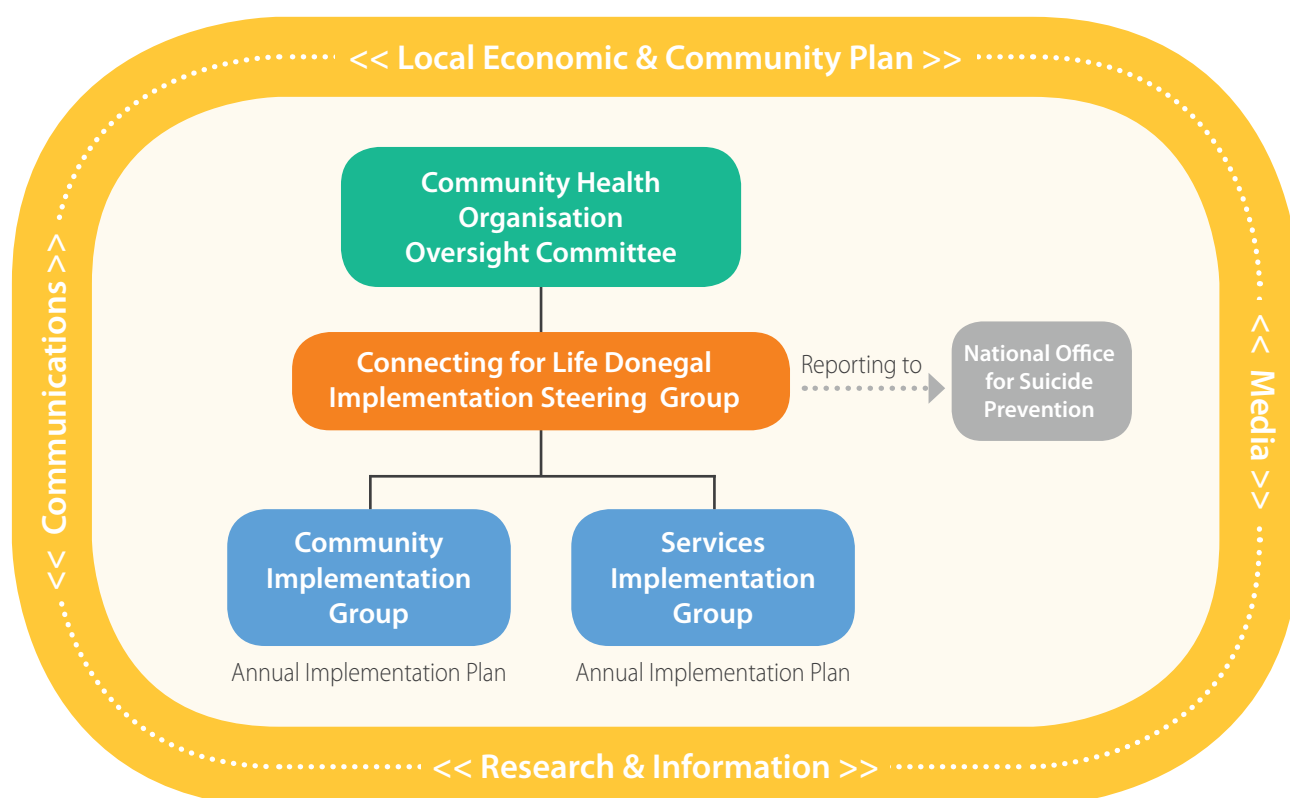
A cross-sectoral Implementation Steering Group, underpinned by the values and principles of partnership working will have overall accountability for ensuring the actions in Connecting for Life Donegal are implemented to agreed time, cost and quality parameters. This group will also be responsible for securing funding for actions where required from a variety of sources, both within and outside of the HSE. The Steering Group will include membership from a number of county organisations to facilitate cross-agency working, reporting and monitoring of the actions. Connecting for Life Donegal is and will be included in the strategic and operational plans of other organisations e.g. Donegal County Council, Tusla and Donegal Youth Council.

The Community Implementation Group and the Services Implementation Group will be responsible for the implementation of actions under their area of expertise. Other actions will be the direct responsibility of the Steering Group or specific people or departments both within and outside the HSE e.g. communications based actions will be primarily managed by the HSE Communications team.

A further Oversight Committee may be formed at Community Health Organisation level to support the development and implementation of county suicide prevention plans across the area, to encourage links between counties in the area and to facilitate a joined up and efficient approach to the development and implementation of the action plans.

Connecting for Life Donegal is live dynamic and flexible and the Implementation Steering Group will ensure that account is taken of any emerging needs within the county throughout the life of the plan. Also taking account of any national implementation framework and national indicators and reporting.

Connecting for Life Donegal Implementation Structure



5.2 MONITORING AND EVALUATION

The *Connecting for Life Donegal* Implementation Steering Group will be accountable for the implementation of the action plan. The Chairs of each of the two implementation groups will also sit on the Steering Group and report on progress and issues on the implementation of the actions. The National Office for Suicide Prevention will put in place a national system for monitoring and evaluating local suicide prevention action plans which will inform the continuous evaluation of *Connecting for Life Donegal*. An annual *Connecting for Life Donegal* event will provide an opportunity to report on progress to the wider community.

5.3 COMMUNICATING CONNECTING FOR LIFE DONEGAL

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

5.4 RESOURCING CONNECTING FOR LIFE DONEGAL

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

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



Connecting for Life
Donegal

ACKNOWLEDGEMENTS

The participation on the Planning and Working groups from a wide range of statutory and non-statutory organisations, from the Community and Voluntary sector and from individuals affected by suicide made the process of developing Connecting for Life Donegal a truly collaborative one. Everyone involved gave their time, energy, enthusiasm and commitment and this was a crucial part of the success of the project. Special acknowledgement and thanks to;

- the people of Donegal who took the time to share thoughts on suicide prevention and mental health during the public consultation process, particularly those who attended the public consultation workshops
- the participants in the Suicide Prevention Planning Group, the Engagement Working Group and the Information and Research Working Group,
- the HSE staff from the HSE Social Inclusion Office, Public Health Department and Health Promotion and Improvement and Kate Wilkinson for her invaluable contribution in supporting the Planning Group and writing the final document.
- the National Office for Suicide Prevention especially Gerry Raleigh, Susan Kenny and Hugh Duane.
- Professor Kevin Malone from UCD who provided support and guidance to the Planning Group

APPENDIX 1:

Abbreviations

ASIST	Applied Suicide Intervention Skills Training
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behaviour Therapy
CDB	County Development Board
CIPC	Counselling in Primary Care
CSO	Central Statistics Office
C&V	Community & Voluntary
DBT	Dialectical Behaviour Therapy
DCC	Donegal County Council
DSP	Donegal Sports Partnership
DTP	Donegal Travellers Project
DYS	Donegal Youth Service
EU	European Union
EWG	Engagement Working Group
FRC	Family Resource Centre
GP	General Practitioner
HSE	Health Service Executive
HSE HPI	Health Service Executive Health Promotion and Improvement
HSE MH	Health Service Executive Mental Health
HSE PC	Health Service Executive Primary Care
HRB	Health Research Board
ICGP	Irish College of General Practitioners
IRWG	Information and Research Working Group
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBT	Lesbian, Gay, Bisexual & Transgender
LGH	Letterkenny General Hospital
LYFS	Letterkenny Youth & Family Services
NEPS	National Educational Psychological Services
NOSP	National Office for Suicide Prevention
NRDSH	National Registry of Deliberate Self Harm
NSRF	National Suicide Research Foundation
SCAN	Suicide Crisis Assessment Nurse
SFP	Strengthening Families Programme
SPPG	Suicide Prevention Planning Group

APPENDIX 2:

Definition of Key Terms

Families/friends/communities bereaved by suicide

People who have been impacted, directly or indirectly, when someone has died by suicide.

HSE mental health services

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

Incidence of self-harm/self-harm rates

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

Mental health and wellbeing

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

Mental health problems

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

Mental health promotion

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

Non-statutory and community organisations

Community, voluntary and non-statutory services, organisations and groups.

People/groups vulnerable to suicide

People/groups who experience more of the risk factors for suicide.

People at acute risk of suicide/self-harm

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

People/groups who are vulnerable to self-harm

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

Primary care services

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

Priority groups

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

APPENDIX 2:

Definition of Key Terms

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, and positive sense of self, effective life and coping skills. Risk factors include physical illness or disability, family history of psychiatric problems, family history of suicide, low self-esteem, social status and childhood neglect.

Reducing suicide/Reducing self-harm

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

Resilience

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

Responding to a suicide attempt

Response, or intervention, to support someone who attempts suicide.

Responding when someone has died by suicide/Postvention

Responding to suicide refers to the response, or intervention, to support relatives, friends and communities after someone dies by suicide.

Self-harm

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

Service user

Person who uses the mental health services.

Social exclusion

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

Stigma reduction

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

Suicide/die by suicide

Suicide is death resulting from an intentional, self-inflicted act.

APPENDIX 2:

Definition of Key Terms

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 Strategy, the term suicidal behaviour also refers to self-harm. (See above for a full definition of self-harm.)

Suicide prevention/Help prevent suicide

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

Targeted approach

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

Whole-population approach

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

APPENDIX 3:

Membership of Planning and Working Groups

Suicide Prevention Planning Group

John Hayes, Chief Officer, Community Health Organisation Area 1, HSE (Chair)

Brendan Bonner, Public Health Agency, Northern Ireland

Mary Browne, Regional Adoption Service, Tusla

Carolyn Farrar, Donegal Democrat

Martin Gallen, Donegal Education and Training Board

Shaun Hannigan, Regional Cultural Centre

Paul Kernan, Pobail le Cheile Community Development Programme

Paula Leonard, Donegal Travellers Project

Maire O'Leary, Social Inclusion, HSE

Gearóid O'Maonaigh, Donegal Local Development Company

Fiona O'Shea, Rural Transport

Dr. Caroline Mason, HSE Public Health

Dr. Denis McCauley, GP and Coroner Service

Shauna McClenaghan, Inishowen Development Partnership

Anne McMenamin, Donegal Living Links

Garda Deirdre McShea, An Garda Síochána

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Anne Sheridan, Health Promotion and Improvement, HSE

Charles Sweeney, Donegal County Council

Myles Sweeney, Donegal Sports Partnership

Lorraine Thompson, Donegal Youth Service

Peter Walker, Social Inclusion, HSE

Bernie Walsh, Child & Adolescent Mental Health Services, HSE

Kate Wilkinson, Lifford Clonleigh Resource Centre

APPENDIX 3:

Membership of Planning and Working Groups

Engagement Working Group

Maire O'Leary, Social Inclusion, HSE (Chair)
Hilary Curley, HSE Primary Care
Brid Foley, Lifford Clonleigh Resource Centre
Shaun Hannigan, Regional Cultural Centre
Paul Kernan, Pobail le Cheile Community Development Programme
Barry Lynch, Headstrong
Kate Morgan, Downstrands Family Resource Centre
Lorraine Thompson, Donegal Youth Service
Peter Walker, Social Inclusion, HSE
Myles Sweeney, Donegal Sports Partnership
Shauna McClenaghan, Inishowen Development Partnership
Kate Wilkinson, Lifford Clonleigh Resource Centre

Information and Research Working Group

Dr. Caroline Mason, HSE Public Health (Chair)
Brendan Bonner, Public Health Agency, Northern Ireland
Louise Cullen, HSE Public Health
Breda Friel, University of Ulster
Loretta McNicholas, Donegal County Council
Eve Robinson, Public Health, HSE
Bernie Walsh, Child & Adolescent Mental Health Services, HSE
Kate Wilkinson, Lifford Clonleigh Resource Centre

APPENDIX 4:

Sources of evidence for Connecting for Life Donegal

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

Evidence and data used included:

- An examination of key learning points from Reach Out, Irish National Strategy for Action on Suicide Prevention 2005 - 2014
- 248 written submissions, the views of 116 people who attended the public consultation workshops and the views from participants in the HSE and priority group workshops. This included the personal experiences of directly affected by depression and those who had lost people close to them by suicide
- Research on risk and protective factors for suicide
- Central Statistics Office material
- National Registry of Deliberate Self-Harm research reports, including National Registry of Deliberate Self-Harm Report 2013 and preliminary 2014 data
- A review of the evidence base for interventions for suicide prevention by the Health Research Board (HRB) Suicide Prevention: An evidence review, 2014 commissioned by HSE NOSP
- International evidence about key elements in effective suicide prevention strategies
- Evidence on social media and social marketing strategies, language and stigma reduction and media reporting issues and interventions
- The WHO 2014 Report: Preventing suicide: A global imperative

APPENDIX 5:

Connecting for Life, Irelands National Strategy to Reduce Suicide 2015 - 2020. Primary and Intermediate outcomes and related indicators

The key outcome indicator in most evaluations of suicide prevention programmes is the change in suicide incidence. However, the rate of suicide is a long-term outcome indicator and should not be the sole outcome indicator used to determine the effectiveness of a suicide prevention strategy or programme. Intermediate outcomes which are more directly influenced by suicide prevention efforts can be measured to provide preliminary evidence of the effectiveness of a suicide prevention programme or strategy in the shorter term. Frequently used intermediate outcomes following education and awareness programmes include changes in knowledge, attitudes and help-seeking behaviour and treatment referral and antidepressant prescription rates.

When evaluating targeted interventions, such as screening and treatment programmes for individuals who have engaged in non-fatal suicidal behaviour, changes in mental health indicators, including depression severity, self-esteem and hopelessness, can be considered intermediate outcomes. Studies have reported reductions in suicide rates following positive and significant changes in intermediate outcomes, such as reduced suicide rates following increased prescribing of antidepressants. On this basis, intermediate outcomes and indicators have been identified corresponding to the strategic goals and objectives of *Connecting for Life* and will also be used in the Donegal action plan. These are outlined in the tables below.

Primary Outcomes	Indicators
PO1 Reduced suicide rate PO1.1 in whole population PO1.2 in priority groups (where data is available)	<ul style="list-style-type: none"> Standardised annual incidence of intentional self-harm deaths ('definite suicide'): overall and by gender, age group, socio economic status (individual/area level) Male self-harm rate as proxy for male suicide rate (see note below)
PO2 Reduced rate of A&E-presentations for self-harm PO2.1 in whole population PO2.2 in priority groups (where data is available)	<ul style="list-style-type: none"> Standardised annual A&E self-harm rates: and by gender, age group, socio economic status (individual/area level) Episodes (events) and persons Self-harm rates using highly lethal methods Proportion of persons readmitted to A&E following self-harm in subsequent 12 months: overall; by sex and age-group. (Annual cohorts) Proportion of persons admitted to A&E following self-harm who have had previous such admissions: overall and by gender, age group, socio economic status (individual/area level) - (annual cohorts)

APPENDIX 5:

Connecting for Life, Irelands National Strategy to Reduce Suicide 2015 - 2020. Primary and Intermediate outcomes and related indicators

Strategic Goal 1: To improve the nation's understanding of, and attitudes to, suicide, mental health and wellbeing

Intermediate outcomes (IOs)	Indicators
IO1.1 Improved population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors.	<ul style="list-style-type: none"> Knowledge and awareness about support services Understanding of protective and risk factors for suicide and self-harm Understanding of mental health and wellbeing Stigmatising attitudes towards mental ill-health, self-harm and suicide Self-stigma (priority groups)
IO1.2 Increased awareness of available suicide prevention and mental health services.	
IO1.3 Reduced stigmatising attitudes to mental health and suicidal behaviour at population level and within selected priority groups.	
IO1.4 Engagement with the media in relation to media guidelines, tools and training programmes and improvement in the reporting of suicidal behaviour within broadcast, print and online media.	<ul style="list-style-type: none"> Poor reporting (does not adhere to guidelines) Positive reporting (adheres to guidelines)

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

Intermediate outcomes (IOs)	Indicators
IO2.1 Continued improvement of community-level responses to suicide through multi-agency approaches.	<ul style="list-style-type: none"> Local action plan available to enhance community response to suicidal behaviour
IO2.2 Accurate information and guidance on effective suicide prevention interventions provided for community-based organisations.	<ul style="list-style-type: none"> Community organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention interventions
IO2.3 Training and education programmes on suicide prevention provided and delivered to community-based organisations.	<ul style="list-style-type: none"> Availability of relevant training and education programmes to community organisations Delivery of relevant training and education programmes to community organisations

APPENDIX 5:

Connecting for Life, Irelands National Strategy to Reduce Suicide 2015 - 2020. Primary and Intermediate outcomes and related indicators

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

Intermediate outcomes (IOs)	Indicators
IO3.1 Improved implementation of effective approaches to reducing suicidal behaviour among priority groups.	<ul style="list-style-type: none"> Best practice interventions (based on systematic review of evidence) Interventions that are not evidence-informed and not evaluated
IO3.2 Support provided to the substance misuse strategy, to address the high rate of alcohol and drug misuse.	<ul style="list-style-type: none"> (Continued) roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse
IO3.3 Enhanced supports for young people with mental health problems or vulnerable to suicide.	<ul style="list-style-type: none"> Enhanced availability in primary care to early intervention psychological supports, including counselling Schools and centres of education adopting a whole-school approach to health and wellbeing in line with the Health Promoting School, Healthy Ireland and School Self-Evaluation frameworks

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

Intermediate outcomes (IOs)	Indicators
IO4.1 Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	<ul style="list-style-type: none"> Availability of crisis nurses in primary and secondary care settings GPs trained to manage suicidal ideation/behaviour in primary care setting
IO4.2 Improved access to effective therapeutic interventions (e.g. DBT, CBT) for people vulnerable to suicide.	<ul style="list-style-type: none"> Availability of effective therapeutic interventions for persons who have self-harmed or attempted suicide Systematic approach to offer therapeutic interventions to eligible persons
IO4.3 Improved uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	<ul style="list-style-type: none"> Systematic approach to offer of timely and effective support to families bereaved by suicide Timely and effective support offered to families bereaved by suicide

APPENDIX 5:

Connecting for Life, Irelands National Strategy to Reduce Suicide 2015 - 2020. Primary and Intermediate outcomes and related indicators

Strategic Goal 5: To ensure safe and high-quality services for people vulnerable to suicidal behaviour	
Intermediate outcomes (IOs)	Indicators
IO5.1 Development and implementation of national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.	<ul style="list-style-type: none"> Quality standards for suicide prevention programmes provided by statutory and non-statutory services Implementation of quality standards
IO5.2 Improved response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.	<ul style="list-style-type: none"> Development and effective implementation of uniform procedure to respond to suicidal behaviour in mental health services Development and effective implementation of uniform procedure to respond to suicidal behaviour in other health and care services
IO5.3 Reduction in and prevention of suicidal behaviour in the criminal justice system.	<ul style="list-style-type: none"> Self-harm and suicide incidence in prisons (adults) and children detention schools (minors)
IO5.4 Best practice among health and social care practitioners ensured through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention.	<ul style="list-style-type: none"> Implementation of clinical guidelines on self-harm Delivery of accredited education programmes on suicide prevention

Strategic Goal 6: To reduce and restrict access to means of suicidal behaviour	
Intermediate outcomes (IOs)	Indicators
IO6.1 Reduced access to frequently used drugs in intentional drug overdose.	<ul style="list-style-type: none"> Potentially risky prescribing practices (including number of tablets provided in a single prescription; repeat prescriptions without review; failure to switch to lower-lethality medication where available)
IO6.2 Reduced access to highly lethal methods used in suicidal behaviour.	<ul style="list-style-type: none"> Suicide-proofing of locations of concern Reduced number (proportion) of suicide deaths by highly lethal methods

APPENDIX 5:

Connecting for Life, Irelands National Strategy to Reduce Suicide 2015 - 2020. Primary and Intermediate outcomes and related indicators

Strategic Goal 7: To improve surveillance, evaluation and high-quality research relating to suicidal behaviour	
Intermediate outcomes (IOs)	Indicators
IO7.1 Improved access to timely and high-quality data on suicidal behaviour.	<ul style="list-style-type: none"> • Availability and timeliness of key data on suicide and self-harm • Effectiveness and timeliness of dissemination of key data on suicide and self-harm
IO7.2 Current recording procedures for suicide deaths in Ireland reviewed (and, if necessary, revised).	<ul style="list-style-type: none"> • Review of current recording procedures
IO7.3 Development of a national plan that supports research innovation aimed at early identification of suicide risk, assessment, intervention and prevention.	<ul style="list-style-type: none"> • National plan supporting research and innovation
IO7.4 Evaluation of the effectiveness and cost-effectiveness of <i>Connecting for Life</i> .	<ul style="list-style-type: none"> • Development and publication of comprehensive evaluation plan • Commissioning of evaluation studies • Successful implementation of evaluation studies • Publicly available report(s) on findings of evaluation studies

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"We need public education on the power of listening, caring and being non-judgemental" Submission No. 40



"People need to be made aware of what to look out for in a person who is feeling down and helpless, also how to talk to these people and give them help where needed" Submission No. 164

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