



Connecting for Life

Dublin South

Suicide Prevention Action Plan
2018 - 2020



National Office for
Suicide Prevention

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

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

Your first point of contact is your local GP. If it is late in the evening or at the weekend, contact Dub Doc (Dublin South City) 01 454 5607; Luke Doc (Dublin South Central) 01 406 5158; TLC Doc (Tallaght and Clondalkin) 1890 20 22 24

Go to the Emergency Department in St James Hospital or AMNCH Tallaght Hospital;

Contact the Emergency Services on 999 or 112;

Call the Samaritans 24 hour Freephone listening service on 116 123;

Visit www.yourmentalhealth.ie for information on mental health supports and services.

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FOREWORD



Foreword from the Chief Officer, HSE Community Healthcare: Dublin South, Kildare and West Wicklow

Death by suicide is a devastating and tragic event, faced by many individuals, families and communities across society. In addition to the immense pain experienced by those who self-harm and/or ultimately take their lives, no words can adequately describe the impact of suicide on those who have to cope with such a loss. Suicide is a very complex and multifaceted issue and addressing it effectively presents real challenges.

It is our belief that suicide prevention is everyone's business and that working together, with positive action and understanding, a reduction in death by suicide can be realised and achieved. *Connecting for Life Dublin South* was developed with this belief in mind and sets out the local implementation of *Connecting for Life, Ireland's National Strategy to Reduce Suicide (2015-2020)*.

Connecting for Life Dublin South echoes the national vision of 'fewer lives lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing'. This empowerment was evident in the information gathered from stakeholders and members of the public who contributed to the plan with a sense of unity and purpose that is evident throughout Dublin South, and is a testament to the resilience and strength of our communities as we move towards valuing mental health for everyone in the region.

I would like to thank everyone involved in the creation of *Connecting for Life Dublin South* and I look forward to the implementation of the plan and the positive impact it will have over the coming months and years.

A handwritten signature in black ink, appearing to read 'D Walsh'.

David Walsh

Chief Officer HSE Community Healthcare: Dublin South, Kildare and West Wicklow



A Word from John Meehan, Assistant National Director, Head of the National Office of Suicide Prevention, HSE Mental Health Division

Connecting for Life is our national suicide prevention strategy. It brings together 12 key elements across seven strategic goals which are proven to help reduce suicide. The overall vision of the strategy is: *“An Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing.”* *Connecting for Life* sets a minimum target of a 10% reduction in the suicide rate in Ireland by 2020.

The evidence shows that with the right help, support or intervention at many different stages, suicide is preventable. However, the evidence also shows us that no single intervention alone will prevent suicide. We need the collective impact of a number of strategies in place - at a population based, community based and individual level. The realisation of this relies upon us all to provide a united approach. Local, multi-agency suicide prevention plans ensure that national goals and objectives are translated to a local level and that local views are represented. These plans are key to building community capacity to prevent and respond to suicide.

Local implementation, that includes empowering communities, is a core component of the *Connecting for Life* strategy. We need to connect with ourselves, our families, our communities and the services on offer. *Connecting for Life Dublin South* has been led by the HSE but developed in partnership with key local statutory and non-statutory groups. The result is a new plan, which sets out the steps many different organisations, including the HSE, will take to realise the vision of a region where fewer lives are lost through suicide.

A handwritten signature in black ink that reads "John Meehan". The signature is written in a cursive style.

John Meehan

Assistant National Director, Head of the National Office of Suicide Prevention, HSE Mental Health Division

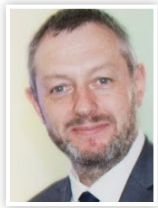
ACKNOWLEDGEMENTS

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

Special acknowledgement and thanks to:

- The members of Dublin South Suicide Prevention Group for their support and guidance in the development of *Connecting for Life Dublin South*
- Organisations and individuals in Dublin South who took the time to share their views on suicide prevention and mental health during the public consultation process, through attendance at community workshops, focus group meetings, and the completion of online surveys and postcards
- Consultant Neil Haran for his invaluable contribution in supporting the planning process and drafting the final plan
- Staff in the National Office for Suicide Prevention and the HSE Mental Health Division for their guidance and support throughout the process
- Debbie Scales and Susan McFeely for their facilitation at one of the consultation workshops

INTRODUCTION



Connecting for Life Dublin South represents a local articulation of the national *Connecting for Life* strategy. It is a locally-based, multiagency response to self-harm and suicide in the communities of Dublin South.

Connecting for Life Dublin South represents an honest and intentional effort by local stakeholders to target both resources and action towards the prevention of suicide in this catchment area. It is by no means a panacea; like all action plans it faces limitation, particularly in terms of maximising the impact of available resources.

Its success depends on the effective implementation of the actions in this document. Reducing rates of self-harm and suicide is something that everybody is invested in. *Connecting for Life Dublin South* is a multi-partner action plan; in building on the successful multi agency and cross community collaboration already in existence, key to the success of this plan will require their ongoing commitment across the area to ensure relevant, high quality, efficient and impactful responses. I look forward to working with our key partners and service users to ensure that we can achieve our aims outlined in this plan.

Kevin Brady
Kevin Brady

Head of Services for Mental Health, HSE Community Healthcare: Dublin South, Kildare and West Wicklow



CEO Tallaght Hospital David Slevin and Colette Herra from Ballyfermot Lucan Carers Group at Tallaght Hospital Green Ribbon Event (AMNCH Tallaght Hospital)



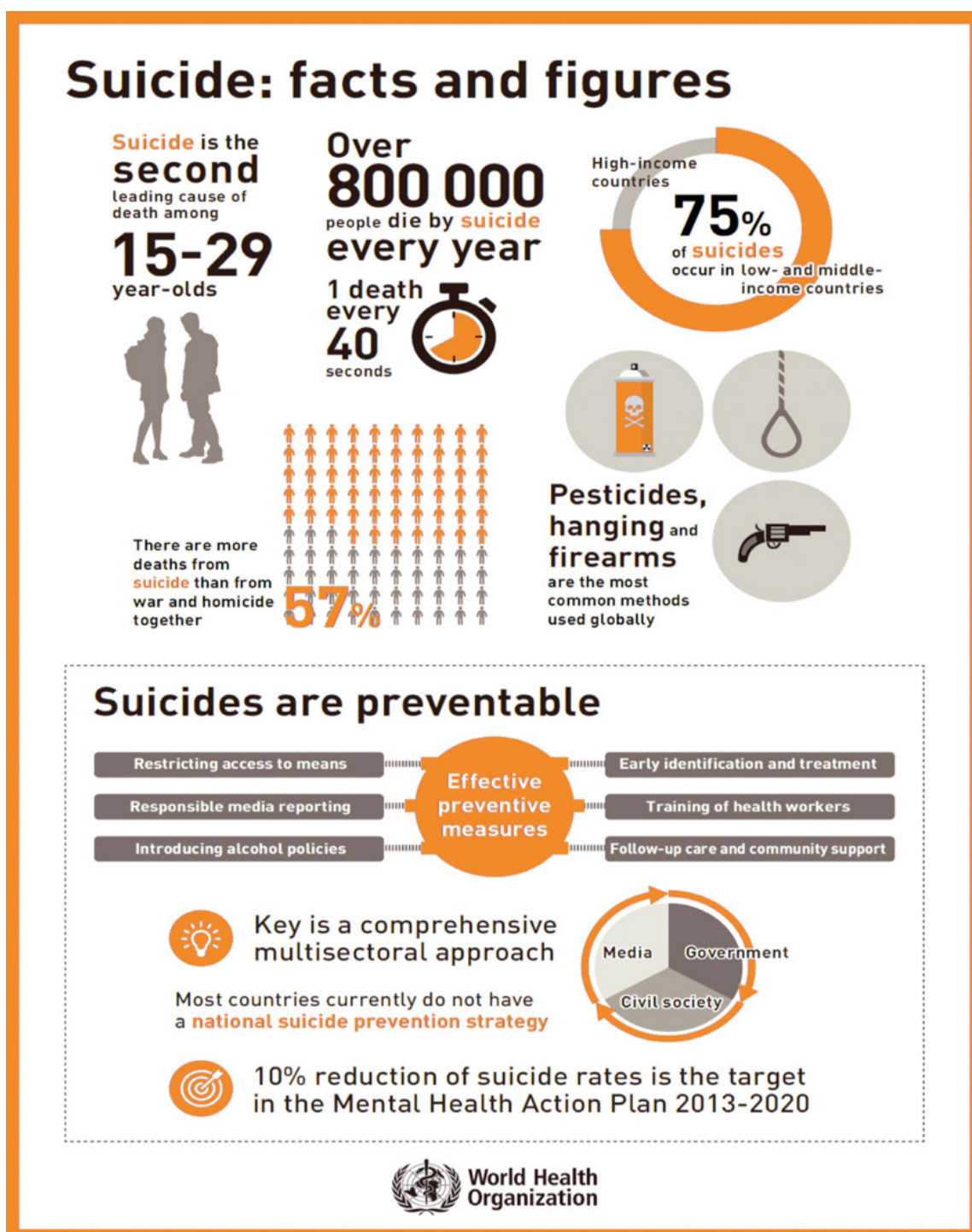
Context for Suicide Prevention in Ireland and Dublin South

SECTION 1 - CONTEXT FOR SUICIDE PREVENTION IN IRELAND AND DUBLIN SOUTH

1.1 INTERNATIONAL CONTEXT

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

Figure 1.1: Global Suicide Facts and Figures (1)



1.2 SUICIDE IN IRELAND

The number of deaths by suicide in Ireland is lower than in most European Union countries. The total rate of suicide for men and women of all ages in 2014 was 11.03 per 100,000 of the population, the 11th lowest rate of suicide among the 32 countries for which data was recorded by Eurostat (2 & 3). The EU 28 average for 2014 was 11.25 per 100,000. These details are illustrated diagrammatically in Figure 2 below.

In Ireland, the suicide rates among young males and females have decreased in recent years. The national rate for males and females aged 15 to 19 years in 2014 was 4.64 per 100,000, the 19th highest suicide rate in this age group across the countries studied (Figure 3). In 2010, Ireland was the 4th highest and in 2013 it was the 6th highest. The highest rate in 2014 was found in Latvia (16.7 per 100,000 of the population) and the lowest in Liechtenstein. The EU 28 average for 2014 was 4.67 per 100,000 amongst this population age-group.

Figure 1.2: Suicide Rate Per 100,000 for Males and Females across 32 European Countries, 2014 (2)

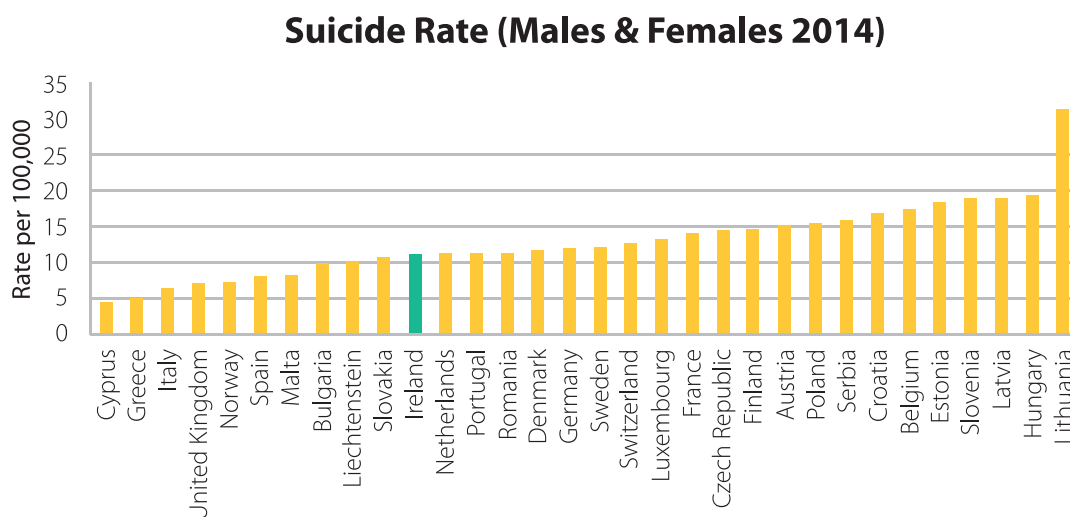
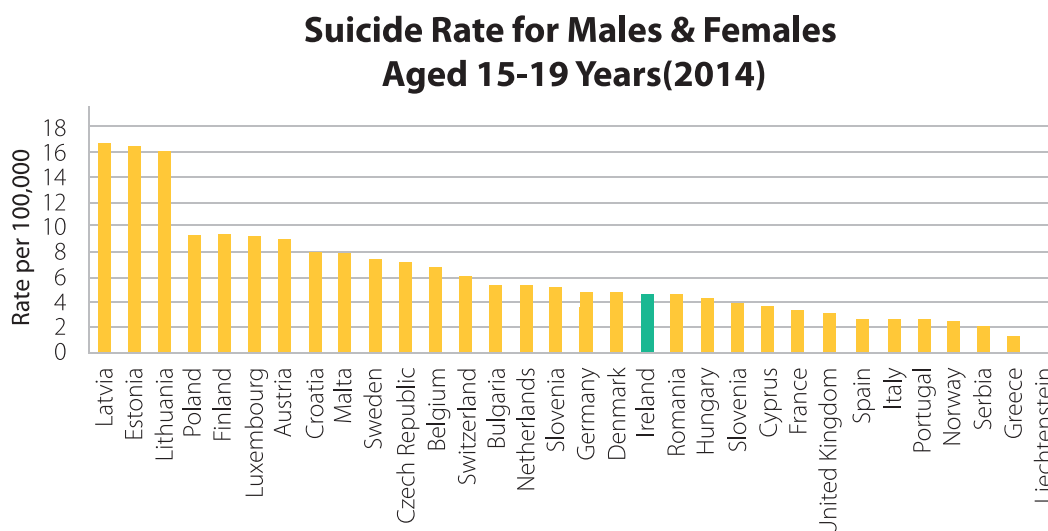


Figure 1.3: Suicide Rate Per 100,000 for Males and Females aged 15-19 years by European Country, 2014(2)



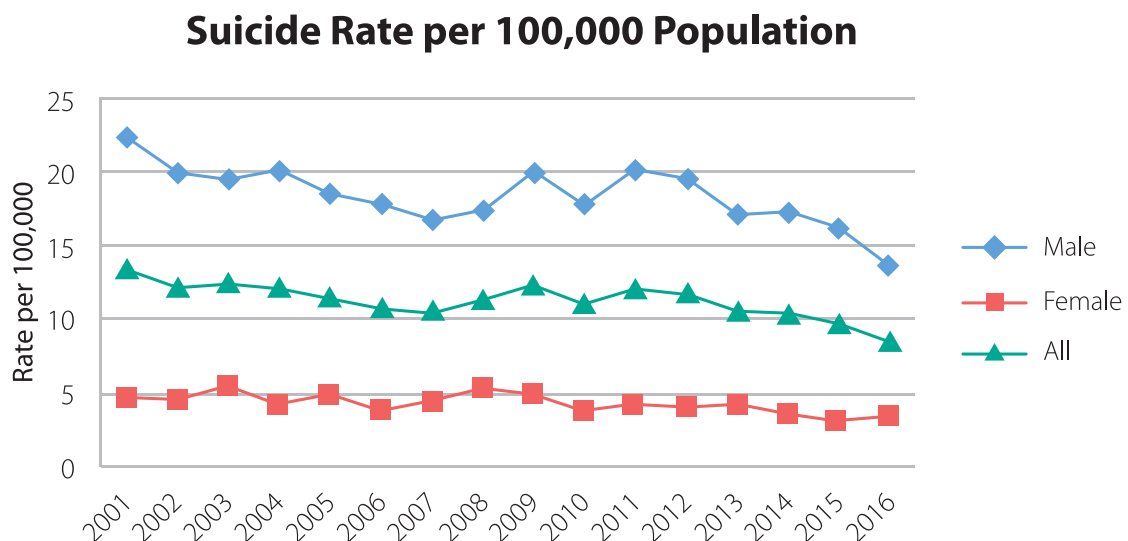
On 31 October 2017, the Central Statistics Office published 'Year of Occurrence' suicide data for 2015 (5). There were 425 deaths by suicide in Ireland in 2015, representing a rate of 9.1 per 100,000 of the population. 79% of these deaths were amongst men.

Since 2007, particularly since the onset of the economic recession in Ireland in 2008, there has been an increase in the suicide rate in Ireland. The increase observed between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide. More recent data from 2012, 2013, 2014, 2015 and 2016 suggests a decline in the suicide rate, however, it must be noted that data for 2016 is still provisional and subject to change.

Based on the most recent *year of occurrence* data (2015):

- Amongst males and females together, the suicide rate per 100,000 is highest amongst those aged 45-54 at 14.2 per 100,000. This trend is the case since 2010.
- Amongst males, the highest rate was in those aged 45-54, at 23.3 per 100,000. This trend is the case since 2010.
- Amongst females, the highest rate was in those aged 55-64, at 8.1 per 100,000. The rate amongst this age-group in females was 4.1 per 100,000 in 2014.

Figure 1.4: National Suicide Rate Per 100,000 for Males and Females, 2001 – 2016
(N.B. Figures for 2015 and 2016 are provisional)



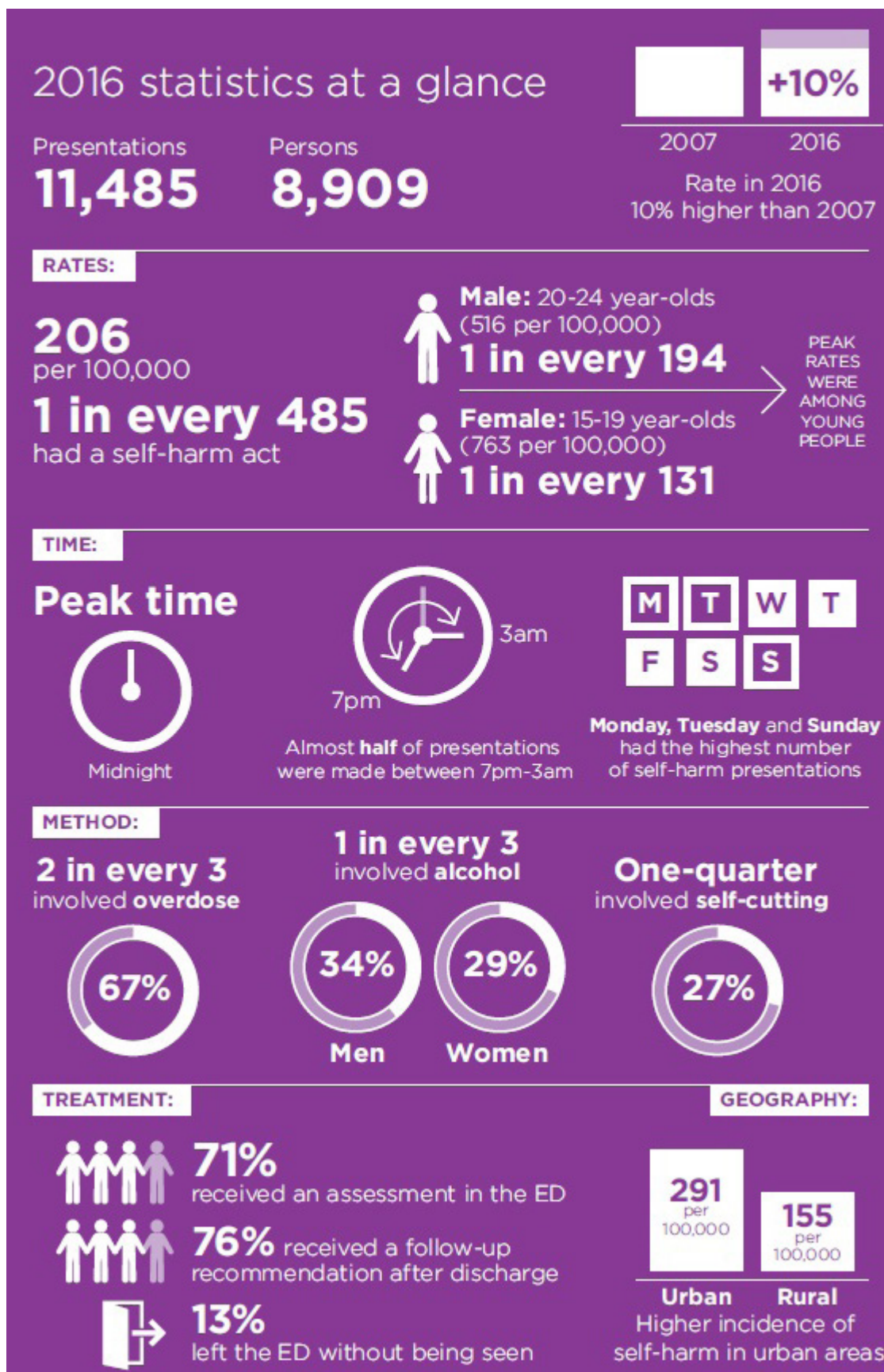
The recession in Ireland appears to have had a significant negative impact on rates of suicide in men - and on rates of self-harm among both men and women. Research conducted by the National Suicide Research Foundation (5) revealed that, by the end of 2012, the male suicide rate was 57% higher than it would have been had the economic recession not occurred, whereas female suicide was almost unchanged. The respective rates of male and female self-harm stood at 31% and 22% higher for the same period.

It is well known that suicide has a widespread and devastating effect on people close to the deceased. A study from a next-of-kin perspective in Northern Ireland (6) found that for every death by suicide, 71 other individuals were affected (16 family members, 31 friends, 10 people in the local community, 13 colleagues and 1 health care professional).

1.3 SELF-HARM IN IRELAND

Self-harm describes the various methods by which people harm themselves non-fatally. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent. However, a history of one or more acts of self-harm is the single strongest predictor of repeated suicidal behaviour, both fatal and non-fatal (7).

Figure 1.5: National Self-Harm Statistics for 2016 (8)

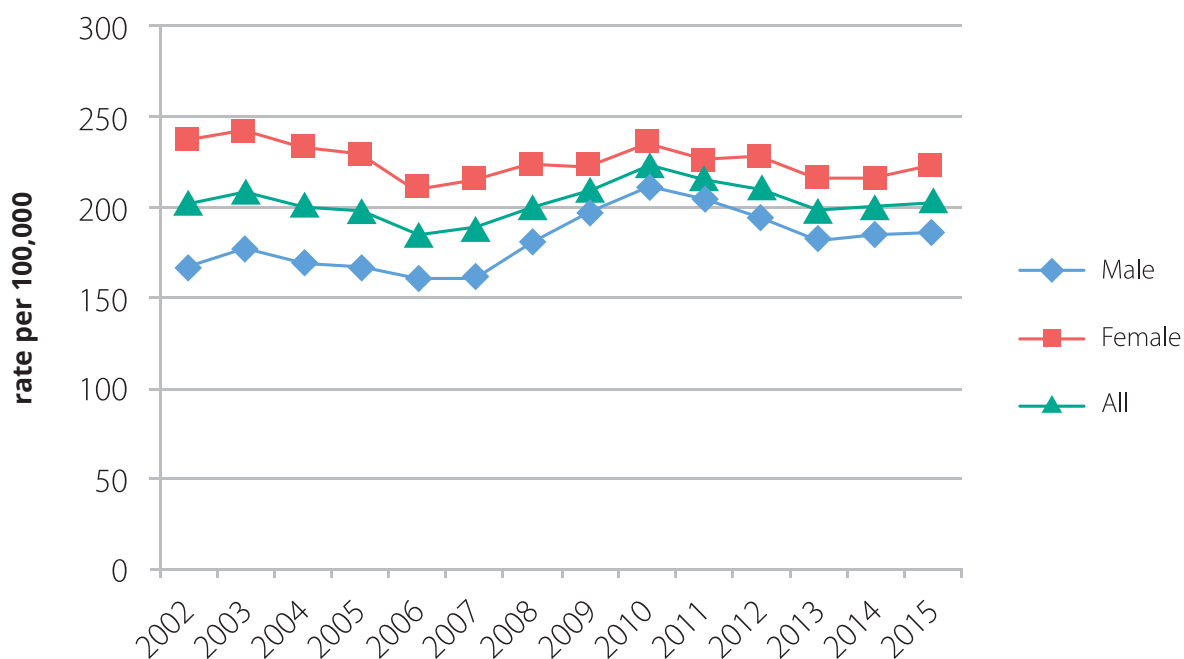


Data held by the National Self-Harm Registry Ireland suggests that there has been a stabilisation and modest fall in self-harm rates. Between 2011 and 2013, there were successive decreases in the self-harm rate. An essentially unchanged rate in 2015 indicates a further stabilisation of the rate of self-harm in Ireland since 2013. However, the rate in 2016 was still 10% higher than in 2007, the year before the economic recession.

Nationally, the rate of self-harm remains higher among women but the gender gap has narrowed from 37% a decade ago to 19% in 2015. According to the National Suicide Research Foundation (NSRF) (9) 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. Compared to the previous year, the only significant change in the rate of hospital-treated self-harm by age in 2015 was among men aged 35-39 years, where the rate increased by 15% from 220 to 253 per 100,000. Rates of self-harm for other age groups remained similar to 2014 figures.

In 2015, 14.6% of all patients treated in Emergency Departments with an act of self-harm repeated; 14.5 % males and 14.7% females. In general, levels of repetition fluctuated slightly between 2007 and 2014 but overall levels of repetition have not decreased. Figure 6 outlines the changes to rates of self-harm per 100,000 population by gender for the period 2002 – 2015.

Figure 1.6: Person-based European age-standardised rate (EASR) of self-harm in the Republic of Ireland in 2002-2015



1.4 THE ROLE OF ALCOHOL IN SUICIDE AND MENTAL HEALTH

The WHO acknowledges harmful alcohol use as a key risk factor for all types of suicidal behaviour (1). Individuals with a substance use disorder (i.e. either a diagnosis of abuse or dependence on alcohol or drugs) are almost six times more likely to report a lifetime suicide attempt than those without a substance use disorder (10). Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and current suicidal thoughts are common (11,12).

The long-term effects of alcohol misuse are probably mediated through interconnected effects on mood and social processes. Those not actually dependent on alcohol are at risk through the short-

term effects on mood, cognitive processes and impulsivity. Young people appear to be particularly susceptible to alcohol-associated suicidal behaviour, and the pattern of drinking - especially binge drinking - may be of relevance(13).

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 (14). A study by the National Suicide Research Foundation of suicides in Cork found that the presence of alcohol and/or drug abuse was confirmed in 60.7% of cases. Among these, 48.6% had abused alcohol, 21% had abused drugs and 27.6% had abused both alcohol and drugs (15). Similarly, Walsh et al (16) 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) (9)

The WHO suggests that evidence-based public health policies to reduce the harmful use of alcohol and drugs are required to reduce suicidal behaviour (17). These policies are considered particularly important within populations with a high prevalence of alcohol use, such as Ireland (18).

1.5 EVIDENCE FOR SUICIDE

In 2014, the Health Research Board (HRB) (19) were asked by The National Office for Suicide Prevention (NOSP) to examine the evidence base for suicide prevention in order to establish which suicide prevention strategies and interventions were successful in reducing suicidal behaviour including suicidal ideation, self-harm, suicide attempts or death by suicide. This review found the body of evidence on suicide prevention interventions to be limited.

More recently, two major reviews were published in 2016 (20, 21) which synthesised the evidence around suicide prevention(25, 26). The outcomes from these studies strengthen the evidence base in several areas of suicide prevention, and have been included in the list below. Clearly more research is needed and systematic evaluation of interventions carried out under the implementation of Connecting for Life will make a very important contribution to the evidence base.

A review of all literature indicates that the following types of interventions were effective or show promise:

- Promote public awareness with regard to issues of mental wellbeing, suicidal behaviour, the consequences of stress and effective crisis management.
- Enable early identification, assessment, treatment and referral to professional care of people vulnerable to suicidal behaviour.
- Promote increased access to comprehensive services, including mental health services and Emergency Departments, for those vulnerable to, or affected by suicidal behaviour.
- Allow screening for suicide risk among groups vulnerable to suicide.
- Improve healthcare services targeting people vulnerable to suicide, including improvements in inpatient and outpatient aftercare available to people who have attempted suicide.
- Maintain a comprehensive training programme for identified first responders and frontline healthcare staff (e.g. Gardaí, Emergency Department staff, educators, physicians, mental health professionals).
- Promote responsible reporting of suicidal behaviour by media outlets.

- Effective pharmacological and psychological treatments of depression are important in prevention. The anti-suicidal effects of clozapine and lithium have been confirmed but may be less specific than previously thought.
- The provision of therapeutic approaches such as DBT and cognitive behavioural therapy (CBT) to defined population groups, e.g. those who repeatedly self-harm.
- Provide supportive and rehabilitative services to people affected by suicide/suicidal behaviour.
- Restricting access to lethal means can prevent suicide.
- Support the establishment of an integrated data-collection system, which serves to identify at-risk groups, individuals, and situations.
- Support a whole-school approach to mental health promotion.
- Evidence is also emerging relating to the potential benefits of online supports and services to people who have mental health problems or are vulnerable to suicide.

1.6 NATIONAL POLICY CONTEXT – SUICIDE AND SELF-HARM IN IRELAND

The development of *Connecting for Life Dublin South* is aligned to *Connecting for Life*, the national suicide prevention strategy which was informed by international and national policies and strategies relating to wellbeing, mental health and suicide prevention. The strategic policy framework which *Connecting for Life Dublin South* is aligned to includes the following:

- *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, 2015 - 2020 (22)
- A Vision for Change: Report of the Expert Group on Mental Health Policy 2006 (23)
- Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 - 2020 (24)
- Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 - 2025 (25)
- All-Ireland Traveller Health Study: Our Geels 2010 (26)
- Reducing Harm, Supporting Recovery - a health led response to drug and alcohol use in Ireland 2017-2025 (27)
- Rebuilding Ireland-An Action Plan for Housing and Homelessness (28)

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

- The National Office for Suicide Prevention (NOSP)
- The National Suicide Research Foundation (NSRF)
- The Central Statistics Office (CSO)

Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 - 2020 (22)

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

A Vision for Change: Report of the Expert Group on Mental Health Policy (23)

A Vision for Change (AVFC) 2006 is the Irish Government's national mental health policy which sets out the direction for mental health services in Ireland and provides a framework for building positive mental health across the entire community. AVFC provides national policy direction and recommendations on suicide prevention, using both a whole population approach and a targeted approach for those particularly vulnerable to suicide. The collaborative approach to suicide prevention, which is integral to *Connecting for Life Dublin South*, is echoed in AVFC. It stresses that preventing suicidal behaviour requires the cooperation of the whole community, including education, health and social services, business and voluntary organisations, agencies committed to positive health promotion and to reducing stigma surrounding mental health problems and ordinary people who are often the first to become aware of crises arising in their friends, colleagues and loved ones (Government of Ireland, 2006:159).

Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 - 2020 (24)

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

Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 - 2025 (25)

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

All Ireland Traveller Health Study: Our Geels 2010 (26)

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

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

Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025 (27)

Reducing Harm, Supporting Recovery lays out the direction of government policy on drug and alcohol use until 2025. The strategy aims to provide an integrated public health approach to drug and alcohol use, focused on promoting healthier lifestyles within society. The vision of the strategy is to create a healthier and safer Ireland, and its actions will contribute towards improving the health, wellbeing and safety of the population of Ireland in the coming years.

Rebuilding Ireland – An Action Plan for Housing and Homelessness (28)

The national plan to address housing and homelessness "Rebuilding Ireland – an Action Plan for Housing and Homelessness" was launched in July 2016 and provides a multi-stranded, action-oriented approach to achieving many of the Government's key housing objectives, as set down in the Programme for a Partnership Government.

1.7 LOCAL CONTEXT IN DUBLIN SOUTH

The Dublin South catchment area represents 9.8% of the population of Ireland and involves large urban concentrations in the Local Health Office areas of Dublin South City, Dublin West and Dublin South West. It also covers the whole of South Dublin County and part of Dublin City. Communities differ significantly in terms of demographic make-up, population density and 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 challenges which need to be understood and addressed effectively. Interventions must be appropriate for communities and the threats to health that they experience.

POPULATION

The total population of Dublin South is 465,612 (Census 2016). Dublin South covers the whole of South Dublin County and part of Dublin City. According to Census 2011, just under 81% of the population of Dublin South is Irish, the remaining residents being of other nationality. Other nationalities are particularly prevalent in Dublin South City, comprising 26.4% of the population in that area compared 17.8% in Dublin West and 13.3% in Dublin South West.

There are just under 148,000 people in Dublin South under the age of 25, a figure which comprises 33% of the population of the area. 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(29).

Individuals aged 25 to 44 years constitute a further 36% of the population.

Data on rates of suicide(30) in Ireland reveal that men are considerably more likely to take their lives than women, approximately at a rate of 4:1. In recent years the highest rates of suicide mortality for both men and women were observed among 45-54 year-olds. 12.2% of the Dublin South population falls into this age category.

9.6% of the Dublin South population is aged over 65 years, less than the national average of 11.7%. Of those, 40.7% reside in Dublin South West. There is emerging evidence of an increased risk of suicide among older persons(31).

Since 2006 the number of people who were enumerated as Irish Travellers in Dublin South has increased by 19.3%. The number of Travellers living in Dublin South City actually reduced by 14.6% in that period while Dublin West and Dublin South West experienced increases of 30.2% and 16.8% respectively.

The number of Travellers living in the area is 2,824, of whom 54% reside in Dublin West and 36% reside in Dublin South West. Travellers are 6.6 times more likely to die by suicide than the general population(32).

24,408 (5.5%) of the Dublin South resident population are classified as vulnerable migrants, of whom 42.7% reside in Dublin South City. The number of vulnerable migrants living in the community healthcare area increased by 18.5% since the previous census, compared to a national increase of 30%.

1.7% of the Dublin South population (n=7,663) has self-reported being in bad or very bad health, and 13.5% are registered as disabled (n=59,998). These figures are largely in alignment with the national averages. There is also an emerging body of evidence demonstrating chronic illnesses and disability can be a significant risk factor in suicide(11).

Socially, Dublin South experiences a considerable mix of affluence and disadvantage. According to the deprivation index, 30.2% of the resident population in Dublin South is affluent, very affluent or extremely affluent. 44.5% of the population is either marginally above or marginally below average while the remaining 25.3% (n=112,853) is classified as disadvantaged, very disadvantaged or extremely disadvantaged. This is approximately two percentage points higher than the national average for people experiencing disadvantage. Concentrations of disadvantage are particularly prevalent in Dublin West and Dublin South West. 30.3% of the population of Dublin West is classified as disadvantaged, very disadvantaged or extremely disadvantaged. This figure stands at 34.7% in Dublin South West.

10.4% of the community healthcare area population has completed only primary education or lower. This is largely in keeping with the national average of 10%. In keeping with higher rates of disadvantage, figures for Dublin West (11.1%) and Dublin South West (13.1%) are higher than the national average compared to figures for Dublin South City (6.9%).

At the other end of the educational spectrum 18.6% of Dublin South residents have completed third level education, 2.5% higher than the national average. Third level completion rates are particularly high in Dublin South City (29.7%), compared to Dublin West (13.2%) and Dublin South West (13%).

According to Census 2011 9% of the population aged over 15 years in Dublin South (n=40,373) is registered as unemployed. This figure is largely in keeping with the national average of 8.5%. Unemployment rates are somewhat higher in Dublin West and Dublin South West (both 10%) compared to Dublin South City (7.2%).

SUICIDE IN DUBLIN SOUTH

Identifying particular trends in deaths by suicide across Dublin South, Kildare and West Wicklow is problematic in that not all deaths are currently reported to the Resource Officers for Suicide Prevention. The HSE Community Healthcare Area also shares two counties - Dublin City and Wicklow - with other HSE Community Healthcare areas, and suicide statistics are currently only available at county level.

Data from the CSO reveals that, in 2015, there were 75 recorded suicides in the four counties that are included wholly, or in part of the HSE Community Healthcare area; South Dublin (n=10), Dublin City (n=29), Kildare (n=20), Wicklow (n=16). This made up 41% of all deaths recorded in Leinster and 22.6% of all deaths recorded nationally for that year.

In 2015 the rates of recorded suicides per 100,000 were in Wicklow (11.3); Kildare (9.2); South Dublin (3.7) and Dublin City (5.4). The overall rate for Leinster was 7.1 while the national rate stood at 9.2.

The three-year moving average rates of suicide across the counties included wholly, or in part, of Dublin South recorded between 2004 and 2016 are shown below in Figure 5 and are compared with rates for Leinster and Ireland in Figure 6. These figures demonstrate that suicide rates across Dublin South and Dublin City have fluctuated over the years, with decreases recorded in Dublin city in recent years. The 2014-16 period has also witnessed a decline in suicide rates in Dublin South.

Figure 1.7: 3-year moving average rate of suicide per 100,000 population by county of residence of deceased (Dublin South & Dublin City). 2016 data is provisional

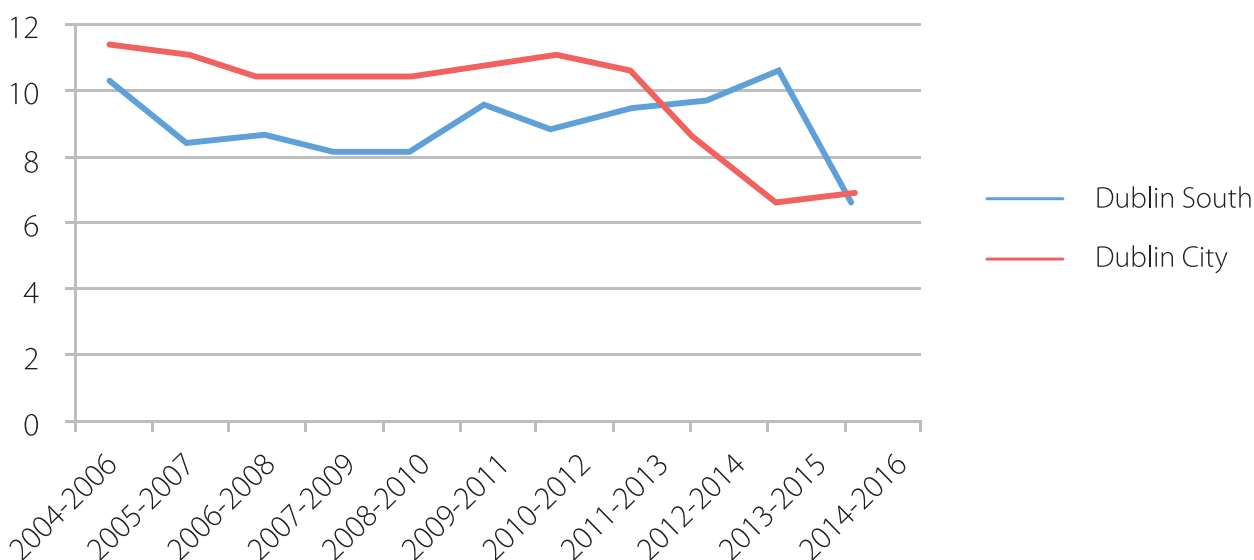
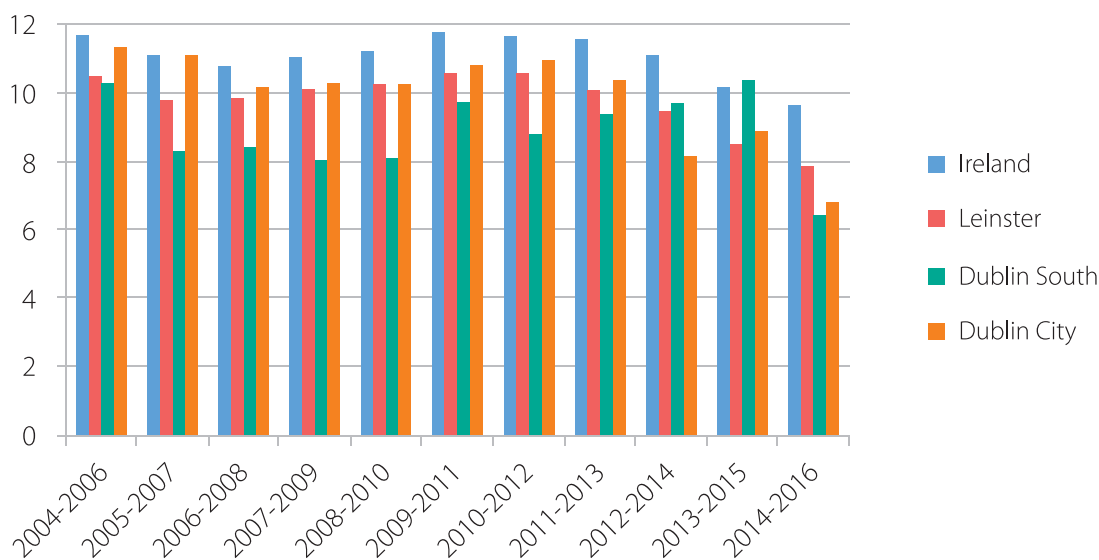


Figure 1.8: 3-year moving average rate of suicide per 100,000 population in Dublin South and Dublin City compared to rates for Leinster and Ireland. 2016 data is provisional



In 2016 the HSE Resource Officer for Suicide Prevention was made aware of 17 deaths by suspected suicide in the Dublin South area. 23 deaths were recorded in 2015 in South Dublin and 39 across the whole of Dublin City. Proportionately this would total an approximate 39 deaths across Dublin South Central. If figures were to remain static this would mean that 44% of deaths were reported to the HSE Resource Officer for Suicide Prevention.

The youngest untimely death recorded in 2016 was 11 years old while the oldest person was in their sixties. Three individuals were under 24 years of age, 5 were 25-45 years of age, and four were over 45. 47% were either mental health service users, had a history of attending mental health service or were on a waiting list to attend a mental health service.

SELF-HARM IN DUBLIN SOUTH

There were 949 individuals that presented to hospital for self-harm in 2016 which was a 9.7% reduction in presentations from 2015. 55% of presentations were female and 45% male. 10.7% of individuals presenting to hospital for self-harm in Ireland were living in Dublin South.

| HSE Local Health Office | Men | | | | Women | | | |
|-------------------------|------------|---------------|-------|--------|------------|---------------|-------|--------|
| | Population | No. of people | Rate* | Rank** | Population | No. of people | Rate* | Rank** |
| Dublin South City | 69,042 | 105 | 137 | 24 | 71,143 | 127 | 162 | 29 |
| Dublin South West | 75,078 | 173 | 227 | 3 | 79,393 | 220 | 287 | 1 |
| Dublin West | 72,067 | 146 | 196 | 6 | 74,265 | 178 | 243 | 5 |
| Nationally | | 5070 | 184 | | | 6415 | 229 | |

*Rate is per 100,000, ** Rank is out of 30 LHO's nationally

Key points to note from 2016 Self-Harm registry data (9)

- Dublin South West continues to have the highest rate of self-harm nationally for women
- Dublin South West has the third highest rate of self-harm nationally for men
- There has been an increase in rates of self-harm in South Dublin County but a decrease in Dublin City

Self-Harm data for 2015 shows: (9)

- In Dublin South 72% of presentations for self-harm were made by individuals aged 15-44 years old.
- Drug Overdose was the most common method of self-harm (68%)
- Alcohol was involved in 36% of presentations
- Residents within Dublin South mainly present to AMNCH Tallaght Hospital; St James Hospital; James Connolly Hospital; National Children's Hospital and Our Ladies Children's Hospital Crumlin.
- 15% of individuals presenting for self-harm in ED would present again for self-harm
- January and May showed highest levels of presentation
- Presentation for females peaked between 2-3 pm and 9 pm; nationally peak time is midnight
- Presentation for males peaked at midnight as nationally

- Rates of presentation for self-harm in Dublin South West continue to be significantly higher than the national rate

Other notable data in relation to self-harm includes:

- 2013-2014 saw the number of young girls under 17 presenting for self-harm in the Dublin South West area double. This figure has remained consistently high since 2014. This was reflected in consultation with services and client attendance to Pieta House.
- Areas of significant deprivation have the highest level of presentations to Emergency Departments for self-harm. Service accessibility for people presenting with self-harm to Emergency Departments is dependent on geographical location.

SERVICE PROVISION IN DUBLIN SOUTH

Throughout Dublin South there are a number of services targeted at the promotion of positive mental health and at addressing the needs of those experiencing mental health difficulties. Within the HSE these services fall primarily under the Directorates of Mental Health; Primary Care; Health and Wellbeing; Acute Hospitals and Addiction Services. Similarly, a considerable number of Community & Voluntary organisations offer supports and services to a wide variety of client groups. A list of funded agencies and services is presented below.

HSE Mental Health Services and Suicide Prevention Supports and Services in Dublin South:

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

Linn Dara Child & Adolescent Mental Health Service (CAMHS), Cherry Orchard Hospital, Ballyfermot and Lucena Clinic, Rathgar and Tallaght: The CAMHS Team is a multidisciplinary service that prioritises the assessment and treatment of children up to the age of 16 presenting with mental health problems.

The Adult Community Mental Health Service (AMHS): The AMHS Team is a multi-disciplinary service that provides mental health care to working age adults. Its aim is to provide an integrated, comprehensive, high quality, individualised system of care and support which meets the needs of people with acute mental health problems and their carers. www.hse.ie/eng/services/list/4/Mental_Health_Services/dsc/ is a website developed for service users and their families/carers to give them an overview of services available to them and how to access help if you or someone you know is struggling with mental health issues.

The Community Rehabilitation Service: The Community Rehabilitation Service provides care to people with severe and enduring mental health difficulties who have complex needs. The core philosophy of the Adult Community Rehabilitation Service is to provide individualised care programmes for service users and carers, based on identified need and implemented as much as possible in a non-institutional setting. EVE is a programme within the HSE, whose primary ethos is to provide community-based recovery-orientated programmes for adults who experience mental health difficulties, intellectual disabilities, Asperger's Syndrome, and Physical and Sensory disabilities.

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

HSE PRIMARY CARE SERVICES IN DUBLIN SOUTH

Primary Care Team and Network Services: Primary Care services cover many of the health or social care services found in the community, outside of the hospital setting through a team of health professionals. There are four Primary Care Networks within Dublin South that service a number of Primary Care Centres and Local Health Centres. It is envisaged that these services and

teams will be further strengthened in the future so that they will be the main unit both for the delivery of health and social care services and the development of health and wellbeing initiatives in primary care areas.

Counselling in Primary Care (CIPC): CIPC provides short term counselling in primary care settings to medical card holders aged 18 years and over. The counselling is provided by professionally qualified and accredited counsellors or therapists who work under the supervision of the HSE National Counselling Service.

HSE National Counselling Service: HSE counselling provision is managed by the National Counselling Service, included in this are services specifically for adult survivors of childhood abuse and is a free service, open to all adults, and includes the option of self-referral.

COMMUNITY AND VOLUNTARY SUPPORTS AND SERVICES.

Listed below are a number of community level supports that receive public funding. Due to the high number of services operating in Dublin South, it is not possible to list each service that receives funding. All services that are operational can be found by accessing www.yourmentalhealth.ie.

AWARE: AWARE provides support and information to individuals and families affected by depression, through its Lo-Call Helpline, Support Groups, Online Support Groups and email support service. Information on support groups and other services can be found on www.aware.ie

Family Resource Centres: Family Resource Centres provide a range of universal and targeted services and development opportunities that address the needs of families. A list of family resource centres in Dublin South can be accessed at www.tusla.ie

GROW: GROW's Mission is to nurture mental health, personal growth, prevention and full recovery from all kinds of mental illness. GROW also provides Community Education courses on mental health. A list of these courses and other services can be found on www.grow.ie

Jigsaw: Jigsaw provides an early intervention youth mental health service for people aged between 12 and 25 years. For information about their services and how to access them visit www.jigsaw.ie.

Pieta House: Pieta House provides counselling and support services to people and families affected by suicide, suicidal ideation and self-harm. They also provide suicide bereavement support. For information about this service and how to access them see www.pieta.ie.

Belong To: BeLonG To is the national organisation for Lesbian, Gay, Bisexual and Transgendered (LGBT) young people, aged between 14 and 23. They have a counselling service for young people experiencing suicidal ideation. (www.belongto.org.)

Village Counselling Services: Village Counselling Service is a low cost counselling service in Tallaght that is open to all residents in Dublin South. They provide counselling for suicidal ideation, self-harm and suicide bereavement. For information on this service see www.villagecounselling.ie

Turn 2 Me: Turn 2 Me provides online counselling and support to people aged over 18 (www.turn2me.org).

Samaritans: Samaritans provides a listening service to people who are in emotional distress. Freephone 24 hour listening service 116-123.

Shine: Shine is the national organisation dedicated to upholding the rights and addressing the needs of all those affected by mental health problems, through the promotion and provision of high quality services, and working to ensure the continual enhancement of the quality of life of the people it serves. For more information see www.shine.ie.

Suicide or Survive: Suicide or Survive (SOS) is an Irish charity focused on breaking down the stigma associated with mental health issues and ensuring that those affected have access to quality recovery services that are right for the individual.

National Traveller Suicide Awareness Project: Based in Exchange House, the National Traveller Suicide Awareness Project is a resource to Traveller organisations and suicide related services, raising awareness on the issue within the Traveller community.

Mental Health Ireland: Mental Health Ireland's aim is to promote positive mental health and wellbeing to all individuals and communities in Ireland. They have Mental Health Associations across communities within Dublin South. These Associations fundraise to organise outings and events for people struggling with mental health within their communities (www.mentalhealthireland.ie).

Irish Advocacy Network: The Irish Advocacy Network provides peer advocacy, support and information to people with mental health problems.

My Mind Ltd: My Mind provides online and face to face counselling supports (www.mymind.org)

MOJO: MOJO is a 12 week training programme to reduce the high levels of male suicide in Ireland. Men learn to build their mental and physical fitness while developing their ability to engage with local services, set goals and develop a life plan.

Threshold Training Network: The Threshold Training Network provides community based and SOLAS approved training programmes for individuals who have experience mental health difficulties.

Reach Out: www.reachout.com is an online youth mental health service helping young people through tough times.

Understanding the service landscape, alongside the evidence pertaining to self-harm, suicide and suicide prevention across the area has played an important part in informing the actions in *Connecting for Life Dublin South*.

1.8 HSE NATIONAL OFFICE FOR SUICIDE PREVENTION (NOSP) TRAINING PROGRAMMES

The Resource Officer for Suicide Prevention in Dublin South manages a local Training Plan aligned to the National Training Plan. The aim of these training programmes is to enhance awareness of and develop skills to respond to suicide and self-harm behaviour. Ultimately, everyone can make a difference to suicide prevention; the more people in the community who have suicide intervention training, the more likely it is that they will be able to identify someone at risk and intervene to help keep them safe. See Figure 1.9 for details of training needs.

Figure 1.9: Training needs identified in the NOSP National Suicide Prevention Training Plan



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

Table 1.2: Suicide Prevention Training Programmes

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

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

1.9 HSE HEALTH PROMOTION AND IMPROVEMENT PROGRAMMES

SCHOOLS PROGRAMMES

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

WELL-BEING PROGRAMME

The overarching aim of the Well-Being Programme is to *promote mental health and well being as a resource for everyday living among health/community professionals*. The programme emphasises the

importance and benefits of promoting positive mental health and well being at a universal level. The emphasis is on mental health as a resource for everyday living and the maintenance of this resource. It does not address mental illness, its signs, symptoms or treatment, though this may be alluded to within general discussion.

1.10 DEPARTMENT OF EDUCATION AND SKILLS PROGRAMMES

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

NEPS provide a number of programmes in schools:

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

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

1.11 COMMUNITY BASED PROGRAMMES

It is important to note that a number of community organisations are providing evidence based training programmes on suicide prevention, mental health and well-being in the community. These organisations include but are not limited to:

- AWARE
- Jigsaw
- Pieta House
- Ballyfermot, Dublin 12 and Canal Community Local Area Drugs and Alcohol Drugs Task Forces
- Suicide or Survive
- Mental Health Ireland
- GROW

1.12 SERVICE LANDSCAPE

Service mapping undertaken in the preparation of this action plan indicated that there is a high density of services in Dublin South. However, data also show a larger population and higher levels of need in the Dublin area in relation to areas of social deprivation.

The service mapping exercise suggested a high rate of referral among services across Dublin South in relation to self-harm and suicide prevention. Services to which referrals are most commonly made include, among others, Pieta House; GPs; Emergency Departments; AMHS/CAMHS; Independent/Voluntary Counselling services; Addiction Counselling and Jigsaw.

Consultations with professionals however, indicate that hospitals do not refer individuals with suicidal ideation onward to specialised mental health services unless they are assessed to have a mental health disorder. It is understood that specialised mental health services are mainly for those with a recognised mental health problem, and their suicidality can be understood and managed in this context. This can include assessment and support by the Mental Health Service as an outpatient but may occasionally extend to inpatient care. This does not apply to others with suicidal ideation and, at the point of assessment, careful weighing of factors guides the recommendation for the most appropriate, least restrictive and least stigmatising care setting for their respective needs. This rarely includes hospitalisation, which is reserved for those with higher risk and with mental health issues. It is considered that other people in suicidal crisis are better looked after outside hospital settings, such as outpatient clinics, where they can more quickly resume their life without the concern that they have a primary mental health problem.

There is also a discrepancy across hospitals in terms of referral routes with onward referral from hospitals lacking consistency.

1.13 HSE SERVICE PROVISION CHALLENGES

WAITING LISTS

Approximately 31% of services that responded to the service mapping exercise within Dublin South Kildare West Wicklow noted that their services had waiting lists. Counselling services in particular identified themselves as having considerable waiting times for the delivery of service. Approximately one third of those services highlighting waiting lists indicated that their waiting lists were between two and five months.

Consultation during the preparation of the action plan also suggested that individuals who become suicidal while in receipt of mental health services receive an excellent and immediate response. It appears much more difficult for those on a mental health service waiting list or those deemed inappropriate for mental health services to get a timely response to their needs.

SERVICE LIMITATIONS

It was noted across consultations that early intervention services and acute services for individuals with mental health difficulties were readily available. By extension, it was also noted consistently that there were few services for children and young people in need who fall between early intervention primary care and secondary level services. For example, a young person may fail to reach the threshold for CAMHS and whose needs may be too complex for Early Intervention Services, such as Jigsaw. Such young people would be most appropriate for a Primary Care Psychology service but are unable to access it due to waiting lists. As a result they are not admitted to services until they reach an acute stage and realise more enduring and complex mental health issues. Limitations were also identified for individuals presenting with dual diagnosis e.g mental health and substance misuse in that there were no clear pathways between mental health and substance misuse services.



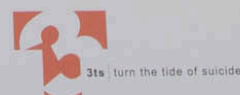
Every one of us
can play our part
in changing this

End the silence

SEND
SILENCE
PACKING



In association with



2

*How Connecting for
Life Dublin South
was developed*

SECTION 2 - HOW CONNECTING FOR LIFE DUBLIN SOUTH WAS DEVELOPED

2.1 APPROACH

Aligned to the national strategy, *Connecting for Life Dublin South* has taken an evidence-informed approach to developing a local suicide prevention plan, to ensure that actions prioritised in this plan will deliver real and measurable benefits in a cost-effective way. The local work is aligned with the whole of society approach applied nationally. It involved considerable research and consultation throughout the Dublin South region, engaging in particular with relevant statutory, non-statutory and community and voluntary organisations. This approach has ensured that the actions are both evidence informed and relevant to the needs of the Dublin South community.

The first step in developing *Connecting for Life Dublin South* involved the establishment of a project governance structure, the Dublin South *Connecting for Life* Suicide Prevention Planning Group (SPPG), to oversee the project. The purpose of the SPPG was to provide guidance and support to the planning process while also contributing directly to the content of the local plan. Established in 2016, the SPPG comprised of people from across statutory and voluntary agencies and services with a significant role to play in the reduction and prevention of suicide and self-harm. The SPPG was chaired by Chief Officer HSE Community Health Care for Dublin South, Kildare and West Wicklow.

The following were the primary research activities undertaken to inform the SPPG's decision-making throughout 2016 and 2017, leading to the development of *Connecting for Life Dublin South*:

- Undertaking secondary research to examine and analyse existing data pertaining to mental illness, self-harm and suicide across the Dublin South area and identification of risk within the area
- Drawing on existing knowledge and undertaking a local service-mapping survey to identify existing service-provision and investment in the Dublin South area targeted at addressing mental illness, self-harm and suicide
- Conducting an analysis of the strengths and challenges facing current local efforts to prevent self-harm and suicide through consultation and the aforementioned service-mapping exercise
- Exploration of national and international, up-to-date research on evidenced models of good practice in the prevention of self-harm and suicide
- Adoption of national commitments from the HSE Mental Health Division to the local action plan
- Consideration of additional resource availability for investment in *Connecting for Life Dublin South*

2.2 CONSULTATION

The Dublin South SPPG made an informed decision to exercise caution in relation to early stage consultation with the wider public. This decision was informed by observations from the consultation that took place in Kildare and West Wicklow which in the main did not reveal any new or additional information on suicide. It was felt that the feedback would be focused predominantly on personal experience, feelings and perspectives about suicide, thereby resulting in recommendations that may be very broad and not evidence-informed. The main concern, however, was the risk of disenfranchising the local community, particularly identified target or vulnerable groups, by building expectations of future service provision that may ultimately be unrealistic or unachievable. The Dublin South SPPG made the decision, therefore, to communicate

with the public once a draft plan with tangible actions was in place, consulting directly with the providers of relevant services across statutory, community and voluntary sectors in developing the draft actions.

An initial consultation exercise was conducted by the ROSP in the first quarter of 2017. Meetings were held with a variety of senior practitioners involved in the provision of key services relevant to mental health, suicide and self-harm in the region. Within the HSE, this included representatives providing or overseeing services from the Child and Adolescent Mental Health Service (CAMHS), the Adult Mental Health Service (AMHS), Primary Care Psychology, Health & Wellbeing, hospital settings, Dialectical Behavioural Therapists, etc. Consultations were also held with representatives of other key statutory organisations such as Tusla, the Local Authorities and the National Educational Psychology Service (NEPS), and with key voluntary organisations providing services in the area. Interviews were also undertaken with a number of locally based clergymen, given their remit in ministering to bereaved families and communities.

Consultations focused on the strengths and challenges of existing local service provision and on identifying both gaps and inconsistencies that needed to be addressed within the emerging *Connecting for Life Dublin South* plan.

The information from this initial consultation was combined with analysis of i) secondary data pertaining to suicide and self-harm in the area and ii) national and international information on best practice in suicide prevention. This in turn resulted in the preparation of a draft action framework for Dublin South which was presented to, and agreed by, the SPPG in March 2017.

A further round of consultation was then conducted in May 2017, whereby the draft action framework was shared with a broader cross section of service providers from across statutory, community and voluntary agencies in the area. A total of 62 participants engaged in three consultation workshops, reflecting on the draft action framework and highlighting potential contributions by their respective agencies to the emerging plan. Critical issues to emerge from this consultation phase were the identified need for:

- Greater interagency networking and information-sharing on all matters relevant to suicide and self-harm prevention.
- Improved referral pathways for children and adults experiencing mental health difficulties
- Enhanced HSE communication with other partners.
- A uniform approach in hospitals to addressing the needs of individuals presenting with suicidal ideation, particularly in terms of discharge and onward referral.
- Increased staff training relevant to the prevention of suicide, with a focus on staff wellbeing and staff up-skilling.
- Greater focus on prevention activity with considerable appreciation of the Social Prescribing model. Social Prescribing allows GP's, nurses and other primary care professionals to refer patients into a Social Prescriber who offers pathways to a range of local, non-clinical services.
- A consistent approach to dealing with individuals presenting with a dual diagnosis, e.g. a mental health difficulty and addiction.
- Enhanced bereavement supports for people and communities affected by suicide.
- Specific attention to the needs of vulnerable groups such as people affected by homelessness, addiction and young people.

Each of the above is reflected in the action framework. In addition to the priorities above, participants emphasised their desire to progress to the implementation of *Connecting for Life Dublin South* as soon as possible, highlighting their interest in moving forward from a broad local plan into the implementation of the agreed actions.

SERVICE GAPS

The overarching observation that emerged from the consultation with regard to service provision across Dublin South, involves recognition of a need to ensure consistency of service level across the area, and to ensure that existing services are maximising outputs and outcomes. Within the confines of existing investment, specific gaps were highlighted, and these concern the need for:

- Enhanced coverage by Primary Care Psychology services across the area
- Appropriate mental health services for young people in the care/leaving the care of TUSLA, especially in the Dublin South West area
- Appropriate interventions for people presenting with Borderline Personality Disorder
- Consistency of access to services and understanding of referral pathways
- Addressing of the impact of homelessness on mental health across all areas of Dublin South
- Addressing the impact of polydrug use in disadvantaged communities, particularly among young mothers



Hell Fire Club, Montpelier Hill
Photo Credit: Shutterstock



3

Priority Groups,
Risk and Protective
Factors

SECTION 3 - 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).

3.1 NATIONAL PRIORITY GROUPS

Ireland’s overall suicide rate is among the lowest in the OECD (2). However, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour(22). There is significant overlap between many of the groups. Similarly 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(22). As part of developing the national strategy, NOSP reviewed the available Irish and international evidence in relation to risk and protective factors with the aim of identifying potential priority groups vulnerable to suicide in Ireland. The following priority groups, outlined in Table 1, are noted in the national strategy, *Connecting for Life*:

Table 3.1: National Priority Groups identified in Connecting for Life (22)

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

3.2 LOCAL PRIORITY GROUPS

Suicide is a complex social phenomenon and analysis of data relating to deaths by suspected suicide in recent years, it has been apparent that risk groups change on an annual basis. For example, economic change and the downfall of the Celtic Tiger saw a rise of deaths among working men. More recently, there have been a number of deaths among substance misusers; young people; young mothers; men with a relationship breakdown; homelessness; mental health service users; travellers.

The most startling recent phenomenon in Dublin South has been the rise of suicide among women. This is in contrast to national data on suicide. In information received around suspected deaths by suicide in Dublin South up to the end of October 2017, half of all deaths have been women.

Table 3.2 Groups identified as at risk of self-harm and suicide through Dublin South consultation process

| | |
|--------------------------------------|--|
| Health/Mental Health Related Groups: | <ul style="list-style-type: none"> • Individuals with mental health issues • Individuals with alcohol and or drug misuse problems • Young people with an ASD diagnosis • People with a personality disorder diagnosis • Individuals living with chronic pain • Individuals who self-harm |
| Minority Groups: | <ul style="list-style-type: none"> • Individuals and families who are homeless • Young people in care of the state • Members of the LGBTQI community • Members of the Traveller community (particularly males) • Non-Irish nationals • Trafficked women • Individuals with disabilities • Individuals who are homeless |
| Demographic Cohorts: | <ul style="list-style-type: none"> • Young people • Young mothers • Working aged men and women • Middle aged men and women • People who are social deprived |
| Suicide Related: | <ul style="list-style-type: none"> • Individuals bereaved by suicide • Individuals in communities where there has been a bereavement due to suicide |
| Occupational Groups: | <ul style="list-style-type: none"> • Individuals working in certain professions (e.g. Healthcare Workers, Gardai, Solicitors) |

3.3 NATIONAL RISK FACTORS

Suicidal and self-harm behaviours are complex. There is rarely a single cause. Generally, a number of risk factors interact (in different ways for different groups) to increase an individual's vulnerability to suicidal behaviours (1). International research has identified some common risk factors at individual, socio-cultural and situational levels (22) and these are outlined below in Table 3.3.

Table 3.3: National individual, socio-cultural and situational risk factors (22)

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

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

3.4 LOCAL RISK FACTORS

The review of data on self-harm and suicide; data from services and consultation from stakeholders showed a range of individual, socio-cultural and situational level risk factors in Dublin South. All of the national level individual risk factors were identified, while many of the socio-cultural and situational level risk factors were also identified, as well as a range of other additional risk factors. See Table 3.4.

The area of Adverse Childhood Experience (abuse, neglect and household dysfunction) was highlighted by the Suicide Prevention Planning Group as a strong factor in suicide risk. This is in line with international evidence. The ACE Study (33) shows that early adverse childhood experiences (ACEs) dramatically increases the risk of suicidal behaviour. A study carried out in 2001 in America showed that nearly two-thirds (64%) of suicide attempts among adults were attributable to ACEs and 80% of suicide attempts during childhood/adolescence were attributed to ACEs. Further, while system responses to family violence continue to place greater emphasis on physical forms of abuse, the strongest predictor of future suicide attempts in ACE research was emotional abuse (34).

While we do not ordinarily consider young children as a cohort at risk of suicide, experiences at this age can shape an individual’s coping skills in later life and heighten suicide risk. With this in mind the Suicide Prevention Planning Group decided that a ‘cradle to grave’ approach needed to be taken when developing a plan to reduce suicide and self-harming behaviours.

Table 3.4: Local risk factors identified in the Dublin South consultations

| Individual | Socio-cultural | Situational |
|---|--|---|
| <ul style="list-style-type: none"> • Previous suicide attempt • Mental health problems and/or • Alcohol and/or drug misuse • Polydrug misuse • Adverse childhood experience • Domestic Abuse • Homelessness or inadequate housing • Perinatal Depression • Family separation • Trafficked from another country • Lack of social support • Work related stress and trauma • History of trauma or abuse • Acute emotional distress • Major physical or chronic illnesses and chronic pain • Family history of suicide • Economic Uncertainty • Social Deprivation | <ul style="list-style-type: none"> • Stigma associated with accessing mental health services • Exposure to, and glorification of suicidal behaviour, e.g. social media, events associated to suicide deaths and influence of others who have died by suicide • Barriers to accessing appropriate support services in a co-ordinated timely fashion e.g clients presenting with dual diagnosis • Lack of appropriate services for young people falling between early intervention and specialist mental health services e.g Primary Care Psychology • Inconsistency of referral pathways from Emergency Departments of Acute and Childrens Hospitals • Long wait times; acute services must be accessed through the Emergency Department of the General Hospital • Poverty including homelessness • Lack of affordable, appropriate housing | <ul style="list-style-type: none"> • Poverty and sense of hopelessness • High level of stress due to family breakdown • Bereavement • Occurrence of suicide clusters • Need to recognise the relationship between alcohol/substance misuse and suicide • Poor coping skills due to adverse childhood experience • High level of stress due to financial and/or occupational pressure |

3.5 PROTECTIVE FACTORS

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

- **Strong personal relationships.** Suicidal behaviour increases when people experience relationship conflict, loss or discord. Equally, maintaining healthy close relationships can increase individual resilience and act as a protective factor against the risk of suicide.
- **Religious or spiritual beliefs.** Faith itself may be a protective factor since it typically provides a structured belief system and can advocate for behaviour that can be considered physically and mentally beneficial. Many religious and cultural beliefs and behaviours may also contribute towards stigma related to suicide due to their moral stances on suicide, which can discourage help-seeking behaviours. The protective

value of religion and spirituality may occur from providing access to a socially cohesive and supportive community with a shared set of values.

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

The information pertaining to priority risk groups nationally, along with international evidence of risk and protective factors outlined above, have been coupled with the results from local analysis described in Section 4 as the integral features informing the development of this local Connecting for Life Action Plan for Dublin South.



4

Connecting for Life
Dublin South Strategic
Goals, Objectives
and Actions

SECTION 4 - CONNECTING FOR LIFE DUBLIN SOUTH STRATEGIC GOALS, OBJECTIVES AND ACTIONS

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

Vision

‘Dublin South will have fewer lives lost through suicide, and communities and individuals will be empowered to improve their mental health and well-being’

Strategic Goals

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

Primary Outcomes

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

NATIONAL STRATEGIC GOAL 1 - TO IMPROVE THE UNDERSTANDING OF, AND ATTITUDES TO, SUICIDAL BEHAVIOUR, MENTAL HEALTH AND WELLBEING

In the past number of years there has been significant interest in and public awareness of mental health and wellbeing across Dublin South and many initiatives aiming to increase understanding and awareness of the importance of mental health in relation to overall wellbeing have been developed and implemented. However, many people remain hesitant to talk openly about their own mental health, and misperceptions about suicide, self harm and suicidal ideation persist.

Mental health problems are a major risk factor for suicide and by working with people and organisations across Dublin South, including the media, a greater understanding of suicide and the factors that protect and improve our mental health and reduce stigma can be achieved.

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|--|---|-----------------------|---|
| 1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk & protective factors. | 1.1.2 Develop and implement a national mental health and well-being promotion plan. | <i>1.1.2 Implement the national mental health and wellbeing promotion plan locally.</i> | HSE H&W | HSE MH |
| | 1.1.3 Develop co-ordinated campaigns (such as LittleThings) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent sign-posting to relevant support services. | <i>1.1.3 Deliver national positive mental health campaigns in Dublin South, such as the Little Things campaign.</i> | HSE MH, HSE MH (ROSP) | NOSP, HSE H&W, HSE PC, HSE Communications |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|---|--|--|---------------------------------------|--|
| | 1.1.4 Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns. | <p>1.1.4 (a) <i>Ensure the link between alcohol/drug misuse and suicidal behavior is included in relevant information and awareness raising work including disseminating and promoting literature in line with the National Drugs and Alcohol strategy: Reducing Harm, Supporting Recovery (2017-2025).</i></p> <p>1.1.4 (b) <i>Promote awareness of HSE national alcohol website www.askaboutalcohol.ie to service providers and service users.</i></p> | <p>HSE H&W</p> <p>HSE H&W</p> | <p>HSE PC, HSE MH, Acute Hospitals</p> <p>HSE PC, Local and Regional Drugs Task Forces</p> |
| | 1.1.5 Promoting physical activity as a protective factor for mental health through the National Physical Activity Plan. | 1.1.5 <i>Physical Activity to be promoted through the Healthy County Structure.</i> | HSE H&W, LAs | Local Sports Partnerships, Sports and Wellbeing Partnership |
| 1.2 Increase awareness of available suicide prevention and mental health services. | 1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms – make available online including <i>YourMentalHealth.ie</i> . | 1.2.1 <i>Deliver up to date information on all local services across Dublin South supporting mental health, access and referral pathways and make available on yourmentalhealth.ie.</i> | HSE MH (ROSP) | HSE Communications; HSE PC, NGOs, Statutory Agencies |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|---|---|---|---|
| | 1.2.2 Develop targeted campaigns to improve awareness of appropriate support services to priority groups. | <p>1.2.2 (a) <i>Deliver national targeted campaigns to improve awareness of appropriate support services to priority groups.</i></p> <p>1.2.2 (b) <i>Develop a resource for GPs and other primary care providers which clarifies information on services available.</i></p> | <p>HSE MH (ROSP), HSE MH</p> <p>HSE MH (ROSP)</p> | <p>HSE PC, HSE Communications, Statutory Organisations and NGOs</p> <p>HSE PC</p> |
| 1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups. | 1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups. | 1.3.1 <i>Aligned to national campaigns, develop and deliver local campaigns that reduce stigma and promote positive mental health e.g. Green Ribbon campaign.</i> | HSE MH (ROSP), HSE Communications | HSE MH, Acute Hospitals, NGO's, HSE PC, C&V Organisations |
| 1.4 Engage with the media to improve the reporting of suicidal behaviour. | 1.4.4 Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting. | 1.4.4 <i>Engage with local broadcast and print media to encourage adherence to national guidelines on responsible coverage of suicide and self-harm, and to enhance its role in delivering messages that reduce stigma and raise awareness of mental health.</i> | HSE MH (ROSP), HSE Communications | Headline, Local and National Media, NOSP |

NATIONAL STRATEGIC GOAL 2 - TO SUPPORT LOCAL COMMUNITIES' CAPACITY TO PREVENT AND RESPOND TO SUICIDAL BEHAVIOUR

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

It also supports the ethos that suicidal ideation and completed suicide is rarely a single issue causation but requires communities and the organisations operating within them, to work together and support individuals and families in a time of crisis.

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|---|--|---|-----------------------|--|
| 2.1 Improve the continuation of community level responses to suicide through planned, multi-agency approaches. | 2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Community Health Organisations and aligned with Local Economic and Community Plans CYPSC's county plans . | <i>2.1.1 (a) Implement, monitor and report on the delivery of Connecting for Life Dublin South.</i> | HSE MH, HSE MH (ROSP) | Oversight and Implementation Working Groups |
| | | <i>2.1.1 (b) Support the implementation of Connecting for Life Dublin South through networking events and enhanced information sharing.</i> | HSE MH (ROSP) | Statutory Agencies , C&V Organisations, NGOs |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|---|---|---|---------------|---|
| 2.2 Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sporting Organisations). | 2.2.1 Provide community-based organisations with guidelines and protocols on effective suicide prevention. | <i>2.2.1 Support and train community based organisations to implement guidelines and protocols that build their capacity and skills to prevent suicide and self-harm.</i> | HSE MH (ROSP) | NGOs, C&V Organisations, NOSP |
| 2.3 Ensure delivery of training and education programmes on suicide prevention to community-based organisations. | 2.3.2 Deliver awareness training programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide. | <i>2.3.2 Aligned to the National Training Plan deliver suicide prevention and self-harm training to staff and volunteers across community-based organisations.</i> | HSE MH (ROSP) | NGOs, C&V Organisations |
| | 2.3.3 Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups. | <i>2.3.3 (a) Implement Jigsaw Training (Introduction to Youth Mental Health, Understanding Youth Mental Health, and Minding Youth Mental Health) through existing Jigsaw Centres across Dublin South.</i> | Jigsaw | Statutory Agencies, NGOs, C&V Organisations |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--------------------|-----------------|---|---------------|--|
| | | 2.3.3 (b) Pilot Wellbeing Training for professionals working within a supporting role in Dublin South 2018. | HSE H&W | Statutory Organisations, NGOs, C&V Organisations |
| | | 2.3.3 (c) Implement a Traveller specific mental health and wellbeing promotion programme across Dublin South. | HSE H&W | NGOs, C&V Organisations |
| | | 2.3.3 (d) Review HSE Health Promotion and National Educational Psychological Service school training programmes. | NEPS | HSE H&W |
| | | 2.3.3 (e) Continuously review training and education programmes and opportunities across Dublin South for Third Level Educational Institutions. | HSE MH (ROSP) | HSE MH, Third Level Education Institutions |

NATIONAL STRATEGIC GOAL 3 - TO TARGET APPROACHES TO REDUCE SUICIDAL BEHAVIOUR AND IMPROVE MENTAL HEALTH AMONG PRIORITY GROUPS

Suicide is more prevalent within priority groups. Identifying risk and protective factors for suicide is important at a whole population level and particularly for those vulnerable to suicide.

Analysis of data pertaining to suicide within Dublin South has shown that risk levels for suicide of particular priority groups change on an annual basis. *Connecting for Life Dublin South* is mindful that it needs to be flexible to adapt to the changing needs of priority groups.

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|---|--|--|---------------|---|
| 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups. | 3.1.2 Develop and implement a range of agency and inter-agency protocols (including protocols for sharing information) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents. | <i>3.1.2 (a) Implement at a local level new and updated suicide prevention and critical incident management HSE and interagency protocols.</i> | HSE MH | HSE PC, Gardai, TUSLA, NGOs and Statutory Agencies |
| | | <i>3.1.2 (b) Support the implementation of the South Dublin Children and Young Peoples Service Committee's Critical Incident Protocol.</i> | TUSLA | HSE PC, HSE MH, Gardai, LAs, NEPS, NGOs, Statutory Agencies |
| | | <i>3.1.2 (c) Support identified Protocols and Responses to suicide prevention in Dublin City.</i> | HSE MH, TUSLA | HSE PC, HSE H&W, NGOs |
| | | <i>3.1.2 (d) Aligned with national guidance examine the need for a protocol for murder suicide and/or suicide contagion among people aged over 25 in the South Dublin County and Dublin City South area.</i> | HSE MH | HSE PC, HSE H&W, NGOs |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--------------------|--|---|---|---|
| | 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups. | <p>3.1.3 (a) Continue the implementation of direct Primary Care Services and funded target group organisations across Dublin South.</p> <p>3.1.3 (b) Explore the potential to expand the Social Prescribing Programme across Dublin South.</p> <p>3.1.3 (c) Promote the Making Every Contact Count Programme in Dublin South.</p> | <p>HSE PC</p> <p>HSE H&W</p> <p>HSE H&W</p> | <p>NGOs</p> <p>HSE MH, HSE PC</p> <p>HSE MH, HSE PC, Statutory Agencies, NGOs</p> |
| | 3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide. | <p>3.1.5 (a) Aligned to the National Training Plan, provide health and social care professionals, including frontline mental health service staff and primary care health providers with suicide prevention training.</p> <p>3.1.5 (b) Aligned to the National Training Plan, provide front line mental health service staff with suicide prevention and self-harm mitigation training to improve their skills in assessment and management of suicide.</p> | <p>HSE MH (ROSP)</p> <p>HSE MH (ROSP)</p> | <p>HSE MH, HSE PC, NGOs, Statutory Agencies</p> <p>HSE MH</p> |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|---|--|----------------|---|
| 3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse. | 3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care. | <i>3.2.1 Continue the implementation of early intervention and prevention of alcohol and drug misuse programmes and initiatives.</i> | HSE PC, LADTFs | HSE H&W |
| 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide. | 3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education. | <i>3.3.1 Support schools, including Youthreach Centres to implement the Wellbeing in Primary and Post Primary School Guidelines.</i> | NEPS, ETB | HSE H&W, HSE MH, Schools, CYPSCs |
| | 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. | <i>3.3.2 Provide support to schools throughout Dublin South Central in the establishment and operation of Student Support Teams.</i> | NEPS | TUSLA, HSE MH, HSE H&W, HSE PC, Schools |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--------------------|--|--|----------------------|---|
| | 3.3.3 Work with the HSE to develop national guidance for higher education institutions in relation to suicide-risk and critical-incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education. | 3.3.3 <i>Work with local Third Level Institutions to build awareness of existing inter-agency protocols and responses to suicide, and to encourage the delivery of suicide prevention training to staff and students.</i> | HSE MH (ROSP) | HSE MH, Third Levels |
| | 3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying. | 3.3.4 (a) <i>Implement the Stay Safe programme as part of the SPHE curriculum in schools across Dublin South.</i> 3.3.4 (b) <i>Raise awareness about, and prevent, homophobic and transphobic bullying in schools locally.</i> | NEPS BelongTo | HSE H&W NEPS, Primary & Post Primary Schools |
| | 3.3.5 Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle; and encourage schools to deliver an SPHE programme (including RSE and mental health awareness) at Senior Cycle. | 3.3.5 (a) <i>Implement the Dept. of Education Wellbeing Framework in Primary Schools and continue the implementation of the Wellbeing Framework in Post Primary.</i> 3.3.5 (b) <i>Continue the implementation of appropriate, evidence based programmes in schools.</i> | NEPS NEPS | HSE H&W, Schools HSE H&W, Schools |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--------------------|--|--|----------------------|----------------------|
| | | <i>3.3.5 (c) Deliver 'FRIENDS' resilience programmes and Incredible Years (teacher Classroom Management) programme aligned to the priorities set out in the Action Plan for Education</i> | NEPS | - |
| | 3.3.6 Deliver early intervention and psychological support service for young people at primary care level. | <i>3.3.6(a) Continue to implement the Jigsaw service across Dublin South.</i> <i>3.3.6 (b) Examine the potential for early intervention and psychological support services to be provided within post primary settings across Dublin South through the Primary Care Psychology Service for U18's.</i> | Jigsaw HSE PC | HSE MH HSE MH |
| | 3.3.7 Deliver early intervention and psychological support service for young people at secondary level; including CAMHS. | <i>3.3.7(a) Implement the CAMHS Standard Operating Procedure locally in Dublin South.</i> <i>3.3.7(b) Outline and review Community Healthcare Organisation (CHO) provision of Tier 2 (community-based multidisciplinary) and Tier 3 (CAMHS and inpatient) mental health services, including to what extent services are adequate, visible and accessible.</i> | HSE MH HSE MH | - HSE PC |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--------------------|-----------------|--|--------|----------|
| | | 3.3.7 (c) Consider proposals for aligning current resources to need within the Community Healthcare, Dublin South, Kildare West and Wicklow and where required, developing additional resources. | HSE MH | HSE PC |

NATIONAL STRATEGIC GOAL 4 - TO ENHANCE ACCESSIBILITY, CONSISTENCY AND CARE PATHWAYS OF SERVICES FOR PEOPLE VULNERABLE TO SUICIDAL BEHAVIOUR

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

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|---|---|--------|-----------------|
| 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour. | 4.1.1 Provide a co-ordinated, uniform and quality-assured 24/7 service and deliver pathways from primary to secondary mental health services care for all those in need of specialist mental health services. | 4.1.1 (a) Support the development of out of hours service by reviewing current service provision, identifying potential development of 7/7 response and associated costs. | HSE MH | Acute Hospitals |
| | | 4.1.1 (b) Aligned with national guidance and the CAMHS Standard Operating Procedure, implement local initiatives to enhance communication and transition between Child and Adolescent and Adult Mental Health Services. | HSE MH | - |
| | 4.1.2 Provide a co-ordinated, uniform and quality-assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties. | 4.1.2 Implement in local service delivery, national model of care for those with co-morbid addiction and mental health difficulties. | HSE MH | Acute Hospitals |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|--|--|----------------|-----------------|
| | 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. | <i>4.1.4 Collaborate with the HSE MHD to explore, identify and implement a uniform assessment approach across the health services in Dublin South.</i> | HSE MH | - |
| | 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. | <i>4.1.5 Implement the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm in AMNCH Tallaght Hospital and St James Hospital.</i> | HSE MH | Acute Hospitals |
| 4.2 Improve access to effective therapeutic interventions for people vulnerable to suicide. | 4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems at both primary and secondary care levels. | <i>4.2.1 (a) Outline and review provision of psychotherapeutic interventions, including to what extent services are adequate, visible and accessible.</i> | HSE MH, HSE PC | - |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|--|--|--------|--------------|
| | | <i>4.2.1(b) Consider proposals for aligning current resources to need across Community Health Care Dublin South, Kildare and West Wicklow and where required, developing additional resources.</i> | HSE MH | HSE PC |
| 4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide. | 4.3.1 Deliver enhanced bereavement support services to families and communities affected by suicide of those people known to mental health services. | <i>4.3.1(a) Outline and review provision of bereavement services in Dublin South, including to what extent services are adequate, timely and effective.</i> | HSE MH | HSE PC |
| | | <i>4.3.1 (b) Consider proposals for aligning current resources to need across Community Healthcare Dublin South, Kildare and West Wicklow, and where required, develop additional resources.</i> | HSE MH | HSE PC, NOSP |

NATIONAL STRATEGIC GOAL 5 - TO ENSURE SAFE AND HIGH QUALITY SERVICES FOR PEOPLE VULNERABLE TO SUICIDE

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

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|---|---|---|---------------|----------|
| 5.1 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide. | 5.1.3 Provide support and resources for the implementation of the Department's curriculum and programmes in the promotion of well-being in the school community. Facilitate access to appropriate mental health and suicide prevention training for teachers e.g. through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise, as appropriate, with Government agencies. | <i>5.1.3 (a) Continue to provide SafeTalk and Understanding Self-Harm training to teachers.</i> | HSE MH (ROSP) | Schools |
| | | <i>5.1.3 (b) Training for Trainers in the Mind Out Programme to be rolled out to Teachers for implementation with Transition Year students in post primary schools.</i> | HSE H&W | Schools |
| | | <i>5.1.3 (c) Review the Mind Out Programme pilot initiative in Youthreach and youth organisations for young people out of school settings.</i> | HSE H&W | ETB |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|---|--|---------------|--|
| 5.2 Improve the response to suicidal behaviour within health and social care services, with a focus on incidents within mental health services. | 5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services. | <i>5.2.1 Collaborate with the HSE MHD to explore, identify and implement a uniform procedure across mental health services in Dublin South.</i> | HSE MH | HSE PC, Acute Hospitals |
| | 5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services and those known to the mental health service and develop responsive practice models. | <i>5.2.3 Ensure that trained investigators are available to carry out system and service reviews of incidents of suicide and suicidal behaviour, in line with HSE policy.</i> | HSE MH | - |
| | 5.4.1. Develop a National Training Plan, building on the NOSP Review of Training. | <i>5.4.1 Implement the National Training Plan across the Dublin South area and provide training to mental health service providers to enhance capacity to promote and protect mental health.</i> | HSE MH (ROSP) | NOSP, HSE PC, Acute Hospitals, Statutory Agencies, NGOs |
| | 5.4.2 Deliver training in suicide prevention to staff involved in the delivery of relevant services and to staff in government departments and agencies likely to come into contact with people who are vulnerable to/ at risk of suicidal behaviour. | <i>5.4.2 Deliver training in alignment with the National Training Plan for front line staff working across statutory agencies and government departments.</i> | HSE MH (ROSP) | Government Departments, Local Elected Representatives and Statutory Agencies |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--------------------|---|--|---------------|--------------------------------------|
| | 5.4.4 Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions. | <i>5.4.4 Continue to facilitate training (Understanding Self-Harm, ASIST, Safe Talk) for undergraduates in colleges across Dublin South within relevant professional categories.</i> | HSE MH (ROSP) | Third Level Educational Institutions |

NATIONAL STRATEGIC GOAL 6 - TO REDUCE AND RESTRICT ACCESS TO MEANS OF SUICIDAL BEHAVIOUR

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

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|---|--|---|------------|-------------|
| 6.2 Reduce access to highly lethal methods used in suicidal behaviour. | 6.2.1 Local Authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations. | <i>6.2.1 Identify and map locations of concern across Dublin South and develop and implement measures to reduce risk and increase safety.</i> | LA, Gardai | HSE MH |
| | 6.2.2 Implement a strategy to improve environmental safety within HSE Mental Health Services (e.g. ligature audits). | <i>6.2.2 Continue to monitor and improve the environmental safety within HSE Mental Health Services, informed by local ligature audits.</i> | HSE MH | HSE Estates |

NATIONAL STRATEGIC GOAL 7 - TO IMPROVE SURVEILLANCE, EVALUATION AND HIGH QUALITY RESEARCH RELATING TO SUICIDAL BEHAVIOUR

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

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--|---|--|--|---------------------------------------|
| 7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life. | 7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of <i>Connecting for Life</i> ; disseminate findings and share lessons learned with programme practitioners and partners. | <i>7.1.1 Complete an annual review of Connecting for Life Dublin South, including the effectiveness of implementation structures, processes and operations.</i> | Dublin South and Dublin South City ISG | All partners named in the action plan |
| 7.2 Improve access to timely and high quality data on suicide and self-harm. | 7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of <i>Connecting for Life</i> . | <i>7.2.2 Use available data sources proactively to capture relevant and timely information about suicide and suicidal behaviour in Dublin South and to guide service improvement and determine emerging needs.</i> | HSE MH | NOSP, HSE PC, Gardai, Tusla |

| National Objective | National Action | Connecting for Life Dublin South Action | Lead | Partners |
|--------------------|--|---|---------------|--------------------------------|
| | 7.2.3 Collect, analyse and disseminate high quality data on suicide and self-harm and ensure adequate access to, and understanding of the data among those working in suicide prevention across all sectors. | 7.2.3 <i>Link with the NRSF to extract and analyse data relating to suicide and self-harm in the Dublin South area and, in particular, to identify trends in suicide and self-harm across communities. Disseminate as appropriate to develop ongoing responses in relation to identified need/trends.</i> | HSE MH (ROSP) | NSRF, HSE MH, TUSLA, DJE, NOSP |



Older Person's Dance Project,
Dublin City Council



5

Implementation of
Connecting for Life
Dublin South

SECTION 5 - IMPLEMENTATION OF CONNECTING FOR LIFE DUBLIN SOUTH

5.1 IMPLEMENTATION STRUCTURES AND ROLES

Connecting for Life Dublin South and *Connecting for Kildare and West Wicklow* will be implemented within an oversight and management framework for the Community Healthcare Dublin South, Kildare and West Wicklow.

The implementation of the action plan will be overseen by a multiagency Oversight Group across Community Healthcare Dublin South, Kildare and West Wicklow, made up of senior officials with significant decision-making authority from across key Statutory agencies with a critical role to play in the prevention of suicide. The Oversight Group will seek to ensure that the *Connecting for Life* plans for Community Healthcare Dublin South, Kildare and West Wicklow will:

- Hold to their vision and purpose
- Remain closely aligned in all aspects to the national strategy
- Are delivered in accordance with the principles and provisions of this plan.
- Ensure the Oversight Group will include membership of the Project Management Group (see below).

Direct management of the implementation process in Dublin South will be devolved to a Project Management Group comprising key HSE Officials responsible for the implementation of the plan. The Project Management Group will provide support and direction towards the successful implementation of this action plan and, have primary responsibility for engagement with, and reporting to, the National Office for Suicide Prevention implementation progress. The Project Management Group will include the ROSP for Dublin South.

Three Implementation Groups will also be established and charged with responsibility for ensuring that the proposed *Connecting for Life* interventions across Community Healthcare Dublin South, Kildare and West Wicklow are prioritised and delivered in an efficient results-focused manner. Given the size and scale of the Community Healthcare area, Implementation Groups will be divided according to population into three groups: South Dublin, Dublin City and Kildare West Wicklow. Each Implementation Group will report to the Project Management Group and will be resourced and supported by their respective ROSP in the fulfilment of its function. Opportunities for information sharing and mutual learning across the Implementation Groups will be facilitated on an ongoing basis through the Project Management Group.

Membership of the Implementation Groups will be defined by the actions prioritised within the plan; membership of the South Dublin and Dublin City Implementation Groups will comprise representatives of agencies on the ground that will deliver actions from this framework in Dublin South. This will include a mix of representatives from Statutory, Community and Voluntary agencies.

Specific working groups are likely to emerge within the Implementation Group structures around particular themes; this will be important in ensuring implementation takes place within a timely and structured manner. Relevant actions will also be included in the strategic plans of HSE Health and Wellbeing and HSE Primary Care, as well as in the strategies of other organisations, such as TUSLA and the Local Authorities. Implementation Groups will include membership of these organisations to facilitate a cross-agency reporting and monitoring approach. *Connecting for Life Dublin South Central* is live, dynamic and flexible and the South Dublin and Dublin City Implementation Groups will ensure that account is taken of any emerging needs within the area.

5.2 MONITORING AND EVALUATION

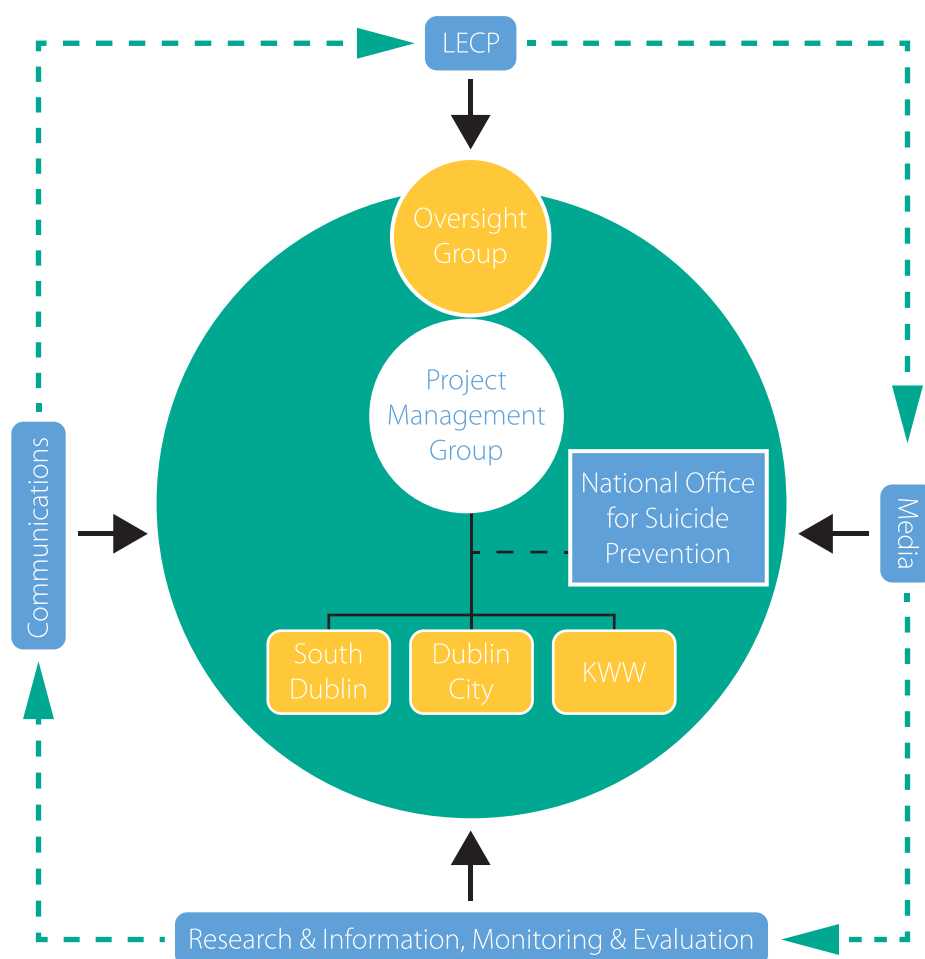
The progress monitoring and reporting for all the local Connecting for Life plans is managed by the National Office for Suicide Prevention. This will inform the continuous evaluation of *Connecting for Life 2015- 2020* at both national and local level. HSE Community Healthcare Dublin South, Kildare and West Wicklow will liaise closely with the NOSP on all aspects of monitoring and evaluation to ensure complete alignment between local processes and national expectations.

5.3 COMMUNICATIONS PLAN

All communications relating to the implementation of the *Connecting for Life Dublin South* plan will be the responsibility of the Implementation Groups, supported by HSE Communications, and NOSP where required. There are numerous action leads and key partners within the action framework of this plan, 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 Dublin South* 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.

The implementation structure for Connecting for Life in Community Healthcare Dublin South, Kildare and West Wicklow is outlined diagrammatically in Figure 5 below.

Figure 5: Implementation Structure Connecting for Life – Dublin South, Kildare and West Wicklow



5.4 RESOURCING CONNECTING FOR LIFE DUBLIN SOUTH

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

Implementing the actions will involve both improved use of existing resources and the need for additional resources. It will be the responsibility of the Oversight and Project Management Groups outlined above to identify and seek sources of funding through Government, HSE, Local Authorities and other funding streams. It is envisaged that *Connecting for Life Dublin South*, based on a whole of society approach, will provide a strong case for additional funding when required.



Appendices

APPENDICES

APPENDIX I: ABBREVIATIONS

| | |
|---------|---|
| AMHS | Adult Mental Health Services |
| AMNCH | Adelaide and Meath National Children's Hospital (also commonly referred to as Tallaght Hospital) |
| ASIST | Applied Suicide Intervention Skills Training |
| CAMHS | Child and Adolescent Mental Health Services |
| CBT | Cognitive Behavioural Therapy |
| CfL | Connecting for Life |
| CHO | Community Healthcare Organisation |
| CSO | Central Statistics Office |
| CSPE | Civic, Social and Political Education |
| CYPSC | Children and Young Persons' Services Committees |
| DBT | Dialectical Behavioural Therapy |
| DECLG | Department of the Environment, Community and Local Government |
| DES | Department of Education and Skills |
| DJE | Department of Justice and Equality |
| DOH HI | Department of Health Healthy Ireland |
| DSP | Department of Social Protection |
| ED | Emergency Department |
| GAA | Gaelic Athletic Association |
| HRB | Health Research Board |
| HSE | Health Services Executive |
| HSE H&W | HSE Health & Wellbeing |
| HSE MH | HSE Mental Health |
| HSE PC | HSE Primary Care |
| LA | Local Authority |
| LGBTQI | Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex |
| NEPS | National Educational Psychological Service |
| NGO | Non Governmental Organisation |
| NOSP | National Office for Suicide Prevention |
| NSRF | National Suicide Research Foundation |
| NSRF | National Suicide Research Foundation |
| PE | Physical Education |
| ROSP | Resource Officer for Suicide Prevention |
| RSE | Religious and Social Education |
| SJOG | St. John of God |
| SOP | Standard Operating Procedure |
| SPHE | Social, Personal and Health Education |
| SPPG | Suicide Prevention Planning Group |
| TOR | Terms of Reference |
| WHO | World Health Organisation |

APPENDIX II: GLOSSARY OF TERMS

Borderline Personality Disorder (BPD): BPD is best understood as a disorder of mood and interpersonal function (how a person interacts with others)

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/Non-governmental organisations (NGO's) and community organisations: Community, voluntary and non-statutory services, organisations and groups

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

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

Postvention: Postvention or responding to suicide refers to the response, or intervention, to support relatives, friends and communities after someone dies by suicide

Priority groups In Connecting for Life and Connecting for Life; Kildare and West 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

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

Risk and protective factors: In general, risk factors increase the likelihood that suicidal behaviour will develop, whereas protective factors reduce this likelihood. In relation to mental health,

protective factors include secure family attachments, having one supportive adult during early years, positive early childhood experiences, good physical health, and positive sense of self, effective life and coping skills. Risk factors include physical illness or disability, family history of psychiatric problems, family history of suicide, low self-esteem, social status and childhood neglect

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

Social Prescribing: 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

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

Suicidal behaviour: Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself

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

Suicide cluster: A suicide cluster refers to a number of unexpected suicide or attempted suicides that occur closer together in space and time than one would normally expect in any given community

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

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

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

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

APPENDIX III: GLOSSARY OF TRAINING PROGRAMMES AND EDUCATION

ASIST (Applied Suicide Intervention Skills Training): ASIST is a two-day interactive workshop in suicide first-aid. It is suitable for all kinds of caregivers - health workers, teachers, community workers, Gardaí, youth workers, volunteers, people responding to family, friends and co-workers. ASIST trains participants to reduce the immediate risk of suicide and increase the support for a person at risk. It helps them seek a shared understanding of reasons for suicide and reasons for living. The workshop provides opportunities to learn what a person at risk may need from others in order to keep safe and get more help. It encourages honest, open and direct talk about suicide as part of preparing people to provide suicide first aid. Participants also consider how personal attitudes and experiences might affect their helping role with a person at risk

Early Childhood, Primary and Post-Primary Education: From birth to school leaving age there are a number of education and curriculum frameworks that encompass mental health education and promotion. The Department of Education and Skills (DES) have produced comprehensive guidelines on promotion and of wellbeing in primary and post primary settings in line with the curriculum of education. 'Aistear' is the curriculum framework for children under six.

FRIENDS: This programme helps students to develop effective strategies to deal with worry, stress and change, and teaches children how to cope with, and manage stress and anxiety both now and in later life. The programme can be run by teachers as a whole class programme, or small group intervention. NEPS psychologists are trained to train teachers to deliver the programmes in both primary and post primary schools

Incredible Years: The Incredible Years Programmes were developed as early prevention programmes that children, parents and teachers of young children can use to promote social, emotional and academic competencies. The Incredible Years Teacher Classroom Management (TCM) programme is a classroom-based intervention designed to reduce conduct problems and promote children's pro-social behaviour by strengthening classroom management strategies

MindOut: MindOut is a twelve session mental health programme which takes a positive approach to the promotion of emotional and mental health among young people. The emphasis is on giving time to young people to explore what challenges their mental health and looking at the ways they cope ranging from personal coping skills to informal networks of support to professional or voluntary support services

SafeTALK: SafeTALK 'suicide alertness for everyone' is a half day training programme that prepares participants to identify persons with thoughts of suicide and connect them to suicide first aid resources. These specific skills are called suicide alertness and are taught with the expectation that the person learning them will use them to help reduce suicide risk in their communities.

Stay Safe: Stay Safe is a primary school based approach to the prevention of child abuse. The aim of the programme is to reduce vulnerability to child abuse and bullying through the provision of a personal safety education programme for students at primary school level, continuing professional development for teachers, and training for Boards of Management and information sessions for parents

STORM® Suicide Prevention and Self-harm Mitigation 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. The training is suitable for professional caregivers

Suicide Bereavement Training for Communities: Two community focused bereavement programmes are in development for rollout in early 2018: 'Supporting people bereaved through suicide in the community' and 'Workshop for Professionals/key contact people providing support to those bereaved through suicide'

Understanding Self Harm Awareness Training Programme: This workshop provides opportunities to improved knowledge, awareness and understanding of self-harming behaviour. Participants consider how personal attitudes and experiences might affect their helping role with a person who self-harms. It aims to clarify what self-harm is, what leads people to engage in the behaviour and considers its relationship with suicide. The causes, reasons behind the behaviour, and the functions are discussed. Positive approaches to engaging with and caring for someone who self-harms are presented. Active participation is encouraged

Understanding Your Mental Health and Minding Your Mental Health (UYMH and MYMH): Delivered by Jigsaw, Understanding Youth Mental Health is a 1-day interactive workshop which focuses on providing participants with a deeper understanding of mental health and the factors that influence its development. This workshop is designed for those who work or volunteer with young people (aged 12-25 years) in their schools, organisations and community clubs and groups. Minding Youth Mental Health is a 1-day interactive workshop, and is open to all those who have already participated in Understanding Youth Mental Health. MYMH complements and builds on the knowledge, confidence and competence developed by participants in the UYMH workshop. It focuses on developing participants' knowledge about different approaches to youth mental health and resilience

Wellbeing Training for Professionals: and Traveller Specific Wellbeing Training: Through the HSE's Health and Wellbeing Division there is a broad spectrum of services available helping people to be healthy and well, reducing health inequalities and protecting people from threats to their health and wellbeing. Included in this and identified as part of this plan are recent wellbeing training with outcomes specific to those people and care oriented professions and an approach to traveller wellbeing

APPENDIX IV: SUICIDE PREVENTION PLANNING GROUP

| Name | Organisation | Job Title |
|----------------------------|--|--|
| David Walsh (Chair) | HSE | Chief Officer CHODSKWW |
| Kevin Brady | HSE | Mental Health Lead CHODSKWW |
| Brena Dempsey | HSE | Health and Wellbeing Lead CHODSKWW |
| Julie Cruickshank | HSE | Primary Care Manager Dublin South City |
| Dr Deborah Russell Carroll | HSE | Principal Psychologist Primary Care Dublin South |
| Dr Brendan McCormack | HSE | Executive Clinical Director AMHS Dublin South |
| Dr Brendan Doody | | Clinical Director Linn Dara |
| Concepta de Bruin | HSE | Social Inclusion Specialist Primary Care |
| Dr Bobby Smyth | HSE | Consultant Psychiatrist – Adolescent Addiction Services |
| Padraig Rehill | HSE | Mental Health Business Manager Dublin South |
| Sharon Eustace | Department of Education | Senior Psychologist NEPs |
| Dr Triona Byrne | St John of Gods | Head of Psychology Lucena CAMHS |
| Stephen Dunne | South Dublin County Council | Local Community Development Committee Member |
| Bernie Doherty | Dublin City Council | Senior Executive Officer Community Section |
| Inspector David Harrington | An Garda Siochana | Inspector Kilmainham Garda Station |
| Aileen O'Donoghue | Community Representation | Community Rep South Dublin/ Archways |
| Dr Paula Mckay | AMNCH | Consultant Liaison Psychiatrist |
| Debbie Scales | Community Representation | Community Rep Dublin City/ Family Matters ABC |
| Maria Hayes | Tusla | Principle Social Worker/PPFS |
| Ollie Mernagh | HSE | Director of Nursing Dublin South AMHS |
| Liz O'Sullivan | City of Dublin Education and Training Board | Adult Education Co-Ordinator |
| Emma Freeman | HSE | Resource Officer for Suicide Prevention Dublin South |

APPENDIX V: SECONDARY SOURCES OF EVIDENCE

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

Evidence and data used included:

- An examination of key learning points from Reach Out, Irish National Strategy for Action on Suicide Prevention 2005 – 2014;
 - Research on risk and protective factors for suicide;
 - Central Statistics Office material;
 - National Self-Harm Registry Ireland Data;
 - International evidence about key elements in effective suicide prevention strategies;
 - Evidence on social media and social marketing strategies, language and stigma reduction and media reporting issues and interventions
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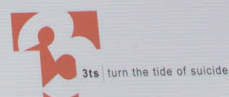
Every one of us
can play our part
in changing this

End the silence

**SEND
SILENCE
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