



# Connecting for Life

*Galway, Mayo and Roscommon*

## Suicide Prevention Action Plan 2018-2020



Building a  
Better Health  
Service

Seirbhís Sláinte  
Níos Fearr  
á Forbairt

National Office for  
Suicide Prevention

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

If you are worried about yourself or someone you know, it is important to get help as soon as possible. Please do not be alone. Everyone needs help from time to time and, 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 night-time, contact Westdoc at 1850 365 000 or Nowdoc (North Roscommon) at 1850 400 911.
- Go to the Emergency Department in University Hospital Galway, Portiuncula University Hospital or Mayo University Hospital.
- Contact emergency services by calling 999 or 112.
- Call the Samaritans 24 hour Freephone Listening Service on 116 123.
- Visit [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) for information on mental health supports and services.

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**Fight or Flight**

*The bird who dares to fall, is the bird who learns to fly'.*

The Sky, Co. Galway

13<sup>th</sup> January, 2017

# Foreword

Every death by suicide has far-reaching effects on family, friends, neighbours, work colleagues, sports clubs and the wider community long after a person has died. People who take their own lives usually do so as a result of a complex range of factors. Because these risk factors are so wide-ranging, actions to prevent suicide also need to be broad.

*Connecting for Life, Galway, Mayo and Roscommon* sets out to reduce suicide and self-harm in this region from now until the end of 2020. It has been developed in line with the goals, objectives and national actions in *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015–2020*. We want this action plan to deliver better outcomes for people who attend services, who are experiencing a suicide crisis or engaging in self-harm, and their families and carers, as well as those not in contact with services. We are also continuously striving to improve our knowledge of what works in this field, by learning from practice and research. This action plan marks another significant milestone in the history of suicide prevention in Galway, Mayo and Roscommon. It is a very positive example of the way in which different organisations and groups from the statutory, voluntary and community sector can work collaboratively to achieve a common goal. The development of this plan has helped to establish new relationships, as well as to build on existing strong partnerships that have been created and sustained over the last number of years.

We in the HSE are fully committed to reducing the number of people who die by suicide and engage in self-harm in Galway, Mayo and Roscommon. We look forward to continuing to lead, support and collaborate with others, in order to ensure that our shared vision is reached, where fewer people die by suicide and communities are empowered to improve their mental health and wellbeing.



A handwritten signature in blue ink, appearing to read 'Charlie Meehan', enclosed within a thin black rectangular border.

**Charlie Meehan,**  
**Head of Service CHO 2 (Galway, Mayo and Roscommon)**  
**Mental Health**

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

*Connecting for Life* is our national suicide prevention strategy. It brings together twelve 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 ten percent 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, Galway, Mayo and Roscommon* 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.



*John Meehan*



# Acknowledgements

‘Do things with others, there’s strength in numbers’— a message from Little Things, the HSE national mental health and wellbeing campaign (#littlethings).

Participation on the Galway, Mayo and Roscommon Suicide Prevention Steering Committee, as well as the Engagement Working Group and HSE Working Group, involving a wide range of statutory and non-statutory organisations, the community and voluntary sector and from individuals affected by suicide, made the process of developing *Connecting for Life, Galway, Mayo and Roscommon* a truly collaborative one. Everyone involved gave their time, energy, enthusiasm and commitment, and this was a crucial part of the success of the project.

Special acknowledgement and thanks to:

- The people of Galway, Mayo and Roscommon who, in such numbers, took the time to complete the survey and share their thoughts on suicide prevention and mental health promotion during the public consultation process.
- Individuals and families bereaved by suicide who shared their painful experiences and insightful reflections, along with the Suicide Bereavement Liaison Officers for supporting this process.
- Staff and volunteers from services across Galway, Mayo and Roscommon who dedicated time and effort to attend focus groups and contribute to the plan and who have now committed to delivering on these actions.
- The Traveller Health Unit Galway, Mayo and Roscommon, AMACH, who represent the lesbian, gay, bisexual and transgender community of Galway and NUIG Health Promotion student Felicia Peter-Onyejekwe and her supervisor Professor Margaret Barry for sharing their information and research.
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- About Face Consulting Ltd. for conducting an analysis of the data gathered, and Focused Facilitation for facilitating a focus group.
- The HSE National Office for Suicide Prevention (NOSP) and HSE Mental Health Division for co-ordinating the development of the plan.
- HSE Resource Officers for Suicide Prevention from other areas for sharing their knowledge and learning from this process.

## Photo Credits

Special thanks to all photographers, including those who entered our photography competition and, in particular, our winning entrants. We are also very grateful to those who gave of their time to have their photo taken in support of this work.

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# Introduction

‘Ar scáth a chéile a mhaireann na daoine’.

‘People live in each other’s shadows’. (Irish proverb)

Everyone has a role to play in preventing suicide, given that it continues to be a significant social and public health issue, causing immeasurable pain, suffering and loss to individuals, families and communities. While no single intervention or approach will, in itself, adequately address the problem of suicide, nevertheless, collaboration, collective action and commitment are vital steps towards reducing its overall impact within society. At national level, this involves strong leadership, the adoption of a strategic focus and direction, commitment to effective interventions and investment. At regional level, a co-ordinated and inclusive approach is essential, whereby organisations and communities work closely in partnership to share strengths and apply the fundamental principles of good practice, as well as identify and respond to local needs and priorities.

Work first began to address suicide in Ireland over twenty years ago. Since that time, at both national and local level, our understanding of suicide prevention and effective responses to suicide risk and vulnerability, along with the provision of interventions and supports for individuals and families bereaved by suicide has continued to grow. While this plan recognises the important role of the health system, it also acknowledges that opportunities present through other services and sectors to support those at risk of suicide, their families and the wider community, as well as in the management of a safe and sensitive response following a death by suicide. Therefore, it is vital to empower and support individuals and communities to take sustainable action to prevent suicide, champion for systematic change and continue to promote hope, connectedness, resilience, help-seeking and safe practice.

While the development of a suicide prevention action plan across a significant geographical area with diverse rural and urban cultures can be challenging, the strong commitment and support we have received from all parties involved will help to ensure that this task is achievable. Our ultimate aim is to build capacity and implement a response to suicide and self-harm that is effective, safe and sustainable in Galway, Mayo and Roscommon.



View from Croagh Patrick, Co. Mayo

# 1

## Context for Suicide Prevention

*'Sometimes the right word, at the right time, can avert a tragedy.'*

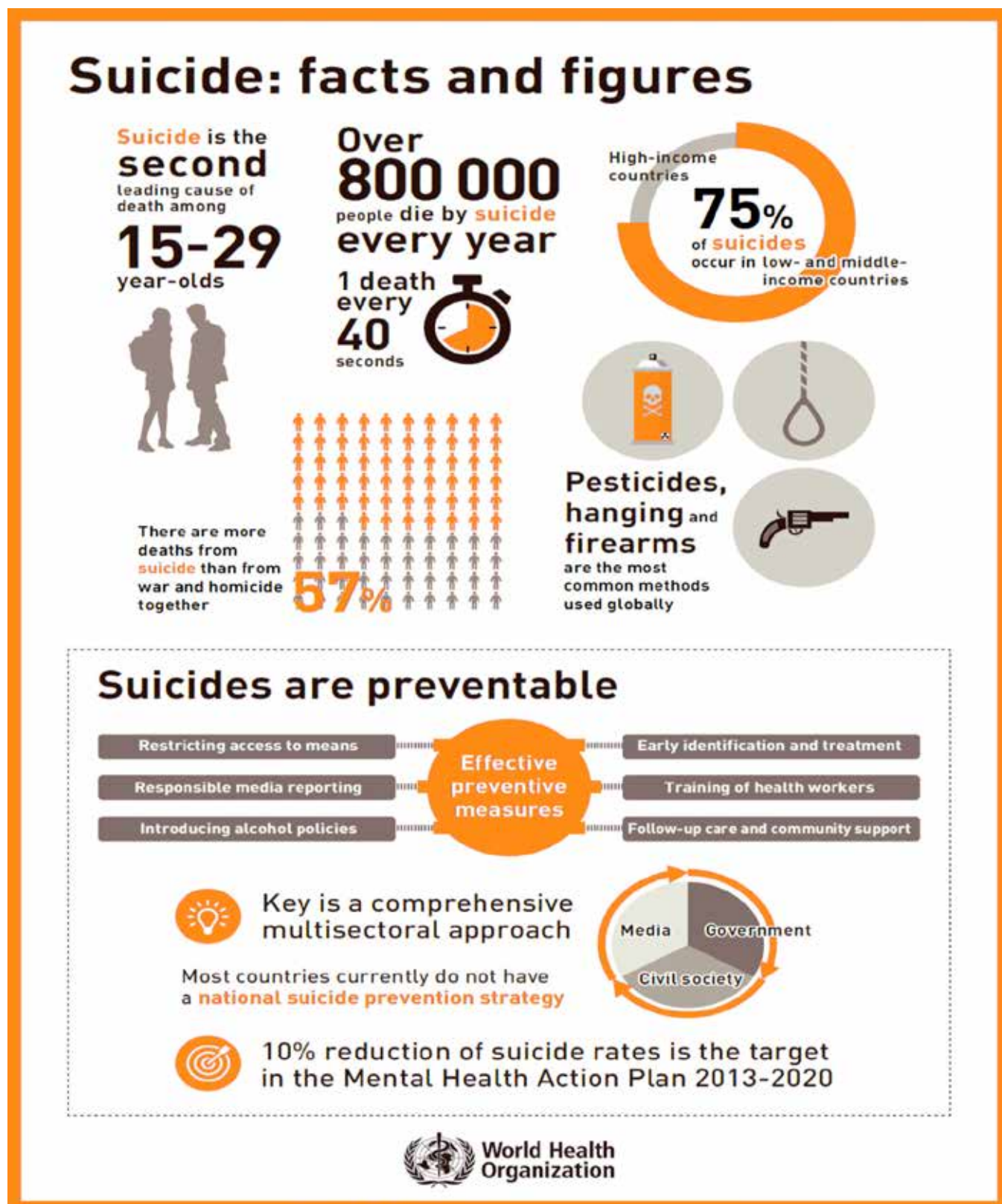
(Mayo, Submission No. 63)



## 1.1: International Context

Suicide continues to be a major global public health concern. The World Health Organization (WHO) estimates that every year over 800,000 people die by suicide, with many more individuals attempting suicide (1). Figure 1.1 illustrates these global suicide statistics, as well as effective evidence-based suicide prevention measures.

*Figure 1.1: Global suicide facts and figures*



## 1.2: National Policy Context

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

*A Vision for Change*, the national strategy on mental health (4), *Healthy Ireland*, the national framework for action to improve the health and wellbeing of the population (5), *Better Outcomes, Brighter Futures*, the national policy framework for children and young people 2014–2020 (6), *Reducing Harm, Supporting Recovery: A Health-led Response to Drug and Alcohol use in Ireland 2017–2025* (7) and the *National Traveller and Roma Inclusion Strategy 2017–2021* (8) all provide a supportive policy context for suicide prevention action both nationally and locally.

The following is a brief outline of the above-named policies:

### ***A Vision for Change (4)***

The 2006 government policy on mental health, *A Vision for Change* sets out the direction for Mental Health Services in Ireland. It describes a framework for building and fostering positive mental health across the entire community, and for providing accessible, community-based, specialist services for people with mental health problems.

### ***Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025 (5)***

*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*. *Healthy Ireland's* vision is an 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. Mental health is an integral theme throughout the framework.

### ***Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014–2020 (6)***

This 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' (p. 20) (6). However, the policy expresses significant concern regarding 'the recent rise in demand for mental health services and the incidence of self-harm and suicide' (p. 53) (6) 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 maintaining good physical and mental wellbeing.

## **Reducing Harm, Supporting Recovery: A Health-led Response to Drug and Alcohol use in Ireland 2017–2025 (7)**

*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. 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.

## **National Traveller and Roma Inclusion Strategy 2017–2021 (8)**

The *National Traveller and Roma Inclusion Strategy* was developed following a comprehensive public consultation process. This led to the identification of ten strategic themes, one of which is health. Within this theme, one of the high-level objectives is that 'the rate of suicide and mental health problems within the Traveller and Roma communities should be reduced and positive mental health initiatives should be put in place' (p. 35) (8).

### **1.3: Interpretation of Suicide and Self-Harm Statistics**

This section provides a brief explanation of suicide and self-harm data and the challenges associated with its interpretation. This is important to consider when reading and interpreting suicide and self-harm data.

Suicide figures are collected nationally by the Central Statistics Office (CSO). When a person dies by suicide, their death is recorded in the statistics of their actual county of residence. While it is important to know the number of people who died locally from a given cause, it is not helpful to compare the numbers of deaths between counties, due to differences in population size. It is more appropriate to use rates per 100,000 of the population when reporting on suicide figures, as this takes variations in population size into account. To ensure greater accuracy, it is also recommended that three-year moving averages are used when comparing rates between counties.

It can also take time for provisional suicide rates to be finalised and there can be significant differences between provisional and finalised rates. When reporting data, the most recent finalised year should always be used. The information presented in this plan is based on 2015 finalised suicide rates, as these are the most recently available figures. All the 2016 rates of suicide presented in this section are provisional, whereas all 2016 rates of self-harm are verified.

The National Suicide Research Foundation (NSRF) is responsible for the National Self-Harm Registry Ireland. This is a national system of population monitoring for the occurrence of self-harm, taking data from every Emergency Department (ED) in the Republic of Ireland. However, this information is likely to largely underestimate the actual number of cases of self-harm, as many people do not attend an ED for treatment. For example, an Irish survey found that only 11.3% of teenagers attended hospital after an episode of self-harm, while even fewer sought help elsewhere (9).

Self-harm statistics report on the total number of presentations, the number of people presenting and the number of people repeatedly presenting to EDs. The types of self-harm method(s) are recorded and reflect all means involved in one episode (for example, a person may have used more than one method in a single self-harm episode). Statistics on self-harm are collected by the area of residence of the individual, and self-harm figures are also recorded for each hospital group.

A list of acronyms is available in Appendix 1 and an explanation of some key terms used throughout *Connecting for Life, Galway, Mayo and Roscommon* is outlined in Appendix 2.



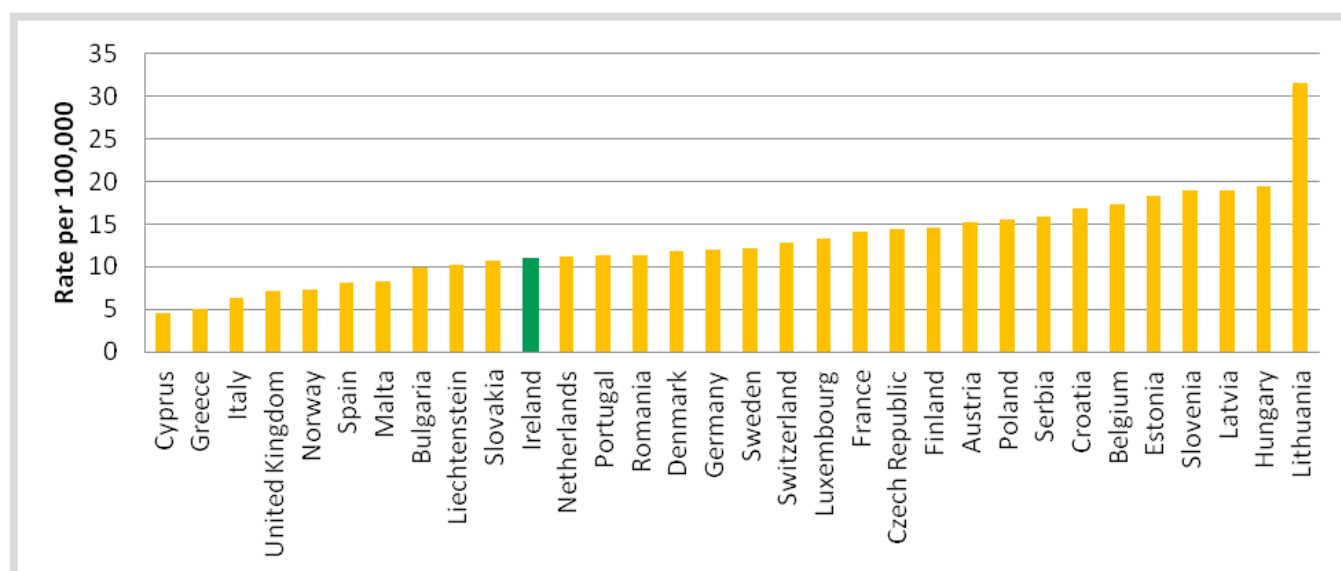
## 1.4: Suicide

In communities all across Ireland, including the west, suicide generates feelings of grief and apprehension. For every person who dies by suicide, many others attempt to end their lives, and many more suffer the despair that leads them to consider suicide.

### Suicide in the European Context

Ireland's overall suicide rate is not high in comparison with other European countries. The most recent European figures available are for 2014. In this year, the total rate of suicide for men and women of all ages in Ireland was 10.5 per 100,000 of the population, the 11<sup>th</sup> lowest rate of suicide among the 32 countries for which data was recorded by Eurostat (provider of official statistics for the European Union) (10). The highest rate was found in Lithuania (31.51 per 100,000 of the population) and the lowest in Cyprus (4.5 per 100,000 of the population). The average suicide rate for the European Union 28 member states in 2014 was 11.25 per 100,000.

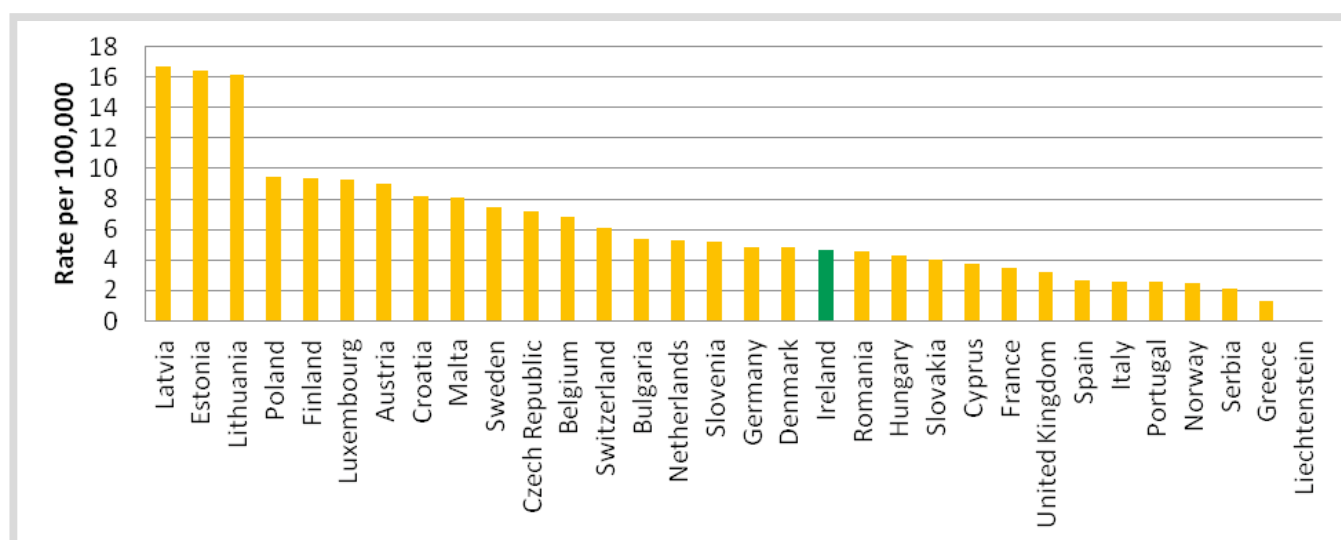
In Ireland, the suicide rates among young males and females have decreased in recent years (11). In 2014, Ireland was the 19<sup>th</sup> highest rate across the countries studied (4.64 per 100,000), in comparison to 2010 when Ireland had the 4<sup>th</sup> highest rate (10).



**Figure 1.2: Suicide rate per 100,000 for males and females, 2014\* (10)**

\*Death rate of a population adjusted to a standard age distribution. The standardised death rates used here are calculated on the basis of a standard European population (defined by the WHO).

**Figure 1.3: Suicide rate per 100,000 for males and females aged 15–19 years by geographic region, 2014\* (10)**



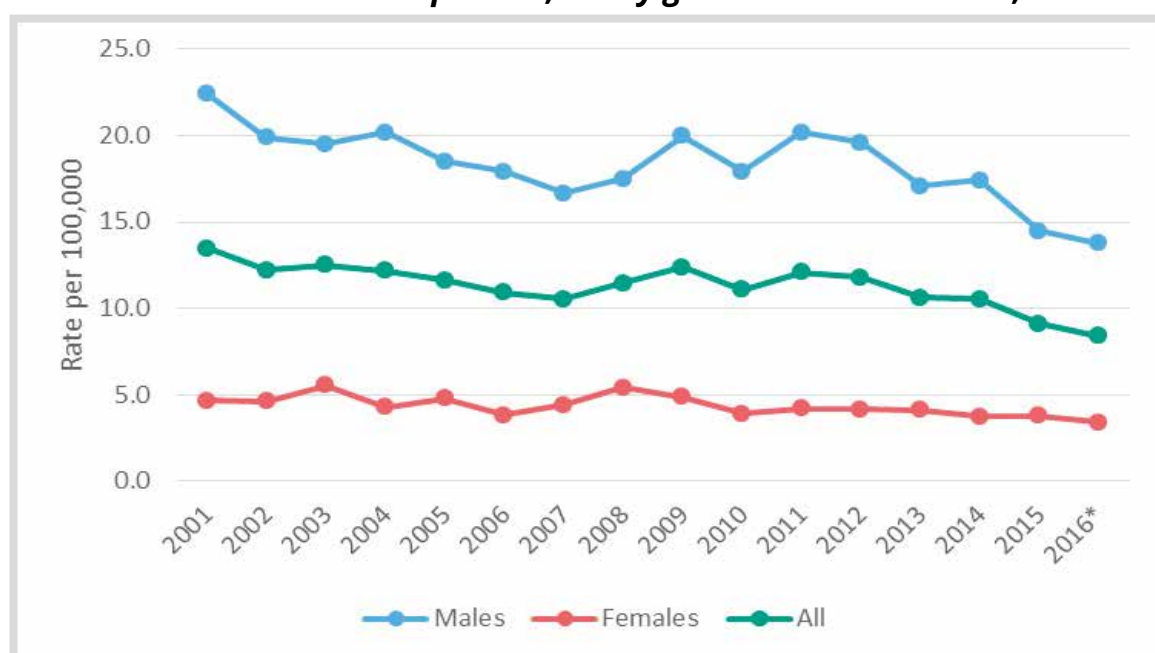
\*Data presented as the crude death rate from suicide per 100,000 people. Figures should be interpreted with care as suicide registration methods vary between counties and over time.

## Suicide in Ireland

The majority of people who die by suicide in Ireland are male. In 2015, there were 425 deaths by suicide (12), of which 335 were male, while 90 were female. This is a decrease on previous years. In 2015, the highest male suicide rate was observed among 45–54 year-olds (23.3 per 100,000), which has been the trend since 2010. Among females, the highest rate was in those aged 55–64 years, at 8.1 per 100,000. The lowest rates of suicide were recorded among those aged 65 years and over, with a rate of 14.1 per 100,000 for males and 2.7 per 100,000 for females.

Figure 1.4 shows the suicide rate per 100,000 of the population for males and females, as well as total rates, during the period 2001–2016.

**Figure 1.4: National suicide rates per 100,000 by gender and total rates, 2001–2016\* (12)**



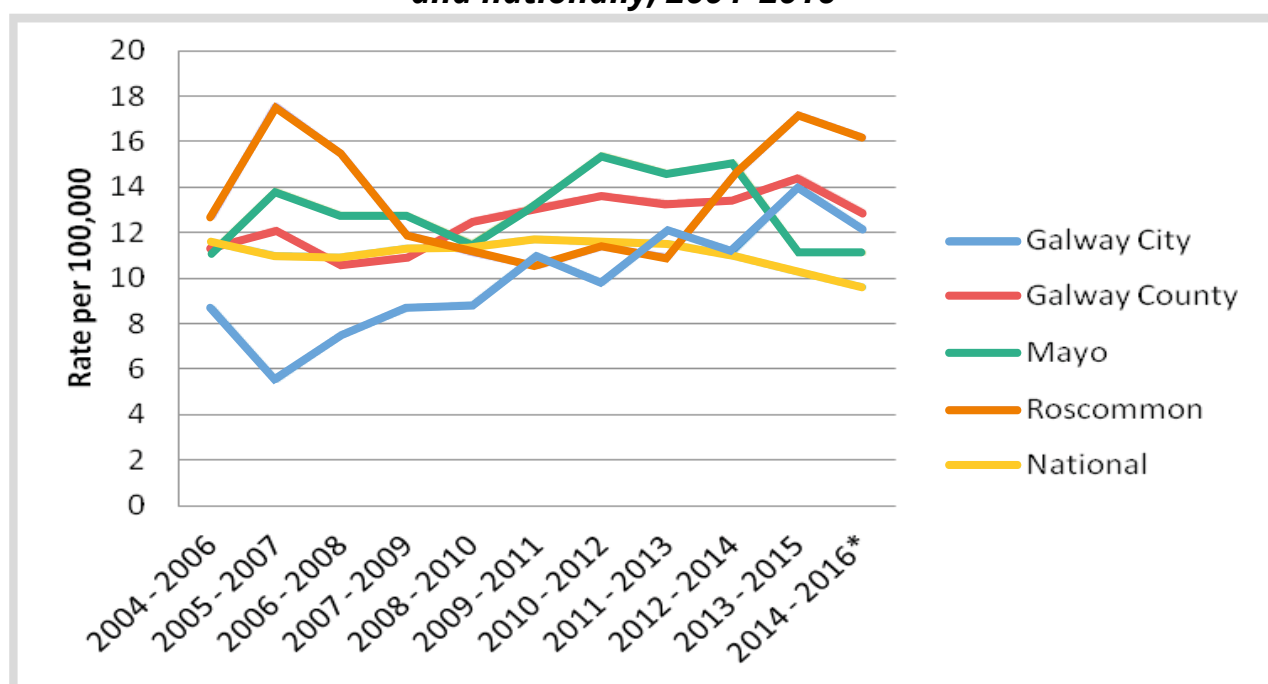
\*Note: Data for 2016 is provisional and subject to change

The recession in Ireland appears to have had a significant negative impact on rates of suicide in men, and on self-harm in both men and women. Research conducted by the NSRF (13) found that by the end of 2012, the male suicide rate was 57% higher than it would have been had the economic recession not occurred, whereas female suicide was almost unchanged. The rate of male and female self-harm was 31% and 22% higher respectively for the same period.

### Trends in Suicide Rates in Galway, Mayo and Roscommon

Figure 1.5 outlines the three-year moving average rate of suicide in Galway, Mayo and Roscommon from 2004–2016. However, it is important to note that data presented for 2016 is provisional and subject to future revision (12).

**Figure 1.5: Three-year moving average rate of suicide in Galway, Mayo, Roscommon and nationally, 2004–2016\***



\*Data for 2016 is provisional and subject to change

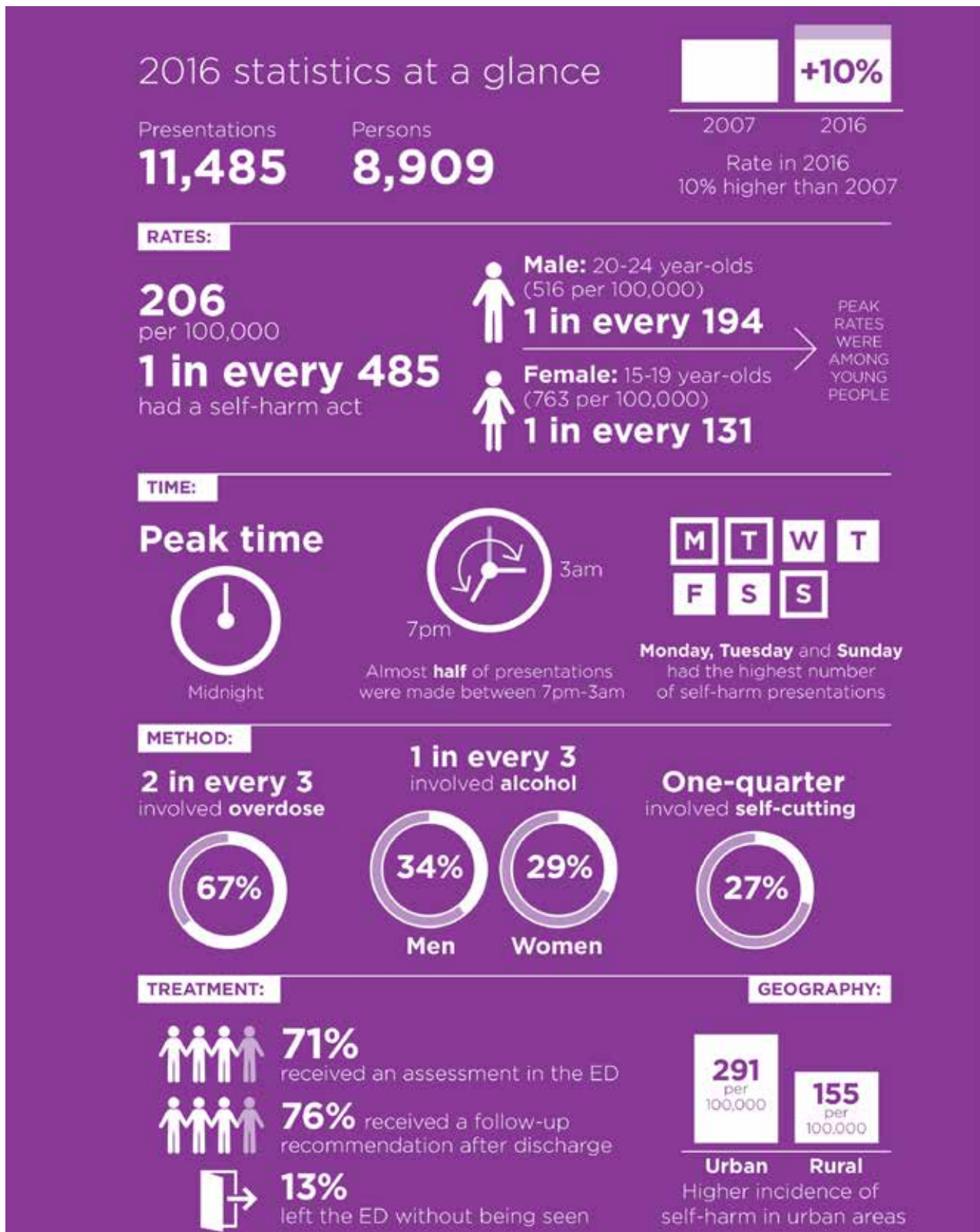
### Deaths of Undetermined Intent

The CSO national mortality data (indicates number of deaths by place, time and cause) includes deaths classified as 'undetermined', as well as deaths by suicide. It is likely that a proportion of the deaths classified as undetermined are also deaths by suicide, however it is not possible to estimate the extent of this. In Ireland, in 2015, the number of deaths of undetermined intent was 45 (12).

### 1.5: Self-Harm

Figure 1.6 presents key statistics on self-harm rates in Ireland for 2016 (14).

**Figure 1.6: Self-harm statistics at a glance**

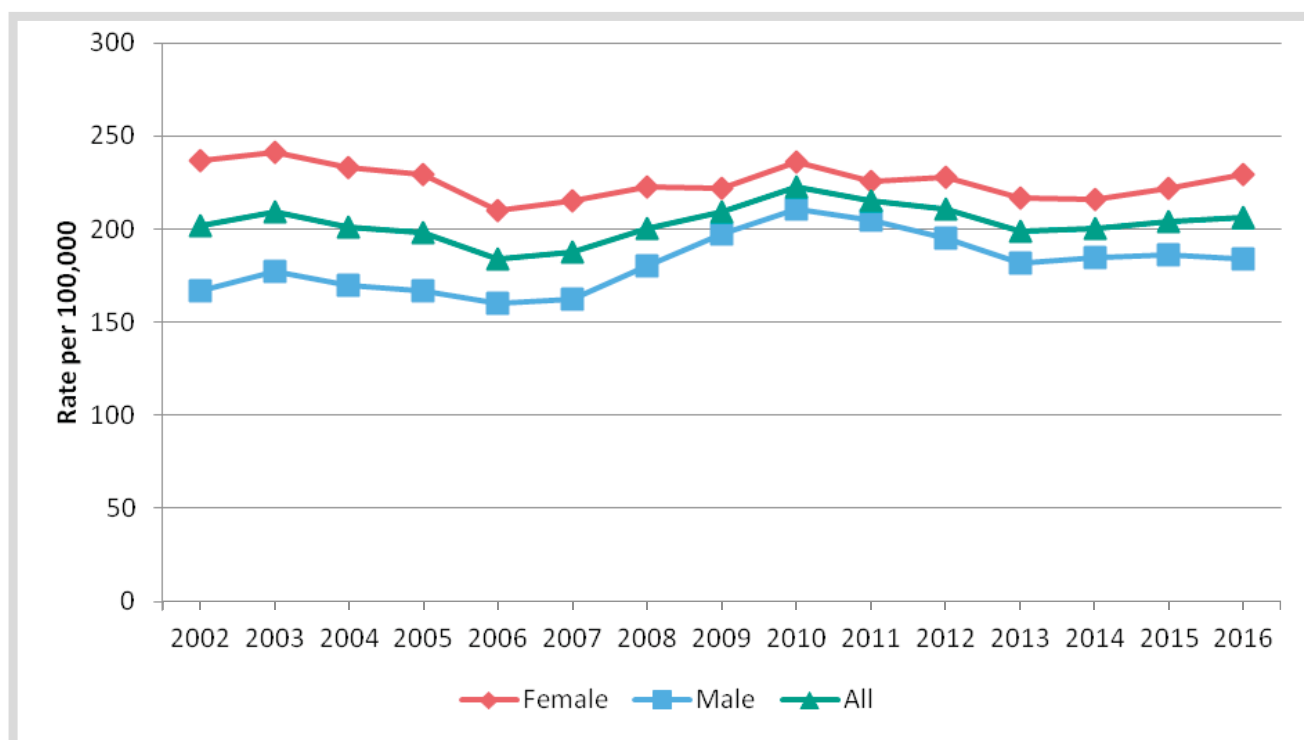


## Self-Harm in Ireland

The term self-harm is used to describe various methods by which people harm themselves non-fatally. Research has shown that people who engage in self-harm are at a greater risk of dying by suicide (2).

In Ireland, in 2016, the National Self-Harm Registry recorded 11,485 self-harm presentations to hospital, involving 8,909 individuals. The national rate of self-harm per 100,000 persons was 184 for males and 229 for females (see Figure 1.7) (14). In Ireland, more women than men present to hospital EDs following episodes of self-harm. This rate is 10% higher than in 2007, the year before the economic recession occurred, where it has increased from 188 to 206 per 100,000. However, it is important to note that this data only refers to self-harm presentations to hospital. Many people who self-harm never attend an ED, and, therefore, are not included in these figures.

**Figure 1.7: Person-based rate of self-harm in the Republic of Ireland by gender, 2004-2016 (14)**



### Rates of Self-Harm in Galway, Mayo and Roscommon

Table 1.1 presents data on Counties Galway, Mayo and Roscommon compiled by the National Self-Harm Registry Ireland on the number of presentations to EDs, based on both county of residence and rate per 100,000 of the population for 2016 (15).

**Table 1.1: Number and rate of presentations to EDs for self-harm, by county of residence and gender, 2016**

	Number of presentations by residence		Presentations by rate per 100,000	
	Male	Female	Male	Female
<b>Galway</b>	194	236	152	193
<b>Mayo</b>	98	116	159	192
<b>Roscommon</b>	26	56	86	195
<b>CHO 2</b>	318	408	143	183

### Age and Gender Patterns Associated With Self-Harm in Galway, Mayo and Roscommon

In 2016, 318 males and 408 females presented to hospitals in the region with an act of self-harm. Taking into account the population size, this is a rate of 143 and 183 per 100,000 for males and females, respectively. More than half (56%) were by those aged between 20–44 years (see Table 1.2).

**Table 1.2: Number of presentations to EDs in Galway and Mayo for self-harm by age group and gender, 2016**

	<20yrs	20–24yrs	25–34yrs	35–44yrs	45–54yrs	55+yrs	Total
<b>Male</b>	55	72	117	62	56	28	390
<b>Female</b>	135	70	97	80	64	48	494

### Methods of Self-Harm

Information is collected on all methods used in a single self-harm episode. In EDs in hospitals in Galway and Mayo, in 2016, drug overdose was the most commonly used method, accounting for 65% of all presentations. Alcohol was involved in just over one-third (35%) of presentations. Self-cutting was another commonly occurring method, involving 28% of presentations (see Table 1.3).



**Table 1.3: Methods of self-harm involved in presentations to EDs in Galway and Mayo, 2016**

Drug overdose	Alcohol*	Self-cutting	Attempted hanging	Attempted drowning	Poisoning
570 (65%)	311(35%)	251 (28%)	54 (6%)	27 (3%)	17 (2%)

\*This includes presentations where alcohol was involved, but it was not the main method of self-harm

### Repeat Presentations

Repetition of self-harm is a strong predictor of future suicide attempts and suicide (2). There were 726 individuals treated for 884 self-harm presentations in 2016. This implies that 18% of the presentations were due to repeat acts. The rate of repetition was found to be similar for men and women (15% and 13%, respectively).

## 1.6: The Role of Alcohol in Suicide and Mental Health

The WHO acknowledges harmful alcohol use is a key risk factor for all types of suicidal behaviour (1). Individuals with a substance use disorder (i.e. either a diagnosis of abuse or dependence on alcohol or drugs) are almost six times more likely to report a lifetime suicide attempt than those without a substance use disorder (16). Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and current suicidal thoughts are common (17, 18). The long-term impact of alcohol misuse is probably mediated through interconnected effects on mood and social processes. Those not actually dependent on alcohol are at risk through its 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 (19).

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 (20). 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 a combination of both (21).

## 1.7: Review of Evidence Base for Suicide Prevention

In 2014, the Health Research Board (HRB) were commissioned by the NOSP to examine the evidence base for suicide prevention, and to establish which suicide prevention interventions were successful in reducing suicidal behaviour, including suicidal ideation, self-harm, suicide attempts or death by suicide (22). Overall, the review found the body of evidence on suicide prevention interventions to be limited. This does not mean that interventions are ineffective, but rather that there is little evidence of their effect. However, effective interventions outlined in the HRB review included cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT) and the restriction of access to suicidal means. Other areas such as tele-mental health and web-based interventions have only recently emerged, and, consequently, there is insufficient evidence to comment on their success to date.

In 2016, two major reviews were published which synthesise the evidence around suicide prevention: Zalsman et al. (23) and Hawton et al. (24). The outcomes from these studies strengthen the evidence base in several areas of suicide prevention and have been included in the list below. Actions outlined in *Connecting for Life, Galway, Mayo and Roscommon* have been informed by the findings reported in these systematic reviews. In summary, a review of all literature indicated that the following interventions are effective or show promise:

- Promote public awareness of issues relating to mental wellbeing, suicidal behaviour, the consequences of stress and effective crisis management.
- Enable early identification, assessment, treatment and referral to professional care of people vulnerable to suicidal behaviour.
- Maintain a comprehensive training programme for identified first responders and frontline healthcare staff (e.g. Gardaí, ED staff, educators, mental health professionals).
- Promote responsible reporting of suicidal behaviour by media outlets.
- Promote increased access to comprehensive services, including mental health services and EDs, for those vulnerable to, or affected by, suicidal behaviour.
- Provide supportive and rehabilitative services to people affected by suicide/suicidal behaviour.
- Support the provision of therapeutic approaches such as DBT and CBT to defined population groups, e.g. those who repeatedly self-harm.
- Reduce the availability, accessibility and attractiveness of the means for suicidal behaviour.
- Support the establishment of an integrated data collection system, which serves to identify at-risk groups, individuals and situations.
- Screen for suicide risk among groups vulnerable to suicide.



## 1.8: Local Policy Context in Galway, Mayo and Roscommon

The HSE has established nine Community Health Organisations (CHOs) across the country to support the management of all non-hospital health services. Counties Galway, Mayo and Roscommon are located in HSE CHO 2. Integrated primary care, social care, mental health and health and wellbeing is the foundational building block to providing health care in the area, with effective clinical pathways and links to other specialist services (substance use, chronic disease, palliative care, etc.).

The hospitals that serve Galway, Mayo and Roscommon are part of the Saolta Hospital Group. They include the Galway University Hospitals (University Hospital Galway and Merlin Park University Hospital), Portlinculla University Hospital, Mayo University Hospital and Roscommon University Hospital.

New local government structures were introduced throughout Ireland as part of the Local Government Reform Act in 2014. Within Galway, Mayo and Roscommon, the new Local Community Development Committees (LCDCs) are responsible for developing, co-ordinating and implementing a coherent and integrated approach to local and community development, including the governance, planning and oversight of publicly funded local and community development interventions.

Counties Galway, Mayo and Roscommon and Galway City LCDCs developed and launched their six-year Local Economic and Community Plans (LECPs), which set out objectives and supporting actions to promote economic development and local and community development across the area. The implementation of *Connecting for Life, Galway, Mayo and Roscommon* is included within the LECPs.

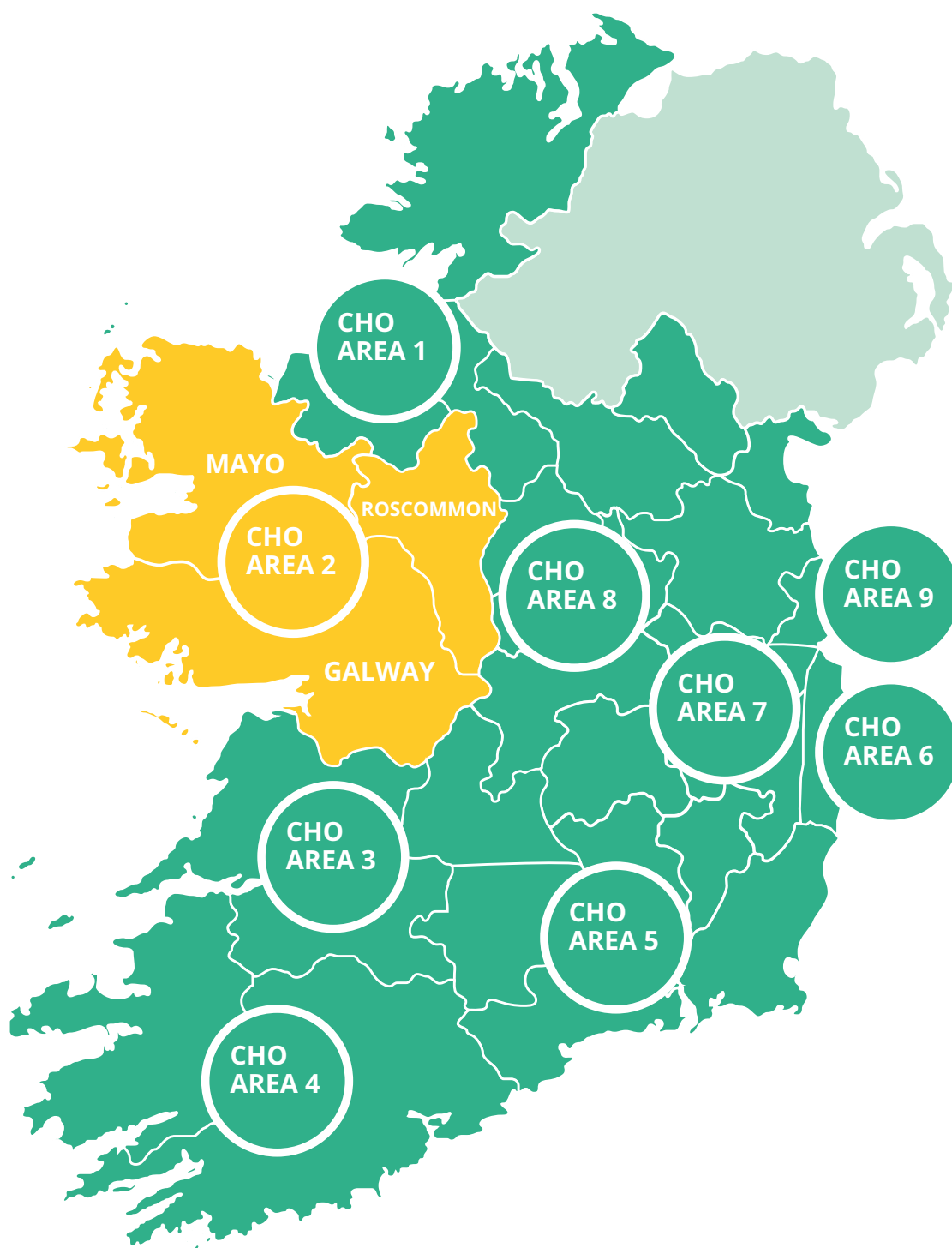
The Galway and Roscommon Children and Young People's Services Committees (CYPSC) and the Mayo CYPSC bring together the main public and not-for-profit agencies and organisations providing services to children and young people in the areas. Their three-year plan aims to ensure that children and young people are active and healthy, achieving their full potential, safe and protected from harm, have economic security and are connected, respected and contribute to their world. The implementation of *Connecting for Life, Galway, Mayo and Roscommon* is included within the CYPSC plans.

## 1.9: Local Context in Galway, Mayo and Roscommon

'Continue to promote awareness of mental health as an issue universal to us all and not something that "others" are afflicted by'. (Roscommon, Submission No. 4)

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

**Figure 1.8: Map of CHO Areas**



### **General Information on Counties Galway, Mayo and Roscommon**

Just under one-tenth (9.5%) of the total population of Ireland live in Counties Galway, Mayo and Roscommon. Table 1.4 shows the size of the population per county, based on the 2016 census figures (25). The region as a whole covers a large geographical area, at 14,383 km<sup>2</sup>, which includes remote and rural areas and island communities off the coasts of Galway and Mayo.

**Table 1.4: Population size by area, 2016 (25)**

Area	Population Size
Galway City	79,504
Galway County	179,048
Mayo	130,425
Roscommon	64,436
Total	453,413

## Key Facts About Galway

### Galway City

Galway is a growing city, where over the course of a thirty-year period its population has increased from 47,000 in 1986 to 79,505 in 2016 (25). It is the third most populous urban area in the Republic of Ireland and the fifth most populous city in the island of Ireland (25). It is a young and vibrant city, with two third-level colleges, the National University of Ireland, Galway and the Galway Mayo Institute of Technology. Galway is a multi-cultural city and is also Ireland's only bilingual city, with a strong history and tradition in the Irish language.

A more detailed breakdown of CSO 2011 census data indicates the following for Galway City (26):

- Is the 3<sup>rd</sup> most affluent local authority area in Ireland
- Has the lowest dependency ratio of 39.0% (i.e. the number of those aged 0–14 years and 65 and over as a percentage of the number of persons aged 15–64 years) (national rate 52.7%) (25)
- Has a low proportion of population with primary education only of 9.3% (national rate 15.2%)
- Ranks 25<sup>th</sup>/34 for unemployment rate in Ireland at 18.6% (national rate 19%)
- Ranks 22<sup>nd</sup>/34 for lone parent rate in Ireland at 10.3% (national rate 10.9%)
- Ranks 7<sup>th</sup>/34 for local authority rented housing at 9.2% (national rate 7.8%)
- Is the most multi-cultural area in Ireland, where 18.6% of its residents were recorded as non-Irish (national rate 11.6%) (25)
- Has a high Traveller population rate of 21.2 per 100,000 of the total population (N= 1,606) (national 6.6 per 100,000 of the total population) (25)

## County Galway

Galway is the second largest county in Ireland (6,149 km<sup>2</sup>), with a coastline measuring 689 km. It has the most populated off-shore islands. The largest Gaeltacht in Ireland is located in County Galway.

A more detailed breakdown of CSO 2011 census data indicates the following for Galway County (26):

- Is the 10<sup>th</sup> most affluent local authority area in Ireland
- Has a high dependency ratio of 59.2% (i.e. the number of those aged 0–14 years and 65 and over as a percentage of the number of persons aged 15–64) (national rate 52.7%) (25)
- Has a high proportion of population with primary education only of 17.3% (national rate 15.2%)
- Ranks 27<sup>th</sup>/34 for unemployment rate in Ireland at 18.1% (national rate 19%)
- Ranks 31<sup>st</sup>/34 for lone parent rate in Ireland at 9.3% (national rate 10.9%)
- Ranks 34<sup>th</sup> /34 for local authority rented housing at 4.2% (national rate 7.8%)
- Has the highest Traveller population per county in Ireland, estimated at 2,640, which is 14.9 per 100,000 of the total population (national 6.6 per 100,000 of the total population) (25)
- Has a higher percentage of the population who indicate that they are able to speak Irish at 51% (national rate 40.6%) (25)

## Key Facts About County Mayo

County Mayo is the third-largest of Ireland's 32 counties in physical area, and is the 17<sup>th</sup> largest in terms of population. According to the 2016 census, while most counties experienced some level of population growth, Mayo was one of three counties that witnessed population decline over the five years (-0.2%). It is also one of two counties with the highest average age of 40.2 years (national average is 37.4) (25).

According to the 2016 CSO census, Mayo has a population of 130,425 persons, consisting of 64,879 males and 65,546 females (25).

A more detailed breakdown of CSO 2011 census data indicates the following for Mayo (26):

- Ranks 23<sup>rd</sup>/34 for levels of deprivation in Ireland
- Has the 2<sup>nd</sup> highest dependency ratio of 61.0% (i.e. the number of those aged 0–14 years and 65 and over as a percentage of the number of persons aged 15–64) (national rate 52.7%) (25)
- Ranks 3<sup>rd</sup> highest for proportion of population with primary education only of 20.5% (national rate 15.2%)
- Ranks 17<sup>th</sup>/34 for unemployment rate in Ireland at 19.5% (national rate 19%)
- Ranks 26<sup>th</sup>/34 for lone parent rate in Ireland at 10.0% (national rate 10.9%)
- Ranks 32<sup>nd</sup>/34 for local authority rented housing at 4.7% (national rate 7.8%)
- Has a Traveller population rate of 10.1 per 100,000 of the total population (N= 1,299) (national 6.6 per 100,000 of the total population) (25)

## Key Facts About County Roscommon

County Roscommon is the 3<sup>rd</sup> most rural county in Ireland. Roscommon has 1.4% of the national population and 3.6% of the landmass, illustrating its predominantly rural nature (27). Recent figures released from the CSO indicate the population of the county was 64,544 persons in 2016 (an increase of 25.7% since 1996). Roscommon has a higher than national population of older people. The county also saw the second highest increase in its Traveller population from 2011 to 2016 (25).

A more detailed breakdown of CSO 2011 census data indicates the following for Roscommon (26):

- Ranks 20<sup>th</sup>/34 for deprivation in Ireland
- Has the 3<sup>rd</sup> highest dependency ratio of 60.8% (i.e. the number of those aged 0–14 years and 65 and over as a percentage of the number of persons aged 15–64 years) (national rate 52.7%) (25)
- Ranks 12<sup>th</sup>/34 for the proportion of population with primary education only of 17.3% (national rate 15.2%)
- Ranks 19<sup>th</sup>/34 for unemployment rate in Ireland at 19.4% (national rate 19%)
- Ranks 28<sup>th</sup>/34 for lone parent rate in Ireland at 9.8% (national rate 10.9%)
- Ranks 26<sup>th</sup>/34 for local authority rented housing at 5.7% (national rate 7.8%)
- Has a Traveller population rate of 8.1 per 100,000 of the total population (N= 516) (national 6.6 per 100,000 of the total population), and recorded a 30.3% increase since 2011 (25).

## 1.10: HSE Primary Care Services in Galway, Mayo and Roscommon

Health services in Galway, Mayo and Roscommon are provided through CHO 2, which offers a range of health and social care services, including:

**Primary Care Teams (PCT):** There are forty-eight Primary Care Teams operational in CHO 2. Each one comprises of a team of health professionals who work closely together to meet the needs of the people living in the community. PCTs offer advice, support, information and encouragement to support people to choose healthy lifestyles, and they provide a single point of contact into the health service. The General Practitioner (GP) role sits within the PCT and plays a central role in the health care system. The GP is commonly the first medical advice a person seeks when they feel unwell. GPs provide a broad service to their patients on all health issues, and may refer patients to see specialists or hospital consultants if more specific investigation is required.

**Counselling in Primary Care (CIPC):** The CIPC service provides short-term counselling in primary care settings to medical card holders who are aged 18 years and over. 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 (NCS):** The HSE NCS is a professional, confidential counselling and psychotherapy service available free of charge in all HSE areas. Client groups are adults who have experienced trauma and abuse in childhood, with priority given to adult survivors of institutional abuse in Ireland.

**HSE Drugs Service:** This service provides support to those affected by drug use, as well as concerned persons and family members. Young people under 18 years of age can receive support for both alcohol and drug use. This harm-reduction service can be accessed directly and provides information, advice, support, training, one-to-one counselling, referrals for treatment and a methadone clinic.

**HSE Child Primary Care Psychology Service:** This service provides assessments, advice and supportive therapy to children aged 0–18 years and their families. It can be accessed through a GP, health professional or by self-referral.

## **1.11: HSE Mental Health Services and Suicide Prevention Supports and Services in Galway, Mayo and Roscommon**

'I get great support from my mental health nurse. She really makes the difference for me in how I'm being looked after. I can reach out to her, which in itself is a great feeling of support. Please maintain this kind of support. It is vital for us psychiatric patients'.  
(Galway, Submission No. 202)

The Galway, Mayo and Roscommon Mental Health Service is delivered through specialist mental health multi-disciplinary teams from childhood to old age, and comprises both community and in-patient treatment. These teams include:

**Child & Adolescent Mental Health Service (CAMHS):** This is a multi-disciplinary service that prioritises the assessment and treatment of children up to the age of 18 who are experiencing mental health difficulties. A community-based service is provided, as well as an in-patient service, with a twenty bed in-patient unit in Galway City.

**Community Adult Mental Health Teams (CAMHT):** CAMHT support people in their own communities by providing integrated specialised care, including cognitive behavioural therapy (CBT), Psychology, Social Work, Occupational Therapy and Addiction services. The CAMHT also provide advice and information to Primary Care Teams.

**Community Rehabilitation and Recovery Services:** The Community Rehabilitation and Recovery Services 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.

**Adult Approved Centre – In-patient Unit:** This is a hospital-based service that provides 24/7 care for individuals who are acutely ill with mental health problems.

**Mental Health and Intellectual Disability Service:** This team provides a multi-disciplinary approach to individuals who have an intellectual disability and are experiencing a mental health difficulty.

**Community Mental Health Teams – Psychiatry of Later Life:** These community-based multi-disciplinary teams provide a specialist service to people over sixty-five years of age who are coming to the service for the first time.

**Supervised Residential Units:** This is a community-based service that provides 24/7 care for individuals who are acutely ill with mental health problems.



**Dialectical Behaviour Therapy (DBT):** DBT provides one-to-one therapy and group sessions for people experiencing Borderline Personality Disorder or Emotionally Unstable Personality Disorder. DBT programmes are available in both Adult Mental Health and Child and Adolescent Services.

**Self-Harm Clinical Care Programme:** As part of the Self-Harm Clinical Care Programme, there is one self-harm nurse based in each of the CHO 2 hospitals; Galway University Hospital, Mayo University Hospital, Portlincula University Hospital and Roscommon University Hospital. The programme aims to improve the assessment and management of all individuals who present to the ED with self-harm, reduce rates of repeated self-harm, improve access to appropriate interventions at times of personal crisis, ensure rapid and timely linkage to appropriate follow-up care and to optimise the experience of families and carers in trying to support those who present with self-harm.

## 1.12: HSE National Office for Suicide Prevention (NOSP) Training Programmes

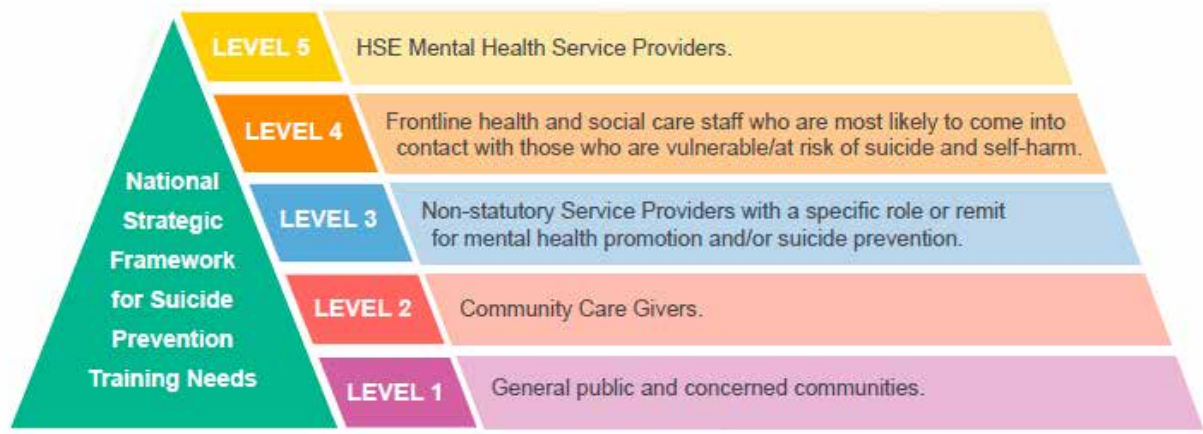
'To help prevent suicide, become more aware of the signs of suicidal thoughts and find out how to guide people to the resources they need'. (Galway, Submission No. 120)

The NOSP is currently developing a national suicide prevention training strategy. It will identify and support the delivery of a suite of evidence-based suicide prevention, intervention and postvention training programmes. The aim of the training is to enhance awareness of and develop skills to respond to suicidal and self-harm behaviour. Ultimately, everyone can make a difference in preventing suicide; 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. Figure 1.8 below shows the national strategic framework for suicide prevention training needs.

The Resource Officer for Suicide Prevention in Roscommon is responsible for co-ordinating the delivery of suicide prevention training in Galway, Mayo and Roscommon, with the support of very dedicated training teams. They include the following programmes and when they were first introduced in CHO 2:

- Applied Suicide Prevention (ASIST) in 2004
- Suicide Training on Risk Management (STORM) for Suicide Prevention in 2005
- SafeTALK in 2007
- STORM Self-Harm Mitigation Programme (2010)
- Understanding Self Harm (2015)

**Figure 1.9: Training needs identified in the National Suicide Prevention Training Strategy (NOSP)**



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

### 1.13: HSE Health Promotion and Improvement Schools-Based Programmes

In Galway, HSE Health and Wellbeing staff are involved in supporting schools to implement the Wellbeing in Primary and Post Primary School Guidelines, and also support both primary and post primary schools to implement the framework for developing a Health Promoting School.

### 1.14: Challenges for HSE Services

Although good progress has been made in many areas some challenges remain. These challenges include:

- **Staffing.** Pressures on the health services in recent years have curtailed the development of a number of services, including Health and Wellbeing and Mental Health Services. However, a range of further developments are in progress in CHO 2.
- **Access to high-quality services.** The size and scale of the area may make it difficult to access services, especially for those living in remote or rural areas. The HSE NOSP are currently developing best practice guidance for organisations involved in the delivery of suicide prevention services, which will support them to provide high-quality services which are in line with evidence-based practice.
- **Increasing demand for services.** Referrals to both child and adolescent and adult mental health services have increased in recent years. Early intervention and support at primary care level needs to be improved, and the CIPC service and self-harm nursing services are good examples of efforts to address this need. Reducing waiting times for the CAMHS service is a national priority, as well as timely access to services for young people who are presenting with suicidal behaviour or who are self-harming. Other positive developments have been the setting up of a suicide bereavement liaison service in Galway, Mayo and Roscommon to support families and individuals following a suicide or suspected suicide, with the support of the HSE, which complements existing suicide bereavement support services.



## 1.15: Department of Education and Skills Programmes

The National Educational Psychological Service (NEPS) is a service within the Department of Education and Skills (DES), and it is available to all primary and post primary schools. In common with many other psychological services and best international practice, NEPS has adopted a consultative model of service. The focus is on encouraging schools to adopt a whole-school, continuum of support approach, that is, to empower teachers to intervene effectively with pupils whose needs range from mild to severe and transient to enduring. Psychologists from NEPS support schools both directly and indirectly to promote the wellbeing and mental health of all students.

NEPS provide a number of programmes/training opportunities for schools:

- Delivery of the Incredible Years Teacher Classroom Management Programme. This is an internationally recognised, 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 which are more concentrated in disadvantaged communities. It is a five to six-day workshop delivered over several months.
- Provision of one to two-day training to teachers in the delivery of the Friends Programme(s). These programmes, which reduce anxiety and promote coping and resilience in children and young people from 4–18 years can be delivered by teachers, both 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 programme is endorsed by the WHO.
- Training and consultation for schools to promote social and emotional competence; to embed the Well-Being Guidelines; the school-wide implementation of the Continuum of Support and the development of the Student Support Teams in Post Primary Schools.

NEPS offers training and consultation to schools in the development and implementation of critical incident plans and policies. Critical incidents are tragic events that significantly challenge the coping mechanisms of schools and their students. They can arise due to the death of a student or staff member through illness, accidents or suicide. In addition, if a school experiences a critical incident, school authorities can seek advice or support from a NEPS psychologist by contacting their local office.

## 1.16: Community and Voluntary Sector Supports in Galway, Mayo and Roscommon

There are numerous community and voluntary support groups and organisations across CHO 2 providing a broad range of mental health, suicide prevention and bereavement support services. For further information and contact details on these see [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) or [www.connectingforlifegmr.ie](http://www.connectingforlifegmr.ie).

‘Caithfimid an “cultúr” a athrú sa gcaoi gur feidir linn labhairt faoi ár meabharsláinte chomh maith le chuile ngé eile dár sláinte’.

‘We need to change the culture so we can talk about our mental health as well as everything else’.  
(Submission as Gaeilge, No. 1)



**Fire in the Sky**

*'With every sunset, a new hope is born'*

Co. Galway

27<sup>th</sup> March, 2017

# 2

*How Connecting for Life, Galway, Mayo  
and Roscommon was developed*

*'Work needs to be done at the most local level and community-led. Communities need to be the driving force for mental health promotion initiatives, projects, programmes or events'.*

*(Written submission from Mayo)*

## 2.1: Approach

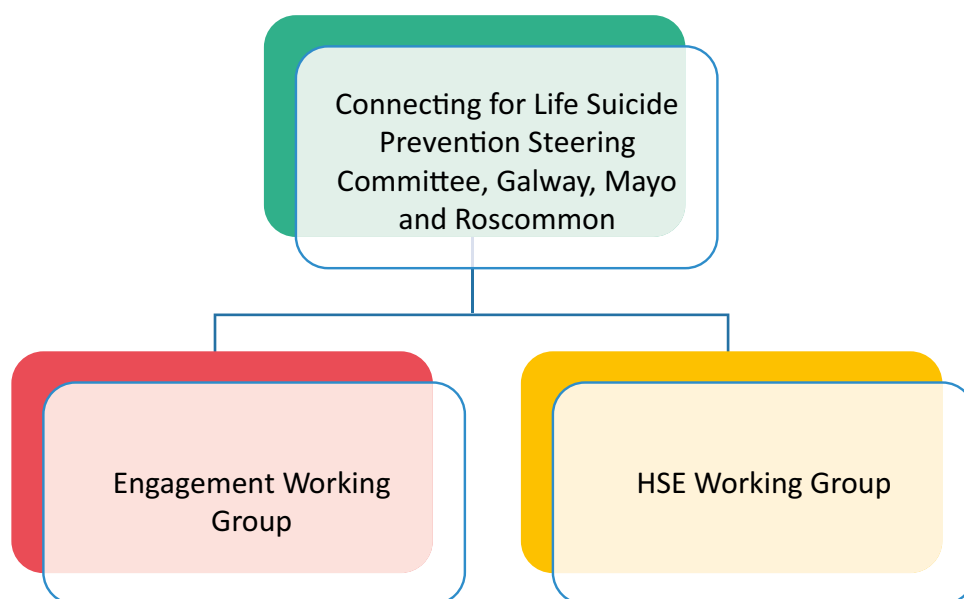
Plans to develop *Connecting for Life, Galway, Mayo and Roscommon* first began in October 2016. An evidence-informed, collaborative approach was adopted, which involved bringing together local knowledge and expertise with the best available evidence from research. This plan has been aligned with the goals and actions set out in *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015–2020*. A population-based approach was also undertaken to ensure that all key statutory, voluntary and community groups were involved in the development of this plan. Input from priority groups was sought, as well as from staff working in these areas. Following careful consideration, it was decided that a three-county plan would be developed. This decision was reached on the basis that well-established collaborative working relationships were already formed in the region. In addition, it mirrored the structures in place in terms of service delivery within the HSE CHO 2 area.

## 2.2: Structures to Support the Plan

A Connecting for Life Suicide Prevention Steering Committee was set up, chaired by the HSE, to guide, support and directly contribute to the development and preparation of *Connecting for Life, Galway, Mayo and Roscommon* (see Figure 2.1 below). It had a wide membership, with representatives from the key statutory, voluntary and community groups, as well as a geographical spread across the three counties (see Appendix 3 for full membership of the Steering Committee).

Two working groups were also convened, namely an Engagement Working Group and a HSE Working Group (see Appendices 4 and 5 respectively for full membership). The role of the Engagement Working Group was to ensure that all key stakeholders had an opportunity to be involved in informing the preparation of *Connecting for Life, Galway, Mayo and Roscommon*. Members had the required skills, experience, expertise and links with the statutory, voluntary and community sectors to actively support wide participation and engagement. The purpose of the HSE Working Group was to facilitate key stakeholders from the HSE in engaging and participating in the preparation of a plan. It was also to provide staff with an opportunity to shape and have ownership of the actions that the HSE have a specific leadership role in delivering on.

**Figure 2.1: Structures to support the development of *Connecting for Life, Galway, Mayo and Roscommon***



### 2.3: Consultation and Engagement Processes

The aim of the consultation and engagement processes was to communicate and consult with a wide range of individuals, groups and agencies from the statutory, voluntary and community sectors. They were carried out with the assistance of the Engagement and HSE Working Groups, under the guidance of the Steering Committee. Every effort was made to use the existing infrastructural supports to gather feedback, as well as to use relevant recently compiled data from other organisations or settings.

The following consultation and engagement methods were used:

- An online survey in English, using SurveyMonkey (see Appendix 7 for details)
- An online survey as Gaeilge (Irish), using SurveyMonkey (see Appendix 8 for details)
- A paper-based survey
- Focus group consultations (see Appendix 9 for details)
- Inclusion of other relevant reports compiled by other organisations through focus groups, surveys and research

### 2.3.1: Survey

Online and paper-based surveys were widely distributed to statutory, voluntary and community groups using a number of different channels, which included:

- Through the structures put in place to support the plan i.e. the Steering Committee, HSE Working Group and, in particular, the Engagement Working Group
- Online via the HSE's website, with a dedicated link page to communicate local activities: [www.connectingforlifegmr.ie](http://www.connectingforlifegmr.ie)
- At events organised by other agencies e.g. the Gaelic Athletic Association (GAA) Healthy Club Roadshow launch and the Teagasc and National Rural Network events
- Inviting in-patients admitted to the Psychiatric Unit, University Hospital Galway, and those attending the HSE Drugs Service in Galway City to complete the survey
- Writing to 170 families bereaved by suicide, inviting them to complete the survey. (This letter was jointly signed by the Suicide Bereavement Liaison Officers and the HSE Resource Officers for Suicide Prevention)
- The HSE Communications Department emailing the survey to all HSE staff
- Sending the survey to key stakeholders working directly with Gaeltacht and island communities including Udarás na Gaeltachta and Galway and Mayo Island Community Development organisations

A total of 1,265 surveys were completed and returned. See Table 2.1 below for further details.

### 2.3.2: Focus Groups

Seventeen focus groups were also held with HSE staff and other priority groups. See Appendix 9 for listing of focus groups conducted.

### 2.3.3: Inclusion of Other Relevant Reports

The following additional relevant information gathered through other sources was included in this consultation process:

- Focus groups held by the Traveller Health Unit Galway, Mayo and Roscommon to inform their Traveller Health Strategic Plan 2017–2020 (28)
- A survey conducted by the lesbian, gay, bisexual, transgender, plus other groups of sexual and gender minorities (LGBT+) community in Galway
- A master's thesis carried out under the supervision of Margaret Barry, Professor of Health Promotion and Public Health and Head of the WHO Collaborating Centre for Health Promotion Research at the National University of Ireland, Galway (29)



### 2.3.4: Photography Competition

A photography competition was held to encourage people to submit photos which would reflect the goals in *Connecting for Life, Galway, Mayo and Roscommon*, using images that capture the landscapes or people in the local communities of Galway, Mayo and Roscommon. Three photographs were selected by the Engagement Working Group for inclusion in this plan (see pages 6, 34 and 74).

### 2.4: Analysis and Preparation of the Plan

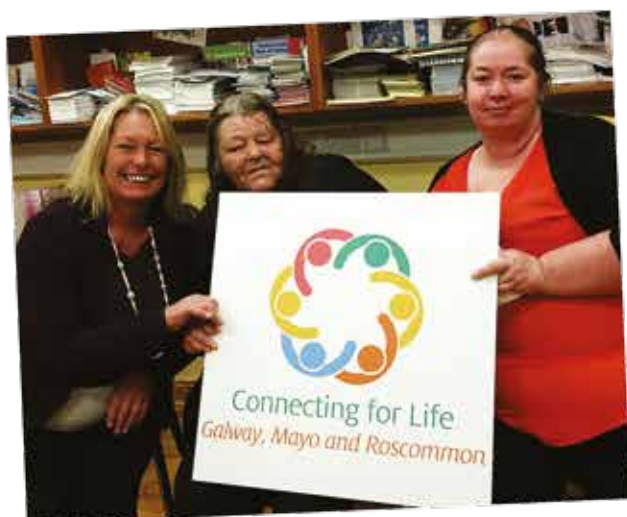
When the consultation was completed, all the data was collated and analysed. A thematic analysis approach was undertaken, where all the emerging themes were developed into draft local actions and aligned with the goals, objectives and actions in the national strategy. The content of the plan was reviewed and endorsed by the Steering Committee, with the support of the HSE and Engagement Working Groups, and other key partner organisations.

**Table 2.1: Number of respondents to survey, by place of residence and language**

Place of Residence and Language	Online	Paper	Total (No.)	%
Galway	403	48	451	36
Galway City	246	16	262	21
Mayo	194	99	293	23
Roscommon	184	38	222	17
No county stated	7	0	7	0.6
As Gaeilge	30	0	30	2.4
<b>TOTAL</b>	<b>1,064</b>	<b>201</b>	<b>1,265</b>	<b>100</b>

### Members of the Connecting for Life Steering Committee and the HSE and Engagement Working Groups





### **Galway Traveller Movement and Roscommon Traveller Support Members**

**Over the years, Traveller Support Groups have worked tirelessly to promote positive mental health and reduce deaths by suicide in Galway, Mayo and Roscommon**



# 3

## Priority Groups, Risk and Protective Factors

*'Don't discriminate based on gender, age and class in assuming people will be ok'*  
(Galway City, Submission No. 140)

### 3.1: National Priority Groups in Ireland

Ireland's overall suicide rate is among the lowest in the Organisation for Economic Co-operation and Development (OECD) member states, ranking 11<sup>th</sup> lowest (10). However, national and international research evidence has consistently shown that particular demographic groups are of increased risk of suicidal behaviour (1, 2). To inform *Connecting for Life*, CSO suicide statistics and data from the National Self-Harm Registry Ireland, as well as research on the incidence of suicide in various population groups were examined to profile the groups most vulnerable to suicide in Ireland. These include the following:

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

There are other groups with potentially increased risk of suicidal behaviour where the research evidence is either less consistent or limited. These include the following:

- Asylum seekers
- Refugees, migrants
- Sex workers
- People with a chronic illness or disability

These priority groups may change over time. There is significant overlap between many of the groups, and it is important to note that even within a group where there is increased risk, only a minority will engage in suicidal behaviour. Over the lifetime of *Connecting for Life*, other population groups may emerge as particularly vulnerable to suicide. This list of national priority groups will be reviewed regularly based on the most up-to-date evidence.

### 3.2: National Legislation on Equality and Human Rights

In light of the need to promote equality, protect human rights and prohibit discrimination, in particular among priority groups, the Public Sector Equality and Human Rights Duty (30) was introduced. It informs and enables best practice standards in relation to human rights and equality infrastructures. As a result, public sector bodies have a legal obligation to take a more proactive approach in addressing equality and human rights concerns that are relevant to the functions they provide. It also recognises the important role public service plays in place-shaping, where it can use its influence to promote the general wellbeing of a community, enhance social cohesion and celebrate diversity. All public bodies in Ireland have responsibility to implement the Public Sector Duty, in order to protect the human rights of their employees, customers, service users and everyone affected by their policies and plans. *Connecting for Life*, at both a national and local level will support the efforts of public sector bodies in meeting their duties by delivering actions to support people and groups at risk of developing mental health problems and engaging in suicidal behaviour.

### 3.3: Local Priority Groups

The local consultation identified a number of groups most at risk of suicide and self-harm:

- People living in rural and social isolation
- Farmers
- Men/Young Men

Many responses also highlighted the need for additional supports both through the healthcare services and in the community for these priority groups.

**'Earlier and easier access to services is needed when there is concern about a family member'**  
(Galway City, Submission No. 185)

Other groups mentioned in fewer numbers were perinatal women, people bereaved by suicide, carers, the LGBT+ community, Travellers, HSE staff and victims of abuse.

These findings are in line with the population composition and demographical data available on Galway, Mayo and Roscommon. It is also a reflection of the geographical context of the region, where some people are living in Galway City and other large towns, while others are living in remote, rural and island communities.

**'More focus is needed for people living in isolation in rural Ireland'**  
(Roscommon, Submission No. 44)

### 3.3: National Risk Factors

Suicidal and self-harm behaviour is complex. One single cause or risk factor rarely occurs. Often, several risk factors combine to increase an individual's vulnerability. Risk factors interplay in different ways for different population groups and individuals. International research has identified some common risk factors at individual, socio-cultural and situational levels. These are shown in Table 3.1 (31).

**Table 3.1: National individual, socio-cultural and situational risk factors**

National Risk Factors		
Individual	Socio-cultural	Situational
Previous suicide attempt	Stigma associated with help-seeking behaviour	Job and financial losses
Mental health problem		Local clusters of suicide that have a contagious influence
Alcohol or drug misuse		
Hopelessness	Barriers to accessing health care, mental health services and substance abuse treatment	Relational or social losses
Sense of isolation		
Lack of social support		
Aggressive tendencies		
Impulsivity	Certain cultural and religious beliefs (e.g. the belief that suicide is a noble resolution of a personal dilemma)	Easy access to lethal means
History of trauma or abuse		
Acute emotional distress		
Major physical or chronic illnesses and chronic pain	Exposure to suicidal behaviour (e.g. through the media and influence of others who have died by suicide)	Stressful life events
Family history of suicide		
Neurobiological factors		

Many of these risk factors have been identified as significant in the Irish context. A review of Irish studies by the NSRF also found specific risk factors for different populations, for example, young people, unemployed people and marginalised groups, such as men living in rural communities, members of the Traveller community and survivors of institutional abuse.

### 3.4: Protective Factors

While many prevention initiatives and interventions aim to reduce suicide risk factors, it is equally important to consider and strengthen the factors that have been shown to increase resilience and protect against suicidal behaviour. (See also Appendix 10, which outlines eight things that everyone needs to know about suicide prevention in Ireland). Research conducted by the WHO (1) demonstrates that strong personal relationships, religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing are protective factors against the risk of suicide.

## Strong Personal Relationships

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

## Religious or Spiritual Beliefs

Faith itself may be a protective factor, as 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.

## Positive Coping Strategies and Wellbeing

'I can't stress how important it is to talk. As a teenager who overcame mental illness, I am proud to say that with the support of friends and family, I can talk about it with no shame after years of hiding it away for fear of embarrassment. I feel talking with someone you care about should be promoted a lot more in Ireland. "Destroy what destroys you" and you'll have a lot more teens who will be willing to talk'.

(Galway City, Submission No. 89)

Personal wellbeing and effective positive coping strategies protect against suicide. An optimistic outlook, emotional stability and a developed self-identity assist in coping with difficult situations. 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. Willingness to seek help for mental health problems may, in particular, be determined by personal attitudes. The stigma associated with mental health problems may result in some people (and especially males) being reluctant to seek help. Those who are unlikely to seek help can compound their mental health problems, thus increasing the risk of suicide which may otherwise have been prevented through early intervention. 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 many things we can do to look after our mental health are highlighted in the HSE's Little Things campaign. This positive mental health campaign was created by the HSE's Mental Health and Communications Divisions, in partnership with many other statutory and voluntary groups. The campaign focuses on sharing evidence-based, simple and powerful day-to-day steps – the little things that we can all do to protect our own mental health, and support the people we care about. A one-stop-shop website, [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) has been developed to support this campaign and the Samaritans' 116123 national free to call number is also available for a listening ear. The campaign aims to change attitudes and behaviour with regard to mental health, convey that we may all experience dips in our mental health and inform us of the things that we can do to help.

#littlethings can make a big difference



Cora Staunton,  
Mayo Gaelic Footballer

*'Sport is very important for your mental health. If I ever feel down or I am having a bad day, sport or any form of exercise will always pick me up. Through sport I have developed mental toughness and resilience.'*



Connecting for Life  
Galway, Mayo and Roscommon



# 4

## *Connecting for Life, Galway, Mayo and Roscommon Goals, Objectives and Actions*

*'Getting to the core of the issue is central to reducing suicide. Policies need to be interlinked and work to complement each other. Policies around alcohol use, drug use, older people policies and mental health policies, for example, need to all link with any suicide policy'.*

**(Roscommon, Submission No. 20)**

## 4.1 Connecting for Life, Galway, Mayo and Roscommon Strategic Goals, Objectives and Actions

*Connecting for Life, Galway, Mayo and Roscommon* is a three-year action plan developed to support and deliver on national objectives at a local level, as well as to meet local needs. The action plan is aligned to the vision, goals, objectives and actions set out in the national strategy, and against which achievements will be evaluated and measured.

### Vision

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

### Goals

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

### Outcomes

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

### Geographical location of the actions

This is a three-county plan. No specific county has been listed for actions that will be carried out in the region as a whole. However, where actions will only be undertaken in one or two counties, then this has been clearly stated.

## Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing in Counties Galway, Mayo and Roscommon.

In the past number of years, there has been significant interest in and public awareness of mental health and wellbeing across Galway, Mayo and Roscommon. Many initiatives aiming to increase understanding and awareness of the importance of mental health in relation to overall wellbeing have been developed and implemented. However, many people remain hesitant to talk openly about their own mental health, and misperceptions about suicide and suicidal behaviour persist. Mental health problems are a major risk factor for suicide. However, by working with individuals and organisations across Galway, Mayo and Roscommon, 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	Local Action	LEAD	Key Partners
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk and protective factors.	1.1.2 Develop and implement a national mental health and wellbeing promotion plan.	1.1.2 (a) Implement the national mental health and wellbeing promotion plan locally.	HSE Health and Wellbeing (HSE H&W)	HSE Mental Health (HSE MH), HSE MH Resource Office for Suicide Prevention (ROSP), Mayo Suicide Prevention Alliance (MSPA), Mental Health Ireland (MHI), Regional Mental Health Associations (RMHA)
		1.1.2 (b) Support the implementation of the mental health and wellbeing actions in the CHO 2 Healthy Ireland Plan.	HSE H&W	HSE Primary Care (HSE PC), HSE MH, HSE Social Care (HSE SC)
		1.1.2 (c) Support the roll-out of mental health promotion funding initiatives.	Local Community Development Committees (LCDCs), HSE H&W	LCDCs H&W Subcommittee/ Subgroups
	1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services.	1.1.3 Deliver national positive mental health campaigns at a local level, such as the Little Things campaign, using existing structures and processes, where appropriate.	HSE MH, HSE Communications, HSE MH (ROSP)	All Connecting for Life partners (local media, statutory and non-statutory organisations, Community & Voluntary Organisations, Public Participation Networks (PPNs), Access to Psychological Services Ireland (APSI) Roscommon, Roscommon Mental Health Supports Network (RMHSN), MSPA, MHI, RMHA, CYPSC, National University of Ireland (NUI), Galway, Galway, Mayo Institute of Technology (GIT), Family Resource Centres (FRCs), Gaelic Athletic Association (GAA), Galway East Life Support (GELS), Kinvara Alive, Corofin, Athenry, Abbeyknockmoy, Turloughmore Community Health (CAATCH)

National Objective	National Action	Local Action	LEAD	Key Partners
	1.1.4 Build the link between alcohol/ drug misuse and suicidal behaviour into all communication campaigns.	1.1.4 (a) Ensure relevant communications campaigns promote the link between mental health and drug/alcohol misuse.	HSE MH, HSE MH (ROSP)	Western Region Drugs and Alcohol Task Force (WRDATF), HSE H&W, HSE Communications
		1.1.4 (b) Implement the Galway Safe App in key areas within Galway City. GALWAY	WRDATF	Tusla, Galway City Council, GMIT
	1.1.5 Promote physical activity as a protective factor for mental health through the National Physical Activity Plan.	1.1.5 (a) Link with relevant actions in the Local Economic and Community Plans, Children and Young People's Services Committee plans and the Healthy Ireland National Physical Activity Plan, to implement actions promoting the benefits of physical activity in supporting positive mental health.	Sports Partnerships	CYPSC, HSE H&W, LCDs, Local Authorities (LA), Healthy Mayo Project, MHI, GAA, Community & Voluntary Organisations
		1.1.5 (b) Continue to implement the Men on the Move programme. GALWAY AND MAYO	Galway and Mayo Sports Partnerships	HSE H&W
		1.1.5 (c) Promote a healthy lifestyle, including positive mental health, within the Traveller community, through physical exercise, which will include the establishment and running of a physical activity programme for Traveller women. GALWAY	Galway Sports Partnership	HSE H&W, Galway Traveller Movement (GTM), Western Traveller and Intercultural Development, Galway County Intercultural Forum
		1.1.5 (d) Promote a healthy lifestyle, including positive mental health, with children within the Schools Completion Programme. GALWAY	Galway Sports Partnership, Schools Completion Programme Co-ordinators	Sport Ireland, School Completion Programmes in Tuam, Carraroe, North Connemara, Ballinasloe and Galway City
		1.1.5 (e) Enhance the physical activity capability of young persons with disabilities and improve their movement skills, concentration levels and positive mental health. GALWAY	Galway Sports Partnership	HSE H&W, Disability Groups, including the Irish Wheelchair Association, Brothers of Charity, Blind Sports
1.2 Increase awareness of available suicide prevention and mental health services.	1.2.1 Deliver accessible information on all mental health services and access/ referral mechanisms and make the information available online at YourMentalHealth.ie.	1.2.1 (a) Ensure information on all local mental health services is included and kept up-to-date on the 'yourmentalhealth.ie', making this the single online point of access for information.	HSE MH, HSE MH (ROSP)	HSE Communications

National Objective	National Action	Local Action	LEAD	Key Partners
		1.2.1 (b) Develop an app to facilitate service user access to mental health supports and safety planning, which will involve key stakeholders in the research, design, development and testing of mobile health technology tools to reduce suicide risk.	NUIG Information Technology (IT) Group	HSE MH, HSE PC
	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.	1.2.2 (a) Deliver nationally co-ordinated targeted campaigns alongside local initiatives to increase awareness of mental health and wellbeing issues and local support services for specific priority groups.	HSE MH, HSE H&W, HSE PC	HSE Communications, HSE MH (ROSP), MHI, RMHA, Galway, Mayo and Roscommon Traveller Health Unit (THU), Jigsaw, Mindspace Mayo, Youth Work Ireland Galway, Foroige, LGBT+ Interagency Group Galway City and County, Cairde LGBT+ Youth Group Mayo, FRCs, Roscommon Leader Partnership, SICAP Implementers, HSE SC, HSE Drugs Service, WRDATF, Galway Rape Crisis Centre, Galway Simon, COPE Galway, Family Centre Castlebar, Irish Farmers' Association, Teagasc, Grow
		1.2.2 (b) Deliver the Identifying and Responding to At-Risk and Distressed Students Programme, to third-level students, on an ongoing basis. GALWAY AND MAYO	NUI Galway, GMIT	Psychological Counsellors in Higher Education Ireland
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 (a) Aligned to national campaigns, develop and deliver suicide prevention and positive mental health awareness raising events and campaigns locally that reduce stigma e.g. Please Talk.	HSE Communications	HSE MH, HSE MH (ROSP), MSPA, MHI, RMHSN, GMIT, FRCs, Comhairle na nÓg, GELS, Kinvara Alive, CAATCH
		1.3.1 (b) Organise, promote and develop 'Mental Health Weeks' (May and October), including promoting the Green Ribbon campaign and organising local activities such as a recovery fair/conference.	MHI	RMHA, Recovery Colleges
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 Establish links with and support local media by providing regular training and information workshops on the safe and sensitive reporting of suicide, promoting positive mental health and wellbeing, stigma reduction and providing information on suicide prevention supports and services.	HSE Communications	HSE MH (ROSP), HSE MH, Headline, Samaritans, Local print, online and radio media, MSPA, MHI

## 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.

National Objective	National Action	Local Action	LEAD	Key Partners
2.1 Improve the continuation of community level responses to suicide through planned, multi-agency approaches.	2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic & Community Plans (LECP) and Children and Young People's Services Committee's (CYPSC) county plans.	2.1.1 Implement, monitor and report on the delivery of Connecting for Life, Galway, Mayo and Roscommon.	HSE MH, HSE MH (ROSP)	HSE PC, HSE H&W, HSE SC, LCDs, CYPSCs
2.2 Ensure accurate information and guidance on effective suicide prevention are provided for community-based organisations.	2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention.	2.2.1 (a) Provide up-to-date information and good practice guidelines to community-based organisations on mental health and suicide prevention services and how to access them.	HSE MH (ROSP) MSPA	HSE Child and Adolescent Mental Health Services (CAMHS), HSE PC, Gardaí, FRCs, HSE National Counselling Service (NCS), HSE Counselling in Primary Care (CIPC), MHI, RMHA, Department of Defence, Pieta House, PPNs, Community & Voluntary Organisations, GELS, Kinvara Alive, CAATCH
		2.2.1 (b) Support Family Resource Centres to implement the National Family Resource Centre Code of Practice for Suicide Prevention.	National FRC Mental Health Promotion Project	FRCs, HSE MH (ROSP), HSE MH, HSE PC, MHI



National Objective	National Action	Local Action	LEAD	Key Partners
		2.2.1 (c) Review, update and distribute Suicide Prevention in the Community: A Practical Guide (2012), which will include researching and developing communication guidelines around the distinction between talking about mental health and suicide.	HSE MH (ROSP)	-
		2.2.1 (d) Support local community groups involved in mental health promotion and suicide prevention to meet, share ideas and learning, promote good practice and offer peer support to one another.	HSE MH (ROSP)	GELS, Kinvara Alive, CAATCH
2.3 Ensure delivery of training and education programmes on suicide prevention to community-based organisations.	2.3.1 Develop a Training and Education Plan for community-based training.	2.3.1 (a) Aligned to the National Training Plan, develop and deliver a local suicide prevention training plan, for the whole population, and for priority groups.	HSE MH (ROSP), HSE MH	HSE H&W, MSPA, MHI, HSE Communications, PPNs, Community & Voluntary Organisations, LGBT+ Interagency Group Galway City and County, Cairde LGBT+ Youth Group Mayo, FRCs, MSPA, RMHSN, NUIG Galway, GMIT, Galway Rape Crisis Centre, COPE Galway, Galway Simon, Age Friendly Alliance, Older Person's Councils
		2.3.1 (b) Aligned to the National Training plan, deliver mental health promotion and suicide prevention programmes in the workplace (to large employers, including the public service), for example, the Fit for Work Programme (physical activity in the workplace).	HSE MH (ROSP)	HSE MH, Local employers, including the public service, MHI, Education Training Board (ETB), Department of Defence, Mayo Sports Partnership, GMIT
	2.3.2 Deliver awareness training programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide.	2.3.2 Aligned to the National Training Plan, deliver suicide prevention and self-harm training to staff and volunteers across community-based organisations.	HSE MH (ROSP)	HSE MH, FRCs, PPNs, MHI, Community & Voluntary organisations, Youth Work Ireland Galway, Foroige, GAA, Grow, GELS, Kinvara Alive, CAATCH, Comhdháil Oileáin na hÉireann

National Objective	National Action	Local Action	LEAD	Key Partners
	2.3.3 Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups.	2.3.3 (a) Support local community and voluntary organisations through promoting and encouraging participation in relevant mental health promotion programmes, e.g. Shine's 'Taking Control' workshop and Mental Health Ireland's 'Mind your Mental Health' training workshop.	Shine, MHI	HSE MH (ROSP), Galway, Mayo and Roscommon THU, Community & Voluntary Organisations
		2.3.3 (b) Pilot the online resource 'Small Daily Steps' for wellbeing and stress management for HSE staff.	HSE Psychology	-
		2.3.3 (c) Continue to deliver stress management workshops.	HSE Psychology, HSE PC	Community & Voluntary Organisations
		2.3.3 (d) Deliver mental health promotion programmes in third-level institutions in Galway and Mayo. GALWAY and MAYO	HSE H&W	NUI Galway, GMIT MHI
		2.3.3 (e) Deliver the online Participate Programme to third-level students experiencing social anxiety. GALWAY AND MAYO	NUI Galway, GMIT	-
		2.3.3 (f) Deliver the online SilverCloud Programme to third-level students experiencing anxiety, depression and eating disorders. GALWAY	NUI Galway	-
		2.3.3 (g) Continue to deliver the Seas Suas Programme, bystander intervention support and training to third-level students. GALWAY	NUI Galway	HSE MH (ROSP), Community & Voluntary Organisations
		2.3.3 (h) Continue to deliver the Smart Study Smart Life Programme, offering practical and personal support and skills training to third-level students. GALWAY	NUI Galway	-
		2.3.3 (i) Continue to support the GMIT Positive Mental Health Society, by creating awareness of positive mental health, while building a sense of community and spreading positivity. GALWAY	GMIT	-
		2.3.3 (j) Maintain and develop essential supports through Teach Solais LGBT+ Resource Centre Health and Wellbeing Hub, Galway City, including community education initiatives, peer support for the LGBT+ and wider community, across the life course. GALWAY	LGBT+ Interagency Group Galway City and County	Community & Voluntary Organisations

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

National and international research, supported by feedback from the Galway, Mayo and Roscommon consultation process, identifies priority groups for whom the risk of suicide and self-harm is greater. Understanding local risk factors helps to identify local priority groups, enabling the development of targeted local actions to meet local need. Rural isolation is a compounding factor for all priority groups in the region, and is one of the biggest challenges for *Connecting for Life, Galway, Mayo and Roscommon*.

Community-based accessible information, signposting, training and service delivery will be instrumental to its success. To support this, the actions under this goal will address the needs of the priority groups identified at a national level, and through the local consultation process.

National Objective	National Action	Local Action	LEAD	Key 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.	3.1.2 (a) Implement at a local level new and updated suicide prevention and critical incident management HSE and interagency protocols.	HSE MH	HSE MH (ROSP), HSE PC, HSE Galway University Hospitals (GUH), Portiuncula University Hospital (PUH), Mayo University Hospital (MUH), Roscommon University Hospital (RUH), HSE Communications, Tusla, CYPSC, LA, Department of Education and Skills (DES), National Educational Psychological Service (NEPS), ETBs, An Garda Síochána, GAA, Church based organisations, FRCs, Youth Services, Samaritans, Pieta House, STOP Suicide, Family Centre Castlebar, Vita House Roscommon, Family Life Centre Boyle, National Ambulance Service (NAS)

National Objective	National Action	Local Action	LEAD	Key Partners
		3.1.2 (b) Continue to implement, monitor and update the critical incident management system in place for Ambulance Service personnel, where trained peer support workers provide support to colleagues to assist them to cope with trauma interventions, including suicide and self-harm.	NAS	-
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.	3.1.3 (a) Continue the implementation of the Engage Programme for men.	HSE H&W	Galway, Mayo and Roscommon THU, Mayo and Roscommon Sports Partnership, ETB, Youth Organisations
		3.1.3 (b) Continue to deliver, review and develop the Flourish Social Prescribing Programme (which currently includes one-to-one support and a menu of four group interventions, which address life transitions and social isolation) in Castlebar and surrounding areas. MAYO	Family Centre Castlebar	-
		3.1.3 (c) Explore the feasibility of evaluating and extending the Flourish Social Prescribing Programme to all of Co. Mayo. MAYO	Family Centre Castlebar	-
		3.1.3 (d) Continue to deliver the Community Connector Programme for third-level students, as part of a Social Prescribing Programme. GALWAY	NUI Galway	-
		3.1.3 (e) Following the national review of Social Prescribing, support the implementation of agreed models in CHO 2, where feasible.	HSE H&W	FRCs, Roscommon Leader Partnership, Family Centre Castlebar, NUI Galway
		3.1.3 (f) Continue to support the Mental Health Support Worker to connect and support vulnerable third-level students, through the Wellness Recovery Action Plan (WRAP) Programme and ongoing group support. GALWAY	NUI Galway	-
		3.1.3 (g) Student Services will continue to co-ordinate and work in partnership with other departments (e.g. Access, Disability, Counselling, Welfare, Societies and Clubs, Student Health Unit) to deliver a range of mental health initiatives, supports, services and developmental opportunities. GALWAY AND MAYO	NUI Galway, GMIT	-

National Objective	National Action	Local Action	LEAD	Key Partners
		3.1.3 (h) Engage with the Social Inclusion Community Activation Programmes (SICAP) to identify ways to meet the needs of priority groups with mental health problems or vulnerable to suicidal behaviour.	LCDCs	SICAP Implementers, HSE MH (ROSP)
	3.1.4 Evaluate as appropriate targeted initiatives and/or services for priority groups.	3.1.4 Co-ordinate the collation of data from services and/or initiatives delivered to priority groups, and use it to evaluate their impact, in order to ensure continuous improvement.	Connecting for Life Implementation Steering Committee (CfL ISC)	HSE MH (ROSP)
	3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.	3.1.5 (a) Aligned to the National Training Plan, provide health and social care professionals, including frontline mental health service staff, primary care health providers and Ambulance Service personnel with training to improve their skills in the assessment and management of suicide and self-harm risk.	HSE MH (ROSP), NAS	HSE MH, HSE PC, GUH, PUH, MUH, RUH
		3.1.5 (b) Aligned to the National Training Plan, train staff from local statutory services to deliver suicide prevention and self-harm training programmes in order to increase the capacity to deliver such programmes locally.	HSE MH (ROSP)	HSE NOSP, HSE MH, HSE PC
		3.1.5 (c) Aligned to the National Training Plan, deliver suicide intervention training to HSE staff in Older People's Service.	HSE MH (ROSP)	HSE Older People's Service
		3.1.5 (d) Aligned to the National Training Plan, deliver 'Supporting people bereaved through suicide' training to appropriate HSE staff.	HSE MH (ROSP)	HSE MH
	3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector.	3.1.6 (a) Implement the Galway, Mayo and Roscommon Traveller Health Strategic Plan 2017-2020.	Galway, Mayo and Roscommon THU	HSE MH (ROSP), HSE MH, LA, Traveller Health Projects
		3.1.6 (b) Support the implementation of a national positive mental health promotion programme with and for members of the Traveller community.	Galway, Mayo and Roscommon THU	HSE H&W, MHI
		3.1.6 (c) In line with the Action Plan for Education 2016-2019, deliver evidence-based wellbeing programmes in primary and post primary schools and youth groups e.g. Mindout. GALWAY	HSE H&W	Schools, NEPS

National Objective	National Action	Local Action	LEAD	Key Partners
		3.1.6 (d) Develop and implement an antenatal support programme, which includes a mental health element. GALWAY	Galway Perinatal Mental Health Group	HSE MH (ROSP)
		3.1.6 (e) Pilot a postnatal wellbeing workshop. GALWAY	Galway Perinatal Mental Health Group	HSE MH (ROSP)
		3.1.6 (f) Continue to implement the Galway Healthy Cities Programme. GALWAY	Galway Healthy Cities Forum, Galway City LCDC	HSE National Healthy Cities and Counties Network
		3.1.6 (g) Support the development and implementation of Galway, Mayo and Roscommon Healthy County Plans.	Galway, Mayo and Roscommon LCDC H & W Subcommittee/ Subgroups	WRDATF, PPN, HSE National Healthy Cities and Counties Network, CYPSC
		3.1.6 (h) Continue to implement the Galway City Early Years Health and Wellbeing Plan 2016–2020 and develop plans for Counties Galway, Mayo and Roscommon.	Galway Healthy Cities Forum, CYPSC	-
3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	3.2.1 Continue the roll-out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.	3.2.1 (a) Review and improve referral pathways and interagency working between Mental Health, Substance Misuse and Hospital Services for people experiencing substance misuse and mental health related issues.	HSE Drug and Alcohol Services	HSE PC, HSE MH, HSE MH (ROSP), GUH, PUH, MUH, RUH
		3.2.1 (b) Implement the Western Region Drug and Alcohol Task Force Strategic Plan 2017–2020.	WRDATF	HSE MH, HSE PC, HSE MH (ROSP), Galway, Mayo and Roscommon THU
		3.2.1 (c) Implement the Galway City Strategy to Prevent and Reduce Alcohol-Related Harm 2013–2017. GALWAY	Galway Healthy Cities Alcohol Forum	-
		3.2.1 (d) Promote awareness of available mental health services through ongoing liaison with local addiction services and peer support groups.	WRDATF	HSE MH (ROSP), HSE MH, HSE PC, GMIT
		3.2.1 (e) Continue to support and improve programmes and services aimed at early intervention and prevention of alcohol and drug misuse, while providing direct links to Primary Care.	HSE Drug & Alcohol Services	HSE MH (ROSP), HSE MH, HSE PC
		3.2.1 (f) Deliver the Support, Ask and Assess, Offer Assistance and Refer (SAOR) Screening and Brief Intervention (SBI) Programme to provide individuals with the skills and knowledge to raise the issue of alcohol and substance misuse with others.	HSE Drug and Alcohol Services HSE GUH, PUH, MUH, RUH, HSE PC, HSE MH, HSE H&W, GMIT	Galway, Mayo and Roscommon THU, Tusla, WRDATF



National Objective	National Action	Local Action	LEAD	Key Partners
		3.2.1 (g) Implement the roll-out of the national Making Every Contact Count (MECC) initiative, where health professionals support patients to make a lifestyle behavioural change.	HSE Drug and Alcohol Services HSE GUH, PUH, MUH, RUH, HSE PC, HSE MH, HSE H&W	Galway, Mayo and Roscommon THU, Tusla
		3.2.1 (h) Implement the recommendations in the Drug and Alcohol Needs Analysis being conducted by the Western Region Drug and Alcohol Task Force (2017).	WRDATF, HSE Public Health	HSE Drugs Service, HSE PC, Galway Healthy Cities Alcohol Forum
		3.2.1 (i) Implement the Responding to Excessive Alcohol Consumption in Third-Level (REACT) Project and other community-based initiatives (e.g. AA) among third-level students. GALWAY	NUI Galway	Community & Voluntary Organisations
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	3.3.1 Support implementation of relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education.	3.3.1 (a) Support primary schools to implement the Wellbeing in Primary Schools Guidelines. GALWAY	HSE H&W	Schools, NEPS
		3.3.1 (b) Support post primary schools to implement the Wellbeing in Post Primary Schools Guidelines. GALWAY	HSE H&W	Schools, NEPS
		3.3.1 (c) Support both primary and post primary schools to implement the framework for becoming a Health Promoting School. GALWAY	HSE H&W	Schools
		3.3.1 (d) Implement mental health promotion initiatives in post primary schools. MAYO	Mayo Mental Health Association	HSE MH
	3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and critical incident management.	3.3.2 Aligned to the Wellbeing Guidelines for Mental Health and Suicide Prevention in primary and post primary schools, provide access to and encourage uptake of suicide prevention training by teachers.	HSE MH (ROSP)	HSE H&W, HSE CAMHS
	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 (a) Develop a critical incident protocol and review/update missing students and student death protocols. GALWAY AND MAYO	NUIG, GMIT	HSE MH, HSE MH (ROSP), An Garda Síochána
		3.3.3 (b) Continue to implement a uniform assessment and response to suicidal behaviour in third-level students, through the Student Counselling Service.	NUI Galway, GMIT	-

National Objective	National Action	Local Action	LEAD	Key Partners
	3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying.	3.3.4 Actively support a targeted number of primary and post primary schools to stand up and take action on Anti-Bullying Week each November. GALWAY	HSE H&W	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 Actively support a targeted number of post primary schools to implement the new Junior Cycle Wellbeing Guidelines (2017). GALWAY	HSE H&W	Schools
	3.3.6 Deliver early intervention and psychological support service for young people at primary care level.	3.3.6 (a) Continue to develop the Jigsaw and Mindspace services as a brief intervention service.	HSE MH	HSE PC, HSE MH (ROSP), Jigsaw, Mindspace Mayo, Family Support Services
		3.3.6 (b) Continue to support and develop the Youth Counselling Service offering early and brief intervention to young people aged 12–21 years in Galway City and County. GALWAY	Youth Work Ireland Galway	Youth Counselling Service Advisory Committee
	3.3.7 Deliver early intervention and psychological support service for young people at secondary care level; including Child and Adolescent Mental Health Service	3.3.7 (a) Implement and participate in the national review of the CAMHS Standard Operating Procedure.	HSE MH	-
		3.3.7 (b) Outline and review CHO 2's provision of Tier 2 (community-based multidisciplinary) and Tier 3 (HSE CAMHS and in-patient) mental health services, including to what extent services are adequate, visible and accessible. Consider options for aligning current resources to need, and, where required, develop additional resources.	HSE MH	-

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

People vulnerable to suicidal behaviour require timely access to a range of services and supports appropriate to their needs, along with an approach that shows empathy and sensitivity. Given the spectrum of needs ranging from disclosure of distress to psychotherapeutic interventions and long-term care, transfers and referrals between and among services is often likely and necessary. The provision of clear and uniform care pathways between health services and other statutory services or community and voluntary services is essential. A co-ordinated, consistent and integrated approach is a vital component of effective care pathways for people vulnerable to suicidal behaviour.

National Objective	National Action	Local Action	LEAD	Key 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 uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	4.1.1 (a) Review current service provision, identify potential development of an out-of-hours 24/7 service, starting initially with a 7/7 service, and associated costs.	HSE MH	HSE PC
		4.1.1 (b) Identify ways to reduce the length of waiting times in Emergency Departments for people presenting with mental health problems or vulnerable to suicidal behaviour.	GUH, PUH, MUH	HSE MH, HSE MH (ROSP)
		4.1.1 (c) Using a Brief Intervention model, pilot a training programme for Emergency Department triage staff to improve assessment of people presenting with mental health problems.	GUH, PUH, MUH	HSE MH, HSE MH (ROSP)
		4.1.1 (d) Review the existing Suicide Crisis Assessment Nurse (SCAN) service in Galway. GALWAY	HSE MH	HSE MH (ROSP)
		4.1.1 (e) Explore the feasibility of establishing a self-harm drop-in / GP referral service in collaboration with the Acute Mental Health Unit onsite, in line with the Emergency Medicine Programme recommendations. ROSCOMMON	RUH	HSE MH
		4.1.1 (f) Implement the CHO 2 Mental Health Three-Year Strategic Plan, 2018–2020.	HSE MH	-
	4.1.2 Provide a co-ordinated uniform and quality assured service and deliver uniform pathways of care for those with co-morbid addiction and mental health difficulties.	4.1.2 Implement in local service delivery, the national model of care for those with co-morbid addiction and mental health difficulties.	HSE MH	HSE PC

National Objective	National Action	Local Action	LEAD	Key Partners
	4.1.3 Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under Probation services in the community.	4.1.3 Ensure that people in Castlerea Prison and following release from prison have access to relevant supports.	Castlerea Prison Death in Custody/ Suicide Prevention Group	HSE MH, HSE MH (ROSP), HSE PC, HSE Drugs Service, Samaritans, National Forensics Service
	4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.	4.1.4 (a) Collaborate with the Mental Health Division to explore, identify and implement a uniform assessment approach across the health services.	HSE MH	GUH, PUH, MUH, RUH
		4.1.4 (b) Aligned with national guidance, explore the feasibility of introducing broad-based suicide risk or self-harm-related questions at assessment phase by a number of disciplines within Primary Care Service teams.	HSE MH, HSE PC, HSE MH (ROSP)	-
	4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to Emergency Departments.	4.1.5 Continue to implement the HSE National Clinical Care Programme for the Assessment and Management of Patients presenting with Self-harm to Emergency Departments, including the recommendations and good practice operation points emerging from the 2017 review.	HSE MH	GUH, PUH, MUH
4.2 Improve access to effective therapeutic interventions for people vulnerable to suicide.	4.2.1 Deliver accessible, uniform, evidence-based psychological interventions including counselling for mental health problems at both primary and secondary care levels.	4.2.1 (a) Identify and review provision of psychotherapeutic interventions and other relevant services, and assess to what extent services are adequate, visible and accessible for people with mental health problems, and/or at risk of suicide and/or engaging in self-harm, at primary care level.	HSE MH, HSE PC, HSE NCS, HSE CIPC	HSE MH (ROSP)
		4.2.1 (b) Complete an initial needs assessment of the nature of presentations for people vulnerable to suicide at secondary care level and assess the capacity of teams to meet these needs i.e. number of staff on community mental health teams, number of therapists, training and supervision of therapists to evidence-based adherent levels and approaches used for psychological intervention e.g. psychotherapy, counselling, DBT and other relevant services such as schema therapy and mentalisation-based treatment. Develop a system to monitor ongoing changes in staffing levels.	HSE MH, HSE NCS	-

National Objective	National Action	Local Action	LEAD	Key Partners
		4.2.1 (c) Continue to deliver the Eden Programme (26 week psychoeducation programme for adults who have contemplated or attempted suicide, as well as a three-month lead-in time which focuses on person-centred care plans and multi-agency supports).	HSE NCS, Suicide or Survive	HSE MH (ROSP), HSE MH, HSE PC
		4.2.1 (d) Using the DBT gap analysis, explore opportunities for offering wider access across the CHO 2 area.	HSE Psychology, HSE MH	-
		4.2.1 (e) Deliver accessible, tailored, evidence-based counselling intervention for mental health problems in a student population. GALWAY AND MAYO	NUI Galway, GMIT	-
		4.2.1 (f) Continue to support and develop the Traveller Counselling Service. GALWAY	GTM	Traveller Mental Health Advisory Forum
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	4.3.1 Deliver enhanced bereavement support services to families and communities known to mental health services and affected by suicide.	4.3.1 (a) Outline and review provision of bereavement services for all people bereaved by suicide, including those known to mental health services, and explore to what extent services are adequate, timely and effective.	HSE MH	Western Alliance of Agencies Providing Suicide Bereavement Support
		4.3.1 (b) Continue to deliver the Suicide Bereavement Liaison Service.	Pieta House Galway, Family Centre Castlebar, Vita House Roscommon, Boyle Family Resource Centre	HSE MH (ROSP), Suicide Bereavement Liaison Service Advisory Groups
		4.3.1 (c) Investigate the feasibility of developing local peer support groups for families bereaved by suicide, building on the existing peer support network operating through the Mayo Suicide Bereavement Liaison Service.	Western Alliance of Agencies Providing Suicide Bereavement Support, MSBLS, Family Centre Castlebar	Community & Voluntary Organisations, PPNs
		4.3.1 (d) Aligned to the National Training Plan, deliver bereavement training programmes developed by the HSE National Office for Suicide Prevention to support communities affected by suicide.	HSE MH, HSE MH (ROSP)	Community & Voluntary Organisations, PPNs, HSE NOSP
		4.3.1 (e) Continue to support the Western Alliance of Agencies Providing Suicide Bereavement Support to share information and learning, promote good practice and identify and meet common training needs.	HSE MH (ROSP)	Western Alliance of Agencies Providing Suicide Bereavement Support

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

It is vital that a range of high-quality services are available to support individuals and their families who are going through a difficult time, and especially for those who are actively suicidal and in need of professional support. Good practice guidelines, evidence-based treatments and clear care pathways and protocols should be applied in both statutory and non-statutory services. In addition, all staff should be appropriately trained and with supervision mechanisms in place. All services must promote a sense of hope and an ambition for recovery, by restoring an individual's self-worth and self-belief.

National Objective	National Action	Local Action	LEAD	Key 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.	5.2.1 Collaborate with the HSE Mental Health Division to explore, identify and implement a uniform procedure for responding to suicidal behaviour across mental health services.	HSE MH	HSE PC, GUH, PUH, MUH, RUH
	5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services and develop responsive practice models.	5.2.3 Carry out a general review and/or a systems analysis review, where indicated, and by trained investigators, in line with HSE policy. Develop systems to share the learning locally and nationally, as appropriate.	HSE MH	HSE Quality and Risk Department
5.3 Reduce and prevent suicidal behaviour in the criminal justice system	5.3.1 Through the Death in Custody/Suicide Prevention Group in each prison, identify lessons learned, oversee the implementation of the corrective action plan, and carry out periodic audits.	5.3.1 Reduce suicide and suicidal behaviour in Castlerea Prison by identifying lessons learned and overseeing the implementation of a corrective action plan that includes periodic audits.	Castlerea Prison Death in Custody/Suicide Prevention Group	HSE MH, Department of Justice and Equality
5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes.	5.4.2 Deliver training in suicide prevention to staff involved in the delivery of relevant services and to staff in government departments and agencies likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.	5.4.2 Aligned with the National Training Plan, deliver training to front line staff working across statutory agencies and government departments.	HSE MH (ROSP)	Large public service employers, Tusla, LA, Department of Social Protection, ETBs, An Garda Síochána, Galway, Mayo and Roscommon THU Network, Traveller Friendly Services, Irish Water Safety



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

Restricting access to means of suicidal behaviour, where practicable, has consistently been shown to be effective in reducing suicidal behaviour. Implementation of strategies to restrict access to 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 die by suicide. This also includes exploring additional interventions for the most frequently used methods of suicide within the Irish context.

National Objective	National Action	Local Action	LEAD	Key Partners
6.1 Reduce access to frequently used drugs in intentional drug overdose.	6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems.	6.1.2 (a) In line with the national strategy, explore ways in which to raise awareness amongst retailers and the public of the dangers of paracetamol misuse and the use of point of sale systems.	Irish Pharmacy Union (IPU)	Retailers, Community Pharmacists, WRDATE, HSE MH (ROSP)
		6.1.2 (b) Investigate the feasibility of establishing an initiative to collect and dispose of unused/out-of-date medications.	IPU	LA, Community Pharmacists, HSE MH (ROSP)
6.2 Reduce access to highly lethal methods used in suicidal behaviour.	6.2.1 Local authorities develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.	6.2.1 (a) Work with the relevant organisations to identify high-risk locations within Galway City and introduce preventative measures and additional supports at these locations. GALWAY	Galway City Council	HSE MH (ROSP), An Garda Síochána, Coroner's Office, Pieta House, Community & Voluntary Organisations, Irish Water Safety
		6.2.1 (b) Work with relevant organisations to identify high-risk locations in Mayo, and explore the resources required to introduce preventative measures and additional supports at these locations. MAYO	Mayo County Council	An Garda Síochána, HSE MH (ROSP), Coroner's Office, Community & Voluntary Organisations, Irish Water Safety
	6.2.2 Implement a strategy to improve environmental safety within HSE Mental Health Services (e.g. ligature audits).	6.2.2 (a) Ensure environment safety issues are considered in the specification and delivery of new buildings/ refurbishments within HSE Mental Health Service buildings.	HSE MH	HSE Health Business Service (HBS) Estates CHO2 Maintenance
		6.2.2 (b) Continue to monitor and improve the environmental safety within HSE Mental Health Service buildings, informed by local ligature audits.	HSE MH	HSE HBS Estates CHO2 Maintenance, HSE Quality and Risk Department

## 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 findings into practice are fundamental to the success of *Connecting for Life, Galway, Mayo and Roscommon*, and other suicide prevention policies and practices.

National Objective	National Action	Local Action	LEAD	Key Partners
7.1 Evaluate the effectiveness and cost-effectiveness of <i>Connecting for Life</i> .	7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of <i>Connecting for Life</i> ; disseminate findings and share lessons learned with programme practitioners and partners.	7.1.1 (a) In line with the national <i>Connecting for Life</i> evaluation process, carry out an annual review of <i>Connecting for Life, Galway, Mayo and Roscommon</i> , including the establishment of data collection, monitoring and evaluation mechanisms to accurately record progress against local and national outcomes and indicators.	CfL ISC	HSE MH (ROSP), HSE NOSP
		7.1.1 (b) Undertake a review and meta-analysis of mobile health technology interventions for suicide prevention. GALWAY	NUIG IT Group	-
		7.1.1 (c) Undertake a review of current evidence on the use of google trend data in the identification of individuals at risk of suicide. GALWAY	NUIG IT Group	-
		7.1.1 (d) Continue to research the health needs of the third-level student population, for example, in relation to anxiety, depression, addiction and sexual consent. GALWAY	NUI Galway	-
7.2 Improve the access to timely and high quality data on suicide and self-harm	7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of <i>Connecting for Life</i> .	7.2.2 Use available data sources proactively to capture important information about suicide and suicidal behaviour and to guide service improvement.	HSE MH	HSE MH (ROSP), An Garda Síochána, Coroner's Office, HSE NOSP



Galway hooker navigating stormy waters





Roscommon Castle, Roscommon Town,  
Co. Roscommon

# 5

## Implementation of *Connecting for Life*, *Galway, Mayo and Roscommon*

*'Make the services more visible to the general public and work with community groups so they are aware of methods to promote mental health. A cultural shift needs to be fostered to shift public views on mental health, and when to seek assistance'.*

(Mayo, Submission No. 96)

## 5.1: Implementation Structures for *Connecting for Life, Galway, Mayo and Roscommon*

*Connecting for Life, Galway, Mayo and Roscommon* is a live, dynamic and flexible plan spanning from 2018–2020. A multi-agency Implementation Steering Group will be established, underpinned by the values and principles of partnership working used throughout its development, to support the implementation of the plan. This approach will generate outcomes that otherwise may not be achievable when working in isolation, and is also a more effective and efficient use of resources. In addition, it will assist in informing, shaping and supporting the delivery of plans in place and being implemented by other agencies and organisations.

While overall responsibility for the implementation of the plan lies with the HSE Mental Health Division of CHO 2, a wide range of other HSE, statutory, voluntary and community groups will support this task. This will involve various organisations taking the lead and/or working as key partners to support the delivery of specific actions.

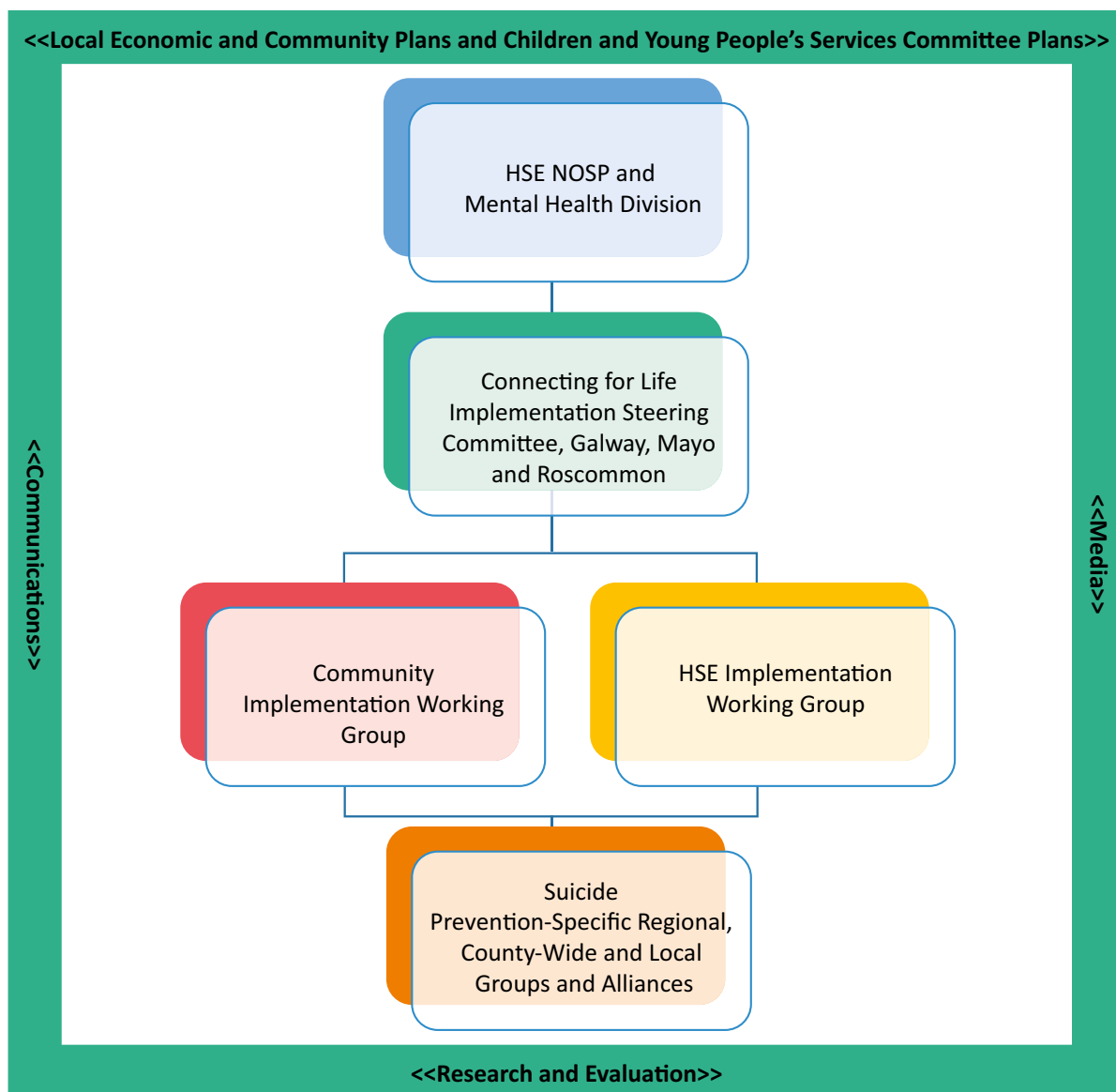
The Implementation Steering Group will be:

- Chaired by the HSE
- Accountable for the implementation of *Connecting for Life, Galway, Mayo and Roscommon*, within agreed time frames and in line with good practice
- Responsible for communicating clear, consistent and evidence-informed messages in relation to the prevention of suicidal behaviour
- Responsible for monitoring and reporting on *Connecting for Life, Galway, Mayo and Roscommon*, in line with the national system developed by HSE NOSP for monitoring and evaluating local plans
- Required to identify and seek sources of funding through appropriate and available funding streams to implement the actions
- Flexible, open to change and take into account emerging trends and needs that may arise in Galway, Mayo and Roscommon, over the lifetime of the plan
- The lead on some actions under Goals 1, 6 and 7

Two other groups will also be established; an HSE Implementation Working Group and a Community Implementation Working Group. The HSE Implementation Working Group will lead on the implementation of actions where the HSE is the action lead, with members drawn from Mental Health, Primary Care, Social Care, Health and Wellbeing and the Hospitals. A Community Implementation Working Group, with representation from action leads and partners in statutory and non-statutory organisations (including the HSE), and voluntary or community groups, will lead on the delivery of other actions (see outline of these support structures in Figure 5.1 below).



**Figure 5.1: Structures to support the implementation of Connecting for Life, Galway, Mayo and Roscommon**



## 5.2 Monitoring and Evaluation

The *Connecting for Life, Galway, Mayo and Roscommon* Implementation Steering Committee will be accountable for the implementation of the plan. The Chairs of each of the working groups will sit on the Steering Committee and report on progress and issues on action implementation.

The HSE NOSP national system for monitoring and evaluating will ensure an effective and timely review of *Connecting for Life, Galway, Mayo and Roscommon*.

### 5.3 Communicating *Connecting for Life, Galway, Mayo and Roscommon*

All communications relating to the implementation of *Connecting for Life, Galway, Mayo and Roscommon* will be the responsibility of the Implementation Steering Committee, supported by HSE Communications, and the HSE NOSP, where required. As there are numerous agencies and organisations involved in the delivery of the action plan as lead and key partners, it is essential that clear and consistent messages are communicated to and from all stakeholders. A communications plan will also be prepared to ensure that the communications element of implementing *Connecting for Life, Galway, Mayo and Roscommon* is actively considered and managed.

### 5.4 Resourcing *Connecting for Life, Galway, Mayo and Roscommon*

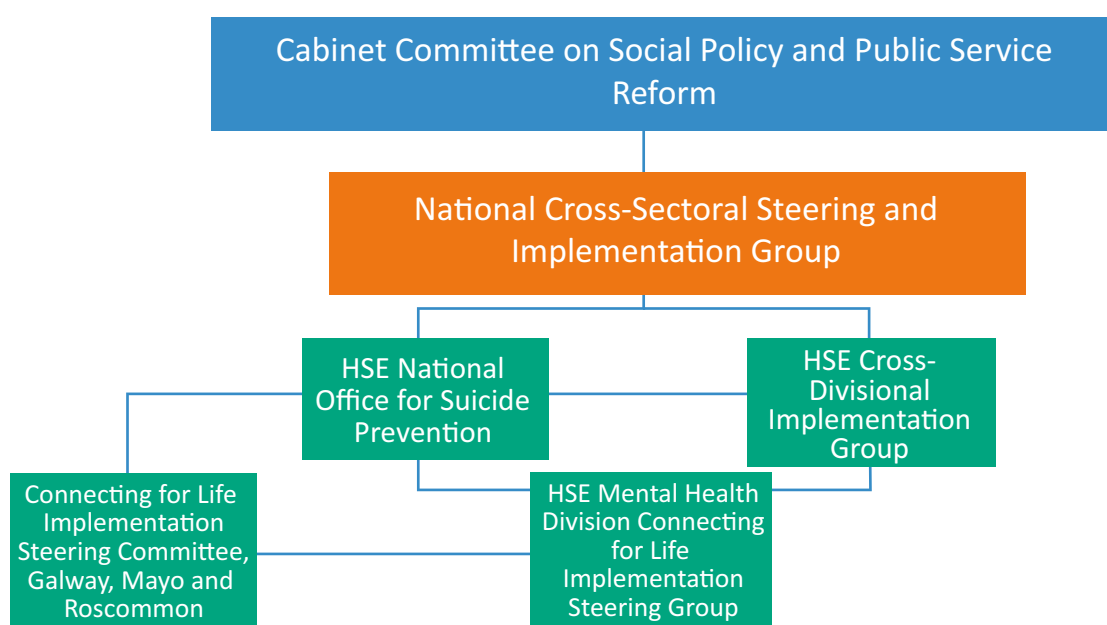
The actions in *Connecting for Life, Galway, Mayo and Roscommon* are multi-faceted, and their implementation will be the responsibility of the HSE, as well as many other organisations. In the development of this plan, agreement was reached with the various organisations taking the lead for particular actions. This will provide a more effective implementation process and efficient use of resources.

Implementing the actions will involve the improved use of existing resources, as well as the need for additional resources. It will be the responsibility of the Implementation Steering Committee to identify and seek sources of funding through government, HSE, local authorities and other appropriate funding streams. It is envisaged that as *Connecting for Life, Galway, Mayo and Roscommon* is based on a whole of society approach, this will provide a strong case for additional funding, when required.

### 5.5 National Structures

There is a need to ensure that local implementation structures align with those in place at national level, including identifying agreed mechanisms for monitoring and recording progress in a consistent manner throughout the country. It is also important that national and local plans are integrated, so that this plan supports delivery of national commitments, while at the same time responding to local needs.

**Figure 5.2: National structures to support the implementation of *Connecting for Life***



## 5.6 Suicide Prevention-Specific Regional, County-Wide and Local Structures

The implementation structure takes cognisance of the many groups, networks and alliances in existence at regional, county-wide or at local community level. In particular, it recognises the important contribution those with a specific focus on mental health promotion, suicide prevention and suicide bereavement support can make. Some such examples of the many currently active groups include:

### Regional level

The Western Alliance of Agencies Providing Suicide Bereavement Support was first established in 2000. Its members include staff from services offering support to those bereaved by suicide. Co-ordinated by the Resource Office for Suicide Prevention, HSE, its aim is for members to meet regularly, support one another, share good practice, exchange information and meet mutually beneficial training needs.

### County-wide

A number of multi-agency, county-wide groups are actively involved in mental health promotion and suicide prevention initiatives, such as the Mayo Suicide Prevention Alliance, which formed in 2010, and the Roscommon Mental Health Supports Network, which was set up in 2014. Their primary aim is to raise awareness of positive mental health and wellbeing, suicide prevention and support services in Mayo and Roscommon, in line with good practice.

### Local

Community groups can come together after a death by suicide occurs in their area. Their aim is to support vulnerable individuals, families and groups, prevent further deaths by suicide and to create a sense of hope and strength at a time of great distress, in line with good practice. Their long-term objective is to continue to build awareness, knowledge and resilience at community level. A number of groups are currently active in Co. Galway, such as GELS in Ballinasloe, CAATCH in Athenry and surrounding areas and Kinvara Alive in Kinvara.

Pathway to the Unknown

'Life is a rocky road — don't be afraid to walk on the uneven surfaces'.

Salthill, Galway



# Appendices

*'I feel that in order to promote mental health we need to ensure that services are adequate. Otherwise "just talk" sounds meaningless and hollow'.*

(Galway, Submission No. 8)

## Appendix 1

### Abbreviations

APSI	Access to Psychological Services Ireland
CAATCH	Corofin, Athenry, Abbeyknockmoy, Turloughmore Community Health
CAMHT	Community Adult Mental Health Teams
CBT	Cognitive Behavioural Therapy
CfL	Connecting for Life
CfL ISC	Connecting for Life Implementation Steering Committee
CHO	Community Healthcare Organisation
CIPC	Counselling in Primary Care
CSO	Central Statistics Office
CYPSC	Children and Young People's Services Committee
DBT	Dialectical Behaviour Therapy
DES	Department of Education and Skills
ED	Emergency Department
ETB	Education Training Board
FRC	Family Resource Centre
GAA	Gaelic Athletic Association
GELS	Galway East Life Support
GMIT	Galway, Mayo Institute of Technology
GTM	Galway Traveller Movement
GUH	Galway University Hospitals
HRB	Health Research Board
HSE	Health Service Executive
HSE CAMHS	Health Service Executive Child and Adolescent Mental Health Service
HSE H&W	Health Service Executive Health and Wellbeing
HSE HBS	Health Service Executive Health Business Service
HSE MH	Health Service Executive Mental Health
HSE NOSP	Health Service Executive National Office for Suicide Prevention
HSE PC	Health Service Executive Primary Care
HSE MH (ROSP)	Health Service Executive Mental Health, Resource Office for Suicide Prevention
HSE SC	Health Service Executive Social Care



IFA	Irish Farmers' Association
IPU	Irish Pharmacy Union
LA	Local Authorities
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBT+	Lesbian Gay Bisexual and Transgender, plus other sexual and gender minority groups
MECC	Making Every Contact Count
MHI	Mental Health Ireland
MSBLS	Mayo Suicide Bereavement Liaison Service
MSPA	Mayo Suicide Prevention Alliance
MUH	Mayo University Hospital
NAS	National Ambulance Service
NBSS	National Behaviour Support Service
NCS	National Counselling Service
NEPS	National Educational Psychological Service
NSRF	National Suicide Research Foundation
NUI	National University of Ireland
NUIG IT	National University of Ireland, Galway Information Technology
OECD	Organisation for Economic Co-operation and Development
PUH	Portiuncula University Hospital
PPN	Public Participation Network
REACT	Responding to Excessive Alcohol Consumption in Third Level
RMHA	Regional Mental Health Associations
RMHSN	Roscommon Mental Health Supports Network
RUH	Roscommon University Hospital
SAOR SBI	Support, Ask and Assess, Offer Assistance and Refer Screening and Brief Intervention Programme
SICAP	Social Inclusion Community Activation Programme
THU	Traveller Health Unit Galway, Mayo and Roscommon
WHO	World Health Organization
WRDATF	Western Region Drugs and Alcohol Task Force

## Appendix 2:

### Definition of Key Terms

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

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

**Incidence of self-harm/self-harm rates:** There is a National Registry for self-harm presentations to Emergency Departments in general hospitals. This is managed by the National Suicide Research Foundation.

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

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

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

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

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

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

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

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

**Priority groups:** In *Connecting for Life* and *Connecting for Life, Galway, Mayo and Roscommon*, 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.

**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 the early years of development, positive early childhood experiences, good physical health, a positive sense of self and effective life and coping skills. Risk factors include physical illness or disability, family history of psychiatric problems, family history of suicide, low self-esteem, poor social status and childhood neglect.

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

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

**Responding to a suicide attempt:** This refers to a response or intervention introduced to support someone who attempts suicide.

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

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

**Service user:** Person who uses the mental health services.

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

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

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

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

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

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

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

## Appendix 3:

### Galway, Mayo and Roscommon Suicide Prevention Steering Committee Membership

Representative	Organisation
Meehan, Charlie (Chair)	HSE Mental Health Service
McBrearty, Siobhán	HSE Mental Health Service, Resource Office for Suicide Prevention, Mayo
McGrath, Mary	HSE Mental Health Service, Resource Office for Suicide Prevention, Roscommon
O'Sullivan, Mary	HSE Mental Health Service, Resource Office for Suicide Prevention, Galway
Beirne, Seamus	HSE Primary Care
Bell, Teresa	Samaritans
Burke, Dr. Amanda	HSE Mental Health Service, Psychiatry
Cahillane, Pauline	Pieta House
Canning, Maura	Irish Farmers' Association
Cullen, Dr. Anne	HSE Mental Health Service, Psychiatry
Cusack, Katrina, replacing Lennon, Stephanie	HSE Mental Health Service
Donoghue, Anita, replacing Cullen, Ross	HSE Communications
Foden, John	HSE National Counselling Service
Gaughan, Laurence	HSE Health and Wellbeing
Gormley, Claire	HSE Psychology
Keady, Michael	HSE Homeless Services
Lawton, Maria	Service User Representative
McKenna, Superintendent Joe	An Garda Síochána
Muldarry, Sgt. Richard	Department of Defence
Murtagh, Pat	Roscommon County Council
Ni Dhomhnaill, Máire	Family Life Centre, Castlebar
O'Donnell, Mary	HSE Social Care
O'Donovan, Dr. Diarmuid	HSE Public Health Department
Prendergast, Elaine	Saolta Group
Quinn, Teresa	Tusla
Syron, Mary	HSE Traveller Health
Toolis, Angela	Tusla
Walsh, Fiona	HSE Drugs Service

## Appendix 4:

### Galway, Mayo and Roscommon Suicide Prevention Engagement Working Group Membership

Representative	Organisation
Murtagh, Pat (Chair)	Roscommon County Council
McBrearty, Siobhán	HSE Mental Health Service, Resource Office for Suicide Prevention, Mayo
McGrath, Mary	HSE Mental Health Service, Resource Office for Suicide Prevention, Roscommon
O'Sullivan, Mary	HSE Mental Health Service, Resource Office for Suicide Prevention, Galway
Bell, Teresa	Samaritans
Canning, Maura	Irish Farmers' Association
Costello, Kevin, replacing Gunn, Anne-Marie	Youth Work Ireland/Comhairle Na nÓg
Cusack, Katrina, replacing Lennon, Stephanie	HSE Mental Health Service
Fahy, Nora	Roscommon Women's Network
Gately, Kevin	An Garda Síochána
Hannon, John	NUIG
Ivers, Vivienne	LGBT+ Interagency Group Galway City and County
Keane, Teresa, replacing Morley, Nicola	Mental Health Ireland
Lambert, Charlie	Mayo Sports Partnership
Lawton, Maria	Service User Representative
McCormack, Jacqueline	Department of Social Protection, Roscommon Sports Partnership
McDonnell, Ciara	Macra Na Feirme
McKenna, Superintendent Joe	An Garda Síochána
McNicholas, Brenda	Roscommon Public Participation Network
Muldarry, Sgt. Richard	Department of Defence
Murphy, Eoghan	Westport Family Resource Centre
O'Brien, Sinead	Jigsaw
Prendergast, Kashie	LGBT+ Interagency Group Galway City and County
Ruane, Breda	Mayo, Sligo, Leitrim Education Training Board
Sice Brogan, Linda	Roscommon Leader Partnership
Simkin, Sarah	Jigsaw
Sweeney, Roger	Irish Water Safety
Syron, Mary	HSE Traveller Health Unit

## Appendix 5:

### Galway, Mayo and Roscommon Suicide Prevention HSE Working Group Membership

Representative	Organisation
Meehan, Charlie (Chair)	HSE Mental Health
McBrearty, Siobhán	HSE Mental Health, Resource Office for Suicide Prevention, Mayo
McGrath, Mary	HSE Mental Health, Resource Office for Suicide Prevention, Roscommon
O'Sullivan, Mary	HSE Mental Health, Resource Office for Suicide Prevention, Galway
Browne, Helen	HSE Primary Care, Public Health Nursing
Burke, Dr. Amanda	HSE Mental Health, Psychiatry
Crowe Mullins, Esther	HSE Mental Health, Occupational Therapy
Cullen, Dr. Anne	HSE Mental Health, Psychiatry
Cusack, Katrina, replacing Lennon, Stephanie	HSE Mental Health Service
Duffin, Anne	HSE Mental Health, Social Work
Earley, Helen, replacing O'Malley, Brian	HSE Mental Health, Nursing
Falvey, Fiona	HSE Health and Wellbeing
Hickey, Peter	HSE Mental Health, Social Work
O'Donnell, Mary	HSE Social Care
Rainey, P.J.	HSE Mental Health, Nursing



## Appendix 6:

### Overview of HSE/NOSP Suicide Prevention Training Programmes

Name of Programme	Type of Training	Length	Brief Description	Developed by	Target Audience
<b>esuicide-TALK</b>	Level 1: Awareness	1 to 2 hours	This is an online programme which helps participants explore some of the issues surrounding suicide in a safe, self-paced environment. <b>To access programme click:</b> <a href="http://www.yourmentalhealth.ie/Get-involved/Community-action/esuicideTALK/">http://www.yourmentalhealth.ie/Get-involved/Community-action/esuicideTALK/</a>	Livingworks, Canada	General public, over 18 years of age, including organisations that want to help their employees increase awareness and reduce the stigma surrounding suicide.
<b>Reaching Out: Suicide Prevention</b>	Level 1: Awareness	2 to 3 hours	It aims to raise awareness that suicide is preventable, as well as to improve education and decrease stigma associated with suicide. The topics it addresses include risk factors for suicide, warning signs, how to respond to a suicidal person and where to go for help.	HSE, NOSP and ROSPs	Those over 18 years, who would like to develop knowledge on how to respond to someone in crisis.
<b>safeTALK</b>	Level 2: Alertness skills	3 to 4 hours	safeTALK helps participants to become alert to persons with suicidal thoughts and to gain a clear understanding of what steps they need to take in order to help persons with these thoughts.	Livingworks, Canada	Suitable for professional caregivers, aged 18 years or over, such as students, teachers, community volunteers, first responders, Gardaí, among many others.

Name of Programme	Type of Training	Length	Brief Description	Developed by	Target Audience
<b>Understanding Self-Harm Awareness Training</b>	Level 2: Alertness skills	1 day	To develop participant knowledge and understanding of self-harm, the reasons underlying self-harm behaviour and to consider the needs of people who self-harm.	HSE, NOSP and ROSPs	Youth workers, teachers, residential care staff, Gardaí, people in caring professions, parents and concerned members of the public, who are over 18 years of age.
<b>Applied Suicide Intervention Skills Training (ASIST)</b>	Levels 3 or 4: Intervention skills	2 consecutive full days	This is an intense two-day interactive workshop in suicide first-aid. The ASIST model teaches participants how to recognise risk and learn how to intervene to prevent the immediate risk of suicide.	Livingworks, Canada	Individuals and professionals in contact with individuals at risk of suicide, who are 18 years of age or over.
<b>ASIST Tune-up</b>	Levels 3 or 4: Intervention skills refresher training	Half-day	This workshop provides an opportunity for participants who are already ASIST certified to refresh their learning and share with others their experiences of applying the ASIST model.	Livingworks, Canada	Those who have completed the 2-day ASIST programme two or more years ago.
<b>Skills Training on Risk Management (STORM)® for Suicide Prevention</b>	Level 5: Suicide assessment and management skills	1 to 2 days	This training focuses on developing the skills needed to assess and manage a person at risk of suicide in order to stay safe. It is highly interactive, and uses methods proven to build a greater understanding of the subject, including active demonstration, role-rehearsal, filmed role-rehearsal, feedback and self-reflection.	University of Manchester, UK	Front-line health service professionals, for example, mental health or primary care service providers.
<b>Skills Training on Risk Management (STORM)® Self-Harm Mitigation Programme</b>	Level 5: Self-harm assessment and management skills	1 to 2 days	This training aims to develop and enhance skills and confidence in the assessment and management of self-harm. It is highly interactive, and uses a microskills teaching approach.	University of Manchester, UK	Front-line health service professionals, for example, mental health or primary care service providers.

## Criteria for Attendance at Training

The following criteria apply when considering applying to take part in the programmes outlined above. Participants must be:

- 18 years of age or over
- 'Ready' to complete training i.e. it is generally not recommended that people attend who have been affected by a loss (of any kind) in the previous twelve months
- Open and have the capacity to learn
- Aware that the course material is of a sensitive nature, and that the workshops are intensive and interactive, and include teaching and discussion groups
- Available to attend for the full duration of the training programme

**For further information see:**

<http://www.yourmentalhealth.ie/get-involved/news-events/events/>

or email: [srotraining.gmr@hse.ie](mailto:srotraining.gmr@hse.ie)

## Appendix 7:

### Survey – English version

Over the years many people in Galway, Mayo and Roscommon have either been directly or indirectly affected by suicide which has a devastating effect on families and the community.

Connecting for Life is Ireland's national strategy to reduce suicide 2015 – 2020.

The HSE, in partnership with community, voluntary and statutory organisations, is developing a Suicide Prevention Action Plan for Counties Galway, Mayo and Roscommon. We want as many people as possible to have their say about what should be included in this plan.

Please take a few minutes to answer the questions below. Your responses are anonymous.

For people who have been affected by suicide or self-harm, please note that the questions in this survey may be emotionally difficult to answer.

If you, or someone you know needs support, call the Samaritans on 116 123 for a listening ear or for more information go to [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie).

For further information and details of local support services please see: [www.connectingforlifeGMR.ie](http://www.connectingforlifeGMR.ie)

*Thank you for your time.*

#### 1. Where do you live?

Galway City ☐ Co. Galway ☐ Co. Mayo ☐ Co. Roscommon ☐

#### 2. What is your gender?

Male ☐ Female ☐ Other ☐

#### 3. To what age group do you belong?

18-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐

55-59 ☐ 60-64 ☐ 65-69 ☐ 70+ ☐

#### 4. What is your ethnic/cultural background? (Please choose one).

White	Black or Black Irish	Asian or Asian Irish	Other including mixed background
White Irish <input type="checkbox"/>	African <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other please write in description
Irish Traveller <input type="checkbox"/>	Any other black background <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	-----
Any other white background <input type="checkbox"/>			-----
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**5. How can we promote mental health in Galway, Mayo and Roscommon?**

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**6. What do you think could be done to reduce suicide in Galway, Mayo and Roscommon?**

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**7. What do you think could be done to reduce self-harm in Galway, Mayo and Roscommon?**

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Postal returns: Mary McGrath, Resource Officer for Suicide Prevention, HSE West, Primary Care, Golf Links Road, Roscommon

## Appendix 8:

### Survey – Irish Version

Le blianta d'fhág an féinmharú a lorg go díreach nó go hindíreach ar an iomarca daoine i nGaillimh, Maigh Eo agus Ros Comáin. Is léir dúinn go raibh tionchar millteanach ag bás chuile dhuine a chur lámh ina mbás féin ar theaghlaigh agus ar an bpobal trí chéile.

Is Straitéis Náisiúnta nua na hÉireann um Fhéinmharú a Chosc 2015 – 2020 atá i **Ag Déanamh Caidreamh Saoil**.

Tá Plean Gníomhaíochta um chosc féinmharaithe á ullmhú ag FnaSS i gcomhair le heagraíochtaí pobail, deonacha agus reachtúla le haghaidh contaethe na Gaillimhe, Mhaigh Eo agus Ros Comáin. Ba mhaith linn tuairimí an oiread daoine agus is féidir a fháil faoi chéard a ba chóir a bheith sa bplean seo.

Caith cúpla nóiméid ag freagairt na gceistanna seo, más é do thoil é. Ní thabharfar d'ainm amach.

Tabhair faoi d'aire go bhéadfadh na ceistanna seo a bheith deacair do dhaoine a d'fhulaing féinmharú nó féindíobháil.

Má bhíonn cúnamh uaitse, nó ó dhuine aitheantais, cuir glaoch ar na Samáragh ag 116 123 nó tá eolas ar fáil ar [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie).

Tá tuilleadh eolais agus sonraí na seirbhísí tacaíochta áitiúla ar fáil ar: [www.connectingforlifeGMR.ie](http://www.connectingforlifeGMR.ie).

Go raibh maith agat.

#### 1. Cá bhfuil cónaí ort?

Cathair na Gaillimhe ☐ Co. na Gaillimhe ☐ Co. Mhaigh Eo ☐  
Co. Ros Comáin ☐

#### 2. Cad é d'inscne?

Fireann ☐ Baineann ☐ Eile ☐

#### 3. Cén aoisghrúpa ina bhfuil tú?

18-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐ 50-54 ☐  
55-59 ☐ 60-64 ☐ 65-69 ☐ 70+ ☐



**4. Céard é do chúlra eithneach nó cultúrtha (roghnaigh ceann amháin más é do thoil é)?**

Geal	Dubh nó Dubh Éireannach	Áiseach nó Áiseach Éireannach	Eile, cúlra measctha san áireamh
Geal Éireannach <input type="checkbox"/>	Afracach <input type="checkbox"/>	Síneach <input type="checkbox"/>	Eile, déan cur síos air más é do thoil é
Lucht Siúil, Éireannach <input type="checkbox"/>	Cúlra dubh eile <input type="checkbox"/>	Cúlra Áiseach eile <input type="checkbox"/>	-----
Cúlra geal eile <input type="checkbox"/>			-----
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**5. Cén chaoi a féidir an meabhairshláinte a chothú i nGaillimh, Maigh Eo agus Ros Comáin?**

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**6. Céard a cheapann tú a d'fhéadfaí a dhéanamh chun an féinmharú a laghdú i nGaillimh, Maigh Eo agus Ros Comáin?**

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**7. Céard a cheapann tú a d'fhéadfaí a dhéanamh chun an féindíobháil a laghdú i nGaillimh, Maigh Eo agus Ros Comáin?**

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Seol an fhoirm chomhlánaithe ar ais chuig: Mary McGrath, Oifigeach Acmhainne um Chosc féinmharaithe, FnaSS, Ionad Bunchúraim, Bóthar an Mhachaire Ghailf, Ros Comáin

**Postal returns:** Mary McGrath, Resource Officer for Suicide Prevention, HSE West, Primary Care, Golf Links Road, Roscommon

## Appendix 9:

### Focus Groups

As part of the consultation process, the following services and groups took part in facilitated focus groups:

- Community-based Organisations involved in Suicide Prevention and Mental Health Promotion
- Crisis Liaison Service, Mental Health Services, HSE
- Drugs Service, HSE
- Emergency Department staff, GUH
- Galway and Mayo Branch of the Institute of Guidance Counsellors, DES
- Health Promotion Team, HSE
- IT Group in NUI Galway
- Multidisciplinary Mental Health Team, HSE, Loughrea, Co. Galway
- Occupational Therapists, Mental Health Services, HSE
- Older People's Service, HSE, Galway
- Perinatal Mental Health Group, Galway
- Primary Care Psychologists, HSE, Galway/Roscommon
- Primary Care Psychologists, HSE, Mayo
- Psychiatry of Later Life, Mental Health Services, HSE, Galway
- Public Health Nurse Teams, HSE, Tuam, Co. Galway and West Galway
- Western Alliance of Agencies Providing Suicide Bereavement Support

## Appendix 10:

# 8 Things that Everyone Needs to Know about Suicide Prevention in Ireland

<b>1 Preventing suicide is possible</b>	<p>We believe that with the right help, support or intervention at many different stages suicide is preventable. However, evidence shows that no single action will prevent suicide. It requires a combination of a number of strategies in place at population-based, community-based and individual levels. Connecting for Life brings together 12 key elements which are proven to help reduce suicide:</p> <ul style="list-style-type: none"> <li>• Stigma reduction and mental health awareness campaigns</li> <li>• Responsible media reporting</li> <li>• Reduced access to and attractiveness of lethal means</li> <li>• Data collection systems to identify at-risk groups</li> <li>• Whole-school approach to mental health promotion</li> <li>• Gatekeeper training for community organisations</li> <li>• Training of first responders and frontline staff</li> <li>• Evidence-based practice approaches for the treatment of psychological symptoms</li> <li>• Early identification, assessment, treatment and referral</li> <li>• Good access to services, including ED, mental health</li> <li>• Support for those bereaved by suicide</li> <li>• Continuing aftercare for those leaving inpatient and outpatient services.</li> </ul>
<b>2 Suicide is no longer a criminal offence</b>	As a nation we have struggled to talk openly about suicide and suicide was only decriminalised in 1993.
<b>3 Suicide is a legal ruling</b>	Suicide is a legal verdict which is recorded by a Coroner if he/she finds evidence of death by suicide, 'beyond reasonable doubt'. It is widely recognised that this is a high legal standard, not always reached.
<b>4 Suicides have devastating affects</b>	Deaths by suicide have a devastating impact on family members, friends, colleagues, neighbours and the surrounding community.
<b>5 Suicide is everyone's business</b>	<p>The success of Connecting for Life depends upon the collective impact of many different government, NGO and community partners. Thirty three government departments and agencies have made commitments as part of the strategy. Some of the leading suicide prevention and mental health NGOs are also funded by the HSE's National Office for Suicide Prevention.</p> <p>Implementing local, multi-agency suicide prevention plans to enhance community capacity to respond to suicides will be key to the success of the strategy. Twenty one local suicide prevention plans across the entire country will be in place by the end of 2017.</p>
<b>6 There are specific groups of people at higher risk of suicide</b>	Suicide happens in all groups in society, but some groups have higher rates than others. Such priority groups identified within the strategy include, young men, the Travelling community and the LGBTI community.
<b>7 There are specific factors that increase the risk of suicide</b>	The strongest identified predictor of suicide is previous episodes of self-harm. Mental health problems and substance misuse also contribute to many suicides. Compared with people bereaved through other causes, those bereaved by suicide have an increased risk of suicide.
<b>8 You can help keep someone safe</b>	<p>If you are concerned about someone you should:</p> <ol style="list-style-type: none"> <li>1. Let the person know you are concerned about them</li> <li>2. Ask if they are thinking about suicide</li> <li>3. Listen and understand</li> <li>4. Take all threats seriously</li> <li>5. Get professional help and call 999 if it is a crisis</li> <li>6. Look after yourself.</li> </ol>

For information on support services please visit: [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie)

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# THE MORE YOU MOVE THE BETTER YOUR MOOD

Getting regular exercise is proven to have  
a positive impact on how you feel.



# 8 HOURS SLEEP MAKE THE OTHER 16 EASIER

Getting a good night's sleep as often as you can  
is proven to have a positive impact on how you feel.



# BOOST YOUR MOOD WITH HEALTHY FOOD

Eating a healthy, balanced diet is proven to have a positive impact on how you feel.



# IF A FRIEND SEEMS DISTANT CATCH UP WITH THEM

Being in touch and connecting with other people is proven to have a positive impact on how we feel.



# LENDING AN EAR IS LENDING A HAND

Talking about our problems is proven to have  
a positive impact on how we feel.



# PROBLEMS FEEL SMALLER WHEN YOU SHARE THEM

Talking about your problems is proven to have  
a positive impact on how you feel.



# ADD FRIENDS TO YOUR TEA

Keeping in touch with friends is proven to have a positive impact on how you feel.



# DO THINGS WITH OTHERS THERE'S STRENGTH IN NUMBERS

Being involved in activities that you enjoy is proven to have a positive impact on how you feel.



# DRINK LESS AND GREAT NIGHTS BECOME GOOD MORNINGS

For the average Irish drinker, drinking less alcohol will have a positive impact on their health and mental wellbeing.



Little things  
can make a big  
difference.



[yourmentalhealth.ie](http://yourmentalhealth.ie)  
#littlethings



**yourmentalhealth.ie**  
**#littletthings**

**HSE, Resource Office for Suicide Prevention**

64 Dominick Street,  
Galway.

The Lodge,  
Old Dublin Road,  
Swinford,  
Co. Mayo.

Primary Care Centre,  
Golf Links Road,  
Roscommon Town,  
Co. Roscommon.

**[www.connectingforlifegmr.ie](http://www.connectingforlifegmr.ie)**