Reducing Suicide Together
Action Plan

2015 - 2020

hi Healthy Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

NATIONAL OFFICE for SUICIDE PREVENTION

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ACKNOWLEDGEMENTS

This Action Plan aligns with *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020,* and recognises the contributions that can be made across all sectors of our community with the aim of reducing suicide. *Connecting for Life* builds on previous work and contributes key elements to moving forward. It is based on extensive consultation, a global knowledge base and defined commitments across government departments and key statutory and non-statutory agencies in Ireland.

The approach to the preparation of this local Action Plan has been consultative and inclusive, involving a number of key stakeholders from statutory and non-statutory/community organisations working in the area of suicide prevention. This Action Plan lays out specific steps to deliver the high-level actions that are relevant to the needs of the people in this area.

We thank the many people who took time to review, and give important feedback and valuable suggestions for this Action Plan at all stages of its development. All those involved, gave time and energy without hesitation and this was key to the success of the development of the plan.

Special acknowledgement and thanks to:

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The National Office for Suicide Prevention
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The Central Statistics Office

Every attempt has been made to ensure that the information in this Action Plan is current and of high quality. The Action Plan will be reviewed and updated annually throughout its implementation period and will include additional actions and commitments made by statutory and non-statutory/community organisations working in the area of suicide prevention.

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FOREWORD

Unfortunately, suicide has and continues to touch many communities throughout Dublin South East, Dún Laoghaire and East Wicklow. The impact on families and communities is devastating and far-reaching, even long after the person dear to them has taken their own life. *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow 2015 - 2020* has been developed in response to and in line with *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015 - 2020.* The national strategy builds on previous work and contributes key elements to moving forward. It is based on extensive consultation, a global knowledge base of evidence, and defined commitments across government departments and key statutory and non-statutory agencies in Ireland. Our local Implementation Plan aligns with the 2015 - 2020 timeframe of the national strategy, and it recognises the contributions that can be made across all sectors of our community with the aim of reducing suicide. The approach to the preparation of the local Action Plan has been consultative and inclusive, involving a number of key stakeholders and the plan lays out very specific steps to deliver the actions that are relevant to the needs of the people of this area.

The taboo and stigma surrounding mental illness and suicide persists, and too frequently people do not seek help and are forced to hide their problems until it is too late. By helping to create an enabling environment that promotes 'help seeking', 'help giving' and 'help taking', this plan aims to create a community where everyone can enjoy the highest attainable standards of mental health and wellbeing. We believe that this approach will allow every member of our community to contribute in a meaningful way to the prevention of suicide behaviour. This includes increasing awareness to overcome the stigma and providing greater support for people dealing with mental health issues. With timely and effective evidence-based interventions, suicide and suicide attempts can be prevented.

No one individual, organisation or initiative can successfully reduce the number of deaths by suicide. The way forward is to act together within and across services, sectors and communities. With this plan, and the commitments that lie behind it, we look forward to working together to ensure the full implementation of all of the actions in *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow 2015 - 2020.*

Martina Queally
Chief Officer, Community Health Organisation Area 6

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-government, all-society approach.

Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow connects all key partners from the statutory, NGO, community and voluntary sectors. It has taken the national goals and objectives and, in consultation with the key stakeholders, agreed a detailed local action plan.

There is a focus on outcomes and measuring improvement relating to the target set. This is important not alone for the communities in this area, but also so 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 cooperation, that we can achieve our goal.

Gerry Raleigh
Director, National Office for Suicide Prevention

INTRODUCTION

Death by suicide is a devastating and tragic event, which many families across society have to face. No words can adequately describe its impact on those who have to cope with such a loss.

This is a very complex and multi-faceted issue and addressing it effectively presents real challenges. The *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow Action Plan* is a very important and significant milestone in developing a coordinated and comprehensive approach to reducing the number of deaths by suicide. The authors, together with those who contributed to its development, deserve great credit in producing this document. It provides a structured and clear pathway forward with clear goals and targets set and an implementation plan outlined.

This document provides a sound framework for intervention with its emphasis on a collaborative and integrated approach involving key stakeholders groups. It is a very welcome initiative and the Executive Management Team of the CHO Area 6 Mental Health Service look forward to supporting its successful implementation.

Dr. Colm Cooney
Executive Clinical Director

AT A GLANCE

Connecting for Life; Dublin South East, Dún Laoghaire & East Wicklow
Reducing Suicide Together Action Plan 2015 – 2020

VISION

A region where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing

GOALS

1 Better understanding of suicidal behaviour

2 Support communities to prevent and respond to suicidal behaviour

3 Targeted approaches for those vulnerable to suicide

4 Improved access, consistency and integration of services

5 Safe and high-quality services

6 Reduce access to means

7 Better data and research

PRIMARY OUTCOMES

1. Reduced suicide rate in Dublin South East, Dún Laoghaire and East Wicklow and amongst specific priority groups
2. Reduced rate of presentations of self-harm in Dublin South East, Dún Laoghaire and East Wicklow and amongst specific priority groups

IMPLEMENTATION

Implementation Plan to achieve goals and objectives
Implementation structures: Cross-Sectoral Oversight Committee, Implementation Group, and Workstream Groups

KEY MESSAGES

1. Suicides take a high toll. Internationally over 800,000 people die due to suicide every year and it is the second leading cause of death in 15-29-year-olds. There are indications that for each adult who died of suicide, more than 20 others may have attempted suicide.

2. Suicides are preventable. For national responses to be effective, a comprehensive multisectoral suicide prevention strategy is needed.

4. Certain demographic groups have consistently been shown by research to have an increased risk of suicidal behaviour. Protective factors are just as important as risk factors and have been shown to improve resilience. Therefore, resourcing and addressing both risk and protective factors is crucial for any comprehensive suicide prevention response.

5. Healthcare services need to incorporate suicide prevention as a core component of policy. Mental health disorders and harmful use of alcohol contribute to many suicides around the world. Early identification and effective management are key to ensuring that people receive the care they need.

3. Restricting access to the means for suicide works. An effective strategy for preventing suicides and suicide attempts is to restrict access to the most common means, including pesticides, firearms and certain medications.

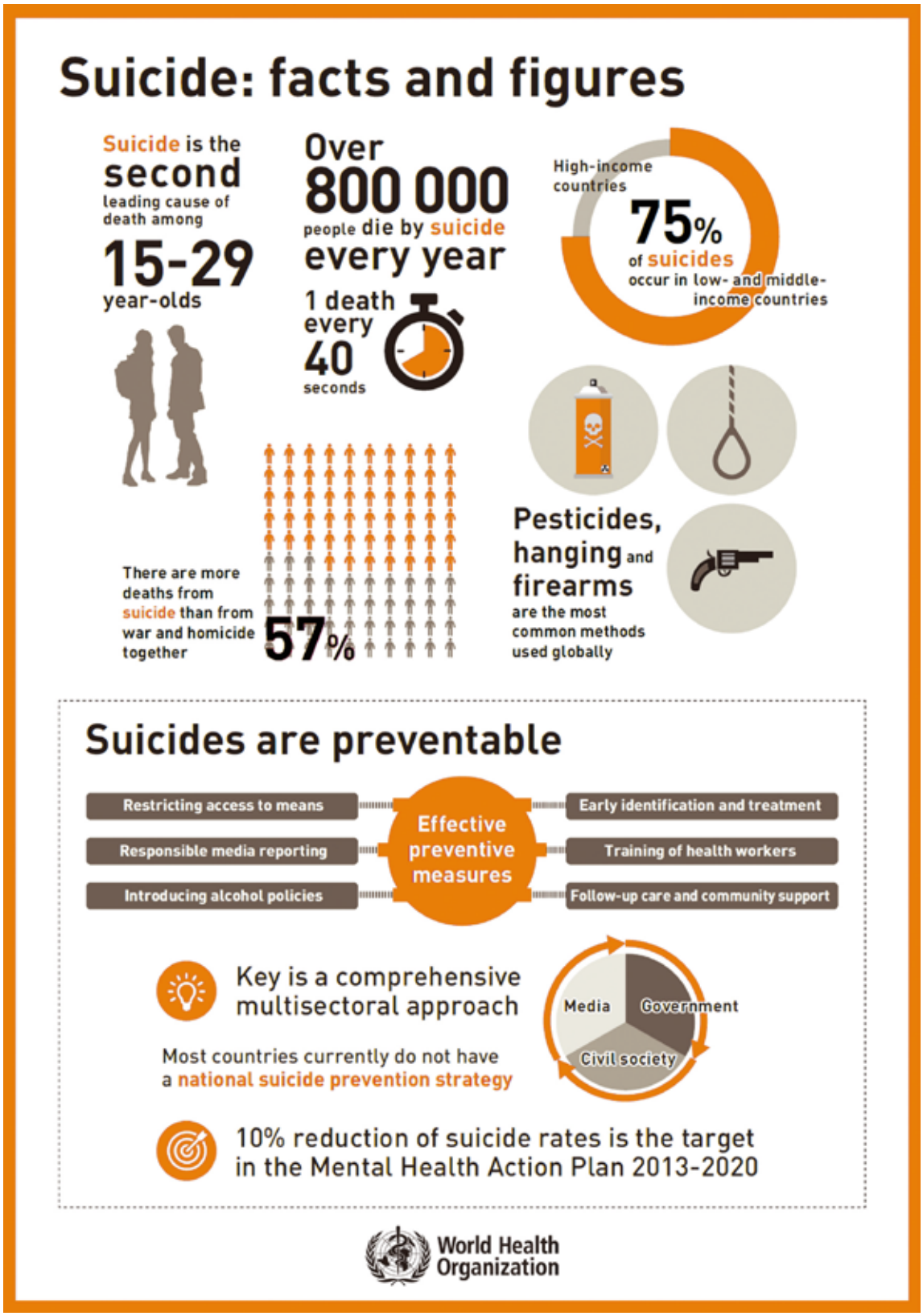
6. Communities play a critical role in suicide prevention. They can provide social support to vulnerable individuals and engage in follow-up care, fight stigma and support those bereaved by suicide.

1

Context for Suicide Prevention

Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself.[1]

Figure 1: **Suicide: Facts and Figures** Source: WHO



1.1
INTERNATIONAL POLICY CONTEXT: The World Health Organisation Preventing Suicide: A Global Imperative

The World Health Organisation (WHO), in its recent report on suicide and suicide prevention,[1] highlights that risk for suicide is multi-faceted, and so requires a complex and comprehensive range of responses that should be guided at national level, with localised implementation.

It notes that suicide prevention interventions can be conceptualised on three levels:

1. **Universal:** targeting the whole population
2. **Selective:** targeting at-risk populations (but not individuals)
3. **Indicated:** aimed at people displaying early signs of suicide potential

Universal Interventions:
Reach the whole population in order to 'maximize health and minimize suicide risk' by removing barriers and increasing access to help, strengthening protective processes such as social support and altering the physical environment

Selective Interventions:
Target vulnerable groups within a population based on characteristics such as age, sex, occupational status or family history. While individuals may not currently express suicidal behaviours, they may be at an elevated level of biological, psychological or socioeconomic risk.

Indicated Interventions:
Programmes or interventions that include the assessment and management of suicidal behaviours.

The range of risk factors and potentially preventative interventions led the WHO to conclude that:
'Suicide prevention efforts require a broad multi-sectoral approach that addresses the various populations, risk groups and contexts throughout the life course.'[1]

In developing this Action Plan, it was essential to ensure that interventions which address risk at all three levels were included.

1.2
THE NATIONAL POLICY CONTEXT

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

Vision for Change, the national strategy for mental health;[4] *Healthy Ireland*, the national framework for action to improve the health and wellbeing of the population,[5] and *Better Outcomes, Brighter Futures, the National Policy Framework for Children & Young People 2014 - 2020*[6] all provide a supportive policy context for suicide prevention action.

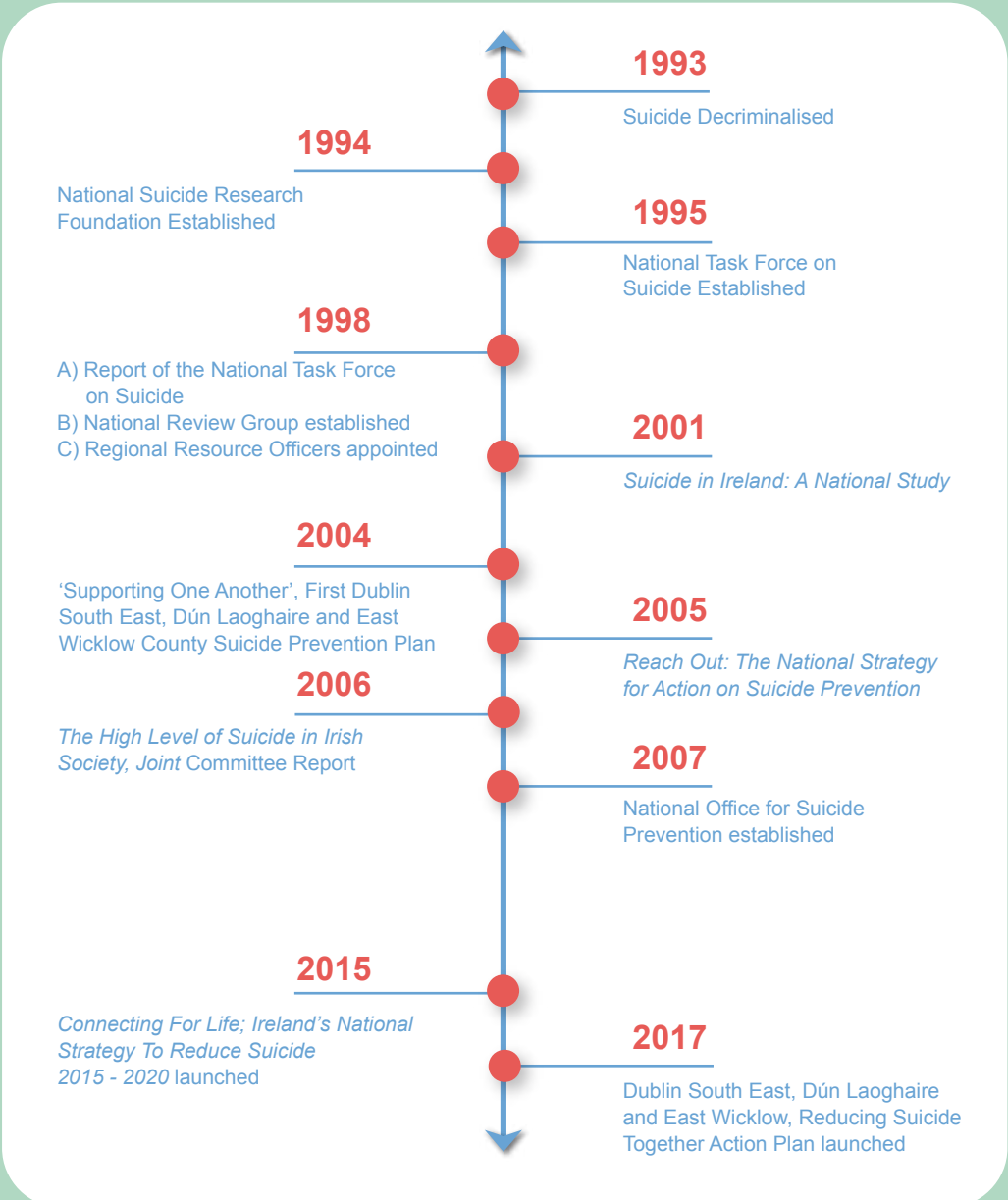
1.2.1
MENTAL HEALTH PROMOTION

Healthy Ireland - A Framework for Improved Health & Wellbeing 2013 - 2025.[5] *Healthy Ireland* (HI)[5] is a welcomed commitment to the development of a national public health policy. This framework presents an excellent opportunity to engage leaders and policy-makers across government and society, highlighting that health is the responsibility of all sectors of society.

HI involves organising the future health of the nation around a new vision: *'A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility'.*

It provides a framework of actions which form the basis for a systematic delivery of improvements to services across all sectors.

Figure 2: Timeline of State Suicide Response in Ireland



1.2.2
CONNECTING FOR LIFE; IRELAND'S NATIONAL STRATEGY TO REDUCE SUICIDE 2015 - 2020

Connecting for Life[2] is Ireland's second national suicide reduction or prevention strategy. It is an ambitious and comprehensive strategy that seeks to reduce national rates of suicide and presentations of self-harm by 10% over its five-year life span. It seeks to empower communities and individuals to improve their mental health and wellbeing. It is envisioned that this will be achieved through the implementation of seven overarching goals and 69 specific actions which have been agreed by Government Departments, State Agencies, NGOs and Community & Voluntary partners.

The National Strategy for Suicide Prevention advocates a public health approach to suicide prevention (Figure 3). Public health is the science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.[7] The public health approach is widely regarded as the approach that is most likely to produce a significant and sustained reduction in suicide. It uses four basic evidence-based steps in a systematic way.[1]

Figure 3 The Public Health Model

Source: WHO

1.3
EPIDEMIOLOGY OF SUICIDE IN IRELAND

In 2014, 1.7% (486) of all deaths in Ireland were due to suicide.[8] The incidence of suicide in Ireland is about 11 per 100,000 (CSO, 2015).[8] While this is not an exceptionally high rate in the international context, the suicide rate among young people aged 15 - 19 years of both genders in Ireland is ranked 6th highest across 31 European countries analyzed (Eurostat 2013).[9] The rates of suicide in men are about four times higher than the rates in women. Conversely, rates of non-fatal self-harm are consistently higher in women.[10] The most common means of suicide is hanging (approximately 80%), while the most common methods of non-fatal self-harm are intentional overdose, self-cutting, and attempted hanging.[10] Alcohol is involved in up to one-half of suicides and one-third of non-fatal self-harm presentations.[10]

Overall, the three year average suicide rates per 100,000 in Ireland were similar between 2003 and 2014. However a decrease can be seen (12.1 per 100,000 in 2003/2005 to 10.8 per 100,000 in 2012/2014)[11] (Table 1). More strikingly, the rates were significantly different between males and females, with males having approximately four times higher rates of suicide compared to females. Additionally, rates fluctuated among males, while female rates saw a consistently decreasing trend between 2003 and 2014.[11] The highest number of deaths recorded were in the 45-to 54-year-old age group (46.7% n=106).[8] In 2014, 82.1% of all those who died by suicide were men, with the highest rate among 45 to 54 year old men. There were 100 (42.0%) deaths by suicide in the 25-34 age group. The lowest rate for male suicide was in the 65+ age group. The highest rate for female suicide in was also in the 45 to 54 age group, and the lowest rate also in the 65+ age group.[8]

Overall a consistent decrease was observed in the rates of undetermined deaths between 2003 and 2014 (2.5 to 1.3 per 100,000 respectively).[11] As with suicide rates, males had significantly higher rates (1.9-3.5 per 100,000) compared to females (0.8-1.5 per 100,000)[11] (Table 1). It is likely that a proportion of the deaths classified as undetermined are also deaths by suicide, but it is not possible to estimate this at present.[11]

Table 1: Three-Year Averages for Suicide and Undetermined Deaths Rates (per 100,000), 2003-2014

TIMELINE	SUICIDE			UNDETERMINED DEATHS		
	Males	Females	All	Males	Females	All
2003 - 2005	19.4	4.9	12.1	3.5	1.5	2.5
2006 - 2008	17.4	4.6	11.0	3.4	1.0	2.2
2009 - 2011	19.5	4.3	11.8	2.4	1.1	1.8
2011 - 2014*	17.6	4.1	10.8	1.9	0.8	1.3

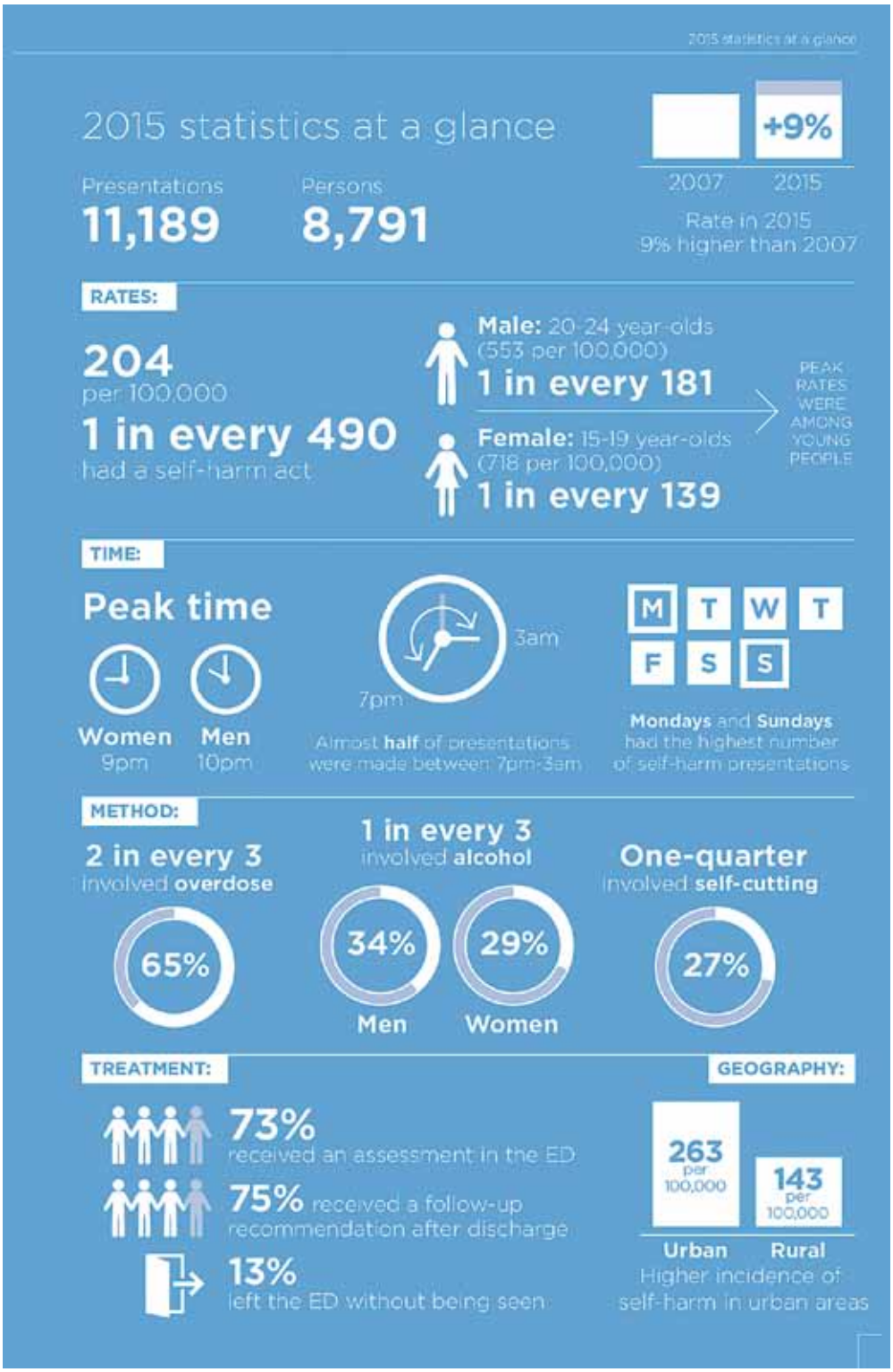
Source: NSRF 2016
*Data for 2014 is based on provisional figures.
Please note that three-year averages have been provided as opposed to one-year averages to avoid bias due to annual fluctuations.

1.4
SELF-HARM

What is self-harm?

Self-harm describes the various methods by which people harm themselves, such as cutting and overdoses. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent. However, a history of one or more acts of deliberate self-harm is the single strongest predictor of repeated suicidal behaviour, both fatal and non-fatal.[10]

Figure 4: 2015 Self-Harm Statistics at a Glance Source: NSRF



More recent data held by the Irish National Registry of Deliberate Self-Harm (NRDSH) suggests a stabilisation and modest fall in self-harm rates. In 2015, the recorded, 11,189 presentations to hospital due to self-harm nationally, involving 8,791 individuals.[12] Taking the population into account, the age-standardised rate of individuals presenting to hospital following self-harm in 2015 was 204 per 100,000. Between 2011 and 2013, there were successive decreases in the self-harm rate. An essentially unchanged rate in 2015 indicates a further stabilisation of the rate of self-harm in Ireland since 2013. However, the rate in 2015 was still 9% higher than in 2007, the year before the economic recession.[12] Nationally, the rate of self-harm remains higher among women than men but the gender gap has narrowed from 37% a decade ago to 19% in 2015.[12] According to the National Suicide Research Foundation, the increase in male rates is particularly worrying because self-harm methods among men tend to involve 'higher lethality' leading to a greater risk of suicide following self-harm among males compared to females.[12] Compared to 2014, the only significant change in the rate of hospital-treated self-harm by age in 2015 was among men aged 35-39 years, where the rate increased by 15% from 220 to 253 per 100,000. Rates of self-harm for other age groups remained similar to 2014 figures.

In 2015, 14.6% of all patients treated in emergency departments with an act of self-harm repeated; 14.5 % males and 14.7% females. In general, levels of repetition fluctuated slightly between 2007 and 2014 but overall levels of repetition have not decreased.[12]

1.5
POLICY CONTEXT IN DUBLIN SOUTH EAST, DÚN LAOGHAIRE AND EAST WICKLOW (HSE COMMUNITY HEALTH ORGANISATION 6)

Community Healthcare Organisation (CHO) 6 was established in 2015 as part of the HSE's reorganisation of the country's community health services. The area covered by CHO 6 has a population of 364,464 and includes East Wicklow, Dún Laoghaire and Dublin South East. Integrated primary care, social care, mental health and health and wellbeing is the foundational building block to providing health care in the area, with effective clinical pathways and links to other specialist services (substance use, chronic disease, palliative care, etc).

The area is geographically and economically diverse. There is a mix of urban and rural terrain with a largely urban population residing in South East Dublin and Dún Laoghaire. Both the urban and rural communities differ significantly across geographic regions and even within regions. Key elements of diversity include demographic make-up, population density, terrain and distance from urban areas and community resources. Both communities also differ in terms of the economies that support them. These economic underpinnings impact socioeconomic status and other factors that have significant impact on the population's mental health.

As we consider how best to develop a local response to the issues of suicide and self-harm in the area that would support cohesive and coordinated implementation, we also need to consider the diversity of the population. This diversity provides opportunities and creates challenges which need to be understood and addressed effectively. Interventions must be appropriate for communities and the threats to health they experience.

1.5.1
GENERAL INFORMATION CONCERNING COMMUNITY HEALTH ORGANISATION 6

KEY POINTS:

- CHO 6 has a population of 364,464.[13] The population has grown by 6.6% since the census in 2006.*
- There are 117,405 people in CHO 6 under the age of 25. In East Wicklow 41,194 (34.8%) fall into this age category. The national average is 34%. Young people, particularly young males, can be particularly vulnerable to mental health problems and suicide. Three-quarters of mental health problems arise before the age of 25.[14]
- Since 2006, the number of people who were enumerated as Irish Travellers in CHO 6 has increased by 26% (32% nationally).[13] The number of Travellers living in the area is 1,898.[13] In East Wicklow there are 673 Travellers living in the area, which represents 0.6% of the total population - a 36% increase since the 2006 census.[13] Nationally, 0.6% of the population are enumerated as Travellers. Corresponding figures Dublin South and Dún Laoghaire are 0.2%. Travellers are 6.6 times more likely to die by suicide than the general population.[16]
- 9,169 (2.5%) of CHO 6 resident population are classified as vulnerable migrants. This number has increased by 16.5% since the 2006 census (nationally 30% increase). There is an increased risk of mental health problems among migrants.[2]
- There are 48,635 people in CHO 6 who are 65 years of age or over. This figure represents 13.4% of the population, which is above the national average of 11.7%. 16% of the population of Dún Laoghaire fall into this category, and corresponding figures in Dublin South East and East Wicklow are 13.4% and 12.9%. There is emerging evidence of an increased risk of suicide among older people.[17]
- 1.3% of the population have self-reported being in bad or very bad health, and 12.5% are registered as disabled (n=45,461). These figures are just below the national average. There is also an emerging body of evidence demonstrating that chronic illnesses and disability can be a significant risk factor in suicide.[10]

**Census data 2011 being used as data from 2016 not currently available.*

- CHO 6 is generally perceived as being a relatively affluent area. According to the deprivation index, 11.4% of the population in the area is extremely disadvantaged, very disadvantaged or disadvantaged.[18] This is well below the national average of 23.3%.

However, there are geographical discrepancies in relation to deprivation and its determinants in the area as described above. In the east Wicklow area 20.9% of the population fall into the three categories above compared to 4.6% in Dublin South East and 8.7 % in Dún Laoghaire.[18]

- A relatively small percentage (6.3%) of the population in the area has a primary education or lower (national rate 10%).[15] The area has one of the highest rates in the country with a third-level education rate of 27.1% (national rate 16.1%). In East Wicklow 8.7 % of the population have a primary education or lower and 16.9% has a 3rd level education. Corresponding figures for South East Dublin are 4.6% and 34.5% and 5.5% and 30% in Dún Laoghaire.[15]

- In the CSO Census 2011, 6.1% of the population in CHO 6 were registered as unemployed, with 8.8% registered in East Wicklow.[13] The corresponding figure in Dublin South East was 4.6% and 4.9% in Dún Laoghaire (national rate 8.5%).[13]

1.5.2 EAST WICKLOW

County Wicklow rests on Ireland's East coast, overlooking the Irish Sea. Along with the stunning coastline, the Wicklow Mountains afford the county some amazing land and seascapes. The mountains form the boundary line between East Wicklow (CHO 6) and West Wicklow (CHO 7). The area is a mix of urban and rural terrain offering both the tranquility of the countryside and the convenience of the city as it borders county Dublin. While there are many benefits to rural life, living in rural Wicklow clearly presents some challenges to providing appropriate access to health care. These challenges stem from multiple factors: geographic remoteness, long travel distances, low population densities in some areas, reduced availability of health care providers and sometimes inclement weather conditions. Access to some rural areas is challenging due to mountainous terrain and limited infrastructure. These are key factors influencing mental health care utilisation and accessibility.

East Wicklow has a population of 115,3598.[13] The population has grown by 8.6% since the last census in 2006 which is in line with the national average population increase of 8.4%. According to deprivation index,[18] Wicklow County Council is the seventh most affluent local authority area nationally. This needs to be kept in mind when addressing social exclusion within the county, as there are urban areas of deprivation. The two most disadvantaged urban Electoral Divisions within the county are Rathmichael and Bray,[18] both of which are within the Bray Area Partnership vicinity.

1.5.3 DUBLIN SOUTH EAST and DÚN LAOGHAIRE

The Southside coastal areas stretch from Sandymount Strand all the way out to Bray and are well linked with the DART commuter rail system, which provides access to beautiful scenery along with swift transport. Seaside towns like Blackrock, Dún Laoghaire and Dalkey have many scenic walks and restaurants along with historical monuments. Sandymount is the starting point in James Joyce's famous *Ulysses*.

Over half of the population (245,963) of CHO 6 live in urban areas in South East Dublin (115,359) and Dún Laoghaire (130,563).[13] Dún Laoghaire-Rathdown County Council is the most affluent local authority in Ireland, with 89% of the population scoring at 'above average' or 'affluent' on the deprivation index.[18] It has almost the lowest rate of lone-parent households (9.2%), the lowest rate of people with low educational attainment (8.1%), and of semi-skilled, unskilled and agricultural workers (5.3%).

However, there are pockets of disadvantage within the area.[18] The disadvantaged and the unemployed of the Southside Partnership Area co-exist in very close proximity to their more affluent neighbours. The disadvantaged areas contain for 42,000 people, which is 22% of the total population of the area. Some of these areas have unemployment rates of 60-80%.[18] This needs to be kept in mind when addressing resource allocation within the area, as there may be a deficit of services in the area, which is generally perceived as being among the most financially and socially comfortable in all of Ireland.

Urbanization presents opportunities, risks and enormous challenges for maintaining and improving health and wellbeing. Urban areas are extremely complex environments in which a large number of environmental, social, cultural and economic factors have an impact on individual and population mental health and wellbeing. The complexity of factors within communities must be considered when developing local responses.

1.6 EPIDEMIOLOGY OF SUICIDE IN DUBLIN SOUTH EAST, DÚN LAOGHAIRE AND EAST WICKLOW

The CSO provides data on deaths by suicide by local government area.[8] In general, while it can be helpful to know the number of people who, for example, died locally from a given cause, it is not that helpful to compare raw numbers of deaths between areas, because of different population sizes. It is customary to use rates (deaths per head of population, age standardised to allow for the age profile of the population) to map trends and to compare areas. However, when dealing with small numbers, even small fluctuations in the numbers can produce relatively large swings in rates. Therefore, we have used 'three-year age standardised death rates' to show trends and avoid bias due to annual fluctuations.

Figure 4 presents age standardised death rates for the three local government areas in CHO 6; (Wicklow County Council, Dublin City Council and Dún Laoghaire Rathdown Co. Council) compared to the national average. The number of deaths by suicide in the local government areas within CHO 6 is comparatively low. There is some fluctuation, but the age standardised rates show that there has been a general downward trend over the last fifteen years nationally, and in all local government areas. Notwithstanding these positive trends, there is no room for complacency in this area - each death is one too many.

More strikingly, the rates were significantly different between males and females in all three areas, males having approximately three to four times higher rates of suicide compared to females (Appendix 2, pages 79-80 - Figures 10 & 11).

There are issues about reporting small numbers at small area level, e.g. by town. Even reporting deaths from suicide at county level is problematic, as there is a significant risk that people will be identified in the data.

Figure 5 Death Rates[1] by Suicide per 100,000 Population by Local Government Area[2] of Residence of Deceased 2000 – 2015. (2014 & 2015)[3]

Panels A, B, C and D show total death rates[1] by suicide by local government area compared with the death rates in the state.

[1] Rates are based on estimated population data in intercensal years.
[2] The Central Statistics Office provides data on deaths by suicide by local government area only. Statistics are not available for CHO 6 as a unit.
[3] Year of Registration Data subject to future revision.

Source; Central Statistics Office 2016.

1.7
NOTES AND CAVEATS ON SUICIDE DATA

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

Limitations:

- The CSO only provides standard demographic data on people who have died by suicide. Data on psychosocial and psychiatric characteristics of those who died by suicide is not recorded. In-depth information on suicide cases is only available at regional level based on the Suicide Support and Information System (SSIS) in Cork[19] and Donegal.[20]

The CSO uses a robust methodology to produce the figures. However, there are factors unique to suicide that can affect the numbers.

Until 1993, taking your life by suicide was a criminal offence in Ireland. The legacy of this, together with the potential influence of teaching that suicide is a sin, has contributed to under-reporting of suicide deaths over the years. In addition, all suspected deaths by suicide have to be reported to the Coroner's Office. This can increase the level of trauma and associated stigma for bereaved relatives of the deceased.

Sources of under-reporting include:

- A coroner's verdict may not attribute the death to suicide. A coroner's verdict of death by suicide requires a level of proof akin to 'beyond reasonable doubt'. If there is insufficient evidence, then an open verdict or a verdict of accidental death may be recorded. However, this is addressed to some extent by the use of 'Form 104' in such cases. This is an additional form that is issued by the CSO following a Coroner's inquest. It is completed by the investigating Garda. This enables the CSO to attribute some undetermined deaths as suicides (for statistical purposes only). Ensuring that Form 104 is always returned by the Gardaí improves the completeness of the data.

- A coroner may in the past have been influenced by factors such as family sensitivities as a result of the perceived stigma of a suicide verdict, or the risk that an insurance policy may not pay out if the death is by suicide. Moreover, a coroner's process can take several years, and if a verdict is not returned within a certain time frame, then the death may not be counted in the figures at all.

- Not suspecting a suicide death and a doctor signing a certificate attributing the death to another cause. This can be a problem with people who are older or who already have a number of life-threatening conditions. People with chronic disease and physical disability are an emerging risk group for death by suicide.[14]

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

1.8
EPIDEMIOLOGY OF HOSPITAL PRESENTED SELF-HARM BY RESIDENTS FROM DUBLIN SOUTH EAST, DÚN LAOGHAIRE AND EAST WICKLOW

Figure 6 shows self-harm presentations to emergency departments by residents of Dublin South East, Dún Laoghaire and East Wicklow 2011-2015.[21]

Key points to note are:

1. In 2015, 223 male and 362 female residents from CHO 6 presented to hospital with an act of self-harm. Almost three-quarters (73%) of all presentations were made by those aged 15 - 44 years.

2. In 2015, the age-standardised rate of self-harm incidents per 100,000 population for residents of Dublin South East, Dún Laoghaire and East Wicklow was 157/100,000. This was 30% lower than the national rate of 204/100,000.

3. The male rate was 51% lower than the local female rate (125 vs. 189/100,000) and 43% lower than the national male rate (129 vs. 184/100,000). Although we can not draw definite conclusions regarding trends from five year of data, based on three-year moving averages over the time frame 2011-2015, consistent decreases in male self-harm rates can be seen in Dublin South East, Dun Laoghaire and East Wicklow. Despite the lower rate compared to women and the local decreasing rate in men, self-harm among males is still of concern, especially considering the higher lethality of self-harm methods among males and the greater risk of suicide following self-harm among males compared to females.[21]

4. In 2015, the female rate of self harm in CHO 6 was 17 % lower than the national rate for females (189 vs. 222/100,000). Based on three year moving averages over the time frame 2011-2015, increases can be seen in female self harm rates in Dublin South East and Dun Laoghaire with a decreasing trend seen in East Wicklow.

5. In 2015 there was a 17% self-harm repetition rate in CHO 6. The national average was 21.4 % in that year. The rate of repetition varied with the method of self-harm involved in the self-harm act. Of the commonly used methods of self-harm, drug overdose and alcohol were associated with a 13 % and 11% rate of repetition, respectively. However, self-cutting was associated with a slightly higher rate of repetition (18%). Repetition of self-harm is a strong predictor of future suicide, in particular among men, and therefore the correlation between rates of repetition and suicide rates by region warrants further investigation.[21]

6. Drug overdose was the most common method of self-harm, and was involved in 71% of presentations (n = 500). Alcohol was involved in 30 % of presentations (n= 207). Self-cutting was the only other common method, involved in 23 % of presentations (n= 163). There were 32 (5 %) presentations involving attempted hanging while 11 (2 %) presentations involved poisoning and 11 (2%) involved attempted drowning.[21]

7. Overall, 7% of presentations left the emergency department before a next care recommendation could be made. The corresponding national figure was 13 %. Of all self-harm presentations in CHO 6, 25% resulted in admission to a ward of the treating hospital and 3% were admitted for psychiatric inpatient treatment from the emergency department. Most commonly, 65% of presentations were discharged following treatment in the emergency department.

8. The monthly average number of self-harm presentations to hospitals in 2015 was 59. In 2015, May saw more self-harm presentations than any other month while March saw the fewest presentations for the year.

9. There was a pattern in the number of self-harm presentations seen over the course of the day in 2015. The numbers for both men and women gradually increased during the day. The peak for men and women was 10pm.[21]

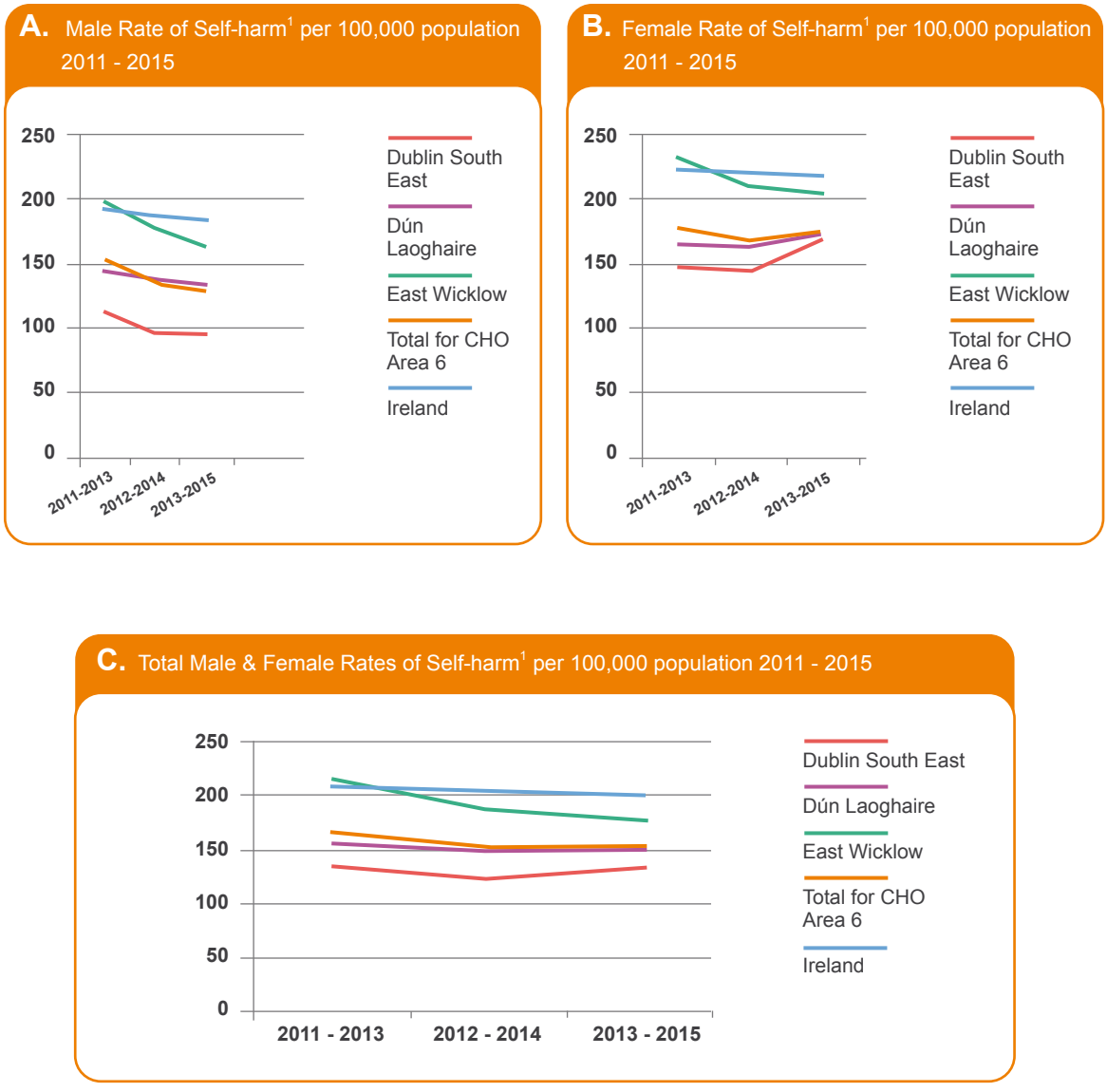
Notes on analyses:

Self-harm rates were calculated based on the number of people resident in the relevant area who engaged in self-harm, irrespective of whether they were treated in that area or elsewhere.

Three-year moving averages are used to provide an objective measure of trend direction by smoothing data. However, it is important to note that we can not draw definite conclusions regarding trends from five years of data.

The challenge in collation of 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. Also, data related to hospital activity should be treated with caution, as variations in admissions may be related to available services in a geographical area.

Figure 6: Rates of Self-harm[1] per 100,000 Population by Local Health Office, CHO 6 and Ireland 2011 - 2015 using Three-Year Moving Averages



Panel A shows male rate of self-harm[1] per 100,000 population in Dublin South East, Dún Laoghaire, East Wicklow and nationally 2011-2015.
Panel B shows female rate of self-harm[1] per 100,000 population in Dublin South East, Dún Laoghaire, East Wicklow and nationally 2011-2015.
Panel C shows male & female rate of self-harm[1] per 100,000 population in Dublin South East, Dún Laoghaire, East Wicklow and nationally 2011-2015.

[1] Rates are based on estimated population data in intercensal years.

Source; National Self-Harm Registry Ireland 2016.

2

Services & Supports in Dublin South East, Dún Laoghaire and East Wicklow

2.1
WHEN SOMEONE TELLS YOU THEY ARE SUICIDAL OR AT RISK OF SELF HARM

A person with an imminent intention to harm themselves should be treated as a medical emergency. There are practical things you can do right away:

- **Remove access.** Remove access to any means of suicide or self harm, such as medicines, a rope, etc.
- **Contact emergency services.** Go to or contact the Emergency Department of your nearest general hospital. Hospitals are listed on the HSE.ie online service finder. You can also contact the emergency services by calling 999 or 112 if you or someone else has harmed themselves or taken an overdose.
- **Stay with them.** Stay with them while you're making contact with the services listed above. Do not leave them on their own.
- **Go with them to get help.** Once you have contacted the services, go with them to their appointment.

Finding Professional Help

In a crisis (when someone might harm themselves, harm someone else, or is vulnerable to suicide), it is important to get help as quickly as you can for yourself or the person you are concerned about. You can get professional help through:

- **A GP**
  Find a local family doctor (GP) or health centre by visiting the HSE.ie online service finder. If it's late in the evening, night time or the weekend, contact a GP out-of-hours-service. GPs are also listed under 'General Practitioners' in the Golden Pages.

- **Hospital emergency services**
  Go to or contact the Emergency Department of your nearest general hospital. Hospitals are listed on the HSE.ie online service finder. You can also contact the emergency services by calling 999 or 112 if you or someone else has harmed themselves or taken an overdose.

- **H.S.E. Mental health services**
  If you have been (or are currently) supported by a mental health team, go to the Emergency Department or contact the service you are attending and ask for an appointment as soon as possible.

- **Listening service**
  Samaritans is available 24 hours a day, seven days a week and provides confidential, non-judgemental support for people who are experiencing feelings of distress, despair or suicidal thoughts. Free helpline: 116 123, email jo@samaritans.org, or visit **www.samaritans.ie** for details of the nearest branch.

- **Pieta House**
  Pieta House provides a free therapeutic counselling service to people who are experiencing thoughts of suicide and those who engage in self-harm. Tel: (01) 601 0000. **www.pieta.ie**

- **Private Counselling Services**
  There are many counsellors and therapists across Ireland who may be able to offer an immediate appointment. To see a list of accredited counsellors in your area, check the following websites:

  Psychological Society of Ireland (PSI) **www.psihq.ie**
  Irish Association for Counselling and Psychotherapy (IACP) **www.irishcounselling.ie**
  Irish Association for Psychotherapy (ICP) **www.psychotherapy-ireland.com**
  Irish Association for Behavioural and Cognitive Psychotherapy (IABCP) **www.babcp.com/IABCP**
  Association of Agency-based Counselling in Ireland. **www.aaci.ie**

- **www.yourmentalhealth.ie** This website gives information on mental health and supports and services across the country.

- A comprehensive list and contact details for other support services can be found in Appendix 5, page 99.

For evidence-based information on responding to people at risk of suicide, effective treatments for suicidal behaviour and depression, and information on bereavement following suicide, please visit: **www.suicidesupportandinformation.ie.** The information contained in this website is tailored to health professionals, including GPs and mental health professionals, as well as people bereaved by suicide and the general public.

2.2
HSE MENTAL HEALTH SERVICES AND SUPPORTS IN DUBLIN SOUTH EAST, DÚN LAOGHAIRE AND EAST WICKLOW, CHO 6.

The Health Service Executive (HSE) Mental Health Directorate encompasses the geographical area from parts of the South Inner City to Clonskeagh, Dundrum and across all of the former East Coast Area Health Board as far as Arklow, Tinahely and Shillelagh in East Wicklow. This area is now known as Community Health Organisation 6 (CHO 6), one of nine new CHO areas in the country.

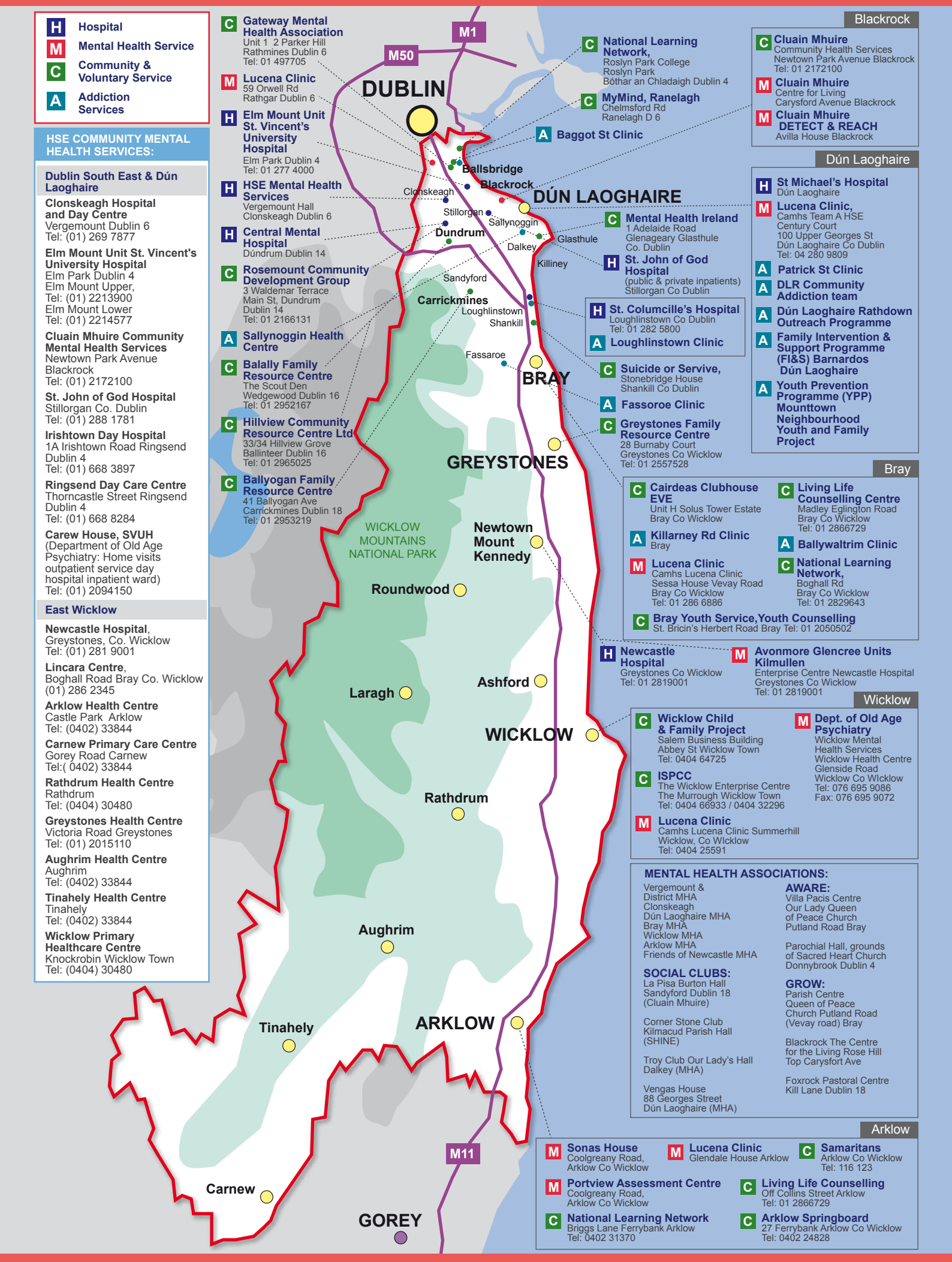
Service Description

The HSE Mental Health Directorate in CHO 6 is responsible for delivering comprehensive and integrated services in this area. The services provided are as follows:

General Adult Mental Health Services (AMHS) are provided through a network of outpatient clinics and day services widely dispersed throughout the area. These are routinely accessed through referral by a GP, and urgent cases are usually also rapidly assessed by this route or through the Emergency Department. A range of professionals offer nursing, social work, psychology and psychotherapy interventions, as well as occupational therapy and medical services. Inpatient services are provided at Glencree Unit Newcastle Hospital Co. Wicklow and Elm Mount Unit St. Vincent's University Hospital, Dublin 4. Additionally for the Stillorgan, and Dún Laoghaire environs, the Cluain Mhuire Adult Mental Health outpatient and in-patient service is provided by St. John of God's Hospital Stillorgan, funded by the HSE. Specialist eating disorder service and maternity and perinatal mental health care services are also available. DETECT provides a rapid response, diagnostic assessment and targeted intervention screening for treating first episode psychosis with interventions, including CBT for psychosis, family education and vocational support. Child and Adolescent Mental Health Services (CAMHS) are provided by St. John of Gods, Lucena Services (funded by the HSE) and are accessible through GP referral. Mental health of older persons services also provide day hospital, acute assessment beds, domiciliary visits and outreach to nursing homes, carer support, home safety assessments in the south Dublin and Wicklow communities

Psychiatry services are also provided to the local hospitals by Liaison teams, at St. Vincent's University Hospital (SVUH), St. Michaels Hospital, Dún Laoghaire, St. Columcilles Hospital, Loughlinstown and St. Colman's Hospital, Rathdrum, Co. Wicklow. A Self-harm Clinical Care Programme is provided at the Emergency Department in SVUH. 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 optimise the experience of families and carers in trying to support those who present with self-harm.

Mental Health Services (Statutory and Non-Statutory)



HSE COMMUNITY MENTAL HEALTH SERVICES:

Dublin South East & Dún Laoghaire

Clonskeagh Hospital and Day Centre
Vergemount Dublin 6
Tel: (01) 269 7877

Elm Mount Unit St. Vincent's University Hospital
Elm Park Dublin 4
Elm Mount Upper,
Tel: (01) 2213900
Elm Mount Lower
Tel: (01) 2214577

Cluain Mhuire Community Mental Health Services
Newtown Park Avenue
Blackrock
Tel: (01) 2172100

St. John of God Hospital
Stillorgan Co. Dublin
Tel: (01) 288 1781

Irishtown Day Hospital
1A Irishtown Road Ringsend
Dublin 4
Tel: (01) 668 3897

Ringsend Day Care Centre
Thorncastle Street Ringsend
Dublin 4
Tel: (01) 668 8284

Carew House, SVUH
(Department of Old Age Psychiatry: Home visits outpatient service day hospital inpatient ward)
Tel: (01) 2094150

East Wicklow

Newcastle Hospital,
Greystones, Co. Wicklow
Tel: (01) 281 9001

Lincara Centre,
Boghall Road Bray Co. Wicklow
(01) 286 2345

Arklow Health Centre
Castle Park Arklow
Tel: (0402) 33844

Carnew Primary Care Centre
Gorey Road Carnew
Tel:(0402) 33844

Rathdrum Health Centre
Rathdrum
Tel: (0404) 30480

Greystones Health Centre
Victoria Road Greystones
Tel: (01) 2015110

Aughrim Health Centre
Aughrim
Tel: (0402) 33844

Tinahely Health Centre
Tinahely
Tel: (0402) 33844

Wicklow Primary Healthcare Centre
Knockrobin Wicklow Town
Tel: (0404) 30480

C Gateway Mental Health Association
Unit 1 2 Parker Hill
Rathmines Dublin 6
Tel: 01 497705

M Lucena Clinic
59 Orwell Rd
Rathgar Dublin 6

H Elm Mount Unit St. Vincent's University Hospital
Elm Park Dublin 4
Tel: 01 277 4000

H HSE Mental Health Services
Vergemount Hall
Clonskeagh Dublin 6

H Central Mental Hospital
Dundrum Dublin 14

C Rosemount Community Development Group
3 Waldemar Terrace
Main St, Dundrum
Dublin 14
Tel: 01 2166131

A Sallynoggin Health Centre

C Balally Family Resource Centre
The Scout Den
Wedgewood Dublin 16
Tel: 01 2952167

C Hillview Community Resource Centre Ltd
33/34 Hillview Grove
Ballinteer Dublin 16
Tel: 01 2965025

C Ballyogan Family Resource Centre
41 Ballyogan Ave
Carrickmines Dublin 18
Tel: 01 2953219

C National Learning Network,
Roslyn Park College
Roslyn Park
Bóthar an Chladaigh Dublin 4

C MyMind, Ranelagh
Chelmsford Rd
Ranelagh D 6

A Baggot St Clinic

C Mental Health Ireland
1 Adelaide Road
Glenageary Glasthule
Co. Dublin

H St. John of God Hospital
(public & private inpatients)
Stillorgan Co Dublin

H St. Columcille's Hospital
Loughlinstown Co Dublin
Tel: 01 282 5800

A Loughlinstown Clinic

C Suicide or Servive,
Stonebridge House
Shankill Co Dublin

A Fassoroe Clinic

C Greystones Family Resource Centre
28 Burnaby Court
Greystones Co Wicklow
Tel: 01 2557528

H Newcastle Hospital
Greystones Co Wicklow
Tel: 01 2819001

M Avonmore Glencree Units Kilmullen
Enterprise Centre Newcastle Hospital
Greystones Co Wicklow
Tel: 01 2819001

Blackrock

C Cluain Mhuire
Community Health Services
Newtown Park Avenue Blackrock
Tel: 01 2172100

M Cluain Mhuire
Centre for Living
Carysford Avenue Blackrock

M Cluain Mhuire DETECT & REACH
Avilla House Blackrock

Dún Laoghaire

H St Michael's Hospital
Dún Laoghaire

M Lucena Clinic,
Camhs Team A HSE
Century Court
100 Upper Georges St
Dún Laoghaire Co Dublin
Tel: 04 280 9809

A Patrick St Clinic

A DLR Community Addiction team

A Dún Laoghaire Rathdown Outreach Programme

A Family Intervention & Support Programme (FI&S) Barnardos Dún Laoghaire

A Youth Prevention Programme (YPP) Mounttown Neighbourhood Youth and Family Project

Bray

C Cairdeas Clubhouse EVE
Unit H Solus Tower Estate
Bray Co Wicklow

C Living Life Counselling Centre
Madley Eglington Road
Bray Co Wicklow
Tel: 01 2866729

A Killarney Rd Clinic
Bray

A Ballywaltrim Clinic

M Lucena Clinic
Camhs Lucena Clinic
Sessa House Vevay Road
Bray Co Wicklow
Tel: 01 286 6886

C National Learning Network,
Boghall Rd
Bray Co Wicklow
Tel: 01 2829643

C Bray Youth Service,Youth Counselling
St. Bricin's Herbert Road Bray Tel: 01 2050502

Wicklow

C Wicklow Child & Family Project
Salem Business Building
Abbey St Wicklow Town
Tel: 0404 64725

M Dept. of Old Age Psychiatry
Wicklow Mental Health Services
Wicklow Health Centre
Glenside Road
Wicklow Co WIcklow
Tel: 076 695 9086
Fax: 076 695 9072

C ISPCC
The Wicklow Enterprise Centre
The Murrough Wicklow Town
Tel: 0404 66933 / 0404 32296

M Lucena Clinic
Camhs Lucena Clinic Summerhill
Wicklow, Co WIcklow
Tel: 0404 25591

MENTAL HEALTH ASSOCIATIONS:

Vergemount & District MHA
Clonskeagh
Dún Laoghaire MHA
Bray MHA
Wicklow MHA
Arklow MHA
Friends of Newcastle MHA

AWARE:
Villa Pacis Centre
Our Lady Queen of Peace Church
Putland Road Bray

Parochial Hall, grounds of Sacred Heart Church
Donnybrook Dublin 4

GROW:
Parish Centre
Queen of Peace Church Putland Road
(Vevay road) Bray

Blackrock The Centre for the Living Rose Hill
Top Carysfort Ave

Foxrock Pastoral Centre
Kill Lane Dublin 18

SOCIAL CLUBS:

La Pisa Burton Hall
Sandyford Dublin 18
(Cluain Mhuire)

Corner Stone Club
Kilmacud Parish Hall
(SHINE)

Troy Club Our Lady's Hall
Dalkey (MHA)

Vengas House
88 Georges Street
Dún Laoghaire (MHA)

Arklow

M Sonas House
Coolgreany Road,
Arklow Co Wicklow

M Lucena Clinic
Glendale House Arklow

C Samaritans
Arklow Co Wicklow
Tel: 116 123

M Portview Assessment Centre
Coolgreany Road,
Arklow Co Wicklow

C Living Life Counselling
Off Collins Street Arklow
Tel: 01 2866729

C National Learning Network
Briggs Lane Ferrybank Arklow
Tel: 0402 31370

C Arklow Springboard
27 Ferrybank Arklow Co Wicklow
Tel: 0402 24828

For a comprehensive online directory of support services and information on mental health in CHO 6 and throughout Ireland visit **yourmentalhealth.ie**

2.3
ABOUT PRIMARY CARE

Primary care services encompass all of the health or social care services found in the community, outside of the hospital setting. This includes GPs, public health nurses and a range of other services.

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

- GP and practice nurse
- Community nursing service – public health nurse, community registered nurse
- Occupational therapist
- Physiotherapist
- Home help/support staff

The Primary Care Team members also link with other community-based disciplines to ensure all health and social needs are provided for: These include:

- Speech and language therapy
- Dieticians
- Mental health services
- Counsellor/psychologist
- Podiatry
- Social work
- Dental
- Ophthalmic services

Counselling in Primary Care (CIPC) is accessible through the CIPC Counselling Coordinator, Centenary House, 35 York Road, Dún Laoghaire, Co. Dublin, 01 2805862

Primary Care Services (including Psychology) is accessible through multidisciplinary teams at Primary Care / Health Centres in CHO 6:

Primary Care / Health Centres

Baggot Street Health Centre
(Incorporating Baggot St. Primary Care Team
and Sandymount Primary Care Team)
Baggot Street Community Hospital
18 Upper Baggot Street, Dublin 4
Tel: 01 669 9300

Ballinteer Health Centre
(Incorporating Ballinteer Primary Care Team
and Sandyford Primary Care Team)
Ballinteer Avenue, Ballinteer, Dublin 16
Tel: (01) 216 4500

Donnybrook Health Centre
Vergemount Hall, Clonskeagh Hospital Campus
Clonskeagh, Dublin 6
Tel: (01) 2680 380 / 2680 381

Ranelagh Primary Care Centre
22-26 Sandford Road, Ranelagh, Dublin 6
Tel: (01) 4986950

Balally Primary Care Centre
(Incorporating Balally Primary Care Team
and Dundrum / Milltown Primary Care Team)
Rockfield Medical Campus
Dundrum, Dublin 16
Tel: (01) 292 4500

Churchtown Primary Care Centre
Unit 9, Nutgrove Retail Park
Nutgrove Ave, Churchtown, Dublin 14
(Entrance to left of Harvey Norman shop)
Tel: (01) 491 6400

Leopardstown Primary Care Centre
Unit 12, Leopardstown Shopping Centre
Ballyogan Road, Dublin 18
Tel: (01) 299 6600

Dún Laoghaire

Blackrock Health Centre
George's Avenue, Blackrock, Co. Dublin
Tel: (01) 288 2980 / 8423 / 5406

Cabinteely Health Centre
Meadowvale, Clonkeen Road, Cabinteely, Co. Dublin
Tel: (01) 289 6195 / 6197

Dalkey Health Centre
Kilbegnet Close, Dalkey, Co. Dublin
Tel: (01) 285 9291 / 9233

Dún Laoghaire Health Centre
Centenary House, York Road, Dún Laoghaire
(entrance on Tivoli Terrace South)
Tel: (01) 280 8471

Our Lady's Clinic Patrick Street (Dental/Social Work)
Dún Laoghaire, Co. Dublin
Tel: (01) 280 8403

Loughlinstown Health Centre
Loughlinstown Drive, Loughlinstown, Co. Dublin
Tel: (01) 282 2122 / 2463

Sallynoggin Health Centre
Upper Glenageary Road, Sallynoggin, Co. Dublin
Tel: (01) 280 0786 / 6754

Shankill Health Centre
Lower Road, Shankill, Co. Dublin
Tel: (01) 282 0344

Stillorgan Health Centre
St. Brigid's, Church Road, Stillorgan, Co. Dublin
Tel: (01) 217 2918

Wicklow

Arklow Health Centre
Castle Park, Arklow, Co. Wicklow
Tel: (0402) 39624

Aughrim Health Centre
Aughrim, Co. Wicklow
Tel: (0402) 36316

Avoca Health Centre
Avoca, Co. Wicklow
Tel: (0402) 35170

Bray Health Centre
Block B, Civic Centre, Main Street, Bray
Tel: (01) 274 4100

Carnew Primary Care Centre
Gorey Rd., Carnew, Co. Wicklow
Tel: (076) 695 9090

Greystones Health Centre
Victoria Road, Greystones, Co. Wicklow
Tel: (01) 287 7311

Newtownmountkennedy Primary Care Centre
Mount Kennedy Town Centre
Newtownmountkennedy, Co. Wicklow
Tel: (01) 201 8500

Rathdrum Health Centre
Rathdrum, Co. Wicklow
Tel: (0404) 46231

Roundwood Health Centre
Roundwood, Co. Wicklow
Tel: (01) 281 8481

Tinahely Health Centre
Tinahely, Co. Wicklow
Tel: (0402) 38238

Wicklow Primary Healthcare Centre, Knockrobin
Wicklow Town, Co. Wicklow
Tel: (076) 695 8303

2.4
HSE ADDICTION SERVICES
Dublin South East & Dún Laoghaire and East Wicklow.

Harmful alcohol use is a key risk factor for suicide, and reducing harmful alcohol use is a universal prevention measure.[1] HSE Alcohol and Drug Treatment Services aim to improve the wellbeing of people seeking help with alcohol and drug misuse. These services include screening and assessment for the quantity, frequency, pattern and harmful consequences of their alcohol and drug misuse.

The main aim of these services is to encourage and support early intervention in order to arrest the progression of problems related to the alcohol and drug misuse. Based on a comprehensive assessment, an individual's needs will be identified and they will be assigned a key worker or counsellor and offered a range of psychotherapeutic interventions, which include psychoeducation sessions, individual sessions, group therapy, family therapy sessions and aftercare.

Treatment for others can involve stabilisation, detoxification and substitution programmes, which can be provided in both residential and non-residential settings followed by the psycotherapeutic interventions. Family Support Services are offered by many alcohol/drug services and provide support, advocacy, information and education to family members, carers, partners or friends affected by alcohol and drug misuse.

These services recognise that family members offer a great deal of practical, emotional and financial support to their family members, but that they may find themselves providing that support at the expense of their own self care. Family Support Services can provide any of the following supports: one-to-one key working, counselling, outreach, alternative therapies, arts and crafts and training programmes in self care, personal development and stress management. They may also organise family activities, respite weekends and family support groups. A new dual Diagnosis Clinical Care Programme is being planned by the HSE aimed at the development of guidelines for the treatment of people with co-occuring mental health problems and substance use disorders and defining clinical care pathways.

Addiction Services HSE & Community/Voluntary CHO 6

Baggot St. Clinic provides:
Methadone dispensing and scripting clinic
- seven days per week.
Nursing services, outreach, counselling

Sallynoggin Health Centre:
Methadone scripting clinic
- two evenings per week
Other services available through Patrick St.

Killarney Rd Clinic Bray:
Methadone dispensing and scripting clinic
Nursing services, outreach, counselling

Ballywaltrim Clinic:
Methadone scripting clinic
- two evenings per week
Other services available through Killarney Rd.

Patrick St. Clinic (DLR) provides:
Methadone dispensing and scripting clinic,
- five days per week.
Nursing services, outreach, counselling,
Rehabilitation Integration.

Loughlinstown Clinic:
Methadone scripting clinic
- two mornings per week
Other services available through Patrick St.

Fassoroe Clinic:
Methadone scripting clinic
- two evenings per week
Other services available through Killarney Rd.

Non HSE addiction services

DLR Community Addiction team:
The programme is structured around keyworking/case management and draws from established psychosocial therapies, assisting participants to assess and evaluate their situation and to prepare and implement customised care plans and bring about personal and behavioural change, dealing with their substance misuse and other related problems, overcoming addiction and preventing relapse.

Dún Laoghaire Rathdown Outreach Programme:
Offers a choice of individual and group appointments throughout the day and in some cases evenings too. The services are designed to support individuals at any stage of substance misuse and, with each step, assisting service users in defining their progression path across services, or by way of referral to another agency which can better meet their individual needs.

Youth Prevention Programme (YPP)
The YPP operated by Mounttown Neighbourhood Youth and Family Project (lead project) and Ballyogan Family Resource Centre. The Community Addiction Team (CAT) will provide an addiction assessment service and other supports into the programme, as required. The programme is intended to assess and address the needs of young people (12-18 years) in the DLR area who are high risk, and/or experimenting alcohol/drug users, helping them to facilitate a change process in their relationship to alcohol and drugs and in their social and emotional development and relationships, taking account of their unique needs. The main target group is young people who misuse cannabis or alcohol, amidst a growing concern about poly-drug use and young people using new drugs. There is a particular focus on targeting young people not currently engaged in other youth or community services.

Family Intervention & Support Programme (FI&S)
The FI&S builds on and expand an existing programme based at Barnardos, Dún Laoghaire (lead project) with the support of Mounttown Neighbourhood Youth and Family Project. The programme assesses and addresses the needs of family members - particularly children and young people - whose lives are negatively affected by another member's substance misuse. Typically the central issue of concern is the impact of parental substance misuse and the programme works to ensure that issues and needs as they impact on children and other family members are not hidden, and are kept in focus.

The programme's primary purpose is to support parent/child relationships and to improve outcomes for children across different aspects of their lives, including their relationships, attachments, their living situation and their involvement in school and other socio-educational events and activities. Interventions focus on improving children's social engagement and emotional development, encouraging them to explore feelings and experiences and to develop skills for improved self-regulation and for reducing inappropriate acting-out behaviour. The programme also seeks to prevent or reduce the likelihood that children become involved in substance misuse themselves, thus serving to break the cycle of addiction.

2.5
HSE / NOSP MENTAL HEALTH PROMOTION AND SUICIDE PREVENTION TRAINING PROGRAMMES

The Resource Officers for Suicide Prevention in CHO 6 currently coordinate the training programmes below. The aim of the training is to enhance awareness of and develop skills to respond to suicide and self-harm behaviour. Ultimately, everyone can make a difference to suicide prevention: the more people in the community who have suicide intervention training, the more likely it is that they will be able to identify someone at risk and intervene to keep them safe.

Table 2: Identified Training Needs Under The New National Suicide Prevention Training Strategy
Source: NOSP 2016

How to Access Training

Adam Byrne, Resource Officer for Suicide Prevention,
HSE CHO Area 6 (East Wicklow), Mental Health Division,
Glenside Road, Wicklow. **Email:** adam.byrne@hse.ie

Pauline O' Reilly, Resource Officer for Suicide Prevention,
HSE CHO Area 6 (Dublin South East & Dún Laoghaire), Mental Health Division,
Vergmount Hall, Clonskeagh, Dublin 6. **Email:** pauline.oreilly@hse.ie

Michael Noble, ASIST Training Co-ordinator
Dublin South East, Dún Laoghaire and East Wicklow (CHO 6). **Email:** asistcho6@gmail.com

esuicideTALK

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

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

How to access the programme:
The link to esuicideTALK is now live on yourmentalhealth.ie:
http://www.yourmentalhealth.ie/Get-involved/Community-action/esuicideTALK/

Suicide Awareness Prevention Programme

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

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

Responding to a Suicide in the Community

Responding to a Suicide in the Community (how to support people who are grieving) (Level 1 training): is a new two-hour programme developed in collaboration with the Hospice Foundation for the general community. Participants develop greater understanding and awareness of normal reactions and responses following suicide.

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

safeTALK

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

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

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

Understanding Self-harm Awareness Training

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

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

Supporting People Bereaved Through Suicide

Supporting people bereaved through suicide (Level 2 training): one-day training for key contact people and professionals. Participants develop greater understanding and awareness of support needed for people who have lost someone through suicide.

Target group: those who come in contact with people who are bereaved through suicide - those who are in a supportive role or those who, because of the nature of their roles will have interactions with them.

STORM® Suicide Prevention and Self-harm Mitigation Training

STORM® Suicide Prevention and Self-harm Mitigation Training (Level 5 training): focuses on developing the skills needed to assess and manage a person at risk of suicide or self-harm to stay safe.

The training is highly interactive, with methods proven to enhance a greater understanding of the subject and the development of skills. These include active demonstration, role-rehearsal, filmed role-rehearsal, feedback, and self-reflection.

Target group: the training is suitable for professional caregivers.

ASIST

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

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

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

ASIST Tune Up

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

MENTAL HEALTH PROMOTION TRAINING

1. **Understanding Youth Mental Health:** this is a one-day interactive workshop for those who work or volunteer with young people between the ages of 12 and 25. The workshop has been developed by Jigsaw, the National Centre for Youth Mental Health, and is delivered in collaboration with the Department of Health Promotion and Improvement, Health and Wellbeing Division, HSE.

2. **Minding Youth Mental Health:** this is a one-day interactive workshop, a follow-on from Understanding Youth Mental Health, for those who work or volunteer with young people between the ages of 12 and 25. This workshop has been developed by Jigsaw: the National Centre for Youth Mental Health, and is delivered in collaboration the Department of Health Promotion and Improvement, Health and Wellbeing Division, HSE.

3. **Well Being:** This is a one-day interactive workshop for those working in the health and community sector to support the promotion of positive mental health and wellbeing in their everyday work.

How to Access Training:
Helen McCormack, covering Dublin South East & Dún Laoghaire, email: Helen.mccormack1@hse.ie

SCHOOLS-BASED PROGRAMMES

A number of mental health and wellbeing interventions are provided at both primary and post-primary level by Health Promotion & Improvement and Primary Care, HSE. Examples are; Zippy's Friends, Mind Out and b.Mindfulness.

PARENTING PROGRAMMES

A number of parenting programmes are available to parents in CHO 6 across disciplines and agencies. The overall aim is to increase the knowledge, skills, and confidence of parents to reduce the prevalence of emotional and behavioural problems in children and adolescents. Co. Wicklow CYPSC coordinates an annual directory of parenting courses in the county. Further information on parenting programmes is available by contacting local Family Resource Centres, TUSLA, Springboard, etc.

2.6
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. Such challenges include:

Staffing. Pressures on the health services in recent years have curtailed the development of mental health services. *A Vision for Change* outlined clear guidelines regarding the composition and complement of community mental health teams but some do not yet meet the required complement of staff. However, a range of further developments are in progress in the wider CHO.

Access to appropriate counselling services. Although the CIPC service is a welcome new service, the fact that it is restricted to medical card holders means that many individuals may not have access to counselling. It is important that a range of therapies including cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT) and other management modalities which have been demonstrated to be effective for treatment of depression, anxiety and a range of other issues are made available.

Increasing demand for services. Referrals to both child and adolescent and adult mental health services have increased in recent years. Lack of availability of counselling services at primary care level results in increased referrals to secondary care, adding additional pressure for acute services and creating longer waiting lists. Early intervention and support at primary care level needs to be improved, and the CIPC service and self-harm nursing services are good examples of efforts to address this need. Reducing waiting times for the CAMHs service is a national priority, and young people who are presenting with suicidal behaviour or who are self-harming are seen urgently. The opening of the new CAMHs service in Cherry Orchard, Ballyfermot, is a welcome development and its services will be available to residents in Dublin South East, Dún Laoghaire and East Wicklow.

2.7
COMMUNITY AND VOLUNTARY SECTOR SUICIDE PREVENTION SERVICES AND SUPPORTS IN DUBLIN SOUTH EAST, DÚN LAOGHAIRE AND EAST WICKLOW.

Mental Health Ireland & Mental Health Associations

Mental Health Ireland (MHI)

Mental Health Ireland (MHI) promotes positive mental health and wellbeing to individuals and communities through a network of mental health associations (MHAs) which support people who experience mental health difficulties. MHI has three MHA's in Dublin South East, Dún Laoghaire and East Wicklow. They are all run by volunteers from within the community, including mental health professionals, service users and family members, who provide a range of supports for people with mental health conditions.

Samaritans in Arklow

In September 2014 the new East Coast Samaritans Branch opened in Arklow. East Coast Samaritans serve counties Wicklow and North Wexford. Samaritans provides emotional support 24 hours a day, by telephone, email, text, letter and a drop-in service. People contact Samaritans about a wide range of issues, including depression, relationship and family issues, loneliness, physical and mental health issues, as well as suicidal thoughts and feelings.

The Gateway Project

The Gateway Project is based in Rathmines,Dublin 6. It is a community-based recovery initiative working to meet the needs of people who have experienced mental health problems. The long-term aim is to establish a member led resource centre in the locality. The project is about support and integration: supporting people to identify their options and then to integrate them back into the community. It operates a drop-in facility which provides a space for people to meet and socialise, and a range of programmes which work to promote positive mental health and encourage self-esteem, confidence and motivation.

Living Life Counselling Bray & Arklow

Living Life Counselling is a registered charity providing high quality affordable counselling services to people who are unemployed or on a low income. The service deals with issues such as depression, anxiety, anger, loss, bullying, separation, abuse, stress, work-related issues, relationship difficulties, addiction, crime victimisation and suicidal ideation.

EVE HSE

EVE HSE offers a wide range of occupational services with a rehabilitative and developmental focus.
The services are provided with the objectives of maintaining and enhancing the core capabilities and quality of life for people with disabilities. Occupational services offers individuals flexible and challenging opportunities to develop their life skills and experience a range of settings including centre and community-based opportunities.

Cairdeas Clubhouse

Cairdeas Clubhouse Bray, Co. Wicklow, was established in 2014 and seeks to provide a supportive, friendly environment where each person is valued for their contribution and respected as an individual. It offers a dynamic programme of support for members embarking on their journey towards mental health recovery and is a community that offers people hope and an opportunity to achieve their full potential.

Suicide or Survive (SOS)

SOS endeavours to challenge the stigma attached to mental illness and provides a range of educational and therapeutic programmes that increase understanding of suicide.

National Learning Network (NLN)

NLN provides a range of flexible training courses and support services for people who need specialist support, (including people with mental health problems) in their centres at Roslyn Park, Sandymount and also in Bray and Arklow. These courses and HSE programmes, all of which include work experience, offer nationally recognised qualifications preparing students for employment or further education.

Arklow Youth Mental Health Week

Arklow Youth Mental Health Week aims to promote positive mental health by providing education and information in relation to youth mental health, helping reduce stigma and encouraging help-seeking behaviour.

Family Resource Centers (FRCs)

All Family Resource Centres (FRCs) across the country are currently implementing the Family Resource Centre Code of Practice for Suicide Prevention. This code of practice was prepared by the Western Regional Forum of Family Resource Centres and NOSP

FRCs are an integral part of the Child and Family Agency's Local Area Pathways model and act as a first step to community participation and social inclusion. FRCs provide a range of universal and targeted services and development opportunities that address the needs of families.

3

Evidence Base for the Action Plan

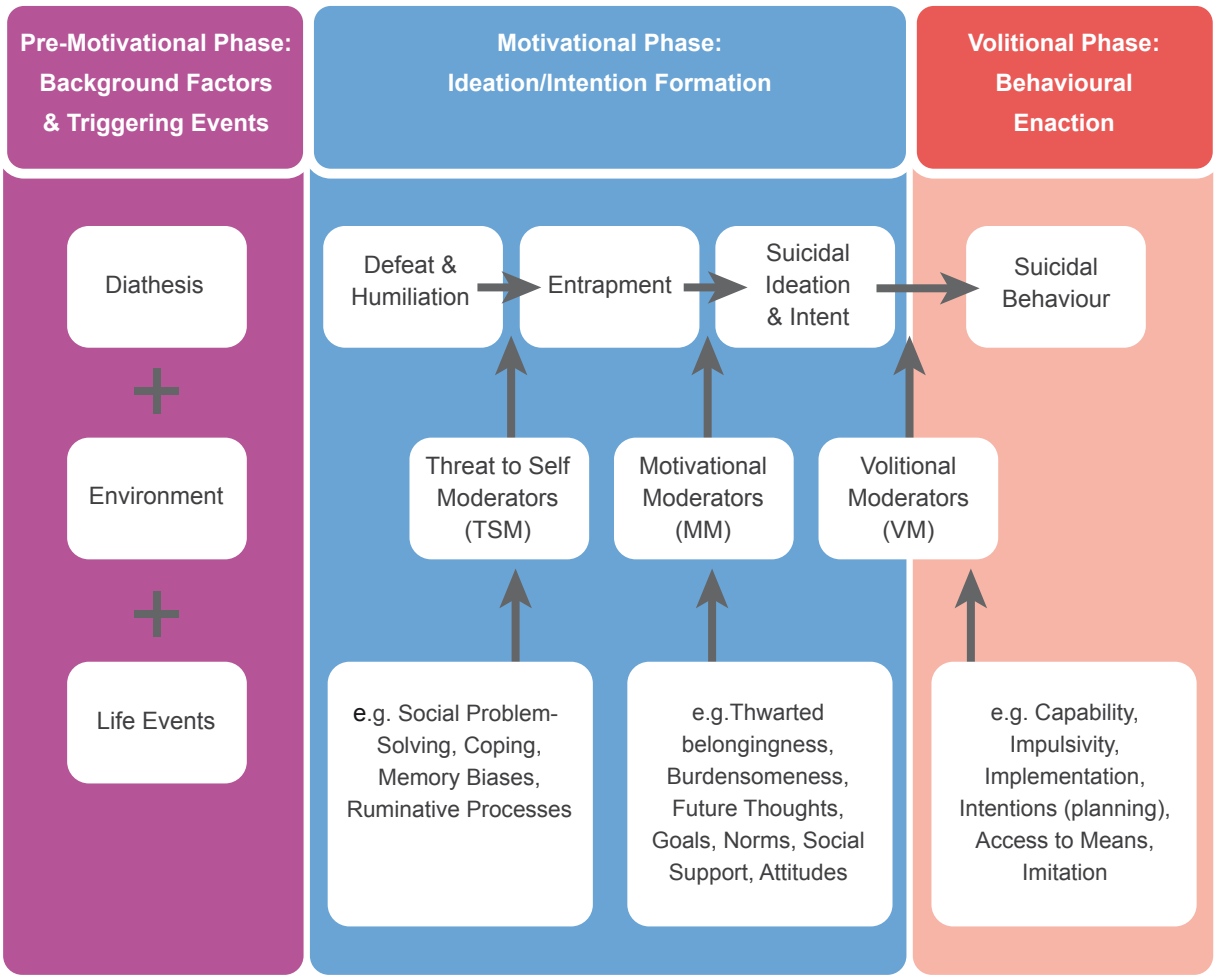
3.1
HOW DOES A PERSON COME TO TAKE HIS/HER OWN LIFE?

The causes of suicide are complex, involving the interaction between longer-standing vulnerability or diathesis and precipitant stressors, as outlined in the Integrated Motivational-Volitional Model of Suicidal Behaviour, Figure 8 below.[22] The 'diathesis' or vulnerability refers to biological, cognitive and social predispositions that place a person at higher risk of suicide. These include genetic predisposition, traits of impulsivity or poor problem-solving, and childhood adversity, such as exposure to abuse or parental mental disorder.[10]

The 'precipitant stressor' occurs closer to the time of the suicide, and may involve psychosocial crisis (such as job loss, relationship breakdown, social isolation, or financial crisis) or the onset or worsening of a psychiatric disorder.[10]

When a stressor is experienced by someone with pre-existing vulnerabilities, the psychological pain they experience may conceal possible solutions or future hopes. In this trapped state, they may begin to think about death or suicide as a means of escape. The nature of this suicidal ideation can range from a passive death wish to intrusive visualisations or a concrete plan. Some people with suicidal ideation do not act on their thoughts.[10]

Figure 7: The Integrated Motivational-volitional Model of Suicidal Behaviour



Source: O'Connor, 2011

3.2
PRIORITY GROUPS, RISK AND PROTECTIVE FACTORS

The foundation of any effective response to suicide prevention is the identification of both risk and protective factors that are rooted in robust data. Suicidal behaviours are complex. There are multiple contributory factors and causal pathways to suicide and a range of options for its prevention. Usually, no single cause or stressor is sufficient to explain a suicide. Most commonly, several risk factors act together to increase an individual's vulnerability.[1]

3.2.1
Risk Factors

International research has identified some common risk factors at individual, sociocultural and situation levels. These are shown in Table 3 below.

Table 3 Individual, Socio-cultural and Situational Risk Factors[23]

INDIVIDUAL	SOCIO-CULTURAL	SITUATIONAL
• 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	• 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.	• 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

Source: WHO

3.2.2
PROFILING PRIORITY GROUPS IN IRELAND

Ireland's overall suicide rate is among the lowest in the OECD.[24] However, particular demographic groups have consistently been shown by both national and international research evidence to have an increased risk of suicidal behaviour.[1,2] While there is significant overlap between many of the groups, it is important to note that the presence of risk factors does not necessarily lead to suicidal behaviour. For example, only a minority of people with a mental disorder will die by suicide.[1] As part of developing the national strategy, the National Office for Suicide Prevention reviewed the available Irish and international evidence in relation to risk and protective factors with the aim of identifying potential priority groups vulnerable to suicide in Ireland.[25] The key findings are outlined below.

Health & Mental Health Related Groups:

People with mental health problems of all ages.

Individuals who have engaged in repeated acts of self-harm.

People with alcohol and drug problems.

People with chronic physical health conditions and chronic pain.

Minority Groups with Increased Risk:

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

Demographic Cohorts with Increased Risk:

Young people, 15 - 24 years.

Middle aged men and women.

People who have a sense of isolation and limited social connectedness, like men living in rural communities.

People who are economically disadvantaged.

People who have experienced trauma, abuse, other stressful life events or acute emotional distress.

People who have suffered significant losses e.g., job or financial losses or relationship and social losses.

Suicide-related Risk:

People bereaved by suicide or with a family history of suicide.

Occupational Groups with Increased Risk:

Healthcare professionals, professionals working in isolation, e.g. veterinarians, farmers.

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

3.2.3
More information on Individual risk factors

MENTAL HEALTH SERVICE USERS:

The World Health Organisation notes that mental disorders are one of the key risk factors for suicide.[1]
In Ireland, research on the psychosocial characteristics of people who completed suicide showed that 58% were actively attending mental health services at the time of their death and 44% suffered from serious depression. [26]

SELF-HARM:

There is a strong relationship between suicide and prior self-harm: people who are treated for self-harm are far more likely to die by suicide compared to people in the general population[10,12] and repeated self-harm is one of the strongest risk factors for death by suicide.[2]

YOUNG PEOPLE:

Ireland has the fourth highest rate of suicide among teens (15 to 19 age group) in the EU, with only Lithuania, Estonia and Finland experiencing higher rates.[24] More than one-fifth (21%) of the 8,200 young Irish adults who participated in the My World Survey (2012) reported that they had deliberately hurt themselves without wanting to take their life, and 7% of them had attempted to take their own lives in the past.[27]

MEN:

In 2014, almost 82% of the deaths from suicide in Ireland in 2011 were men.[8]

UNEMPLOYMENT:

There is a clear correlation identified between unemployment, poor mental health and suicide both internationally and in Ireland. Unemployed people in Ireland are five times more likely to have symptoms of psychiatric disorders than employed people.[2]

The Suicide Support and Information System[19] reveals that of the 307 cases analysed for the 2012 report on suicide in Ireland, 33% were unemployed: over twice the average unemployment rate for the general population for the same year.

TRAVELLERS:

There is a high rate of mental ill health and suicide among Travellers. Suicide is the cause of 11% of all Traveller deaths. The suicide rate for Traveller women is six times higher than for settled women, and is seven times higher for Traveller men.[16] Suicide is most common in young Traveller men.[16]

LGBTI PEOPLE:

Research by the Royal College of Psychiatrists in Ireland found that LGBTI young people were over seven times more likely to have experienced suicidal ideation, have engaged in suicidal acts, or experienced a mood disorder than young people with a heterosexual orientation.[2] The incidence of self-harm was also found to be substantially higher in this group who were ten times more likely to have engaged in self-harm than their heterosexual peers.[2]

Research with transgender people in Ireland, conducted by the Transgender Equality Network Ireland found very high levels of previous suicidal behaviour among their respondents: 78% of trans people had considered ending their own lives and 40% had attempted to end their lives at least once.[28]

ASYLUM SEEKERS:

Asylum seekers suffer disproportionately from mental health issues such as anxiety, depression and post-traumatic stress disorder. They have an increased risk of suicidal behaviours and suicide completion.[2]

Alcohol Use and Suicide

The World Health Organisation (WHO) acknowledges that harmful alcohol use is a key risk factor for all types of suicidal behaviour.[1] Individuals with a substance use disorder (either a diagnosis of abuse or dependence on alcohol or drugs) are almost six times more likely to report a lifetime suicide attempt than those without a substance use disorder.[29] Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and current suicidal thoughts are common.[30,31]

The long-term effects of alcohol misuse are probably mediated through interconnected effects on mood and social processes. Those not actually dependant on alcohol are at risk through the short-term effects on mood, cognitive processes and impulsivity. Young people appear to be particularly susceptible to alcohol-associated suicidal behaviour, and the pattern of drinking especially binge drinking may be of relevance.[32]

There is substantial evidence in Ireland and internationally of the negative effect of excessive alcohol use on mental health and wellbeing. *My World Survey* of young people's mental health in Ireland showed that excessive use of alcohol is associated with poor mental health and wellbeing, with strong links between excessive drinking and suicidal behaviour in young adults.[27] A study by the National Suicide Research Foundation of suicides in Cork found that the presence of alcohol and/or drug abuse was confirmed for 60.7% of cases. Among these, 48.6% had abused alcohol, 21% had abused drugs and 27.6% had abused both alcohol and drugs.[19] Similarly, Walsh et al. (2010)[33] found that alcohol consumption had a significant effect on suicide mortality among men in Ireland and is strongly associated with suicide completion in the general population and among young people. In relation to self-harm, the National Self-harm Registry in Ireland 2015 found that alcohol was involved in one-third of all self-harm cases, being associated with more cases in males than females (34% and 29% respectively).[21]

Evidence-based public health policies to reduce the harmful use of alcohol and drugs are required to reduce suicidal behaviour. [34] These policies are considered particularly critical within populations with a high prevalence of alcohol use, such as Ireland.[35]

3.3
PREVENTING SUICIDE AND SELF-HARM: WHAT WORKS?

In 2014, the Health Research Board (HRB) was asked by the National Office of Suicide Prevention (NOSP) to examine the evidence base for suicide prevention in order to establish which suicide prevention interventions were successful in reducing suicidal behaviour, including suicidal ideation, self-harm, suicide attempts or death by suicide.[29] 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. More recently, two major reviews were published in 2016 which synthesise the evidence around suicide prevention: Zalsman et al. (2016)[36] and Hawton et al. (2016).[37] The outcomes from these studies strengthen the evidence base in several areas of suicide prevention and have been included in the list below. Clearly, more research is needed and systematic evaluation of interventions carried out under the implementation of *Connecting for Life* will make a very important contribution to the evidence base.

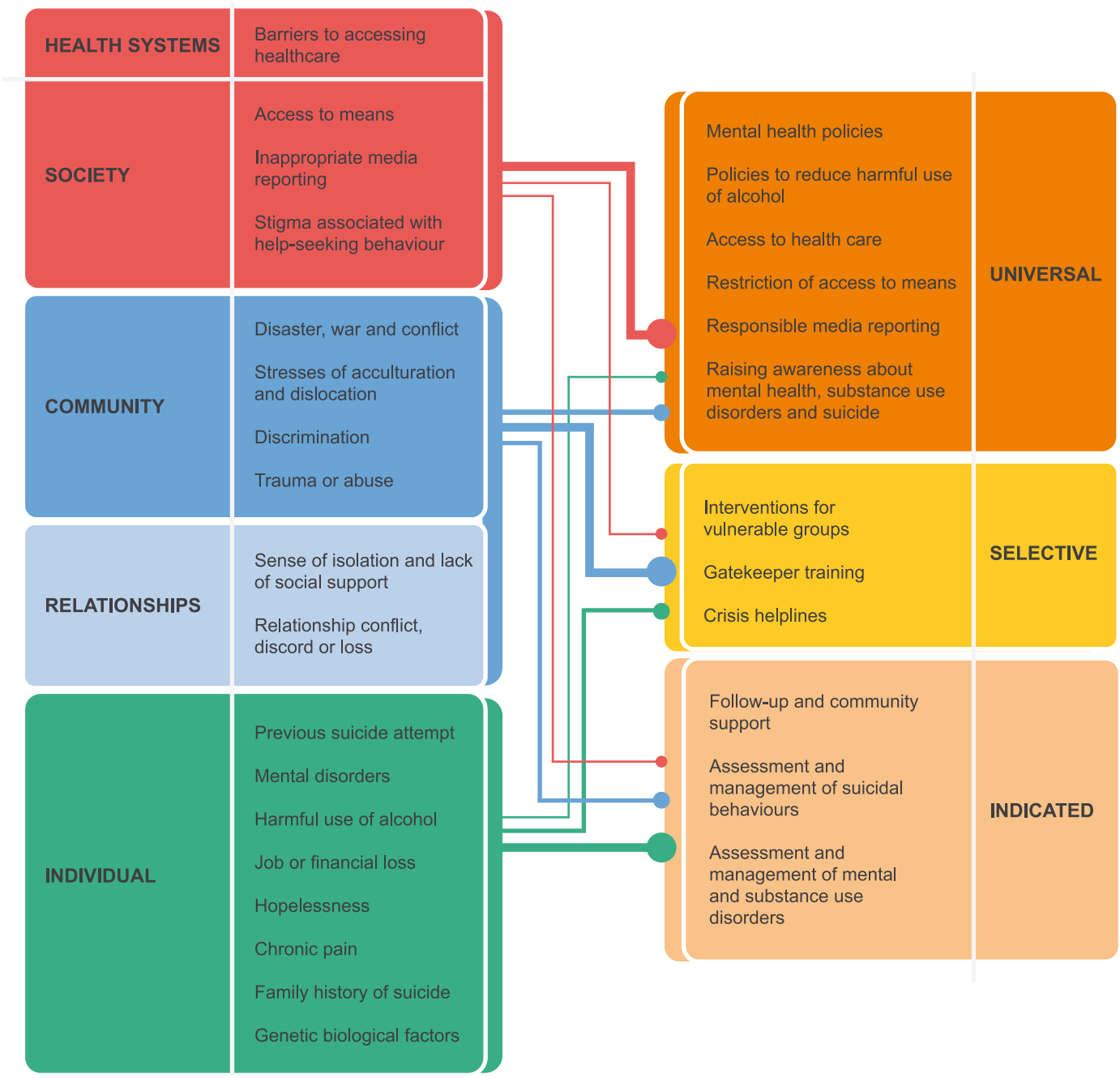
A review of all literature indicates that the following interventions are effective or show promise:[36,37]

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

As previously noted, frequently several risk factors act cumulatively to increase a person's vulnerability to suicidal behaviour.[1] Often, a culmination of a number of individual and structural risk factors will increase the risk of someone successfully completing suicide. Apart from those individualised risk factors outlined in the previous section, there are also systemic, societal, community and relationship risk factors that can increase the risks.[1] These risk factors and suitable interventions are illustrated in Figure 8.

Figure 8: Key Risk Factors for Suicide Aligned with Relevant Interventions

(Lines reflect the relative importance of interventions at different levels for different areas of risk factors)



3.4
PROTECTIVE FACTORS

Protective factors have been shown to improve resilience.[1] Therefore, enhancing protective factors is also an important aim of any comprehensive suicide prevention response. **#Littlethings** is the mental health and wellbeing campaign launched by the HSE's National Office for Suicide Prevention and a coalition of over 25 partner organisations. The #littlethings campaign highlights that we all experience difficult times in our lives, and that when we do, there are some simple, evidence-based little things that can make a big difference to how we feel. These #littlethings can help us to cope but there are also supports and services we can use if we need to. #littlethings answers two key questions that we all need the answers to in order to be able to look after ourselves and others mental health.

1. What can I do?

The campaign, developed in conjunction with mental health experts, highlights the evidence-based #littlethings that can improve your mental health and wellbeing. The campaign showcases a selection of the #littlethings that are proven to protect and help recover good mental health and wellbeing - like keeping active, talking about problems, connecting with others going through difficult times, drinking less alcohol, eating and sleeping well.

2. Where can I go?

A new online information resource, **yourmentalhealth.ie**, has been developed with the support of NOSP and funded partner organisations. This website is now the most comprehensive online directory of support services and information on mental health in Ireland. It is a great place to learn about mental health, and to find out how to support yourself and the people you care about. In addition, there is now one single emotional support freephone number, available at all times, from the **Samaritans at 116 123.**

- A person with an imminent intention to harm themselves should be treated as a medical emergency. For more information on where to go please see page 19.
- **www.yourmentalhealth.ie** This website gives information on mental health and supports and services across the country.
- A comprehensive list and contact details for other support services can be found in Appendix 5, page 101.

HERE ARE THE #LITTLETHINGS THAT CAN MAKE A BIG DIFFERENCE TO OUR MENTAL HEALTH AND OUR WELLBEING:

yourmentalhealth.ie
#littlethings

Keeping Active - being active every day, something as simple as a walk, is proven to have a positive impact on your mood.

Talking about Your Problems - problems feel smaller when they are shared with others, without having to be solved or fixed. Just talking about them will do you good.

Looking out for Others - lending an ear to someone else in trouble, or catching up with someone who seems distant, can change their day, or their lives. You don't have to fix it for them - just listening is a huge help.

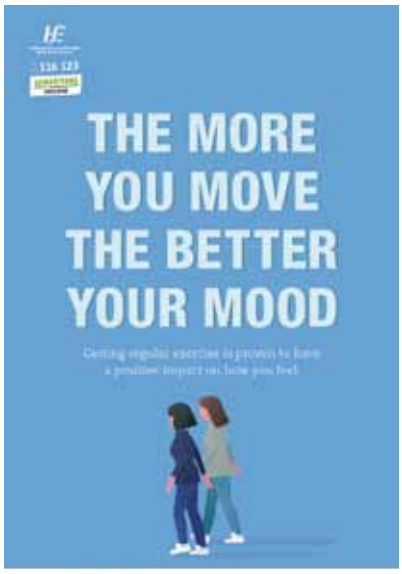
Doing Things With Others - taking part in a group activity that you enjoy is proven to have a positive impact on how you feel, be it a game of football, joining a choir, volunteering.

Eating Healthily - a regular healthy, balanced and nutritious diet will help both your physical, but also your mental health, and will have a positive impact on how you feel.

Staying in touch - catching up with friends and family is good for our mental health, reminding us that we're part of a community, and having a positive impact on how we feel.

Drinking Less Alcohol - for the average Irish drinker, reducing alcohol will have a positive impact on their health and mental wellbeing, making it easier to cope with day-to-day difficulties and stresses.

Sleeping well - getting a good night's sleep of seven or eight hours, as often as you can, will have a positive impact on how you feel. Protect your sleep if you can, it will do you good.

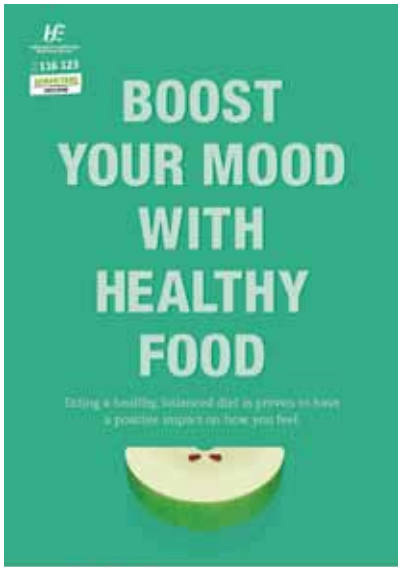

THE MORE YOU MOVE THE BETTER YOUR MOOD


PROBLEMS FEEL SMALLER WHEN YOU SHARE THEM


IF A FRIEND SEEMS DISTANT CATCH UP WITH THEM

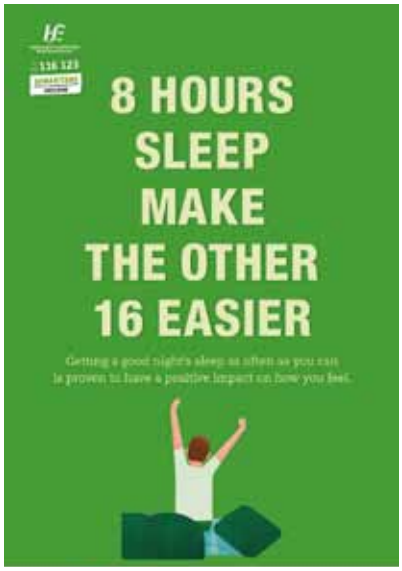

LENDING AN EAR IS LENDING A HAND


DRINK LESS AND GREAT NIGHTS BECOME GOOD MORNINGS


BOOST YOUR MOOD WITH HEALTHY FOOD


ADD FRIENDS TO YOUR TEA


DO THINGS WITH OTHERS
THERE'S STRENGTH IN NUMBERS


8 HOURS SLEEP MAKE THE OTHER 16 EASIER

4

Overview of the Action Plan

4.1
METHODOLOGY

Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow 2015 -2020 has been developed in response to and in line with *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015 – 2020*. It has taken an evidence-informed approach to ensure that the actions will deliver real and measurable benefits in a cost-effective way. It builds on previous work and contributes key elements to moving forward. As with the National Strategy, *Connecting for Life Dublin South East, Dún Laoghaire and East Wicklow* recognises the contributions that can be made across all sectors of our community with the aim of reducing suicide. The approach to the preparation of the local Implementation Plan has been consultative and inclusive, involving the relevant statutory, non-statutory and community & voluntary organisations.

Methodology to date:

- Identification of suicide and deliberate self-harm trends in Dublin South East, Dún Laoghaire and East Wicklow (Central Statistics Office, National Suicide Research Foundation).
- Analysis and alignment of a wide range of existing strategic and operational plans from key stakeholders.
- Collaboration and engagement with lead organisations and partners for the implementation of '*Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow.*
- A resource analysis of existing services and supports in CHO6.
- Examination of submissions made to the National Strategy by locally based organisations and services.

This approach has ensured that the actions are relevant to the needs of the people of this area and it lays out very specific steps to deliver these actions (see Implementation Plan, page 49).

4.2
OVERVIEW OF THE ACTION PLAN: STRATEGIC GOALS, OBJECTIVES AND IMPLEMENTATION PLAN FOR CHO 6

Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow 2015 - 2020, seeks to implement locally the vision, goals, objectives and measurable outcomes as the national strategy with the aim of reducing the incidence of suicide and self-harm. This local action plan mirrors both in its approach and its proposed implementation the good practice outlined in our national suicide prevention strategy and lays out very specific steps to deliver the goals targeting those most in need.

VISION

A region where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing

GOALS

1 Better understanding of suicidal behaviour

2 Support communities to prevent and respond to suicidal behaviour

3 Targeted approaches for those vulnerable to suicide

4 Improved access, consistency and integration of services

5 Safe and high-quality services

6 Reduce access to means

7 Better data and research

PRIMARY OUTCOMES

1. Reduced suicide rate in Dublin South East, Dún Laoghaire and East Wicklow and amongst specific priority groups
2. Reduced rate of presentations of self-harm in Dublin South East, Dún Laoghaire and East Wicklow and amongst specific priority groups

IMPLEMENTATION

Action Plan to achieve goals and objectives
Implementation structures: Cross-Sectoral Oversight Committee, Implementation Group, and Workstream Groups

Only a comprehensive approach can reduce the varied and complex challenge of reducing the incidence of suicide and self-harm. To succeed, we will have to take simultaneous action in the seven interconnected and interdependent areas below. These seven action areas were identified as key to achieving the *National Strategy* objectives, based on evidence and practical experience gained from implementing *Reach Out* the first national suicide prevention strategy.[3]

This approach examined new research, effective interventions and approaches, and new thinking about the integrated nature of health. The evidence shows that making progress across a core set of interlinked action areas is critical and cost-effective, as no sector or intervention can singly achieve the objectives.[2] This will require a more integrated and holistic way of working across services, sectors and communities as envisioned by *Connecting for Life.* [2]

SEVEN STRATEGIC GOALS

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, with 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 CHO, including the media, we can achieve a greater understanding of suicide and the factors that protect and improve our mental health.

STRATEGIC GOAL 2

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

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

STRATEGIC GOAL 3

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

Whilst the suicide rate in the four local authority areas in CHO 6 is below the national average, particular demographic groups have been shown to have increased risk to suicide, as outlined in Section 3. Identifying risk and protective factors for suicide is important at a whole population level, and particularly for those vulnerable to suicide. Within this plan, consideration has been given to particular issues which may contribute to risk, especially for vulnerable groups.

STRATEGIC GOAL 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 operate under widely-understood protocols, ensuring the person is guided through a supportive network of assistance and that the work of statutory and non-statutory service providers enhance and complement each other. The foundations of a sustained approach to preventing and reducing suicide and self-harm are consistently available services and integrated care pathways, across both statutory and non-statutory services.

STRATEGIC GOAL 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 is a crucial element of a suicide prevention plan. Agencies need to have good-practice guidelines and clear care protocols. By ensuring the quality and standard of both statutory and funded non-statutory health and social care services, and strong governance and accountability structures, service users and providers are protected, and the professionalism and safety of the service response is enhanced.

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. This 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.

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 availability of robust data. This should include data on the types of services and interventions that are effective in preventing suicidal behaviour, on the groups most vulnerable to suicidal behaviour, on trends in suicidal behaviour, and on key risk and protective factors. Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, and having real-time and better integrated data surveillance systems for suicidal behaviours, as well as accelerating the transfer of research finding into practice, is fundamental to the success of *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow* and other suicide prevention policies and practices.

5

Implementation Plan

5.1
GUIDE TO THE IMPLEMENTATION PLAN

The following terminology is used in the implementation plan

NATIONAL STRATEGIC GOAL

This goal is set out in *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020* and detailed on page 5.

NATIONAL ACTION

This action is set out in *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020*.

TARGET GROUP

This describes the group of people for whom the action is intended and may include whole population, or specific groups such as young people or people with substance misuse issues.

AREA OBJECTIVE

This CHO 6 objective reflects the national objectives as set out in *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020.*

IMPLEMENTATION GROUP ACTIONS

This provides a summary description of the action in question.

STEPS

This describes the various steps for implementing the action.

STAKEHOLDERS

National Lead
This is the self-identified organisation that has committed to implementing the associated national actions as set out in *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020.*

Area Lead Organisation
This is the organisation that has responsibility to implement the actions in the area as set out in this plan.

Partner Organisation
These are the partner organisations whose involvement and support assist the implementation of local actions.

TIMEFRAME

Targeted timeframe for completion of actions.

INTERMEDIATE OUTCOMES

Intermediate Outcomes are set out in *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020.* This describes the change that will happen for the target group as a result of this action or step being implemented.

INDICATORS

Indicators are set out in *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020.* These are the things that will show progress is being made towards the outcomes identified.

KEY PERFORMANCE INDICATORS

Measurement units of actions, e.g. % of group participation, number of participants, report produced, recommendations made, type and range of activities.

DATA

Evidence of action.

DATA SOURCES

Where the data originates.

5.2 IMPLEMENTATION PLAN

Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow. Reducing Suicide Together Action Plan 2015 - 2020

NATIONAL STRATEGIC GOAL 1 - To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
1.1.3 Deliver coordinated communication campaigns (such as LittleThings 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant supports.	Whole population & priority groups e.g. young people, Travellers, LGBTI, homeless, prisoners, people who have experienced domestic, sexual or physical abuse.	Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors.	Implement and integrate national communications campaigns.	Provide information and materials on campaigns such as 'Little Things' to statutory and non-statutory agencies and community and voluntary groups. Promote campaigns such as 'Little Things' as good practice initiatives and a resource to statutory and non-statutory agencies, community and voluntary groups.	**National Lead** HSE MH. **Area Lead Org** HSE ROSP, Health Promotion & Improvement & HSE Communications. **Partner Orgs** Local media, drug & alcohol services, TUSLA, C&V organisations, other statutory organisations.	2016-2020	Improved population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors. Increased awareness of available suicide prevention and mental health services.	Knowledge and awareness about support services and groups. Understanding of protective and risk factors for suicide and self-harm. Understanding of mental health and wellbeing.
1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at: YourMental Health.ie	Whole population & priority groups e.g. young people, people with limited social connectedness, Travellers, LGBTI, homeless people, prisoners, people who have experienced domestic, sexual or physical abuse.	Increase awareness of available suicide prevention and mental health services.	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 available online through yourmentalhealth.ie	Collate information on services and update yourmentalhealth.ie Promote yourmentalhealth.ie as a service information focal point.	**National Lead** HSE MH. **Area Lead Org** HSE MH NOSP HSE Communications. **Partner Orgs** HSE, C&V organisations.	2016-2020	Increased awareness of available suicide prevention and mental health services.	Knowledge and awareness about support services and groups.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.	Priority groups e.g.: young people, people with limited social connected-ness, Travellers, LGBTI, homeless people, prisoners, people who have experienced domestic, sexual or physical abuse.	Increase awareness of available suicide prevention and mental health services.	Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.	Disseminate information on appropriate services to those working with priority groups.	**National Lead** HSE MH. **Area Lead Org** HSE ROSP. **Partner Orgs** Youth services, Sports partnerships, Traveller projects, TUSLA, NOSP, HSE Primary Care teams and social care.	2016-2020	Increased awareness of available suicide prevention and mental health support services amongst priority groups.	Knowledge and awareness about support services and groups.
1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.	Priority groups e.g.: young people, people with limited social connected-ness, Travellers, LGBTI, homeless people, prisoners, people who have experienced domestic, sexual or physical abuse.	Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups.	Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.	Identify local stigma reduction campaigns through Implementation membership. Support and promote these campaigns.	**National Lead** NOSP. **Area Lead Org** HSE ROSP, HSE MH, youth sector, non-statutory partners. **Partner Orgs** HSE Communications.	2016-2020	Reduced stigmatising attitudes to mental health and suicidal behaviour at popula-tion level and within selected priority groups.	Stigmatising attitudes towards mental ill-health, self-harm and suicide. Self-stigma (priority groups).
1.4.4 Monitor media reporting of suicide, and engage with media in relation to adherence to guidelines on media reporting.	Whole Population	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.	Support national organisations in the monitoring and engagement of local media in relation to death by suicide, mental health awareness and supports.	Establish interagency group to carry out action. Identify and engage with local media. Build awareness of good practice guidelines.	**National Lead** NOSP. **Area Lead Org** HSE Communications, HSE ROSP, Headline NOSP. **Partner Orgs** Local Media, HSE HP & I, HSE MH, Drugs & Alcohol Task Force, C&V organisations.	2016-2020	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.	Poor reporting (does not adhere to guidelines). Positive reporting (adheres to guidelines).

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

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE MH Division and aligned with HSE CHO structure, local economic and community plans and Children and Young People's Services Committee's (CYPSC) county plans.	Service providers, communities and priority groups.	Improve the continuation of community level responses to suicide through planned multi-agency approaches.	Develop and participate in the implementation of CfL Action Plans Integrate mental health lead actions in CHO CfL Action Plans to facilitate CHO level reports on the local implementation of CfL, as part of a national monitoring and reporting framework	Identify suicide and deliberate self harm trends in CHO 6. Analysis and alignment of a wide range of existing strategic and operational plans from key stakeholders. Collaboration and engagement with lead organisations and partners for the implementation of the Action Plan. A resource analysis of existing services and supports in CHO6. Examination of submissions made to the National Strategy by locally based organisations and services. Develop an appropriate Action Plan for the area based on best practice and local needs.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** ROSP, CYPSCs, local authority, HSE PC, HSE H&W, Gardaí, C&V organisations, Acute Hospitals, NOSP.	2016-2018	Continued improvement of community-level responses to suicide through multi-agency approaches.	Local action plan available to enhance community response to suicide.
	Service providers, communities and priority groups.	Improve the continuation of community level responses to suicide through planned multi-agency approaches.	Develop networks of ASIST-trained individuals in local communities to support effective community responses.	Collate database of trainees. Identify trainees who wish to be part of the network. Establish a forum for trainees to communicate. Support the forum with up to date information on mental health services and supports.	**National Lead** HSE MH. **Area Lead Org** HSE ROSP **Partner Orgs** HSE, family resource centres, TUSLA, C&V Organisations.	2016-2020	Accurate information and guidance on effective suicide prevention interventions provided for community based organisations.	Community organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention interventions.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention.	Service providers, communities and priority groups.	Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations.	Support the implementation of the National Code of Practice for Suicide prevention for Family Resource Centres.[ii]	Family Resource Centre staff attend workshops, adopt and implement Code of Practice. Follow up support on implementation by ROSP.	**National Lead** NOSP. **Area Lead Org** TUSLA, NOSP, Family Resource Centre National Forum. **Partner Orgs** Family resource centres, HSE ROSP.	2016-2018	Accurate information and guidance on effective suicide prevention interventions provided for community based organisations.	Community organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention interventions.
	Service providers, communities and priority groups.	Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations.	Provide support to community-based organisations through the provision of guidelines and protocols on effective suicide prevention.	Identify and map the organisations in need of guidelines and protocols. Provide appropriate information to identified organisations.	**National Lead** NOSP. **Area Lead Org** HSE, NOSP. **Partner Orgs** C&V organisations, TUSLA, family resource centres, NOSP.	2016-2020	Accurate information and guidance on effective suicide prevention interventions provided for community based organisations.	Community organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention interventions.
2.3.1 Develop a Training and Education Plan for community based training (as part of the National Training Plan) building on the Review of Training completed by NOSP in 2014	Service providers.	Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations.	Develop a Training Plan for community-based training (as part of the National Training Plan) building on the Review of Training completed by NOSP.	Carry out local training needs analysis. Produce local training plan based on local need and available resources.	**National Lead** NOSP. **Area Lead Org** HSE ROSP. **Partner Orgs** Non-statutory partners.	2016 -2020	Training programmes on suicide prevention provided and delivered to community-based organisations.	Availability of relevant training programmes to community organisations. Delivery of relevant training programmes to community organisations.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
2.3.2 Deliver training and awareness programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide	Service providers.	Ensure the provision and delivery of training and education programmes onsuicide prevention to community-based organisations.	In alignment with the National Training Plan, deliver SafeTALK, ASIST and Understanding Self-harm, Loss and Bereavement through Suicide training programmes prioritising service providers, particularly those who come into regular contact with people who are vulnerable to suicide and present with self-harm.	Complete training needs analysis. Prioritise trainees based on contact with priority groups. Upskill appropriate trainers. Deliver training based on needs and resources available.	**National Lead** NOSP. **Area Lead Org** HSE ROSP. **Partner Orgs** Mental Health Ireland, TUSLA, C&V organisations, HSE PC, HSE MH, ROSP, Youthreach, UCD, IADT, NRH, Acute Hospitals, Gardaí, youth services, farming organisations, carers of older people, carers of people with chronic illness, disability.	2016-2020	Training programmes on suicide prevention provided and delivered to community-based organisations.	Availability of relevant training programmes to community organisations. Delivery of relevant training programmes to community organisations.
2.3.3 Deliver a range of mental health promotion and suicide prevention programmes in the community, health, justice and education settings aimed at improving the mental health of the whole population and priority groups.	Whole population.	Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations.	Deliver a range of mental health promotion and suicide prevention programmes in the community, health, justice and education settings aimed at improving the mental health of the whole population and priority groups.	Continue to provide evidence based training and education programmes on suicide prevention and mental health promotion. Support the implementation of Make Every Contact Count (MECC) and Healthy Eating Active Living (HEAL) initiatives within in HSE workforce.	**National Lead** NOSP. **Area Lead Org** HSE Health Promotion & Improvement, HSE MH, HSE ROSP. **Partner Orgs** TUSLA, C&V organisations, HSE PC, Mental Health Ireland, Gardaí, youth services, MH service providers, Headstrong, UCD, schools, farming organisations, sports organisations.	2016-2020	Training and education programmes on mental health promotion/ wellbeing and suicide prevention.	Availability of relevant training and education programmes to community-based organisations. Delivery of relevant training and education programmes to Community-based organisations.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
2.3.3 Deliver a range of mental health promotion and suicide prevention programmes in the community, health, justice and education settings aimed at improving the mental health of the whole population and priority groups.	Service providers working with students and priority groups on campus.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	Implement Student Mental Health & Wellbeing Policies at UCD and IADT Dún Laoghaire.	Assess the support needed for colleges to implement Mental Health & Wellbeing Policies. Provide appropriate support from existing services and resources and up skill trainers' onsite through T4T programmes.	**National Lead** DES. **Area Lead Org** UCD and IADT Dún Laoghaire. **Partner Orgs** HSE ROSP, NOSP	2016-2012	Training programmes on suicide prevention provided and delivered to community-based organisations.	Availability of relevant training and education programmes to community-based organisations. Delivery of relevant training and education programmes to community-based organisations.

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

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
3.1.2 Develop and implement a range of agency and inter-agency protocols (including protocols for sharing information) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.	Service providers..	Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	Assess, develop and implement the most appropriate Response Plans[i] relating to suicide in the area.	Assess existing response plans and the need for local coordinated responses. Develop an appropriate plan for the area based on best practice and local needs. Develop protocols for sharing information. Implement response plan and evaluate process and outcome.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** CYPSCs, Local Authority, HSE PC, HSE MH, NEPS, Gardaí, C&V organisations, Acute Hospitals.	2016-2018	Continued improvement of community-level responses to suicide through multi-agency approaches.	Local action plan available to enhance community response to suicide.
3.1.3 Develop and deliver targeted initiatives and services at primary care level for priority groups.	Priority groups such as: people with mental health problems and people with limited social connectedness.	Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	Support and promote the continued roll out of the Stress Control Programme.[iii]	Compile training needs analysis and training plan for appropriate support services. Deliver training as appropriate based on need and resources available.	**National Lead** HSE PC. **Area Lead Org** HSE PC. **Partner Orgs** HSE, C&V organisations.	2016-2020	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups. Enhanced supports for young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated. Enhanced availability in primary care to early intervention psychological supports, including counselling.
3.1.3 Develop and deliver targeted initiatives and services at primary care level for priority groups.	Priority groups such as: people with mental health problems, people with limited social connectedness, Travellers, LGBTI, people, people who have experienced domestic, sexual or physical abuse.	Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	Explore the potential to implement the Social Prescribing[iv] Programme throughout the area.	Assess the feasibility of the programme for the area. Develop and implement any resulting actions..	**National Lead** HSE PC. **Area Lead Org** HSE ROSP. **Partner Orgs** HSE Health Promotion, C&V organisations, GPs, HSE PC, HSE MH.	2017	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
3.1.4 Evaluate as appropriate targeted initiatives and/or services for priority groups.	Service providers working with young people.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	Track and review early intervention and psychological support service for young people at primary care level.	Identify and map current service provision. Compile report and highlight issues arising and implement agreed changes.	**National Lead** HSE PC. **Area Lead Org** HSE PC. **Partner Orgs** HSE HSE ROSP, Jigsaw	2016-2020	Enhanced supports for young people with mental health problems or vulnerable to suicide.	Enhanced availability in primary care to early intervention psychological supports, including counselling.
3.1.4 Evaluate as appropriate targeted initiatives and/or services for priority groups	Service providers working with young people.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	Review the range of mental health programmes available to schools in the area and explore the capacity to deliver the most appropriate programmes.	Identify and map the range of mental health programmes available to the area Provide information to schools on best practice programs and information on local services relating to mental health promotion and suicide prevention.	**National Lead** NOSP. **Area Lead Org** HSE ROSP **Partner Orgs** CYPSCs, Primary and post-primary schools, NEPS, TUSLA, C&V rganisations, ETBs, HSE HP&I	2016-2017	Improved implementation of effective approaches to reducing suicidal behaviour among young people Enhanced supports or young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence) Interventions that are not evidence-informed and not evaluated 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.
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Service providers working with Young people of 15 - 24 years.	Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	Continued roll out of youth mental health programmes such as Understanding Youth Mental Health and Minding Youth Mental Health.	Identify and match programmes to services. Upskill trainers. Promote the introduction of new best practice programmes to services.	**National Lead** HSE H&W. **Area Lead Org** HSE Health Promotion & Improvement. **Partner Orgs** CYPSCs, HSE ROSP	2016-2020	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups. Enhanced supports f or young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Priority groups such as: people with mental health problems, people with limited social connectedness.	Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	Continue to support the Woodlands for Health Programme in East Wicklow and Dún Laoghaire area and explore the potential to extend the programme in Dublin South East.	Assess the feasibility of the programme for the Dublin South East. Develop and implement any resulting actions. Continue to support the initiative in East Wicklow and Dún Laoghaire.	**National Lead** HSE H&W. **Area Lead Org** HSE MH, Cluain Mhuire MH Services **Partner Orgs** Dún Laoghaire Rathdown Sports Partnership, HSE H&W, HSE ROSP, Coillte, MHI, WMHA, Get Ireland Walking.	2016-2020	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Priority groups young people of 15 - 24 years.	Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	Link current urban initiatives that have youth mental health events to establish area wide initiatives that promote positive mental health for young people e.g. Be Well Bray.	Identify best practice interventions in youth mental health. Identify priority locations for new initiatives and assess the feasibility to link existing and new initiatives. Implement new initiatives.	**National Lead** HSE H & W. **Area Lead Org** CYPSCs. **Partner Orgs** CYPSC member organisations.	2016-2017	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Service providers working with young people of 15 - 24 years.	Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	Promote training in schools such as 'One Good Adult' and Time to Start Talking in line with the Headstrong Model.	Identify schools for engagement. Deliver training to appropriate teachers parents and students.	**National Lead** HSE H&W. **Area Lead Org** CYPSCs. **Partner Orgs** CYPSC member organisations.	2017-2020	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups. Enhanced supports for young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE PC.	Service providers	Support in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	Review and promote the continued roll out of programmes aimed at early intervention and prevention of alcohol and substance misuse.	Identify and map programmes available. Assess best practice programmes and feasibility for local implementation. Promote referral to programmes amongst service providers.	**National Lead** HSE PC. **Area Lead Org** HSE Addiction Services. **Partner Orgs** Drug & Alcohol Task Force, TUSLA, HSE PC.	2016-2020	Support provided to the substance misuse strategy, to address the high rate of alcohol and drug misuse.	(Continued) roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse.
3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE PC.	Service providers working with people with alcohol and drug problems.	Support in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	Assess the feasibility to establish a practice change initiative on Screening and Brief Intervention (SAOR Model) for alcohol misuse in the area.	Identify and map services for inclusion. Identify and train trainers for the area. Identify trainees through training needs analysis. Deliver training to appropriate service providers. Introduce the programme to appropriate services and provide support to services to implement the programme.	**National Lead** HSE PC. **Area Lead Org** HSE Addiction Services. **Partner Orgs** HSE MH, TUSLA, Drugs & Alcohol Task Force, HSE H&W.	2017-2020	Support provided to the substance misuse strategy, to address the high rate of alcohol and drug misuse.	(Continued) roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE PC.	Service providers working parents with alcohol or drug problems.	Support in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	Promote increased access and availability of evidenced based Family Skills Programmes targeted at parental alcohol and other substance use.	Identify and map programmes available for parents/carers. Promote referral to programmes amongst service providers. Assess best practice programmes and feasibility for local implementation.	**National Lead** HSE PC. **Area Lead Org** HSE Addiction Services. **Partner Orgs** Community and voluntary organisations, Drug & Alcohol Task Force, HSE MH, TUSLA.	2017- 2020	Support provided to the substance misuse strategy, to address the high rate of alcohol and drug misuse.	(Continued) roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse.
3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for centres of education.	Service providers working with young people.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	Provide local 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.	Support provided by relevant agencies in line with *Well-Being in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention.*	**National Lead** DES. **Area Lead Org** To be decided. **Partner Orgs** CYPSC, primary and post-primary schools, NEPS TUSLA, ETBs, HSE, HP&I.	2016-2020	Enhanced supports for young people with mental health problems or vulnerable to suicide.	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.
3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of student support teams and for the management of critical incidents.	Service providers working with young people.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	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.	Support provided by relevant agencies in line with *Well-Being in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention.*	**National Lead** DES. **Area Lead Org** NEPS. **Partner Orgs** CYPSCs, primary and post-primary schools, ETBs, HSE HP&I.	2016-2020	Enhanced supports for young people with mental health problems or vulnerable to suicide.	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.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
3.3.6 Deliver early intervention and psychological support service for young people at primary care level.	Service providers working with young people.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	Extend school-based interventions to additional post primary schools in conjunction with HSE PC Psychology Services within available resources.	Identify and map current school based interventions. Assess the feasibility to extend school based interventions to additional post-primary Schools.	**National Lead** HSE PC. **Area Lead Org** HSE PC. **Partner Orgs** CYPSCs, primary and post-primary schools, ETBs.	2016-2020	Enhanced supports for young people with mental health problems or vulnerable to suicide.	Enhanced availability in primary care to early intervention psychological supports, including counselling.
3.3.6 Deliver early intervention and psychological support service for young people at primary care level	Service providers working with young people.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	Establish early intervention Jigsaw services as accessible and flexible services throughout the area. Available to young people aged 12 - 25 years.	Continue to support the establishment of Jigsaw services in Co. Wicklow and Dublin City. Examine the feasibility of a Jigsaw service in Dublin South East and Dún Laoghaire.	**National Lead** HSE PC. **Area Lead Org** HSE MH, Headstrong. **Partner Orgs** Area Partnerships, C&V organisations, CYPSCs.	2016-2020	Improved implementation of effective approaches to reducing suicidal behaviour among young people.	Best practice interventions (based on systematic review of evidence) Interventions that are not evidence-informed and not evaluated
3.3.7 Deliver early intervention and psychological support service for young people at secondary care level, including CAMHS	Service providers working with young people.	Enhance the supports for young people with mental health problems or vulnerable to suicide.	Deliver early intervention and psychological support service for young people at secondary care level, including CAMHS, Lucena Clinic and Jigsaw.	Identify and map current service provision. Compile report and highlight issues arising and implement agreed changes.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** HSE PC, Lucena Clinic, Headstrong.	2016- 2017	Enhanced supports for young people with mental health problems or vulnerable to suicide.	Enhanced availability in primary care to early intervention psychological supports, including counselling

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

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services. **4.1.2** Provide a coordinated, uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties	Service providers working with people with mental health problems, addiction problems and both.	Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Assess the feasibility of implementing uniform pathways of care from primary, secondary and tertiary mental health services for all those in need of specialist mental health services especially those with co-morbid addiction and mental health difficulties.	Support the development of 24/7 service by reviewing current service provision and identifying potential 24/7 development and associated costs. Analyse current pathways. Identify changes necessary to deliver effective and efficient pathways. Implement necessary changes across appropriate services.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** HSE PC,TUSLA, C&V organisations, HSE ROSP.	2016-2020	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings. GPs trained to manage suicidal ideation/behaviour in primary care setting.
4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	Service providers.	Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Develop a resource for GPs and others which clarifies information on services available.	Identify needs of GPs regarding information and pathways. Explore best practice models. Develop and produce a tool detailing the services and pathways in the area. Promote the use of the tool by GPs and relevant others.	**National Lead** DCYA. **Area Lead Org** CYPSCs. **Partner Orgs** CYPSC member organisations.	2016-2020	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	Service providers.	Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Assess the potential to develop and implement a Standard Operating Procedure (SOP) between child and adolescent and adult mental health Services to improve communication and transition between services.	Assess implications for service provision. Develop SOP. Implement new SOP.	**National Lead** HSE MH. **Area Lead Org** HSE Adult MH and CAMHS. **Partner Orgs** HSE PC.	2016-2018	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.
4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	Service providers working with people with mental health problems.	Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Review the support to people in the aftermath of discharge from the acute mental health service and make and implement recommendations.	Review the current support available. Make recommendations based on findings and informed by best practice. Implement recommendations.	**National Lead** HSE MH. **Area Lead Org** HSE MH Rehab & Recovery teams. **Partner Orgs** HSE PC, TUSLA, C&V organisations, community health forums.	2016-2020	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.
4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide	Service providers working with people with mental health problems. blems.	Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Assess the feasibility to develop the Suicide Crisis Intervention Nurse (SCAN) service for GP practices in the area.	Review and evaluate the implementation of SCAN in the area to date. Make recommendations based on findings.	**National Lead** HSE MH. **Area Lead Org** HSE MH & HSE PC. **Partner Orgs** GPs, NOSP, HSE ROSP.	2016-2020	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guide-lines for people who have self-harmed or are at risk of suicide	Service providers working with people who have self-harmed	Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Review the delivery of the risk assessment approach across the health services, in accordance with existing and recognised clinical guidelines for people who have self-harmed or are at risk of suicide.	Review the delivery of risk assessment approach across health services. Make recommendations based on findings and clinical guidelines. Implement recommendations.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** HSE MH, SVUH.	2016-2020	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.
4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments.	Service providers working with people who have self-harmed	Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Assess the feasibility to further develop and implement a comprehensive approach to managing self-harm presentations in the Emergency Department, SVUH through the Self Harm Clinical Care programme.	Review the current approach. Make recommendations based on findings in accordance with existing clinical guidelines. Implement recommendations.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** Self-harm clinical programme, SVUH, acute hospitals, HSE ROSP.	2016-2020	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.
4.2.1 Deliver accessible, uniform, evidence based psychological interventions, including counselling, for mental health problems at both primary and secondary care levels.	Service providers working with people with mental health problems	Improve access to effective therapeutic interventions (e.g.counselling, DBT, CBT) for people vulnerable to suicide.	Review the availability and accessibility of evidence based psychological interventions, including counselling, DBT and CBT for mental health problems at both primary and secondary care levels.	Review existing service provision. Assess the feasibility to implement interventions such as counselling, DBT and CBT in adult mental health services. Make recommendations based on findings in accordance with existing and recognised clinical guidelines for people who have self-harmed or are at risk of suicide. Continue to support DBT in the CAMHS Service.	**National Lead** HSE: MH, PC. **Area Lead Org** HSE Adult MH & CAMHS. **Partner Orgs** HSE PC, HSE MH, C&V organisations.	2016-2020	Improved access to effective therapeutic interventions (e.g. DBT, CBT) for people vulnerable to suicide.	Availability of effective therapeutic interventions for people who have self-harmed or attempted suicide. Systematic approach to offer therapeutic interventions to eligible people.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
4.3.1 Deliver enhanced bereavement support services to families and communities that are known as mental health services and affected by suicide	Families and communities bereaved by suicide	Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	Assess the potential to enhance bereavement support services and establish a Family Bereavement Liaison Service in the area	Examine evaluations of bereavement supports services in other areas. Review current bereavement support service provision. Support appropriate applications to establish a Family Bereavement Liaison Service in the area.	**National Lead** HSE MH. **Area Lead Org** HSE ROSP. **Partner Orgs** HSE MH, C&V organisations, NOSP.	2017	Improved uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	Systematic approach to offer of timely and effective support to families bereaved by suicide. Timely and effective support offered to families bereaved by suicide.
4.3.1 Deliver enhanced bereavement support services to families and communities that are known as mental health services and affected by suicide	People bereaved by suicide including young Travellers	Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	Develop resources to provide signposting to families in the immediate aftermath of a suspected suicide death upon request	Develop appropriate information resource for families in the immediate aftermath of a suspected suicide. Disseminate the information and resources to service providers.	**National Lead** HSE MH. **Area Lead Org** HSE ROSP. **Partner Orgs** GPs, Coroner Service, Traveller projects, undertakers NOSP, piloting Family Bereavement Liaison Service, Gardaí, HSE.	2017	Improved uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	Systematic approach to offer of timely and effective support to families bereaved by suicide. Timely and effective support offered to families bereaved by suicide.

NATIONAL STRATEGIC GOAL 5 - To ensure safe and high quality services for people vulnerable to suicidal behaviour

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services.	Service providers working with mental health service users.	Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.	Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services and other health and care services.	Identify best practice procedures to respond to suicidal behaviour. Services adopt and implement best practice procedures to respond to suicidal behaviour.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** HSE PC, Acute Hospitals.	2016-2020	Improved response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.	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.
5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE MH services (and those known to the mental health service) and develop responsive practice models	Service providers working with mental health service users.	Improve the response to suicidal behaviour within health and social care ervices, with an initial focus on incidents within mental health services.	Further develop a system of service review, based on incidents of suicide and suicidal behaviour, within HSE MH services (and those known to the mental health service) and develop responsive practice models.	Further develop a system of service review. Develop responsive practice models.	**National Lead** HSE MH. **Area Lead Org** HSE MH Service. **Partner Orgs** HSE ROSP.	2016-2020	Improved response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.	Development and effective implementation of uniform procedure to respond to suicidal behaviour in mental health services.
5.4.1 Develop a National Training Plan, building on the NOSP Review of Training **5.4.2** Deliver training in suicide prevention to staff in government departments and agencies who are likely to come inot contact with people who are vulnerable to/at risk of suicidal behaviour	Service providers.	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.	Implement the National Training Plan across the local area and provide training to mental health service providers to enhance capacity to promote and protect mental health.	Compile training needs assessment and training plan within primary care networks. Deliver training as appropriate based on need and resources available.	**National Lead** DOH. **Area Lead Org** HSE ROSP. **Partner Orgs** HSE PC, HSE MH, HSE SC, Mental Health Ireland.	2016-2020	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.	Delivery of accredited education programmes on suicide prevention.

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
5.4.3 Support professional regulatory bodies to develop and deliver accredited, competency based education on suicide prevention of health professionals	Service providers working with priority groups	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.	Promote the completion of the Irish College of General Practitioners' suicide prevention training programmes amongst GPs.	Promote the completion of the Irish College of General Practitioners' suicide prevention training programmes amongst GPs.	**National Lead** DOH. **Area Lead Org** HSE ROSP. **Partner Orgs** Irish College of General Practitioners, GPs, NOSP.	2016-2020	Best practice among health care practitioners ensured through the delivery of accredited education programmes on suicide prevention.	Implementation of clinical guidelines on self-harm Delivery of accredited education programmes on suicide prevention.

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

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
6.1.1. Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs **6.1.2** Continue improvements in adherence to the legislation limiting access to paracetemol through raising awareness amongst retailers and the public and the use of point of sale systems	Service providers	Reduce access to frequently used drugs in intentional drug overdose.	Assess the potential to deliver a prescribed drug dumping campaign across the area.	Review the evaluations of existing prescribed drug dumping campaigns. Assess the need for such a campaign in this area. Implement the outcome of the review and evaluation.	**National Lead** DOH. **Area Lead Org** HSE MH. **Partner Orgs** NOSP, HSE ROSP, Pharmacists.	2016-2018	Reduced access to frequently used drugs in intentional drug overdose.	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).

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

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
6.2.1 Local Authorities will be requested to consider, develop and implement measures where practical to restrict access to identified location and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations	Whole population	Reduce access to highly lethal methods used in suicidal behaviour.	Local authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.	Identify and map locations of concern. Develop and implement measures to reduce risk and increase safety.	**National Lead** Local authority. **Area Lead Org** Local authority. **Partner Orgs** HSE ROSP, Gardaí, Coroner Service	2016-2020	Reduced access to highly lethal methods used in suicidal behaviour.	Reducing the opportunity for suicide in locations of concern. Reduced number (proportion) of suicide deaths by highly lethal methods.
6.2.2 Implement a strategy to improve environmental safety with the HSE mental health services (e.g. ligature audits)	Service providers working with mental health service users	Reduce access to highly lethal methods used in suicidal behaviour.	Contribute to the continued environmental safety improvement within the HSE MH services.	Continuing to implement ligature audits (i.e. ligature points) in the Newcastle Hospital, St. John of Gods, St.Vincent's University Hospital. Mental Health services will reduce ligature points in mental health facilities to reduce risk.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** NOSP, Newcastle Hospital, SJOG, SVUH.	2016-2020	Reduced access to highly lethal methods used in suicidal behaviour.	Reducing the opportunity for suicide in locations of concern. Reduced number (proportion) of suicide deaths by highly lethal methods.

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

NATIONAL ACTION	Target Group	Area Objective	Implementation Group Actions	Steps	Stakeholders	Timeframe	Intermediate Outcomes	Indicators
7.1.1. Conduct proportionate evaluations of all major activities conducted under the aegis of Connecting for Life; disseminate findings and share lessons learned with programme practitioners and partners	Service providers	Evaluate the effectiveness and cost-effectiveness of *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow.*	Produce an evaluation report on the effectiveness and cost-effectiveness of *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow.*	Identify and collate evaluation measures within this Implementation Plan aligned to national outcomes and indicators. Analyse data produced and produce report. Disseminate report.	**National Lead** NOSP. **Area Lead Org** HSE ROSP. **Partner Orgs** NOSP.	2020	Evaluation of the effectiveness and cost-effectiveness of *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow.*	Accurate and comprehensive report produced and disseminated.
7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.	Service providers	Improve access to timely and high quality data on suicide and self-harm.	Collate and report on incidences of suicide through current and expanded health surveillance systems over the period of Connecting for Life.	Link with the NRSF and CSO to extract and analyse data relating to the epidemiology of suicide and self-harm in the area.	**National Lead** HSE MH. **Area Lead Org** HSE MH. **Partner Orgs** CSO, NSRF, NOSP, Coroner, HSE Public Health, Acute Hospitals, ROSP, HSE Ambulance Service	2016-2020	Improved access to timely and high-quality data on suicidal behaviour.	Availability and timeliness of key data on suicide and self harm. Effectiveness and timeliness of dissemination of key data on suicide and self-harm.
	Service providers	Review (and, if necessary, revise) current recording procedures for death by suicide.	Evaluate and improve current CHO/area data collection and reporting systems for suicide and self-harm.	Identify and evaluate current data collection reporting systems. Recommend and implement any appropriate changes.	**National Lead** HSE MH **Area Lead Org** HSE Public Health, HSE MH, NOSP. **Partner Orgs** Coroner Service, An Garda Síochána Acute Hospitals, A&E Depts. ROSP,NOSP, HSE Ambulance Service	2016-2020	Improved access to timely and high-quality data on suicidal behaviour.	Availability and timeliness of key data on suicide and self harm. Effectiveness and timeliness of dissemination of key data on suicide and self-harm.

[i]**Response Plans:** these can vary in their remit and function but generally can offer timely, coordinated support and practical help to people and families affected by suicide or another critical incident. A critical incident can be defined as 'any incident that overwhelms individual's or the local community's capacity to support children and their carers affected by events such as murder, suicide, extremely violent assault, witnessing or experiencing an incident involving firearms, sudden death in a public/community setting, serious accidents e.g. fires, drowning, road traffic accidents' *(County Carlow Children and Young People's Services Committee; 2014).*

[ii]**NOSP and partner agencies have produced a wide range of guidelines and materials including:** A National Code of Practice for Family Resource Centres.

[iii]**Stress Control** is a six-week course run by the HSE, which helps participants to manage and tackle stress more effectively. The Stress Control Programme is the largest of its kind in this country and it is based on a service originally provided in Glasgow, Scotland, under the NHS.

[iv]**Social Prescribing refers to the process of accessing non-medical interventions;** it is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing *(Donegal Social Prescribing for Health and Wellbeing Evaluation Report, HSE, April 2015).*

6

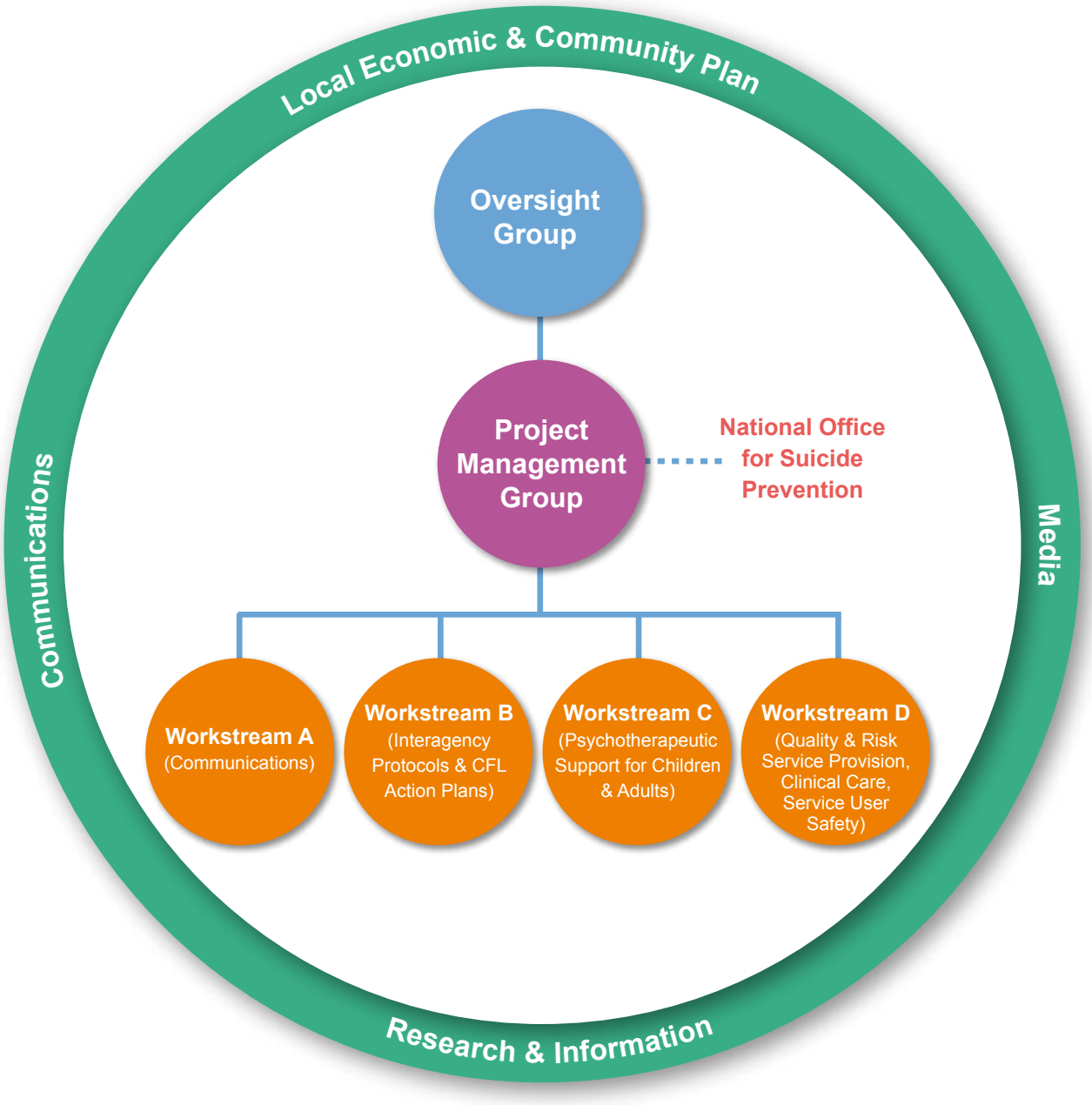
Implementation and Evaluation of the Action Plan

6.1
IMPLEMENTATION

Connecting for Life; Dublin South East; Dún Laoghaire and East Wicklow is based on the national vision, goals, objectives and outcomes in *Connecting for Life*. This implementation plan will track its progress against the national primary and intermediate outcomes and indicators, which have been mirrored at a local level.

The outcomes framework is shown in Appendix 4, page 84.

Figure 9: Connecting for Life Dublin South East, Dún Laoghaire and East Wicklow Implementation Structure



6.2
IMPLEMENTATION STRUCTURES AND ROLES

Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow Oversight Group will be accountable for ensuring that the evidence-based interventions are prioritized and delivered in an efficient results-focused manner. Key actions will be grouped into a number of workstreams. The chair of each Workstream Group will report on the implementation of actions to the Project Management Group, the Project Management Group will provide implementation support to the Workstream Groups. Relevant actions will also be included in strategic plans of other organisations such as TUSLA and local authorities. It is important that the Oversight Group includes membership of these organisations to facilitate a cross-agency reporting and monitoring approach. *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow* is live, dynamic and flexible and the Project Management Group will ensure that account is taken of any emerging needs within the area.

6.3
MONITORING AND EVALUATION

The National Office for Suicide Prevention will put in place a national system for monitoring and evaluating local suicide prevention implementation plans which will inform the continuous evaluation of *Connecting for Life 2015- 2020* at both national and local level.

6.4
COMMUNICATIONS PLAN

All communications relating to the implementation of *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow* will be the responsibility of the Project Management 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* is actively considered and managed. The *Connecting for Life* brand will be used in all internal and external communications and by all stakeholder organisations and groups where appropriate.

6.5
RESOURCING THE ACTION PLAN

The actions in this Action Plan 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 disciplines and 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, allowing for new and innovative approaches, as well as making better use of existing resources.

Implementing the evidence-based high impact interventions actions will involve both improved use of existing resources and highlight the need for additional resources. It will be the responsibility of the Project Management Group to source, allocate and manage additional funding for the action plan.

Appendices

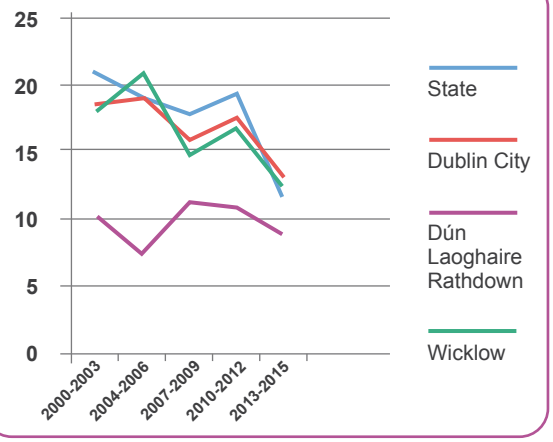
APPENDIX 1 Abbreviations

ASIST	Applied Suicide Intervention Skills Training
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behaviour Therapy
CIPC	Counselling in Primary Care
CSO	Central Statistics Office
C&V	Community & Voluntary
DBT	Dialectical Behaviour Therapy
DCC	CHO 6 County Council
DSP	CHO 6 Sports Partnership
DTP	CHO 6 Travellers Project
DYS	CHO 6 Youth Service
EU	European Union
FRC	Family Resource Centre
GP	General Practitioner
HSE	Health Service Executive
HSE HPI	Health Service Executive Health Promotion and Improvement
HSE MH	Health Service Executive Mental Health
HSE PC	Health Service Executive Primary Care
HRB	Health Research Board
IADT	Institute of Art, Design and Technology
ICGP	Irish College of General Practitioners
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
NEPS	National Educational Psychological Services
NOSP	National Office for Suicide Prevention
NRDSH	National Registry of Deliberate Self Harm
NRH	National Rehabilitation Hospital
NSRF	National Suicide Research Foundation
ROSP	Resource Officer for Suicide Prevention
SCAN	Suicide Crisis Assessment Nurse
SFP	Strengthening Families Programme
SVUH	St Vincent's University Hospital
SJOG	St. John of God
TCD	Trinity College Dublin
UCD	University College Dublin
YFS	Youth & Family Services

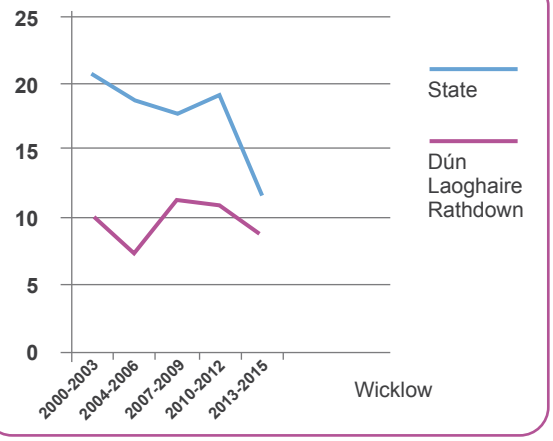
APPENDIX 2

Appendix 2, Figure 10: Male Death Rates[1] by Suicide per 100,000 Population by Local Government Area[2] of Residence of Deceased 2000 – 2015. (2014 & 2015)[3]

A. Male death rates[1] by suicide per 100,000 population in Dún Laoghaire Rathdown, Dublin City, Wicklow and the State 2000 - 2015



B. Male death rates[1] by suicide per 100,000 population in Dún Laoghaire Rathdown and the State 2000 - 2015



C. Male death rates[1] by suicide per 100,000 population in Wicklow and the state 2000 - 2015

D. Male death rates[1] by suicide per 100,000 population in Dublin City and the state 2000 - 2015

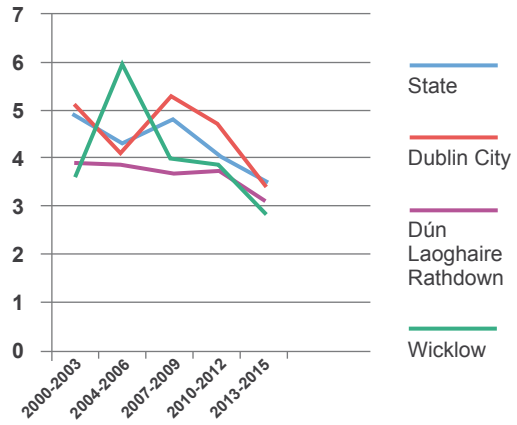
Panels A, B, C and D show the male death rates[1] by suicide by local government area compared with the death rates in the state.

[1]Rates are based on estimated population data in intercensal years.
[2]The Central Statistics Office provides data on deaths by suicide by local government area only. Statistics are not available for CHO 6.
[3]Year of Registration Data subject to future revision.

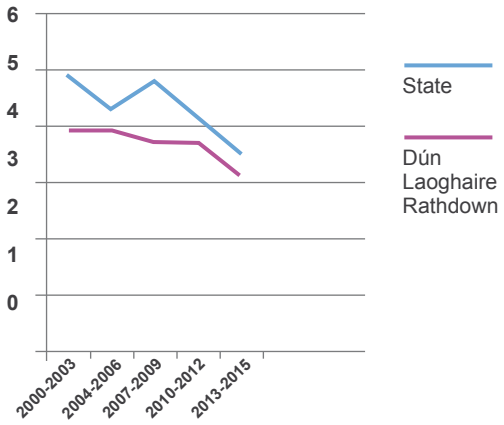
Source; Vital Statistics Section, Central Statistics Office 2016.

Appendix 2, Figure 11: Female Death Rates[1] by Suicide per 100,000 Population by Local Government Area[2] of Residence of Deceased 2000 – 2015. (2014 & 2015)[3]

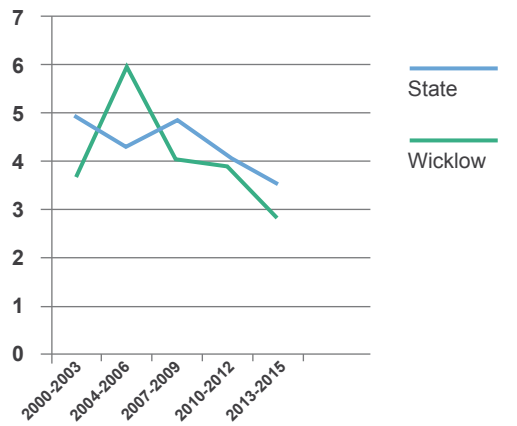
A. Female death rates[1] by suicide per 100,000 population in Dún Laoghaire Rathdown, Dublin City, Wicklow and the State 2000 - 2015



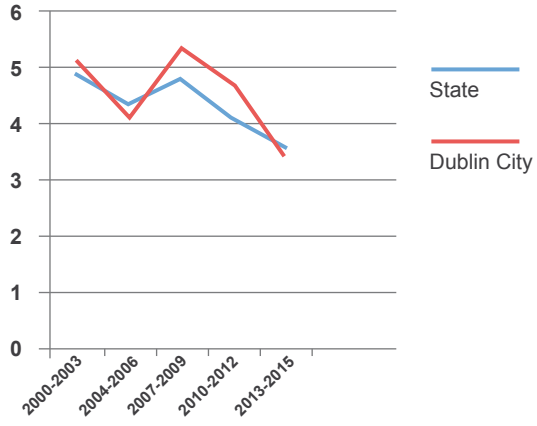
B. Female death rates[1] by suicide per 100,000 population in Dún Laoghaire Rathdown and the State 2000 - 2015



C. Female death rates[1] by suicide per 100,000 population in Wicklow and the state 2000 - 2015



D. Female death rates[1] by suicide per 100,000 population in Dublin City and the state 2000 - 2015



Panels A, B, C and D show the female death rates[1] by suicide by local government area compared with the death rates in the state 2000-2015 (Source CSO 2016).

[1]Rates are based on estimated population data in intercensal years.
[2]The Central Statistics Office provides data on deaths by suicide by local government area only. Statistics are not available for CHO 6.
[3]Year of Registration Data subject to future revision.

Source; Vital Statistics Section, Central Statistics Office 2016.

APPENDIX 3 Definition of Key Terms

Families/friends/communities bereaved by suicide

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

HSE mental health services

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

Incidence of self-harm/self-harm rates

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

Mental health and wellbeing

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

Mental health problems

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

Mental health promotion

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

Non-statutory and community organisations

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

People/groups vulnerable to suicide

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

People at acute risk of suicide/self-harm

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

People/groups that are vulnerable to self-harm

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

Primary care services

Primary Care Teams comprise of GPs, public health nurses, occupational therapists, physiotherapists, other HSE staff and community representatives.

Priority groups

In *Connecting for Life* and *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow*, 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.

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 a 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 or 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/post vention

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

Self-harm

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

Service user

Person who uses the mental health services.

Social exclusion

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

Stigma reduction

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

Suicide/die by suicide

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

Suicide attempt/attempted suicide/someone who has attempted suicide

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

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 (a) identifying the smaller number of people who are vulnerable to suicide/self-harm and (b) 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 4

Connecting for Life; Ireland's 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.

On this basis, intermediate outcomes and indicators have been identified corresponding to the strategic goals and objectives and indicators of *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015 - 2020* and are also used in the CHO 6 Action Plan. These are outlined in the following tables.

OUTCOMES FRAMEWORK

Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow. Reducing Suicide Together 2015 – 2020

NATIONAL STRATEGIC GOAL 1 - To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
1.1.3 Deliver coordinated communication campaigns (such as LittleThings 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant supports	Improved population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors. Increased awareness of available suicide prevention and mental health services.	Knowledge and awareness about support services and groups. Understanding of protective and risk factors for suicide and self-harm. Understanding of mental health and wellbeing.	Implement and integrate national communications campaigns.	Provide information and materials on campaigns such as Little Things to statutory and non-statutory agencies and community and voluntary groups. Promote campaigns such as Little Things as good practice initiatives and a resource to statutory and non-statutory agencies, community and voluntary groups.	No. of implementation group member organisations involved in the campaign. No. of locations displaying materials. Quantity of materials displayed in the area.	Reports to HSE ROSP	Correspondence from Implementation Group membership.
1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at yourmentalhealth.ie	Increased awareness of available suicide prevention and mental health services.	Knowledge and awareness about support services and groups.	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 available online through **yourmentalhealth.ie**	Collate information on services and update yourmentalhealth.ie Promote yourmentalhealth.ie as a service information focal point.	No. of organisations involved in initiative. Upload of suitable data to yourmentalhealth.ie No. of hits to **yourmentalhealth.ie** website from CHO6 area.	Reports to HSE ROSP. Display of suitable data.	**yourmentalhealth.ie**

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	Increased awareness of available suicide prevention and mental health services amongst priority groups.	Knowledge and awareness about support services and groups.	Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.	Disseminate information on appropriate services to those working with priority groups.	No. of organisations disseminating mental health information. No. of newly developed materials and publications available for distribution. No. of materials and publications distributed.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups	Reduced stigmatising attitudes to mental health and suicidal behaviour at population level and within selected priority groups.	Stigmatising attitudes towards mental ill-health, self-harm and suicide. Self-stigma (priority groups).	Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.	Identify local stigma reduction campaigns through Implementation membership. Support and promote these campaigns.	No. of implementation group member organisations involved in stigma reduction campaigns. No. of targeted initiatives. No. of people involved. No. of locations displaying materials. Quantity of materials displayed in the area.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
1.4.4 Monitor media reporting of suicide, and engage with media in relation to adherence to guidelines on media reporting	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.	Poor reporting (does not adhere to guidelines). Positive reporting (adheres to guidelines).	Support national organisations in the monitoring and engagement of local media in relation to death by suicide, mental health awareness and supports.	Establish interagency group to carry out action Identify and engage with local media Build awareness of good practice guidelines.	No. of media workshops organised. No. of attendees at local media workshops. Report from Headline on local media activity.	Planned local media workshops.	HSE ROSP.

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

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE MH Division and aligned with HSE CHO structure, Local Economic and Community Plans and Children and Young People's Services Committee's (CYPSC) county plans.	Continued improvement of community-level responses to suicide through multi-agency approaches.	Local action plan available to enhance community response to suicide. .	Develop and participate in the implementation of CfL Action Plans. Integrate mental health lead actions in CHO CfL Action Plans to facilitate CHO level reports on the local implementation of CfL, as part of a national monitoring and reporting framework.	Identify suicide and deliberate self harm trends in CHO 6. Analysis and alignment of a wide range of existing strategic and operational plans from key stakeholders. Collaboration and engagement with lead organisations and partners for the implementation of the Action Plan. A resource analysis of existing services and supports in CHO 6. Examination of submissions made to the National Strategy by locally-based organisations and services. Develop an appropriate Action Plan for the area based on best practice and local needs.	Local action plan available to enhance community response to suicide.	CHO Action Plan	Correspondence from Implementation Group membership.
2.1.1 Implement consistent, multi-agency suicide prevention acton plans to enhance communities' capacity to respond to suicidal behavours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE MH Division and aligned with HSE CHO structure, Local Economic and Community Plans and Children and Young People's Services Committee's (CYPSC) county plans.	Accurate information and guidance on effective suicide prevention interventions provided for community-based organisations.	Community organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention interventions.	Develop networks of ASIST trained individuals in local communities to support effective community responses.	Collate database of trainees. Identify trainees who wish to be part of the network. Establish a forum for trainees to communicate. Support the forum with up to date information on mental health services and supports.	ASIST trained individuals identified. Forum established. Size of forum membership. No. of initiatives utilising the forum.	Network database.	HSE ROSP.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention	Accurate information and guidance on effective suicide prevention interventions provided for community based organisations.	Community \organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention interventions.	Support the implementation of the National Code of Practice for Suicide Prevention for Family Resource Centres.	Family Resource Centre staff attend workshops, adopt and implement Code of Practice. Follow up support on implementation by ROSP.	No. of community organisations identified and supported. No. of Family Resource Centres engaging in training. No. of Family Resource Centres implementing the National Code of Practice for Suicide Prevention.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention	Accurate information and guidance on effective suicide prevention interventions provided for community based organisations.	Community organisations' access to, and substantive knowledge of, guidelines, protocols and training on effective suicide prevention interventions.	Provide support to community based organisations through the provision of guidelines and protocols on effective suicide prevention.	Identify and map the organisations in need of guidelines and protocols. Provide appropriate information to identified organisations.	No. of organisations identified and supported.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
2.3. 1 Develop a Training and Education Plan for community-based training (as part of the National Training Plan), building on the Review of Training completed by NOSP in 2014	Training programmes on suicide prevention provided and delivered to community-based organisations.	Availability of relevant training programmes to community organisations Delivery of relevant training programmes to community organisations.	Develop a Training Plan for community based training (as part of the National Training Plan), building on the Review of Training completed by NOSP.	Carry out local training needs analysis. Produce local training plan based on local need and available resources.	Training Plan developed for community-based training.	Training Plan.	HSE ROSP.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
2.3.2 Deliver training and awareness programmes in line with the National Training Plan, prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide	Accurate Training programmes on suicide prevention provided and delivered to community-based organisations.	Availability of relevant training programmes to community organisations. Delivery of relevant training programmes to community organisations.	In alignment with the National Training Plan, deliver SafeTALK, ASIST and Understanding Self-Harm, Loss and Bereavement through Suicide training programmes, prioritising service providers, particularly those who come into regular contact with people who are vulnerable to suicide and present with self-harm.	Complete training needs analysis. Prioritise trainees based on contact with priority groups. Upskill appropriate trainers. Deliver training based on needs and resources available.	Training needs analysis completed. No. of training programmes available in the area. No. of people trained. No. of organisations involved in training.	Training needs analysis Training database.	HSE ROSP.
2.3.3. Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups	Training and education programmes on suicide prevention provided and delivered to community-based organisations.	Availability of relevant training and education programmes to community-based organisations. Delivery of relevant training and education programmes to community-based organisations.	Deliver a range of mental health promotion and suicide prevention programmes in the community, health, justice and education settings aimed at improving the mental health of the whole population and priority groups.	Continue to provide evidence-based training and education programmes on suicide prevention and mental health promotion.	No. of education programmes delivered to community-based organisations in the area. No. of people trained. No. of organisations involved in training.	Training database. No. of HSE staff trained	HSE ROSP HSE H&P.
2.3.3. Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups	Training and education programmes on suicide prevention provided and delivered to community-based organisations.	Availability of relevant training and education programmes to community-based organisations. Delivery of relevant training and education programmes to community-based organisations.	Implement student mental health & wellbeing policies at UCD and IADT Dún Laoghaire.	Assess the support needed for colleges to implement mental health & wellbeing policies Provide appropriate support from existing services and resources and up skill trainers' onsite through T4T programmes.	No. of participants who attend suicide prevention and self-harm training. No. of college staff trained up as trainers suicide prevention and self harm training.	Training database.	HSE ROSP UCD and IADT Dún Laoghaire.

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

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
3.1.2 Develop and implement a range of agency and inter-agency protocols (including protocols for sharing information) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.	Continued improvement of community-level responses to suicide through multi-agency approaches.	Local action plan available to enhance community response to suicide.	Assess, develop and implement the most appropriate response plans relating to suicide in the area.	Assess existing response plans and the need for local coordinated responses. Develop an appropriate plan for the area based on best practice and local needs. Develop protocols for sharing information. Implement response plan and evaluate process and outcome.	Local response plan developed.	Local response plan.	Correspondence from Implementation Group membership
3.1.3. Develop and deliver targeted initiatives and services at primary care level for priority groups.	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups. Enhanced supports for young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated. Enhanced availability in primary care to early intervention psychological supports, including counselling.	Support and promote the continued roll out of the Stress Control Programme.[iii]	Compile training needs analysis and training plan for appropriate support services. Deliver training as appropriate, based on need and resources available.	No. of initiatives delivered across Dublin South East, Dún Laoghaire and East Wicklow areas. No. of participants.	Reports to HSE ROSP.	Correspondence from HSE PC.
3.1.3. Develop and deliver targeted initiatives and services at primary care level for priority groups.	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.	Explore the potential to implement the Social Prescribing Programme[iv] throughout the area.	Assess the feasibility of the programme for the area. Develop and implement any resulting actions.	Feasibility report produced.	Feasibility report.	HSE ROSP.
3.1.4 Evaluate as appropriate targeted initiatives and/or services for priority groups.	Enhanced supports for young people with mental health problems or vulnerable to suicide.	Enhanced availability in primary care to early intervention psychological supports, including counselling.	Track and review early intervention and psychological support service for young people at primary care level.	Identify and map current service provision. Compile report and highlight issues arising and implement agreed changes.	Report produced on early intervention and psychological support service for young people at primary care level.	Report produced.	HSE ROSP.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
3.1.4 Evaluate, as appropriate, targeted initiatives and/or services for priority groups	Improved implementation of effective approaches to reducing suicidal behaviour among young people Enhanced supports for young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated. 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.	Review the range of mental health programmes available to schools in the area and explore the capacity to deliver the most appropriate programmes.	Identify and map the range of mental health programmess available to the area. Provide information to schools on best practice programs and information on local services relating to mental health promotion and suicide prevention.	Range of good practice mental health programs, resources and materials identified for post-primary schools with the aid of the NOSP National Training Plan. No. of schools provided with information.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups. Enhanced supports for young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.	Continued roll out of youth mental health programmes such as Understanding Youth Mental Health and Minding Youth Mental Health.	Identify and match programmes to services. Upskill trainers. Promote the introduction of new best practice programmes to services.	No. of best practice programmes identified. No. of organisations engaged in programmes. No. of young people engaged in programmes. Location of new programmes.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Improved implementation of effective approaches to reducing suicidal behaviour among priority groups.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.	Continue to support the Woodlands for Health Programme in East Wicklow and Dún Laoghaire area and explore the potential to extend the programme in Dublin South East.	Assess the feasibility of the programme for the Dublin South East. Develop and implement any resulting actions. Continue to support the initiative in East Wicklow and Dún Laoghaire.	No. of people involved in the programme evaluation report on programmes. Number of events organised.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Improved implementation of effective approaches to reducing suicidal behaviour among young people.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.	Link current urban initiatives that have youth mental health events to establish area-wide initiatives that promote positive mental health for young people e.g. Be Well Bray.	Identify best practice interventions in youth mental health. Identify priority locations for new initiatives and assess the feasibility to link existing and new initiatives. Implement new initiatives.	No. of best practice initiatives implemented in new locations. No. of people involved in the programmes. Location of new initiatives. Evaluations of initiatives.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.1.6 Continue the development of mental health promotion programmes with an for priority groups, including the youth sector.	Improved implementation of effective approaches to reducing suicidal behaviour among young people. Enhanced supports for young people with mental health problems or vulnerable to suicide.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.	Promote training in schools such as One Good Adult and Time to Start Talking in line with the Headstrong Model.	Identify schools for engagement. Deliver training to appropriate teachers parents and students.	No. of teachers trained. No. of schools engaged. Location of schools.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE PC.	Support provided to the substance misuse strategy, to address the high rate of alcohol and drug misuse.	(Continued) roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse.	Review and promote the continued roll out of programmes aimed at early intervention and prevention of alcohol and substance misuse.	Identify and map programmes available. Assess best practice programmes and feasibility for local implementation. Promote referral to programmes amongst service providers.	No. of best practice programmes available in the area. No. of referrals to programmes. No. of people completing the programmes.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE PC.	Support provided to the substance misuse strategy, to address the high rate of alcohol and drug misuse.	(Continued) roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse.	Assess the feasibility to establish a practice change initiative on Screening and Brief Intervention (SAOR Model) for alcohol misuse in the area.	Identify and map services for inclusion. Identify and train trainers for the area. Identify trainees through training needs analysis. Deliver training to appropriate service providers. Introduce the programme to appropriate services and provide support to services to implement the programme.	No. of programmes delivered. No. of referrals. No. of people engaged.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.2.1 Continue the roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE PC.	Support provided to the substance misuse strategy, to address the high rate of alcohol and drug misuse people.	(Continued) roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse.	Promote increased access and availability of evidenced based Family Skills Programmes targeted at parental alcohol and other substance use.	Identify and map programmes available for parents/carers. Promote referral to programmes amongst service providers. Assess best practice programmes and feasibility for local implementation.	No. of best practice initiatives available in local area. Number of perople attending programmes. Locations of programmes.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post-primary schools, and the development of guidelines for centres of education.	Enhanced supports for young people with mental health problems or vulnerable to suicide. Improved implementation of effective approaches to reducing suicidal behaviour among young people.	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.	Provide local 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.	Support provided by relevant agencies in line with *Well-Being in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention.*	No. of schools engaged in initiative. No. of school staff engaging in suicide prevention and self-harm training. Completed school-self evaluation framework.	Training database. Voluntary submission of completed school self -evaluation frameworks	HSE ROSP. Post-primary schools.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support fro development of Student Support Teams and for the management of critical incidents.	Enhanced supports for young people with mental health problems or vulnerable to suicide.	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.	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.	Support provided by relevant agencies in line with *Well-Being in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention.*	No. of schools engaged in initiative. Completed school self-evaluation framework.	Training database. Voluntary submission of school self-evaluation framework.	HSE ROSP. Post-primary schools.
3.3.6 Deliver early intervention and psychological support service for young people at primary care level.	Enhanced supports for young people with mental health problems or vulnerable to suicide.	Enhanced availability in primary care to early intervention psychological supports, including counselling.	Extend school based interventions to additional post-primary schools in conjunction with HSE PC Psychology Services within available resources.	Identify and map current schoo-based interventions. Assess the feasibility to extend school-based interventions to additional post-primary schools.	No. of schools engaged in initiative. No. of young people engaged in programme.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.3.6 Deliver early intervention and psychological support service for young people at primary care level.	Improved implementation of effective approaches to reducing suicidal behaviour among young people.	Best practice interventions (based on systematic review of evidence). Interventions that are not evidence-informed and not evaluated.	Establish early intervention Jigsaw services as accessible and flexible services throughout the area. Available to young people aged 12-25.	Continue to support the establishment of Jigsaw services in the Co. Wicklow and Dublin City. Examine the feasibility of a Jigsaw service in Dublin South East and Dún Laoghaire.	Establishment of Jigsaw services in the area. No. of young people engaged in local Jigsaw. No. of local satellite locations established.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
3.3.7 Deliver early interven-tion and psychological support service for young people at secondary care level, including CAMHS.	Enhanced supports for young people with mental health problems or vulnerable to suicide.	Enhanced availability in primary care to early intervention psychological supports, including counselling	Deliver early intervention and psychological support service for young people at secondary care level, including CAMHS, Lucena Clinic and Jigsaw.	Identify and map current service provision. Compile report and highlight issues arising and implement agreed changes.	Report compiled.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.

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

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services. **4.1.2** Provide a coordinated, uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties.	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings. GPs trained to manage suicidal ideation/behaviour in primary care setting.	Assess the feasibility of implementing uniform pathways of care from primary, secondary and tertiary mental health services for all those in need of specialist mental health services, especially those with co-morbid addiction and mental health difficulties.	Support the development of 24/7 service by reviewing current service provision and identifying potential 24/7 development and associated costs Analyse current pathways. Identify changes necessary to deliver effective and efficient pathways. Implement necessary changes across appropriate services.	Report compiled.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	Improved psychosocial nd psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.	Develop a resource for GPs and others which clarifies information on services available.	Identify needs of GPs regarding information and pathways. Explore best practice models. Develop and produce a tool detailing the services and pathways in the area. Promote the use of the tool by GPs and relevant others..	Resource produced which clarifies information on services and care pathways.	Resource detailing the services and pathways in the area.	Correspondence from Implementation Group membership.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.	Assess the potential to develop and implement a Standard Operating Procedure (SOP) between Child and Adolescent and Adult Mental Health Services to improve communication and transition between services.	Assess implications for service provision. Develop SOP. Implement new SOP.	SOP developed.	SOP.	Correspondence from HSE Adult MH & CAMHS.
4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.	Review the support to people in the aftermath of discharge from the acute Mental Health Service and make and implement recommendations.	Review the current support available. Make recommendations based on findings and informed by best practice. Implement recommendations.	Review produced. Recommendations made. No. of recommendations implemented.	Review Document.	Correspondence from HSE MH Rehab & Recovery Teams.
4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.	Assess the feasibility to develop the SCAN service for GP practices in the area.	Review and evaluate the implementation of SCAN in the area to date. Make recommendations based on findings.	Report produced.	Report.	HSE ROSP.
4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.	Review the delivery of the risk assessment approach across the health services, in accordance with existing and recognised clinical guidelines for people who have self-harmed or are at risk of suicide.	Review the delivery of risk assessment approach across health services. Make recommendations based on findings and clinical guidelines. Implement recommendations.	Review produced. Recommendations made. No. of recommendations implemented.	Review Document.	Correspondence from HSE MH.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments.	Improved psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	Availability of mental health professionals in primary and secondary care settings.	Assess the feasibility to further develop and implement a comprehensive approach to managing self-harm presentations in the Emergency Department, SVUH, through the Self-harm Clinical Care programme.	Review the current approach. Make recommendations based on findings in accordance with existing clinical guidelines. Implement recommendations.	Recommendations implemented.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.
4.2.1 Deliver accessible, uniform, evidence based psychological interventions, including counselling, for mental health problems at both primary and secondary care levels.	Improved access to effective therapeutic interventions (e.g. DBT, CBT) for people vulnerable to suicide.	Availability of effective therapeutic interventions for people who have self-harmed or attempted suicide. Systematic approach to offer therapeutic interventions to eligible people.	Review the availability and accessibility of evidence based psychological interventions, including counselling, DBT and CBT for mental health problems at both primary and secondary care levels.	Review existing service provision. Assess the feasibility to implement interventions such as counselling, DBT and CBT in adult mental health services. Make recommendations based on findings in accordance with existing and recognised clinical guidelines for people who have self-harmed .or are at risk of suicide. Continue to support DBT in the CAMHS Service.	Review produced on the availability and accessibility to evidence based psychological interventions. Recommendations made based on findings.	Reports to HSE ROSP.	Correspondence from HSE Adult MH & CAMHS.
4.3.1 Deliver enhanced bereavement support services to families and communities that are known as mental health services and affected by suicide.	Improved uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	Systematic approach to offer of timely and effective support to families bereaved by suicide. Timely and effective support offered to families bereaved by suicide.	Assess the potential to enhance bereavement support services and establish a Family Bereavement Liaison Service in the area.	Examine evaluations of bereavement supports services in other areas. Review current bereavement support service provision. Support appropriate applications to establish a Family Bereavement Liaison Service in the area.	Review produced on current service provision. Identification of best practice family bereavement liaison service model for the area. Establishment of family bereavement liaison service in the area.	Reports to HSE ROSP.	Correspondence from NOSP.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
4.3.1 Deliver enhanced bereavement support services to families and communities that are known as mental health services and affected by suicide.	Improved uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	Systematic approach to offer of timely and effective support to families bereaved by suicide. Timely and effective support offered to families bereaved by suicide.	Develop resources to provide signposting to families in the immediate aftermath of a suspected suicide death upon request.	Develop appropriate information resource for families in the immediate aftermath of a suspected suicide. Disseminate the information and resources to service providers.	Resources developed. Range of resources developed. No. of organisations utilising resources.	Reports to HSE ROSP.	Correspondence from Implementation Group membership.

NATIONAL STRATEGIC GOAL 5 - To ensure safe and high quality services for people vulnerable to suicidal behaviour

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services.	Improved response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.	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.	Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services and other health and care services.	Identify best practice procedures to respond to suicidal behaviour. Services adopt and implement best practice procedures to respond to suicidal behaviour.	No. of services adopting best practice procedures. Survey of services across CHO 6 identifying status of implementation of procedures.	Reports from HSE ROSP.	Correspondence from Implementation Group members including HSE MH, Acute Hospitals, HSE PC.
5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE MH services (and those known to the MH service) and develop responsive practice models.	Improved response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.	Development and effective implementation of uniform procedure to respond to suicidal behaviour in mental health services.	Further develop a system of service review, based on incidents of suicide and suicidal behaviour, within HSE MH services (and those known to the MH service) and develop responsive practice models.	Further develop a system of service review Develop responsive practice models.	System of service review based on incidents of suicide and suicidal behaviour. Responsive practice models developed	Reports from HSE ROSP.	Correspondence from NOSP, NSRF, HSE MH Quality , Risk Oversight Group.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
5.4.1 Develop a National Training Plan, building on the NOSP Review of Training **5.4.2** Deliver training in suicide prevention to staff in government departments and agencies who are likely to come into contact with people vulnerable to/at risk of suicidal behaviour	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.	Delivery of accredited education programmes on suicide prevention.	Implement the National Training Plan across the local area and provide training to mental health service providers to enhance capacity to promote and protect mental health.	Compile training needs assessment and training plan within primary care networks. Deliver training as appropriate based on need and resources available.	Training and needs assessment plan produced. Training delivered to service providers as detailed in Training Needs Assessment. No. of participants.	Training database.	HSE ROSP.
5.4.3 Support professional regulatory bodies to develop and deliver accredited, competency-based education on suicide prevention of health professionals	Best practice among health care practitioners ensured through the delivery of accredited education programmes on suicide prevention.	Delivery of accredited education programmes on suicide prevention.	Promote the completion of the Irish College of General Practitioners' suicide prevention training programmes.	Promote completion of the training programmes amongst GPs.	No. of GPs who participate in training programmes.	Reports to HSE ROSP.	Correspondence from NOSP and ICGP. Training database.

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

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
6.1.1. Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs **6.1.2** Continue improvements in adherence to the legislation limiting access to paracetemol through raising awareness amongst retailers and the public and the use of point-of-sale systems	Reduced access to frequently used drugs in intentional drug overdose.	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).	Assess the potential to deliver a prescribed drug dumping campaign across the area.	Review the evaluations of existing prescribed drug-dumping campaigns. Assess the need for such a campaign in this area. Implement the outcome of the review and evaluation.	Review and evaluation produced for area. Implementation of recommendations.	Review and evaluation document. Reports from HSE ROSP.	HSE ROSP.

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
6.2.1 Local authorities will be requested to consider, develop and implement measures where practical to restrict access to identified location and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations	Reduced access to highly lethal methods used in suicidal behaviour.	Reducing the opportunity for suicide in locations of concern Reduced number (proportion) of suicide deaths by highly lethal methods.	Local authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.	Identify and map locations of concern. Develop and implement measures to reduce risk and increase safety.	Locations of concern identified. Implementation of measures to reduce risk and increase safety.	Reports to HSE ROSP.	Correspondence from Implementation Group members.
6.2.2 Implement a strategy to improve environmental safety with the HSE MH services (e.g. ligature audits)	Reduced access to highly lethal methods used in suicidal behaviour.	Reducing the opportunity for suicide in locations of concern. Reduced number (proportion) of suicide deaths by highly lethal methods.	Contribute to the continued environmental safety improvement within the HSE MH services. .	Continuing to implement ligature audits (i.e. ligature points) in the Newcastle Hospital, St. John of Gods, St.Vincent's University Hospital. Mental Health services will reduce ligature points in mental health facilities to reduce risk.	Locations of concern identified. Implementation of measures to reduce risk and increase safety.	Reports to HSE ROSP.	Correspondence from HSE MH.

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

National Action	Intermediate Outcomes	Indicators	Implementation Group Actions	Steps	Key Performance Indicators	Data	Source of Data Source(s)
7.1.1. Conduct proportionate evaluations of all major activities conducted under the aegis of *Connecting for Life*; disseminate findings and share lessons learned with programme practitioners and partners.	Evaluation of the effectiveness and cost-effectiveness of *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow.*	Accurate and comprehensive report produced and disseminated.	Produce an evaluation report on the effectiveness and cost-effectiveness of *Connecting for Life; Dublin South East, Dún Laoghaire and East Wicklow.*	Identify and collate evaluation measures within this Implementation Plan aligned to national outcomes and indicators. Analyse data produced and produce report. Disseminate report.	Evaluation report produced and disseminated.	Evaluation report	Correspondence from Implementation Group members.
7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of *Connecting for Life.*	Improved access to timely and high-quality data on suicidal behaviour.	Availability and timeliness of key data on suicide and self-harm. Effectiveness and timeliness of dissemination of key data on suicide and self-harm. Availability and timeliness of key data on suicide and self-harm.	Collate and report on incidences of suicide through current and expanded health surveillance systems over the period of *Connecting for Life.*	Link with the NRSF and CSO to extract and analyse data relating to the epidemiology of suicide and self-harm in the area.	Local data extracted from national agencies Local data disseminated to Implementation Group members	Collated reports by HSE ROSP	Correspondence from NSRF, CSO, HSE Public Health, NOSP.
7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of *Connecting for Life.*	Improved access to timely and high-quality data on suicidal behaviour.	Availability and timeliness of key data on suicide and self-harm. Effectiveness and timeliness of dissemination of key data on suicide and self-harm. Availability and timeliness of key data on suicide and self-harm.	Evaluate and improve current CHO/area data collection and reporting systems for suicide and self-harm.	Identify and evaluate current data collection reporting systems. Recommend and implement any appropriate changes.	Review of current recording procedures. Implementation of recommendations.	Report from HSE ROSP	Correspondence from Implementation Group members.

[i] **Response Plans:** These can vary in their remit and function but generally can offer timely, coordinated support and practical help to people and families affected by suicide or another critical incident. A critical incident can be defined as 'any incident that overwhelms individual's or the local community's capacity to support children and their carers affected by events such as murder, suicide, extremely violent assault, witnessing or experiencing an incident involving firearms, sudden death in a public/community setting, serious accidents e.g. fires, drowning, road traffic accidents' *(County Carlow Children and Young People's Services Committee; 2014).*

[ii] **NOSP and partner agencies have produced a wide range of guidelines and materials including:** *A National Code of Practice for Family Resource Centres.*

[iii] **Stress Control** is a six-week course run by the HSE, which helps participants to manage and tackle stress more effectively. The Stress Control Programme is the largest of its kind in this country and it is based on a service originally provided in Glasgow, Scotland under the NHS.

[iv] **Social Prescribing refers to the process of accessing non-medical interventions:** it is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing *(Donegal Social Prescribing for Health and Wellbeing Evaluation Report, HSE, April 2015).*

APPENDIX 5

OTHER SUPPORT SERVICES

Money and Debt Management

MABS

The Money and Budgeting Service (MABS) is a free, confidential service for people in debt or in danger of getting into debt. Advisers can give you advice and support on many money management and debt issues as well as free self-help materials

MABS Helpline: (0761) 07 2000
(Monday to Friday, 9am to 8pm)
Local MABS offices see:
www.mabs.ie/contact-mabs

General Information and Advice

The Citizens Information Service offers information on all aspects of public services and entitlements for people living in Ireland.

Information Phone Service: (0761) 07 4000
(Monday to Friday, 9am to 8pm)

Mortgage Arrears Information Helpline: (0761) 07 4050
(Monday to Friday, 9.30am to 5pm).

General Mental Health Support

AWARE

Aware is a national voluntary organisation providing support for depression. Aware provides face-to-face, phone and online support for people experiencing mild to moderate depression, as well as for friends and families who are concerned for a loved one.

Helpline: 1890 303 302
(Monday to Sunday, 10am to 10pm)
Support email: wecanhelp@aware.ie

GROW

Grow is a mental health organisation which helps people who have suffered, or are suffering from, mental health problems.

Infoline: 1890 474 474

MENTALHELP.IE

MentalHelp.ie is an online directory run by Mental Health Reform (MHR), the national coalition of organisations promoting improved mental health services. The directory includes information on helplines, websites, support groups, training, benefits, housing, inpatient care, counselling, complaints, advocacy, rights and recovery.
www.mentalhelp.ie

MYMIND

My Mind provides a range of community mental health services through about 80 mental health professionals, including an 'e-psychology' service. Online services include email exchange with health professionals and online counselling using Skype. MyMind supports more serious mental health difficulties face to face.

Phone: (076) 680 1060 www.mymind.org

SHINE

Shine supports people with mental ill health and their families and friends with general information and a listening ear. Trained psychotherapists view and respond to emails within 24 hours, Monday to Friday. The service is confidential.

Information helpline: 1890 621 631
(Monday to Friday, 9am to 4pm)
Email support: phil@shineonline.ie

TURN2ME

Turn2Me provides peer support forums with a moderator, online support groups, access to Thought Catcher (a mood measuring tool) and one-to-one on line counselling. **www.turn2me.org**

3Ts SELF HELP eLIBRARY

3Ts has produced a series of self-help booklets, together with the National Health Service, that are available to download for free and are intended as a 'first step' towards recovery across a range mental health topics. Each book is 20 to 30 pages long and contains information, tips and techniques for coping with, and managing, a particular issue. **www.3ts.ie**

Support for Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) People

LGBT HELPLINE

The LGBT helpline is a national support service providing confidential non-judgemental, support and information to lesbian, gay, bisexual and transgender people and their families and friends. The helpline is run by trained volunteers though a network of local centres.

Helpline: 1890 929 539

LGBTMENTALHEALTH.IE

Homophobia and transphobia can have a negative impact on the mental health of lesbian, gay, bisexual and transgender (LGBT) people. This website tells LGBT people how they can look after their mental health and highlights the services available if they need support.

www.lgbtmentalhealth.ie

Abuse and Domestic Violence Support

AMEN

AMEN provides a confidential helpline, support service and information to male victims of domestic abuse.

Helpline: (046) 902 3718
(Monday to Friday, 9am to 5pm)

CHILDREN AT RISK IN IRELAND (CARI)

This is a specialised, confidential national service for professionals seeking referral advice and parents who have either just learned that their child has suffered sexual abuse or are concerned about their child's sexual behaviour

Helpline 1890 924 567
(Monday to Friday, 9.30am to 5.30pm)

DUBLIN RAPE CRISIS CENTRE

The Dublin Rape Crises Centre is a national organisation offering a wide range of services to women and men affected by rape, sexual assault, sexual harassment or childhood sexual abuse. The services include a national 24-hour helpline, one-to-one counselling, court accompaniment, outreach services, training awareness-raising and lobbying.

To find a centre in you area visit: **www.drcc.ie/get-help-and-information/centres-around-ireland**
National helpline: 1800 77 88 88
(24 hours a day, 365 days a year)

WOMEN'S AID

Women's Aid is a voluntary organisation offering free and confidential support to women and their children who are experiencing domestic violence in the Republic of Ireland.

Free helpline: 1800 341 900
(10am to 10pm daily, except Christmas Day)

Advocacy Support

IRISH ADVOCACY NETWORK

The Irish Advocacy Network has peer advocates in most HSE areas who regularly attend psychiatric units and day centres. Their main job is to give support and information to people with mental health difficulties by befriending them and offering a confidential ear or peer advocacy (support and or advice from people their own age).

Phone: (047) 38918
Email: **admin@irishadvocacynetwork.com**

Bereavement Support

IRISH CHILDHOOD BEREAVEMENT NETWORK

The Irish Childhood Bereavement Network provides support to those working with grieving children and young people.

www.childhoodbereavement.ie

YOU ARE NOT ALONE

A directory of bereavement support services.
www.hse.ie/eng/services/publications/Mentalhealth/NOSP_Bereavement_Support_Directory.pdf

Drug, Alcohol and Addiction Support

DRUGS.IE

Drugs.ie provides Ireland's only online interactive information and support chat service. It also has a national database of treatment, rehabilitation, information, support, counselling, education and training services. **www.drugs.ie**

HSE DRUGS AND ALCOHOL HELPLINE

This helpline provides support, information, guidance and referral to anyone with a question or concern related to drug and alcohol use, and HIV and sexual health. The service is confidential, non-judgemental and offers space to talk about your situation, explore some options and consider your needs.

Helpline: 1800 459 459
(Monday to Friday, 9.30am to 5.30am)
Email support: helpline@hse.ie

Support for Eating Disorders

BODYWHYS

Bodywhys is the national eating disorder association of Ireland. It provides a variety of supports for people affected by eating disorders, including online support groups and face-to-face support groups in Dublin, Carlow and Sligo.

National helpline: 1890 200 444
Email support: alex@bodywhys.ie

Legal Aid

FLAC

FLAC is an independent legal rights organisation offering basic legal information and advice to the public.

Information and referral line: 1890 350 250
(Monday to Thursday, 9am to 5.30pm and Friday, 9am to 5pm)

Support for Children and Young People

CHILDLINE

Childline provides a free, confidential listening service to children and young people up to the age of 18.

Free helpline: 1800 666 666
(24 hours a day, 365 days a year)
Online Chat: www.childline.ie
(10am to 10pm, 365 days a year)
Teentxt service:
Text the word 'Talk' to 50101

RAINBOWS IRELAND

Rainbows Ireland supports children and young people experiencing loss as a result of bereavement, parental separation and divorce. This support is provided in small groups of similar age and loss experience over 12 weeks. The programme is available in primary and secondary schools, family resource centres, diocesan centres, and youth projects. It is a free service to children and young people.
www.rainbowsireland.ie/where-is-rainbows

REACHOUT.COM

ReachOut.com helps young people get through tough times by providing quality mental health information and covering issues that affect mental health. **www.reachout.com**

SPUNOUT.IE

This website provides health information for young people on mental health, sexual health, stress and general lifestyle. SpunOut also has an extensive directory of supports and in local areas.
www.spunout.ie

TEEN BETWEEN

Teen Between is a specialised support service for teenagers whose parents are going through a divorce or separation during their teenage years.

Helpline: 1800 303 191
(Monday to Friday, 3.30pm to 8.30pm and Saturdays, 10am to 2.30pm)
Email: teenbetween@relationshipsireland.com

Family and Parent Support

CHILDREN IN HOSPITAL IRELAND

Children in Hospital Ireland (CHI) is a voluntary organisation that promotes the welfare of children in hospital and their families.

Information Line: 1890 25 26 82
Email: info@childreninhospital.ie

ONE FAMILY

One Family provides a national helpline for members of one-parent families and those who share parenting, their families and friends, and professionals working with them.

Helpline: 1890 662 212 (Helpline hours are listed on the One Family website)
www.onefamily.ie
Email: support@onefamily.ie

PARENTLINE

Parentline provides a confidential helpline for parents and guardians with support, guidance and information on all aspects of being a parent.

Helpline: 1890 92 72 77
(Monday to Thursday, 10am to 9.30pm and Friday, 10am to 4.30pm)

REACHOUTPARENTS.COM

This website provides reliable information for parents about how to support their children's mental health and wellbeing.
www.reachoutparents.com

RELATIONSHIPS IRELAND

Services include relationship counselling, sex therapy, marriage preparation courses, training courses for professionals and affordable courses for individuals and couples.

Support services: 1890 380 380
Email: info@relationshipsireland.com

Online live help:
www.relationshipsireland.com

Support for Older People

SENIOR HEPLINE

Senior Help Line is a confidential listening service for older people provided by trained older volunteers.

Helpline: 1850 440 444
(Every day, 10am to 10pm)

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