



# Connecting for Life

*Kildare and West Wicklow*

Suicide Prevention Action Plan  
2018 - 2020



National Office for  
Suicide Prevention

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

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

Your first point of contact is your local GP. If it is late in the evening or at the weekend, contact your local out of hours doctors service; North Kildare Doc (Leixlip, Celbridge, Maynooth areas) operate a doctor on duty service from 8.30pm to 9am on weekdays and 6pm to 9am on Saturday & Sunday on 01 4539333 and have a rota for all other times. For other areas of Co Kildare and West Wicklow contact KDOC on 1890 599 362;

**Go to the Emergency Department in Naas General Hospital;**

**Contact the Emergency Services on 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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## FOREWORD



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

Suicide and self-harm has a devastating effect on all of us both individually and collectively. Through our families and across the communities of Kildare and West Wicklow there is nowhere untouched by the profound and complex suffering that suicide and self-harm can cause. It is our belief that suicide prevention is everyone's business and that working together, with positive action and understanding, a reduction in death by suicide can be realised and achieved. *Connecting for Life Kildare and West Wicklow* was developed with this belief in mind and sets out the local implementation of the national *Connecting for Life Ireland's National Strategy to Reduce Suicide 2015-2020* across the region.

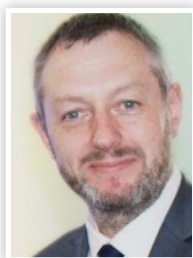
*Connecting for Life Kildare and West Wicklow* echoes the national vision of 'fewer lives lost through suicide and where communities and individuals are empowered to improve their mental health and wellbeing'. This empowerment was evident in the information gathered from stakeholders and members of the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

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



**David Walsh**

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



### A word from the Head of Mental Health, HSE Community Healthcare: Dublin South, Kildare and West Wicklow

*Connecting for Life Kildare and West Wicklow* is, at its core, a powerful message that we all have a role to play in suicide prevention. In this co-ordinated, informed and focused plan County Kildare and West Wicklow have a local strategy that reflects the objectives of *Connecting for Life; Ireland's National Strategy to Reduce Suicide 2015-2020* including preventing the loss of life through suicide and improving how we all live our lives together.

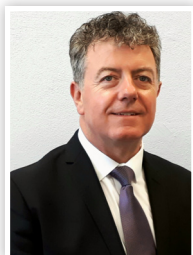
This plan is the fruition of widespread public support and determined interagency cooperation. I would like to take this opportunity to thank everyone involved, be they individuals, groups or agencies, for coming together in the creation of this plan.

We recognise that as a society, our mental health must be valued, resourced and strengthened for the benefit of us all and for future generations. There are challenges to overcome, and yet we are consistently overwhelmed by the incredible community spirit that came to light in the development

of Connecting for Life Kildare and West Wicklow from across the two counties. It is in this community spirit that the goals of our suicide prevention action plan can be achieved, and now the important work that we must all share can begin and I welcome the launch of this plan.

*Kevin Brady*  
**Kevin Brady**

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



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

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

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

Local implementation, that includes empowering communities, is a core component of the *Connecting for Life* strategy. We need to connect with ourselves, our families, our communities and the services on offer. *Connecting for Life Kildare and West Wicklow* 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*

**John Meehan**

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



## ACKNOWLEDGEMENTS

To acknowledge the incredible work contributed by so many across Co. Kildare and West Wicklow in developing this plan, the *Connecting for Life Kildare and West Wicklow* Suicide Prevention and Planning Group would like to extend a special word of thanks to:

- The people and communities of Co. Kildare and West Wicklow who so passionately shared their views, experience and vision for the success of this plan
- The many service providers, staff and volunteers who helped organise, contribute and participate so willingly in the consultations across Co. Kildare and West Wicklow
- The members of both the Suicide Prevention Planning Group and Engagement Working Group whose leadership and drive was ever-present from the outset (See Appendix IV)
- The National Office for Suicide Prevention (NOSP) who provided immense support and guidance in the development of this plan
- Kate Wilkinson, Poul Walsh Olesen and the HSE Mental Health Division
- Neil Haran who went above and beyond in time and effort to pull everything together and making *Connecting for Life Kildare and West Wicklow* a reality
- Naas Photography for kindly donating their work to the plan



The Bridge of Life, Japanese Gardens, Irish National Stud, Co. Kildare.  
Photo Credit: Shutterstock

## INTRODUCTION

Death by suicide is a devastating and tragic event, faced by many individuals, families and communities across Irish society. In addition to the immense pain experienced by those who self-harm and/or ultimately take their lives, no words can adequately describe the impact of suicide on those who have to cope with such a loss. Suicide is a very complex and multifaceted issue and addressing it effectively presents real challenges. This document comprises the self-harm and suicide prevention plan for Kildare and West Wicklow under the Health Services Executive (HSE) Community Healthcare Dublin South, Kildare and West Wicklow.





Hand Holding the Green Ribbon,  
the Symbol of Positive Mental Health Conversation.



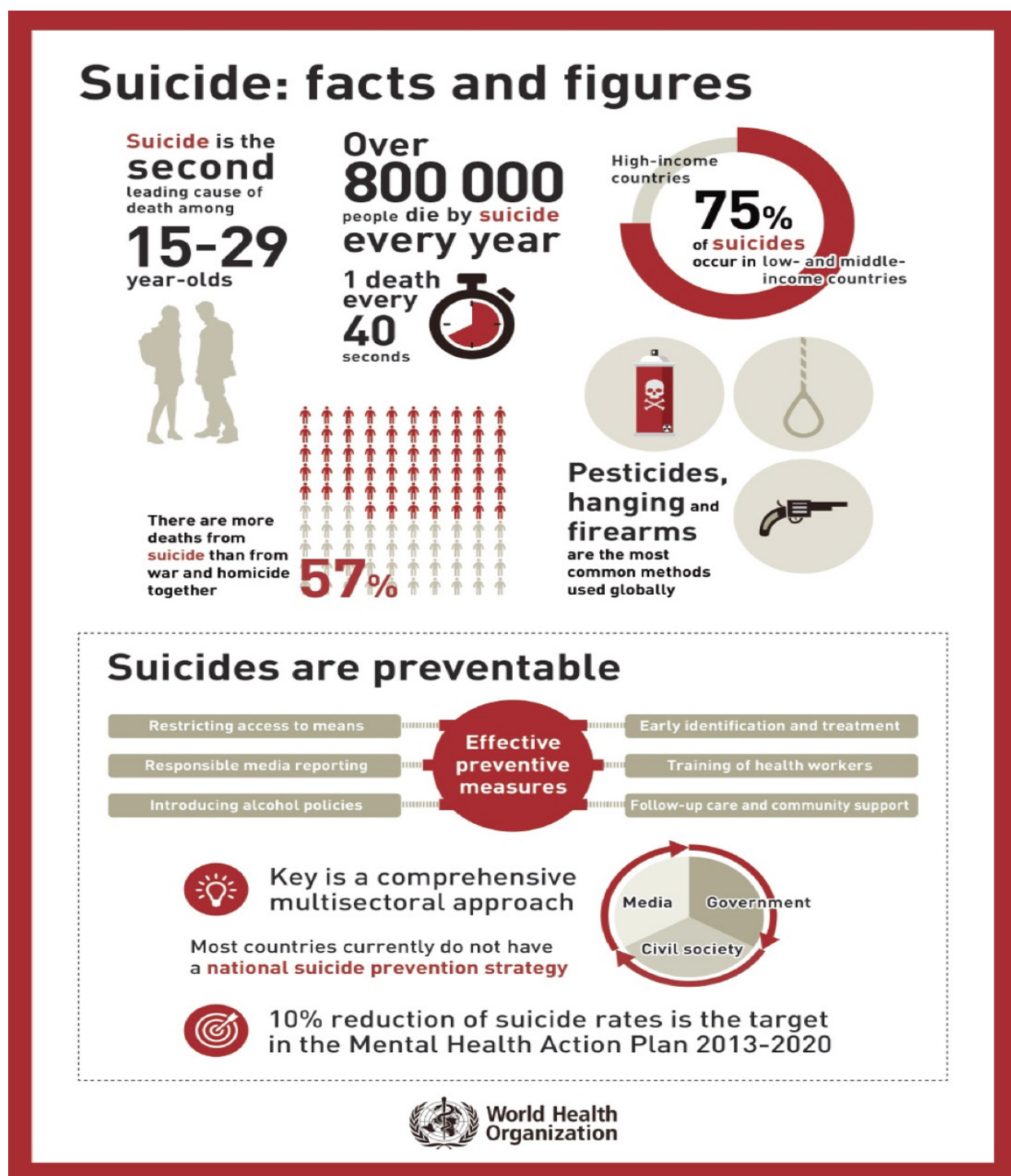
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Context

## SECTION 1 - CONTEXT

According to the World Health Organisation (WHO) (2), over 800,000 people die by suicide every year with many more people attempting suicide. This equates to one person dying by suicide every forty seconds across the globe. Suicide is the second leading cause of death among 15-29 year olds. There are 57% more deaths by suicide globally than from war and homicide together. Three out of every four suicides internationally occur in low and middle income countries. WHO emphasises that the key to tackling suicide is a comprehensive multi-sectoral approach involving government, civil society organisations and media.

Figure 1: Global Suicide Facts and Figures (1)



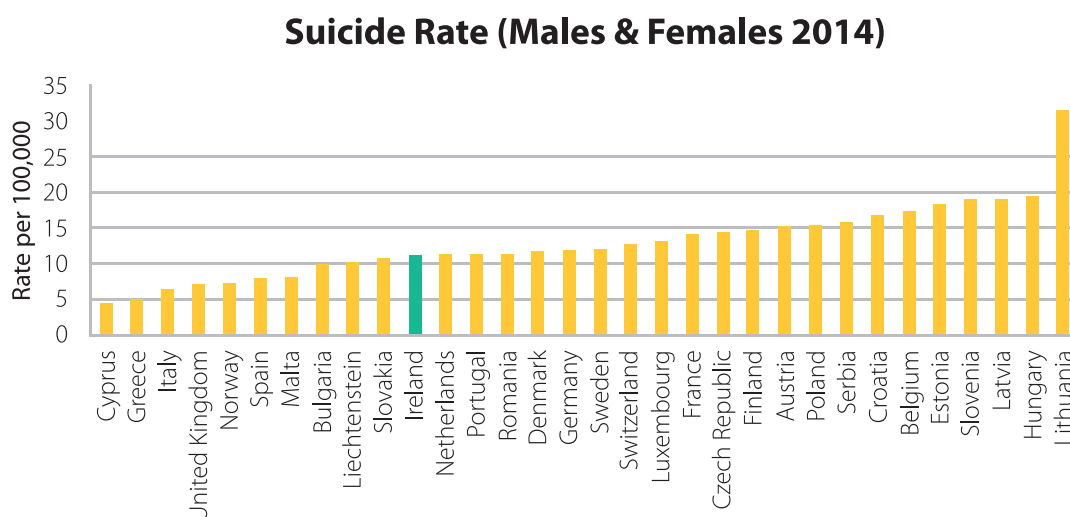
## 1.1 NATIONAL CONTEXT – SUICIDE AND SELF HARM IN IRELAND

### 1.1.1 SUICIDE IN IRELAND

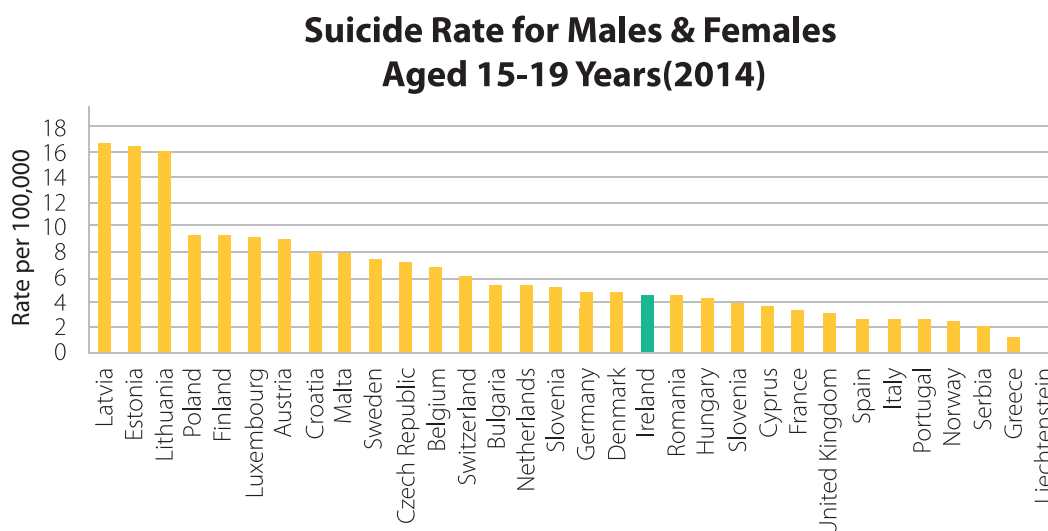
The number of deaths by suicide in Ireland is lower than in most European Union countries. The total rate of suicide for men and women of all ages in 2014 was 11.03 per 100,000 of the population, the 11th lowest rate of suicide among the 32 countries for which data was recorded by Eurostat (3 & 4). The EU 28 average for 2014 was 11.25 per 100,000. These details are illustrated diagrammatically in Figure 2 below.

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

**Figure 2: Suicide Rate Per 100,000 for Males and Females across 32 European Countries, 2014 (3)**



**Figure 3: Suicide Rate Per 100,000 for Males and Females aged 15-19 years by European Country, 2014(4)**





On 31 October 2017, the Central Statistics Office published 'Year of Occurrence' suicide data for 2015 (5). There were 425 deaths by suicide in Ireland in 2015, representing a rate of 9.1 per 100,000 of the population. 79% of these deaths were amongst men. Since 2007, particularly since the onset of the economic recession in Ireland in 2008, there has been an increase in the suicide rate in Ireland. The increase observed between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide. More recent data from 2012, 2013, 2014, 2015 and 2016 suggests a decline in the suicide rate, however, it must be noted that data for 2016 is still provisional and subject to change.

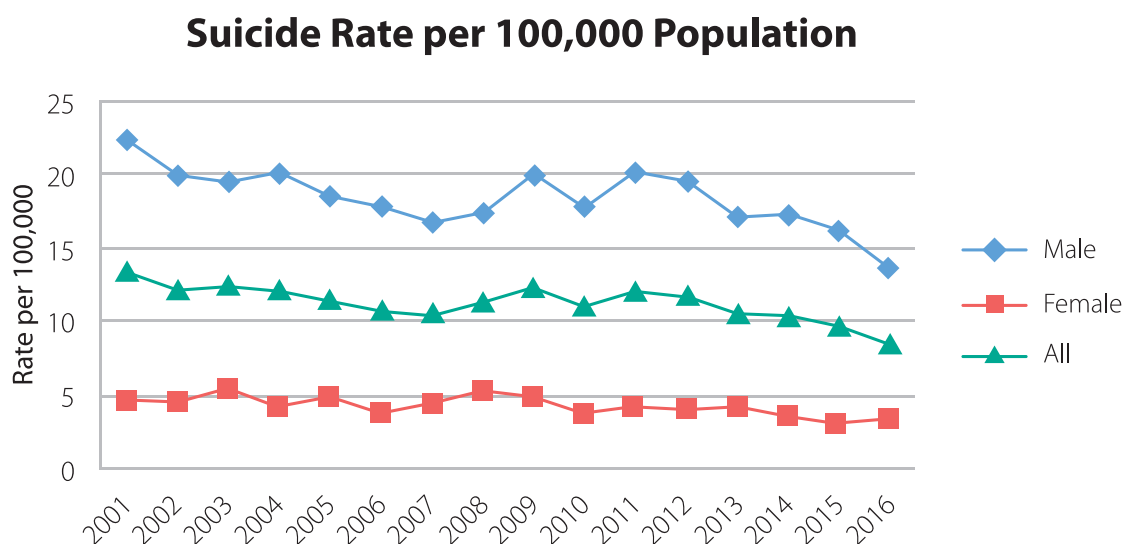
**Based on the most recent year of occurrence data (2015):**

Amongst males and females together, the suicide rate per 100,000 is highest amongst those aged 45-54 at 14.2 per 100,000. This trend is the case since 2010.

Amongst males, the highest rate was in those aged 45-54, at 23.3 per 100,000. This trend is the case since 2010.

Amongst females, the highest rate was in those aged 55-64, at 8.1 per 100,000. The rate amongst this age-group in females was 4.1 per 100,000 in 2014.

**Figure 4: National Suicide Rate Per 100,000 for Males and Females, 2001 – 2016\***



\*Figures for 2015 and 2016 provisional and subject to change

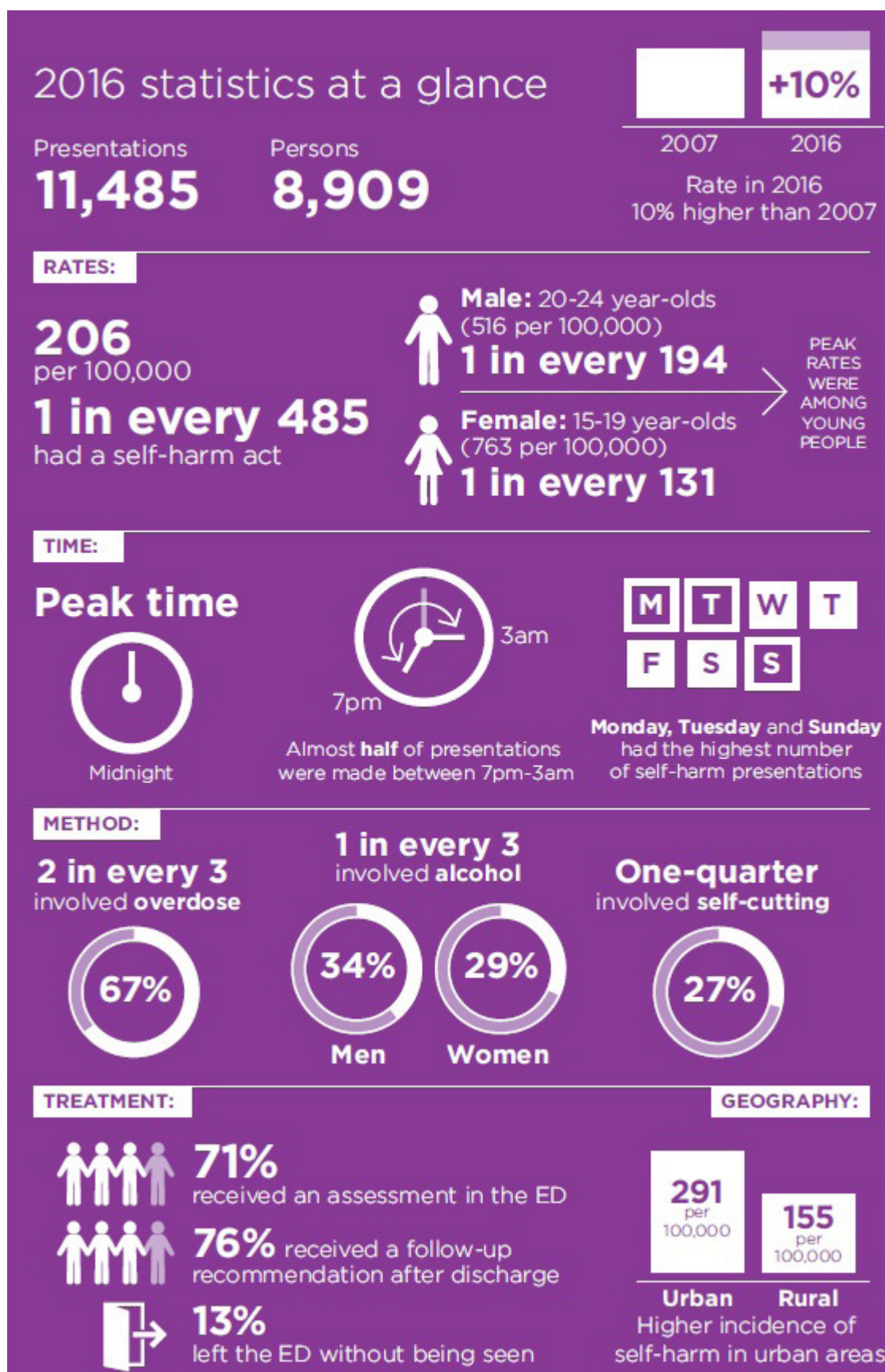
The recession in Ireland appears to have had a significant negative impact on rates of suicide in men - and on rates of self-harm among both men and women. Research conducted by the National Suicide Research Foundation (6) revealed that, by the end of 2012, the male suicide rate was 57% higher than it would have been had the economic recession not occurred, whereas female suicide was almost unchanged. The respective rates of male and female self-harm stood at 31% and 22% higher for the same period.

It is well known that suicide has a widespread and devastating effect on people close to the deceased. A study from a next-of-kin perspective in Northern Ireland (7) found that for every death by suicide, 71 other individuals were affected (16 family members, 31 friends, 10 people in the local community, 13 colleagues and 1 health care professional).

### 1.1.2 SELF HARM IN IRELAND

Self-harm describes the various methods by which people harm themselves non-fatally. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent. However, a history of one or more acts of self-harm is the single strongest predictor of repeated suicidal behaviour, both fatal and non-fatal (8).

Figure 5: National Self-Harm Statistics for 2016 (9)

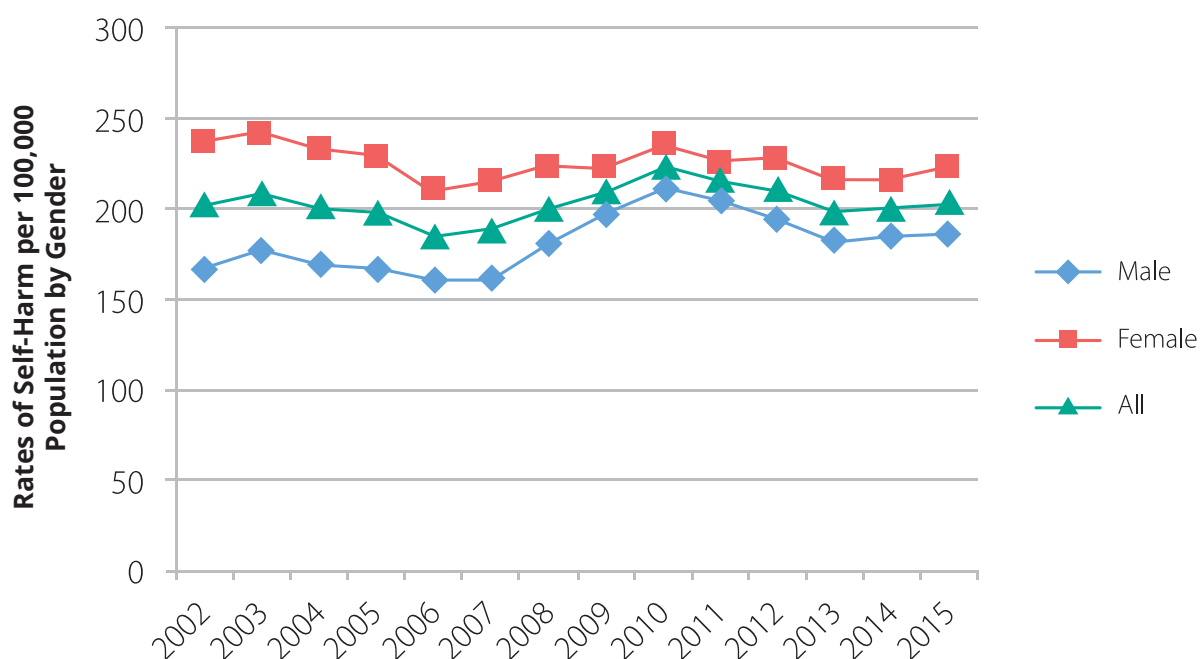


Data held by the National Self-Harm Registry Ireland suggests that there has been a stabilisation and modest fall in self-harm rates. Between 2011 and 2013, there were successive decreases in the self-harm rate. An essentially unchanged rate in 2015 indicates a further stabilisation of the rate of self-harm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

Nationally, the rate of self-harm remains higher among women but the gender gap has narrowed from 37% a decade ago to 19% in 2015. According to the National Suicide Research Foundation (NSRF) (10) the increase in male rates is particularly worrying because self-harm methods among men tend to involve “higher lethality” leading to a greater risk of suicide following self-harm among males compared to females. Compared to the previous year, the only significant change in the rate of hospital-treated self-harm by age in 2015 was among men aged 35-39 years, where the rate increased by 15% from 220 to 253 per 100,000. Rates of self-harm for other age groups remained similar to 2014 figures.

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

**Figure 6: Person-based European age-standardised rate (EASR) of self-harm in the Republic of Ireland in 2002-2015**



### 1.1.3 THE ROLE OF ALCOHOL IN SUICIDE AND MENTAL HEALTH

The WHO acknowledges harmful alcohol use as a key risk factor for all types of suicidal behaviour (11). 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 (12). Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and current suicidal thoughts are common (13, 14).

The long-term effects of alcohol misuse are probably mediated through interconnected effects on mood and social processes. Those not actually dependent on alcohol are at risk through the short-term effects on mood, cognitive processes and impulsivity. Young people appear to be particularly



susceptible to alcohol-associated suicidal behaviour, and the pattern of drinking - especially binge drinking - may be of relevance (15).

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 (16). A study by the National Suicide Research Foundation (NSRF) of suicides in Cork found that the presence of alcohol and/or drug abuse was confirmed in 60.7% of cases. Among these, 48.6% had abused alcohol, 21% had abused drugs and 27.6% had abused both alcohol and drugs (17). Similarly, Walsh et al. (18) found that alcohol consumption had a significant effect on suicide mortality among men in Ireland and is strongly associated with suicide completion in the general population and among young people. In relation to self-harm the National Self-Harm Registry in Ireland 2015 found that alcohol was involved in one third of all self-harm cases being associated with more cases in males than females (34% and 29% respectively) (10).

The WHO suggests that evidence-based public health policies to reduce the harmful use of alcohol and drugs are required to reduce suicidal behaviour (19). These policies are considered particularly important within populations with a high prevalence of alcohol use, such as Ireland (20).

#### 1.1.4 EVIDENCE FOR SUICIDE PREVENTION, KNOWLEDGE AND AWARENESS

In 2014, the Health Research Board (HRB) (21) were asked by The National Office for Suicide Prevention (NOSP) to examine the evidence base for suicide prevention in order to establish which suicide prevention strategies and interventions were successful in reducing suicidal behaviour including suicidal ideation, self-harm, suicide attempts or death by suicide. This review found the body of evidence on suicide prevention interventions to be limited.

More recently, two major reviews were published in 2016 (22, 23) which synthesised the evidence around suicide prevention. The outcomes from these studies strengthen the evidence base in several areas of suicide prevention and have been included in the list below. Clearly more research is needed and systematic evaluation of interventions carried out under the implementation of *Connecting for Life* will make a very important contribution to the evidence base.

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

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

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

### 1.1.5 NATIONAL POLICY CONTEXT

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

- *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, 2015 - 2020 (1)
- A Vision for Change: Report of the Expert Group on Mental Health Policy 2006 (24)
- Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 - 2020 (25)
- Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 - 2025 (26)
- All-Ireland Traveller Health Study: Our Geels 2010 (27)
- The National Traveller and Roma Inclusion Strategy 2017-2021 (35)
- Reducing Harm, Supporting Recovery - a health led response to drug and alcohol use in Ireland 2017-2025 (28)
- Rebuilding Ireland-An Action Plan for Housing and Homelessness (29)
- The National Recovery Framework for Mental Health Services (2018 - 2020) (37)

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

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

#### Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 - 2020 (1)

*Connecting for Life* is Ireland's national strategy to reduce suicide and follows on from the Government's previous strategy, *Reach Out: The National Strategy for Action on Suicide 2005-2014*. Over the 10-year period of *Reach Out*, significant progress was made on suicide prevention, particularly in relation to research, policy and service delivery. In preparation for the development of *Connecting for Life*, an examination of *Reach Out* was undertaken to build on the progress made and the lessons learned.

*Connecting for Life* involves preventative and awareness-raising work and aims for high-quality standards of practice across service delivery areas; this is underpinned by a comprehensive evaluation and research framework. It emphasises that suicide and self-harm are complex

problems that require a broad range of multi-sectoral responses and actions to ensure positive outcomes. There are 69 collaborative actions in the strategy which are jointly delivered by lead agencies and partners, including government departments, state agencies and community and voluntary stakeholders.

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

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

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

#### **A Vision for Change: Report of the Expert Group on Mental Health Policy (24)**

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

#### **Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 - 2020 (25)**

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

#### **Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 - 2025 (26)**

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 Kildare and West Wicklow*. Its vision is "A healthy Ireland, where everyone can



enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility" (2014:5). Mental health is an integral theme throughout the framework and is described as a "growing health, social and economic issue". Healthy Ireland acknowledges that more Irish young people die by suicide than in other countries and that alcohol is a contributory factor in half of all suicides. In its identification of indicators for "wellbeing", Healthy Ireland points to decreased levels of self-harm across all life stages and a reduced suicide rate across all population groups.

### **All Ireland Traveller Health Study: Our Geels 2010 (27)**

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

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

### **The National Traveller and Roma Inclusion Strategy 2017-2021 (35)**

Launched in July 2017 ten overall themes were identified as central to the success of this strategy and key commitments were developed in the following areas: cultural identity, education, employment, children and youth health, gender equality, accommodation, and progress and challenges faced by travellers in engaging with public services. The document underscores the findings highlighted in the All-Ireland Travel Health Study.

### **Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025 (28)**

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

### **Rebuilding Ireland-An Action Plan for Housing and Homelessness (29)**

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

### **The National Recovery Framework for Mental Health Services (37)**

The National Recovery Framework for Mental Health Services (2018 – 2020) was launched on the 20th November and provides a roadmap for MHS for the next 3 years on services becoming more recovery orientated. It is underpinned by 4 main principles – Centrality of the Service User lived experience, Co-production, Organisation Commitment and Recovery Education.

## 1.2 LOCAL CONTEXT

### 1.2.1 COMMUNITY HEALTHCARE: DUBLIN SOUTH, KILDARE AND WEST WICKLOW

Dublin South, Kildare and West Wicklow was established as a community healthcare area in 2015 as part of the HSE's reorganisation of the country's community health services. The area covered has a population of just under 700,000, and incorporates the geographical areas of Dublin South Central – incorporating Dublin South City, Dublin South West and Dublin West; Kildare and West Wicklow. 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.). A separate suicide prevention action plan has been developed for Dublin South Central.

### 1.2.2 KILDARE AND WEST WICKLOW

The County Kildare and West Wicklow catchment area is both geographically and economically diverse, involving a mix of semi-urban and rural areas in County Kildare; and a largely rural area in West Wicklow. Semi-urban and rural communities differ significantly in demography, population density and distance from urban areas and community resources. The semi-urban and rural areas also differ considerably in terms of the economies that support them. These economic underpinnings impact socio-economic status and other factors that can have significant impact on the population's mental health.

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

### 1.2.3 POPULATION

Census 2016 (29) reveals that the overall population of Dublin South, Kildare and West Wicklow shows an increase of 5.0% from the previous census of 2011. The population of Dublin South, Kildare and West Wicklow comprises 14.7% of the national population. Residents of Kildare West Wicklow comprise one third of that population, at approximately 233,000 people.

Census 2011 records that 87% of the population of Kildare and West Wicklow is Irish, the remaining residents being of other nationalities. Other nationalities include: UK (1.9%); Poland (3.3%); Lithuania (0.7%); other EU countries (2.2%); elsewhere in the world (3.3%) and visitors (1.6%).

Data from 2011 shows there are over 85,000 people in Kildare and West Wicklow under the age of 25, comprising 36.5% of the population of the area. This is higher than the national average of 34.1% for this age cohort. Young people, particularly young males, can be particularly vulnerable to mental health problems and suicide. Three-quarters of mental health problems arise before the age of 25 (30). Individuals aged 25 to 44 years constitute a further 33.3% of the population (31).

Data on rates of suicide in Ireland for 2016 reveal that men are considerably more likely to take their lives than women, approximately at a rate of 4:1 (31). In recent years the highest rates of suicide mortality for both men and women were observed among 45-54 year-olds. 12.6% of the population falls into this age category in Kildare and West Wicklow.

8.2% of the Kildare and West Wicklow population is aged over 65 years, considerably less than the national average of 11.7%. There is emerging evidence of an increased risk of suicide among older persons (32).

Since 2006, the number of people who were enumerated as Irish Travellers in Kildare and West Wicklow has increased by 78% (33). Yet the number of Travellers living in the area is only 922 (0.4% of the population of the area). Travellers are 6.6 times more likely to die by suicide than the general population.

In 2011 6,601 (2.9%) of the Kildare and West Wicklow resident population are classified as vulnerable migrants (1). The number of vulnerable migrants living in the area increased by 24.9% since the previous census compared to a national increase of 30% in 2011. There is an increased risk of mental health problems among migrants.

1.3% of the Kildare and West Wicklow population (n=2,922) has self-reported being in bad or very bad health, and 11.5% are registered as disabled (n=26,377). These figures are largely in alignment with the national averages. There is also an emerging body of evidence demonstrating chronic illnesses and disability can be a significant risk factor in suicide (8).

Socially, Kildare and West Wicklow experience a broad mix of affluence and disadvantage. According to the deprivation index 2011, 28.1% of the resident population in Kildare and West Wicklow is affluent, very affluent or extremely affluent. 53.7% of the population is either marginally above or marginally below average while the remaining 17.9% (n=41,096) are classified as disadvantaged, very disadvantaged or extremely disadvantaged.

In 2011 7.5% of the Kildare and West Wicklow population has completed only primary education or lower. This is slightly below the national average of 10%. At the other end of the educational spectrum 16.2% of Kildare and West Wicklow residents has completed third level education, almost mirroring the national average.

According to the previous census of 2011 8.2% of the population aged over 15 years in Kildare and West Wicklow (n=18,744) is registered as unemployed. This figure is largely in keeping with the national average of 8.5%.

#### 1.2.4 DEATH BY SUICIDE DUBLIN SOUTH, KILDARE AND WEST WICKLOW

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

Data from the CSO reveals that in 2015, there were 102\* recorded suicides in the four counties that are included wholly, or in part of the HSE Community Healthcare area; South Dublin (n=23), Dublin City (n=39), Kildare (n=23), Wicklow (n=17). This made up 50.5% of all deaths recorded in Leinster and 22.6% of all deaths recorded nationally for that year.

In 2015 the highest rates of recorded suicides per 100,000 were in Wicklow (12); Kildare (10.6); South Dublin (8.3) and Dublin City (7.3)\*. The overall rate for Leinster was 7.9 while the national rate stood at 9.7\*.

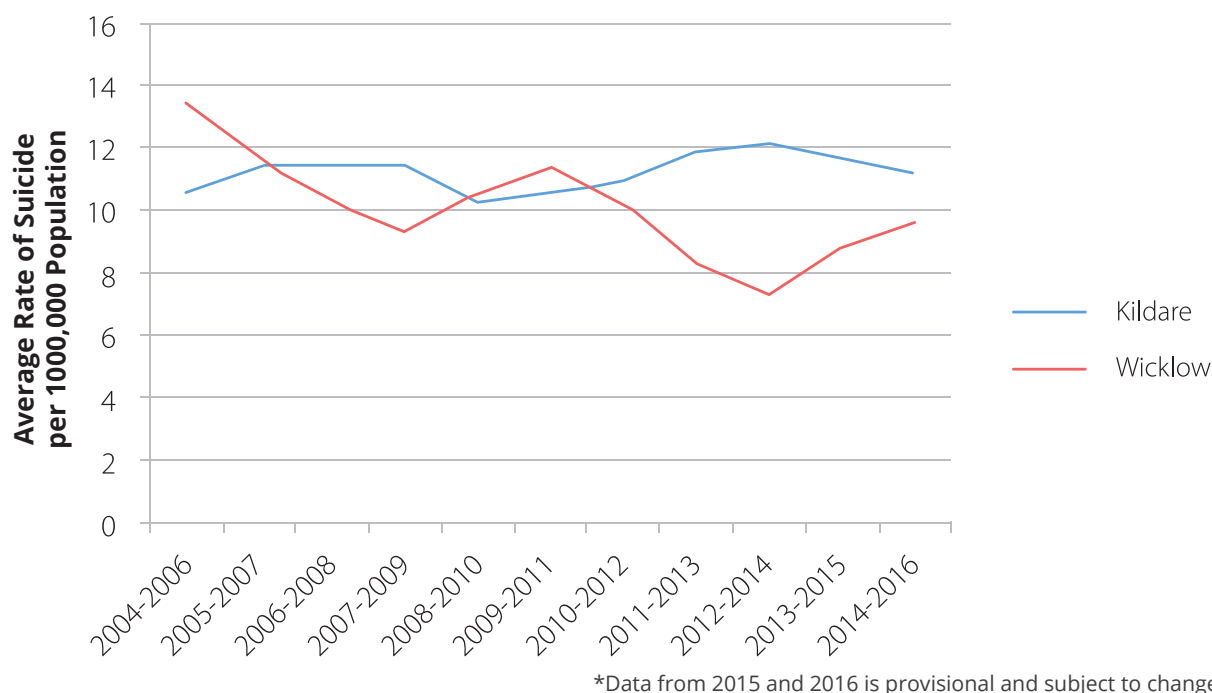
\*Data for 2015 is provisional and subject to change



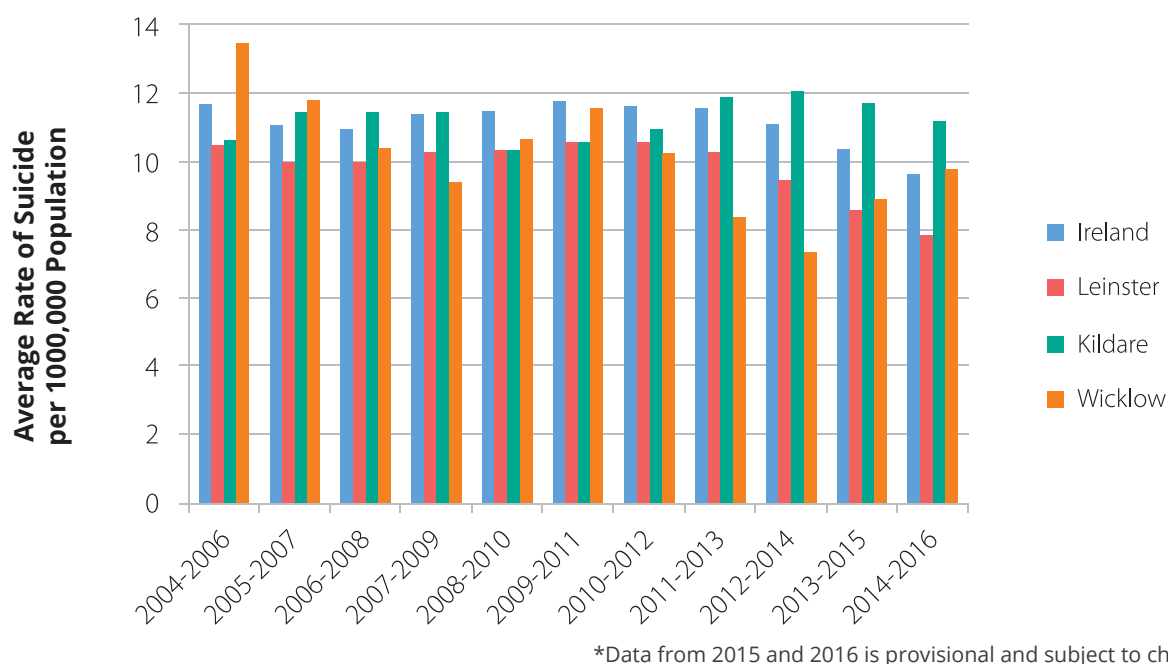
### 1.2.5 DEATH BY SUICIDE IN KILDARE AND WEST WICKLOW

The three year moving average rates of suicide across the counties included wholly, or in part, of the HSE Community Healthcare area recorded between 2004 and 2015 are shown below in Figure 7, and compared with rates for Leinster and Ireland in Figure 8. These figures demonstrate that the suicide rate for County Kildare has remained relatively consistent over the years while the rate in Wicklow has fluctuated considerably.

**Figure 7: 3-year moving average rate of suicide per 100,000 population by county of residence of deceased (Kildare and Wicklow)\***



**Figure 8: 3-year moving average rate of suicide per 100,000 population in Kildare and Wicklow compared to rates for Leinster and Ireland\***



### 1.2.6 SELF-HARM KILDARE AND WEST WICKLOW

Latest data from the NSRF demonstrates that the presentation rate for self-harm by individuals living across Community Healthcare Area; Dublin South, Kildare and West Wicklow in 2015 comprised 13.2% of all presentations nationally. In 2015 the national rate for presentation for self-harm was 186 males and 222 females per 100,000 population. The recorded presentation rate in Kildare and West Wicklow per 100,000 population for self-harm stands at 147 for males and 214 for females in 2015 and 192 for males and 264 for females in 2016.

**Figure 9: Self Harm Rates Nationally compared to Kildare and West Wicklow 2015, 2016**



In 2015 across Community Healthcare Area; Dublin South, Kildare and West Wicklow there were 196 presentations to Emergency Departments for Self-harm among young people aged under 17 years. 79% of these were female. Self-harm nurses report that self-harm presentations to Naas hospital tend to include an equal mix of males and females.

Further key points to note from the National Self-Harm Registry data on Counties Kildare and Wicklow in 2015 include:

- Drug overdose was the most common method of self-harm, involved in 65% of presentations (n=339). Alcohol was present in 33% of presentations (n=174). Self-cutting was the only other common method, involved in 31% of presentations (n=162). There were 42 presentations involving attempted hanging (8%). Fewer than 20 presentations involved attempted drowning and poisoning. There were 401 individuals treated for 523 self-harm presentations in 2015. This implies that just under one in four (122, 23%) of the presentations in 2015 were due to repeat presentations. Based on persons, the rate of repetition was 17% (12% for men and 20% for women)
- The three main hospitals that residents from this area presented to were Naas General Hospital, James Connolly Hospital, Blanchardstown and the National Children's Hospital at Tallaght Hospital. For all patients seen in Naas General Hospital for act of self-harm (n=419), 396 were residents while 46 and 21 residents presented to James Connolly Hospital, Blanchardstown and National Children's Hospital at Tallaght Hospital with an act of self-harm, respectively.

- Overall for residents of the area, 16% of presentations resulted in the patients leaving the Emergency Department before a next care recommendation could be made. Following their treatment in the Emergency Department, inpatient admission was the next stage of care recommended for 29% of presentations, irrespective of whether general or psychiatric admission was intended. Of all self-harm presentations, 20% resulted in admission to a ward of the treating hospital whereas 9% were admitted for psychiatric inpatient treatment from the Emergency Department. Most commonly, 55% of presentations were discharged following treatment in the Emergency Department.
- There was a pattern in the number of self-harm presentations seen over the course of the day in 2015. The numbers for both men and women gradually increased during the day. The peak for men was 3pm and for women was 6pm. The monthly average number of self-harm presentations to hospitals in 2015 was 44. In 2015, April saw more self-harm presentations than any other month while November saw the fewest presentations for the year.

## 1.3 SERVICE PROVISION ACROSS KILDARE AND WEST WICKLOW

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

### 1.3.1 CURRENT SUPPORTS AND SERVICES - HSE

#### HSE - MENTAL HEALTH SERVICES AND SUICIDE PREVENTION SUPPORTS AND SERVICES IN KILDARE AND WEST WICKLOW

The Kildare and West Wicklow Mental Health Service is delivered through specialist mental health multi-disciplinary teams from childhood to old age. These teams include:

**Linn Dara Child & Adolescent Mental Health Service (CAMHS) for Kildare and Lucena Clinic, Tallaght, covering West Wicklow:** The CAMHS Team is a multidisciplinary service that prioritises the assessment and treatment of children up to the age of 16 presenting with mental health problems.

**The Adult Community Mental Health Service (AMHS):** The AMHS Team is a multi-disciplinary service that provides mental health care to 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.

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

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

**Additional Developments in HSE Mental Health Services:** Recent additional developments within Kildare and West Wicklow Mental Health Service include the following:

- **Self-Harm Clinical Care Programme:** There are two self-harm clinical specialist nurses as part of the adult mental health service for Kildare and West Wicklow, based in Naas General Hospital
- **Dialectical Behaviour Therapy (DBT):** A DBT programme is in operation in Kildare and West Wicklow Adult Mental Health Service. DBT is an evidence-based multimodal therapeutic approach for individuals who have a diagnosis of borderline personality disorder, engage in self-harm and exhibit suicidal behaviour.
- **Mentalisation Based Therapy (MBT):** MBT is a specific type of psychodynamically-oriented psychotherapy designed to help people with borderline personality disorder (BPD). Its focus is helping people to differentiate and separate out their own thoughts and feelings from those around them. MBT has been available in Kildare and West Wicklow since early 2016.

## HSE PRIMARY CARE SERVICES KILDARE AND WEST WICKLOW

**Primary Care Team and Network services:** Primary Care services cover many of the health or social care services found in the community, outside of the hospital setting through a team of health professionals. There are twenty two Health Centres throughout Kildare and West Wicklow seven of which are primary care centres. It is envisaged that these services and teams will be further strengthened in the future so that they will be the main unit both for the delivery of health and social care services and the development of health and wellbeing initiatives in primary care areas.

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

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

### 1.3.2 CURRENT SUPPORTS AND SERVICES – OTHER AGENCIES, COMMUNITY & VOLUNTARY

The following is a list of local services, representative groups and agencies (not exhaustive) that are of great importance to Connecting for Life Kildare and West Wicklow. Those listed below receive some level of public funding or are services provided by other state agencies.

#### COMMUNITY BASED SUPPORTS

**Children and Young People's Services (CYPSC) Kildare and Wicklow:** CYPSC bring together relevant statutory, community and voluntary organisations providing services to children and young people to maximise the reach, coverage and impact of such services.

**Exchange House: National Traveller Suicide Awareness Project:** Exchange House provides Traveller specific, professional, front-line family support, crisis intervention, education, training and services for children and young people in Ireland.



**Family Resource Centres (FRCs):** FRCs provide a range of universal and targeted services and development opportunities that address the needs of families, including the provision of counselling and support to individuals and groups. There are two Tusla funded FRCs in Kildare and West Wicklow; Newbridge Family Resource Centre and Curragh Pride Family Resource Centre.

**GROW:** GROW is a Mental Health organisation which helps people who have suffered, or are suffering, from mental health problems. GROW provide a range of supports across Kildare and West Wicklow as well as education programmes.

**Kildare Traveller Action:** Kildare Traveller Action works to establish Primary Health Care as a Model of Good Practice to help address Travellers' Health needs, Kildare Traveller Action also liaise and assist in dialogue between Travellers and health service providers, to highlight gaps in health service delivery to Travellers and work towards reducing inequalities that exists in established services.

**Kildare Youth Services:** Kildare Youth Services is a partnership of young people, volunteers and staff working together to respond to the emerging and changing needs of young people, their families and communities. Together with a wide range of community and statutory agencies, Kildare Youth Services is committed to the development of comprehensive youth, child and family services throughout County Kildare and West Wicklow. Kildare Youth Service also provides a counselling service to young people in the county.

**Mental Health Ireland:** Mental Health Ireland is a national voluntary organisation whose aim is to promote positive mental health and wellbeing to all individuals and communities in Ireland.

**Mojo Kildare:** Mojo is a twelve week training programme developed by a collective of organisations, to reduce the high levels of male suicide in Ireland. Men learn to build their mental & physical fitness while developing the ability to engage with local services, set goals and develop a life plan. A mini-Mojo programme of four weeks has also been developed. Both programmes are widely and frequently available across Co. Kildare throughout the year.

**National University of Ireland Maynooth (NUIM):** Located in Maynooth, NUIM is the sole university in Kildare and West Wicklow, with a student population of 11,000 annually. NUIM provides a range of supports for its students including a Counselling Service, Pastoral Care and Student Health Centre support.

**Teach Tearmainn:** Teach Tearmainn is a non-profit organisation, with charitable status, serving women, with or without children who are in or have been in abusive relationships

**Pieta House:** Pieta House supports people and communities in crisis by providing freely accessible, professional services to all. Pieta House provides a free, therapeutic approach to people who are in suicidal distress and those who engage in self-harm. Pieta provides bereavement counselling in Kildare.

**Samaritans Ireland:** Samaritans Ireland is a voluntary organisation offering safe places to talk through telephone, drop in and email support services. Samaritans Ireland reach out and work with schools, colleges and universities, workplaces, health and welfare services, homeless shelters, prisons and other charities. Samaritans Ireland also promotes awareness of their services at local social venues, community events and music festivals.

**Turas Le Cheile:** Turas Le Cheile has been providing respectful listening and non-judgemental bereavement support since 2001. Turas Le Cheile provides bereavement support and critical incident response to individuals, groups and communities in the aftermath of tragic events.

**Shine:** Shine aims to empower people with mental health problems and their families through support, information and education. Shine also advocates for social change, promoting and defending the right of all those affected by mental ill health to equal rights and quality services.

**SpunOut.ie:** SpunOut.ie is Ireland's youth information website providing information on a range of different topics broken down into sections; education, employment, health, life and opinion.

**Suicide or Survive:** Suicide or Survive provide a number of programmes all aimed at helping people to develop the tools, techniques and skills they need to manage and maintain their own mental health.

**Transgender Equality Network Ireland (TENI):** TENI seeks to improve conditions and advance the rights and equality of transgender people and their families, and offers a range of support services that aim to increase the well-being of transgender people and their families. TENI advocates for the recognition of transgender inclusion, rights and equality. TENI also provide workshops and training.

**Turn2Me:** Turn2Me is an online counselling and online e-mental healthcare platform for helping to cope with suicide, depression, anxiety and other mental illnesses.

**Crooked House Theatre:** Based in Newbridge, Crooked House is a theatre and arts organisation working with artists, actors, and non-actors in a range of settings to develop new performance material.

**Gaelic Athletic Association (GAA):** Kildare and Wicklow GAA have a range of programmes and initiatives including: Healthy Club Project, Critical Incidence Response Plan, Mental Health Charter, Play in my Boots, Samaritans Partnership, National Health and Wellbeing Conference, Health and Wellbeing Committees, which all support and advocate for good mental health.

**Irish Farmers' Association (IFA):** The *Mind Our Farm Families* is a dedicated suicide and self-harm phone line between IFA and Pieta House. The phone line for IFA members will put farmers and their families in direct contact with a Pieta House trained therapist. The high rate of suicide, particularly among men in rural areas, is the driving force behind IFA's involvement in setting up this dedicated service.

**Irish Men's Sheds:** Irish Men's Sheds provide a space open to all men where the primary activity is the provision of a safe, friendly and inclusive environment where the men are able to gather and/or work on meaningful projects at their own pace, in their own time and in the company of other men, and where the primary objective is to advance the health and wellbeing of the participating men.

**Kildare and Wicklow Education and Training Board (KWETB):** KWETB provides a comprehensive range of education services throughout Kildare and Wicklow. As the largest education provider in counties Kildare and Wicklow, the ETB provides education and training opportunities for life-long-learning through ETB Community Primary Schools, Post-Primary Schools, Post Leaving Certificate Courses (PLCs), Adult, Further Education and Training and Youth Support Services.

**Men's Health Forum:** Men's Health Forum is a diverse network which seeks to identify the key concerns relating to male health and to increase understanding of these issues.

**Reachout.com:** ReachOut.com is a youth mental health service dedicated to taking the mystery out of mental health. The service aims to provide quality assured mental health information to help young people to get through tough times.

**Sports Partnerships Kildare and Wicklow:** The Sports Partnerships across Kildare and West Wicklow aim to provide information on sport and physical activity. They also provide and support quality opportunities for education and training at local level and work to implement a locally developed strategic plan which Dublin South, Kildare and West Wicklow includes the implementation of national programmes at local level.

**The Village Counselling Service:** Funded by Tusla, the Village Counselling Service in Killinarden, offers a cognitive behavioural, client centred integrative approach to counselling and serves clients from across the community healthcare area.

**Union of Students in Ireland (USI):** Locally USI empowers third-level students to talk openly about their mental health and connects them to support services available in the college setting.

**Young Social Innovators:** Young Social Innovators empower and support young people to realise their potential as social innovators, giving them the skills and confidence to tackle the social issues facing them, their communities and wider society.

**Aware:** Aware provides information, education and support to people experiencing depression bipolar disorder and anxiety across Kildare and West Wicklow

### HOUSING SERVICES AND SUPPORTS

**Kildare County Council and Wicklow County Council:** Local authorities are the main providers of social housing and housing supports across Kildare and West Wicklow.

**Peter McVerry Trust:** Covering Kildare and West Wicklow, the Peter McVerry Trust operates emergency accommodation, an information and advice helpline, housing for young people, tenancy sustainment support and a social housing scheme.

**Society of St. Vincent De Paul:** The Society of St Vincent De Paul offers housing support and direct and personal assistance to individuals and families

**Mount Offaly House:** Mount Offaly House is located in Athy and run by Youth for Peace providing emergency accommodation.

### SUBSTANCE MISUSE SUPPORTS AND SERVICES

**HSE Addiction Services:** HSE Community Addiction Service Dublin Mid-Leinster aims to provide community based interventions to address the harms associated with the misuse of alcohol and other substances.

**South Western Regional Drugs and Alcohol Task Force:** The South Western Regional Drug and Alcohol Task Force was convened 10 years ago to work with the communities of South & West Dublin, West Wicklow and Kildare to significantly reduce the harm caused to individuals & society by the misuse of drugs & alcohol.

**The HALO Project:** HALO Project offers advice on drug and treatment services to adolescents and their families in the Kildare and West Wicklow area. This is a free, confidential service that helps young people who want help with their substance misuse to find the right service for them.

**Aras:** Aras is a community project for people over 18 and their families living with a drug and/or alcohol addiction in Kildare and West Wicklow.

**Cuan Mhuire:** Cuan Mhuire is a rehabilitation treatment centre serving those who suffer from addiction and substance misuse. Cuan Mhuire also provides emergency accommodation support.

**Foroige Drug Prevention and Education Programme:** Foroige deliver a drug education and prevention programme with the aim of reducing drug and alcohol misuse for communities and those seeking help with substance misuse.

**Hope Cottage Family Support Group:** Hope Cottage Family Support Group is a family support service for those affected by a loved one's substance misuse.



Seeds Bursting Through, Donadea Forest Park, Co. Kildare.  
Photo Credit: Derek Bennett, Naas Photography Group



# 2

Methodology

## SECTION 2 - METHODOLOGY

### 2.1 APPROACH

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

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

As one of its first actions in developing *Connecting for Life Kildare and West Wicklow*, the SPPG established an Engagement Working Group (EWG) to facilitate broad consultation and engagement to inform the local plan. Comprising of representatives of agencies and structures in Kildare and West Wicklow either active in community development and/or supporting vulnerable groups in community, the Engagement Working Group advised on all communication and consultation processes that were part of the planning process.

The following were the primary research activities undertaken to inform the SPPG's decision-making, leading to the development of *Connecting for Life Kildare and West Wicklow*:

- Consultation with stakeholders across the catchment area, including the wider public and service providers from Statutory, Community and Voluntary agencies. A survey was created, both online and printed, and circulated widely throughout the area, a number of focus groups and individual consultations were also conducted.
- Undertaking secondary research to examine and analyse existing data pertaining to mental illness, self-harm and suicide across Kildare and West Wicklow and identification of risk factors within the area.
- Drawing on existing knowledge from local service providers, and undertaking a local service-mapping survey to identify existing service provision and investment in the Kildare and West Wicklow area to address mental health problems, self-harm and suicide.
- Conducting an analysis of the strengths and challenges facing current local efforts to prevent self-harm and suicide.
- Exploration of national and international, up-to-date research on evidenced models of good practice in the prevention of self-harm and suicide; and
- Consideration of additional resource availability for investment in the local action plan.

Table 1 below provides a summary of the overall consultation process including the numbers of people who participated in each element of the consultation.

**Table 1: Consultations Undertaken in Kildare and West Wicklow**

Consultation	Date(s)	Participants/Respondents	Total
General Public Survey	November 2016 to January 2017	Members of the Public and Service Providers. 198 online respondents 74 hard copy respondents	272
Service Mapping Survey	January and February 2017	Service Providers across HSE Area CH07. 85 online respondents 0 hard copy respondents	85
Focus Group with survey respondents who expressed a wish to participate in further consultation	February 2017	Mix of Survey respondents, public, stakeholder and service providers	5
Focus Groups held in: Leixlip Blessington Naas	15th May 2017 17th May 2017 18th May 2017	Local service providers and stakeholders in those communities	40
Focus Group held with the Engagement Working Group	January 2017	Engagement Working Group members (see Appendix IV for details)	9
Other Consultations	September 2016 to January 2017	Lindara CAMHS Pieta House Naas General Hospital Our Lady's Children's Hospital Crumlin The Adelaide and Meath (Tallaght) Hospital Local Clergy National Educational Psychological Service	15

## 2.2 GENERAL PUBLIC SURVEY KEY FINDINGS

A total of 272 survey responses were received, 198 responses online and 74 in hard copy. While responses were received from a wide geographical spread, the majority of submissions were presented from individuals residing in semi-urban areas, particularly the towns of Naas and Newbridge in County Kildare. Three out of five respondents to the survey was aged between 41 and 60 years while a further 30% was aged between 21 and 40 years. Respondents were predominantly female. 45% of those responding to the survey noted that they held a social concern around the subject of suicide; 30% had personal experience of suicide while a further 25% encountered suicide either in a professional or voluntary capacity.

A significant number of concerns were expressed across responses and a number of these have been grouped to reflect common concerns. An emphasis on *service availability and accessibility* was

the primary concern articulated within the consultation, representing just under 20% of responses. Respondents referred to the need for increased investment in suicide prevention services and increased service reach. A further 5% referred to concerns regarding people with mental illness 'falling through the cracks' because of perceived considerable health service gaps. Reference was made to the lack of availability of specific, relevant health services with respondents highlighting:

- The need for improvements to CAMHS;
- The need for expanded Primary Care Psychology provision;
- The inappropriateness of Emergency Departments for people who have self-harmed and people at risk of suicide
- The lack of youth mental health services.

Thirteen percent (13%) of respondents referred to the importance of promoting Information and Awareness relevant to suicide prevention. These statements referred both to building people's awareness and understanding of suicide and mental illness, and to ensuring adequate information is in the public domain on available services and supports.

Responses placed a notable emphasis on Young People as a target group at significant risk of suicide (8% of responses). In terms of priority groups, reference was also made to men, older people, LGBTQI and people living in rural isolation. A further 8% expressed concern about the need for school based action in efforts to prevent suicide. This is paralleled by a further 6% of respondents highlighting the need for greater promotion of resilience and positive mental health in the community. Figure 10 highlights the primary concerns expressed by the public in the consultation survey.

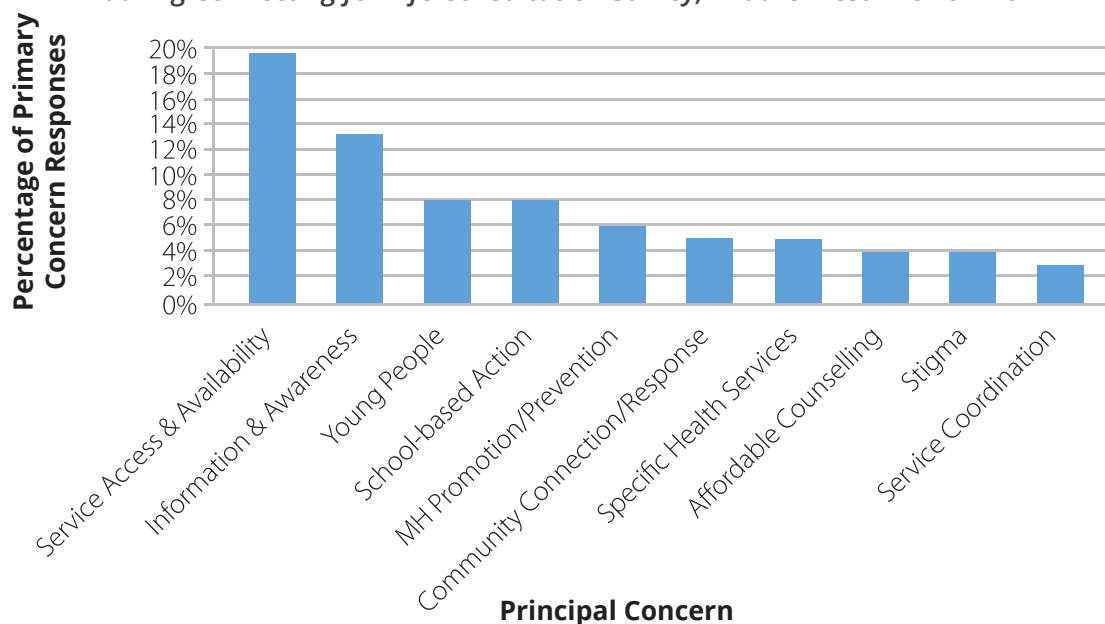
Respondents made numerous suggestions when asked to recommend actions that would have a substantial impact on suicide and self-harm rates in Kildare and West Wicklow. A number of these have been grouped to reflect common themes. Most notably, just under 15% of respondents highlighted the importance of promoting positive mental health through Public Health messaging, including the promotion of resilience within the community. A further 14% proposed greater investment in community responses to suicide prevention, highlighting the need for the provision of community-based wellness centres and promoting the importance of social connection in the community.

Twelve per cent of survey respondents emphasised the importance of greater mental health provision in schools, prioritising both the promotion of mental health and mental health services in the school context. This aligned to a prioritisation of *young people* (8.2% of responses) as a priority group for action.

11% of respondents prioritised improvements in service access to communities. This included a prioritisation of i) increased access to counselling services (6.5% of responses); ii) the need to address geographical disparities in service provision across Kildare and West Wicklow; and iii) increased availability of appropriate no and low-cost services. This does not take account of recommendations that a 24-hour Crisis Intervention Service be made available in the area. Almost 6% of respondents prioritised this as an area for action, highlighting the need for a centre (ideally 10-15 bed) where clients could go if feeling suicidal and/or a clinic – similar to Kildare Doc - for people experiencing suicidal ideation. A number of respondents (2.2%) also highlighted the need to address inadequacies in Emergency Department (ED) arrangements. It was suggested that a separate space for suicidal people was required. It was also noted that waiting times in ED were too long for people experiencing suicidal ideation.



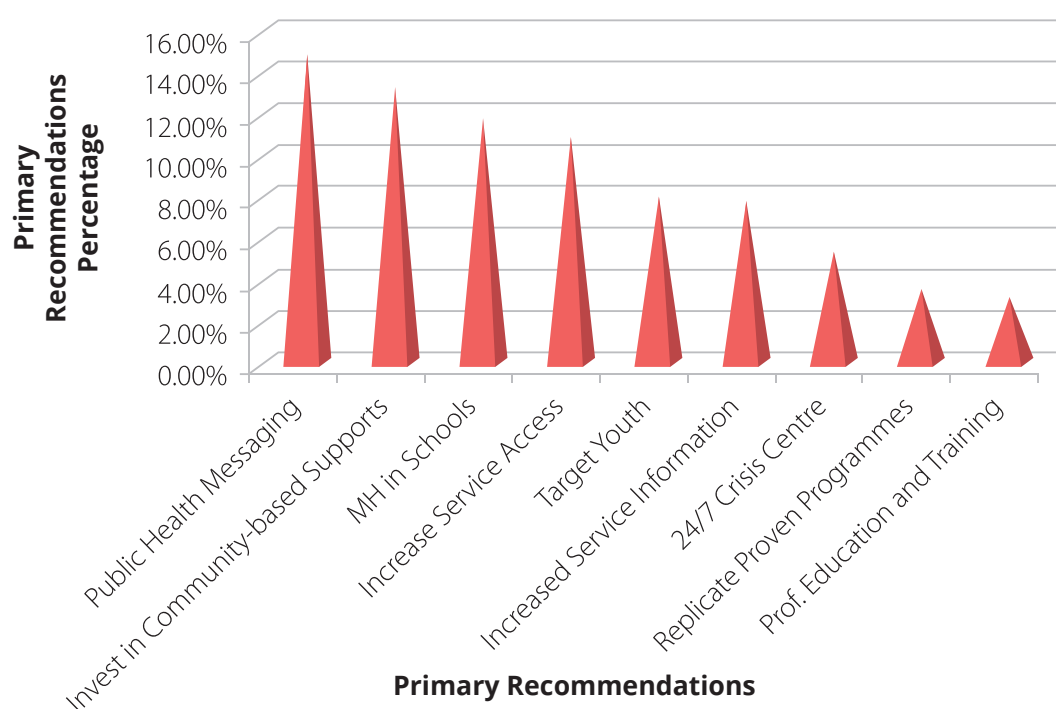
**Figure 10: Primary Concerns relating to Suicide expressed during Connecting for Life Consultation Survey, Kildare West Wicklow 2017**



Just under 8% of respondents highlighted the importance of promoting information on service availability within local communities and the need to make this information accessible online. A small proportion of survey respondents stressed the importance of i) improved professional education and training related to suicide prevention (3.3%), especially ASIST Training and ii) the replication of proven models in Kildare and West Wicklow, with particular reference to programmes such as Pieta House and Mojo.

Figure 11 highlights the primary recommendations expressed by the public in the consultation survey.

**Figure 11: Primary Recommendations relating to Suicide Prevention expressed during Connecting for Life Consultation Survey, Kildare West Wicklow 2017**



It is important to point out that the vast majority of concerns and recommendations raised in the public consultation are reflected in the framework action plan outlined below in Section 4 where the evidence supports the recommendations. It is equally important to highlight that the suggestions presented through the survey reflect the experiences, feelings and perspectives of respondents in the community, reflecting priority concerns and aspirations in community but do not, necessarily consider what is possible within the constraints of existing agency budgets.

## 2.3 CONSULTATION WITH SERVICE PROVIDERS KEY FINDINGS

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

A further round of consultation was then conducted in May 2017, whereby the draft framework plan was shared with a broader cross-section of service providers from across statutory, community and voluntary agencies in the area. Participants engaged in three consultation workshops reflecting on the draft *Connecting for Life Kildare and West Wicklow* action framework and to agree the ownership of actions, lead and key partners. Critical issues to emerge from this consultation phase were the identified need for:

- Recognition of rural isolation in both County Kildare and West Wicklow
- Greater interagency networking and information-sharing on all matters relevant to suicide and self-harm prevention
- Improved referral pathways for children and adults experiencing mental health difficulties;
- Enhanced HSE communication with other partners
- A uniform approach in hospitals to addressing the needs of individuals presenting with suicidal ideation, particularly in terms of discharge and onward referral
- Increased staff training relevant to the prevention of suicide and with a focus on staff wellbeing as well as staff up-skilling
- Greater focus on prevention activity with considerable appreciation Social Prescribing
- A consistent approach to dealing with individuals presenting with a dual diagnosis, e.g. a mental health difficulty and addiction
- Enhanced bereavement supports for people and communities affected by suicide
- Specific attention to the needs of vulnerable groups such as people affected by homelessness; people experiencing addiction, members of the LGBTQI and Traveller communities; men and young people

## 2.4 SERVICE MAPPING KEY FINDINGS

Over a third of services that responded to the service mapping exercise noted that their services had waiting lists. Youth Counselling services in particular identified themselves as having considerable waiting times for the delivery of service. Approximately one third of those services highlighting waiting lists indicated that their waiting lists lasted for between two and five months.

Consultations with service providers suggest significant resource constraints in Kildare and West Wicklow. For example, there is no Primary Care Psychology service in North Kildare; an area of considerable need. Participants in the consultation process argued for the need for significant investment in Primary Care Psychological Services and/or increased youth counselling services

It was noted across consultations that early intervention services and acute services for individuals with mental health difficulties were readily available. By extension, it was also noted consistently that there were few services for individuals in need who fall between early intervention primary care and secondary level services. Consultation participants noted significant under-reporting in national figures of the link between self-harm presentations and alcohol consumption and highlighted the need for further research in this area.



Bluebells, Monasterevin, Co. Kildare.  
Photo Credit: Derek Bennett, Naas Photography Group





# 3

Priority Groups,  
Risk and Protective  
Factors

## SECTION 3 - PRIORITY GROUPS, RISK AND PROTECTIVE FACTORS

The foundation of any effective response to suicide prevention is the identification of priority groups, risk and protective factors that are rooted in robust data. Suicidal behaviours are complex. There are multiple contributory factors and causal pathways to suicide and a range of options for its prevention. Usually no single cause or stressor is sufficient to explain a suicide. Most commonly, several risk factors act together to increase an individual's vulnerability (2).

### 3.1 NATIONAL PRIORITY GROUPS

Ireland's overall suicide rate is among the lowest in the OECD (3). However, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour (1). There is significant overlap between many of the groups. Similarly it is important to note that the presence of risk factors does not necessarily lead to suicidal behaviour, for example, only a minority of people with a mental disorder will die by suicide (2). As part of developing the national strategy, NOSP reviewed the available Irish and international evidence in relation to risk and protective factors with the aim of identifying potential priority groups vulnerable to suicide in Ireland. The following priority groups, outlined in Table 2, are noted in the national strategy, *Connecting for Life*.

**Table 2: National Priority Groups identified in Connecting for Life**

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

### 3.2 RISK FACTORS

Suicidal and self-harm behaviours are complex and there is rarely a single cause. Generally, a number of risk factors interact (in different ways for different groups), to increase an individual's vulnerability to suicidal behaviours (2). International research has identified some common risk factors at individual, socio-cultural and situational levels (19) and these are outlined below in Table 3.

**Table 3: National individual, socio-cultural and situational risk factors**

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

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

### 3.3 LOCAL PRIORITY GROUPS

Table 4 provides details of groups identified as at risk of suicide as a result of the consultation process and findings:

**Table 4: Groups identified as at risk of self-harm and suicide in Kildare and West Wicklow**

Health/mental health related groups	<ul style="list-style-type: none"> <li>• Individuals with mental health issues</li> <li>• Individuals with substance misuse issue with particular emphasis on those engaged in polydrug use. (32)</li> <li>• Individuals with poor coping skills</li> <li>• Individuals who self-harm</li> <li>• Individuals currently or previously in receipt of support as a result of child protection concerns with particular emphasis on those leaving care and detention services (33)</li> </ul>
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Minority groups	<ul style="list-style-type: none"> <li>• Members of the LGBTQI community</li> <li>• Members of the Traveller community (particularly males)</li> <li>• Non-Irish nationals</li> <li>• Individuals with disabilities</li> <li>• Individuals who are homeless</li> </ul>
Demographic cohorts	<ul style="list-style-type: none"> <li>• Young people (male and female)</li> <li>• Middle aged men</li> <li>• Economically disadvantaged individuals</li> <li>• Those experiencing rural disadvantage and isolation with diminishing opportunities as a result (34)</li> <li>• Geographical communities that have experienced multiple suicides over a defined period of time</li> </ul>
Suicide related	<ul style="list-style-type: none"> <li>• Individuals bereaved by suicide</li> <li>• Individuals in communities where there has been a bereavement due to suicide</li> </ul>
Occupational groups	<ul style="list-style-type: none"> <li>• Individuals working in certain professions (GP's, dentists, priests/ministers, carer/those working in caring professions, defence force members)</li> <li>• Members of the Farming community</li> </ul>

### 3.4 LOCAL RISK FACTORS

The community and stakeholder consultations and public surveys identified a range of individual, socio-cultural and situational level risk factors throughout Kildare and West Wicklow. All of the national level individual risk factors were identified, while many of the socio-cultural and situational level risk factors were also identified, as well as a range of other additional risk factors. See Table 5 for details of the local risk factors identified:

**Table 5: Local Risk Factors Kildare and West Wicklow**

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> <li>• Previous suicide attempt</li> <li>• Mental health problems</li> <li>• Substance misuse</li> <li>• Sense of isolation/hopelessness</li> <li>• Lack of social support</li> <li>• History of trauma or abuse</li> <li>• Acute emotional distress</li> <li>• Major physical or chronic illnesses and chronic pain</li> <li>• Family history of suicide</li> <li>• Working in particularly lonely professions (local clergy, doctors, farmers)</li> <li>• Working in stressful professions (Caring professions, Garda, Defence Forces)</li> <li>• Dealing with financial issues/crises</li> </ul>	<ul style="list-style-type: none"> <li>• Stigma associated with accessing mental health services</li> <li>• Exposure to suicidal behaviour, e.g. through the media, and influence of others who have died by suicide</li> <li>• Barriers to accessing health care, mental health services and substance abuse treatment (e.g. Inability to be able to access services 24/7, Long wait times; acute services must be accessed through the Emergency Department of the General Hospital)</li> </ul>	<ul style="list-style-type: none"> <li>• Job and financial losses - can put communities at risk</li> <li>• Suicide clusters occur</li> <li>• Perceptions of the existence of some high-risk locations for suicide</li> <li>• Need to recognise the relationship between alcohol/substance misuse and suicide</li> <li>• Stressful life events - People need to be resilient to be able to cope with stress e.g. relationship breakdown</li> </ul>

### 3.5 PROTECTIVE FACTORS

Research conducted by the World Health Organisation (2) has demonstrated that strong personal relationships, religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing are the most significant protective factors against the risk of suicide:

- Strong personal relationships. Suicidal behaviour increases when people experience relationship conflict, loss or discord. Equally, maintaining healthy close relationships can increase individual resilience and act as a protective factor against the risk of suicide.
- Religious or spiritual beliefs. Faith itself may be a protective factor since it typically provides a structured belief system and can advocate for behaviour that can be considered physically and mentally beneficial. Many religious and cultural beliefs and behaviours may also contribute towards stigma related to suicide due to their moral stances on suicide, which can discourage help-seeking behaviours. The protective value of religion and spirituality may occur from providing access to a socially cohesive and supportive community with a shared set of values.
- Lifestyle practice of positive coping strategies and wellbeing. Personal wellbeing and effective positive coping strategies protect against suicide. An optimistic outlook, emotional stability and a developed self-identity assist in coping with life's complications. Good self-esteem, self-efficacy and effective problem solving-skills, which include the ability to seek help when needed, can mitigate the impact of stressors and childhood adversities. Because of the perceived stigma of mental health problems people (especially males) may be reluctant to seek help. Healthy lifestyle choices which promote mental and physical wellbeing include regular exercise and sport, sleeping well, a healthy diet, consideration of the impact on health of alcohol and drugs, talking about problems, healthy relationships and social contact and effective management of stress.







# 4

Connecting for Life  
Kildare and West  
Wicklow Strategic  
Goals, Objectives  
and Actions

## SECTION 4 - CONNECTING FOR LIFE KILDARE AND WEST WICKLOW STRATEGIC GOALS, OBJECTIVES AND ACTIONS

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

**‘County Kildare and West Wicklow will have fewer lives lost through suicide, and communities and individuals will be empowered to improve their mental health and well-being’**

### Strategic Goals

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

### Primary Outcomes

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

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

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

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
<b>1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk &amp; protective factors.</b>	1.1.2 Develop and implement a national mental health and well-being promotion plan.	<i>1.1.2 Implement the national mental health and wellbeing promotion plan locally.</i>	HSE H&W	HSE Mental Health
	1.1.3 Deliver coordinated communication campaigns (such as <i>Little Things</i> , 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.	<i>1.1.3 At a local level, deliver national positive mental health campaigns in Kildare and West Wicklow, such as the Little Things campaign.</i>	HSE MH, HSE MH (ROSP)	HSE H&W, HSE PC, HSE Communications

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



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

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

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

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
<b>2.1 Improve the continuation of community level responses to suicide through planned, multi-agency approaches.</b>	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 and Children & Young People's Services Committee's (CYPSC) county plans.	<i>2.1.1 (a) Implement, monitor and report on the delivery of Connecting for Life Kildare and West Wicklow.</i>	HSE MH (ROSP), HSE MH	Connecting for Life Kildare West Wicklow Oversight and Implementation Groups
		<i>2.1.1 (b) Support the implementation of Connecting for Life Kildare and West Wicklow through networking events and enhanced information sharing.</i>	HSE MH (ROSP)	Statutory Agencies, C&V Organisations

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
<b>2.2 Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sporting Organisations).</b>	2.2.1 Provide community-based organisations with guidance and protocols on effective suicide prevention.	<i>2.2.1 Support and train community based organisations to implement guidelines and protocols that build their capacity and skills to prevent suicide and self-harm.</i>	HSE MH (ROSP)	C&V Organisations, NOSP
<b>2.3 Ensure delivery of training and education programmes on suicide prevention to community-based organisations.</b>	2.3.2 Deliver awareness training programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide.	<i>2.3.2 Aligned to the National Training Plan deliver suicide prevention and self-harm training to staff and volunteers across community-based organisations. See Appendix for details.</i>	HSE MH (ROSP)	C&V Organisations
	2.3.3 Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups.	<i>2.3.3 Signpost local community and voluntary organisations to relevant mental health promotion programmes and encourage participation.</i>	HSE MH (ROSP)	C&V Organisations

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

The suicide rate in Kildare and West Wicklow has been higher than the national average over the past three years, and particular demographic groups have been shown to have increased risk to suicide as outlined in Section 3. Identifying risk and protective factors for suicide is important at a whole population level and particularly for those vulnerable to suicide. Within this plan consideration has been given to particular issues which may contribute to risk, especially for vulnerable groups.

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
<b>3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>	3.1.2 Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.	<i>3.1.2 (a) Implement at a local level new and updated suicide prevention and critical incident management HSE and interagency protocols.</i>	HSE MH	HSE MH (ROSP), HSE H&W, HSE PC, Acute Hospitals, Statutory Agencies
		<i>3.1.2 (b) Continued implementation of the Kildare and West Wicklow Suicide Response Plan and update as appropriate.</i>	HSE MH, TUSLA	HSE PC, ETB, Garda, NGOs
	3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.	<i>3.1.3 (a) Continue the implementation of direct Primary Care Services and funded target group organisations across Kildare and West Wicklow.</i>	HSE PC	NGOs

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
		<p>3.1.3 (b) Explore the potential to implement a Social Prescribing Programme across Kildare and West Wicklow.</p> <p>3.1.3 (c) Promote the Making Every Contact Count Programme in Kildare West and Wicklow, and aligned to the National Training Plan offer relevant training to staff across organisations and agencies.</p>	<p>HSE H&amp;W</p> <p>HSE H&amp;W</p>	<p>HSE MH, HSE PC</p> <p>HSE MH, HSE PC, Statutory Agencies, NGOs</p>
	3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.	<p>3.1.5 (a) Aligned to the National Training Plan, provide health and social care professionals, including frontline mental health service staff and primary care health providers suicide prevention training.</p> <p>3.1.5 (b) Aligned to the National Training Plan, provide front line mental health service staff with suicide prevention and self-harm mitigation training to improve their skills in assessment and management of suicide.</p>	<p>HSE MH (ROSP)</p> <p>HSE MH (ROSP)</p>	<p>HSE MH, HSE PC, NGOs, Statutory Agencies</p> <p>HSE MH</p>
	3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the youth sector.	3.1.6 Deliver Introduction to Youth Mental Health and Minding Your Mental Health (Jigsaw and HSE Mental Health Promotion) to people who work or volunteer with young people between ages of 12 and 25 years .	Jigsaw, HSE H&W	HSE MH (ROSP)



National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
<b>3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.</b>	3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.	<i>3.2.1 Continue the implementation of early intervention and prevention of alcohol and drug misuse programmes and initiatives.</i>	HSE PC, Local and Regional Drugs Task Force	HSE H&W
<b>3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.</b>	3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education.	<i>3.3.1 (a) Support schools, including Youthreach Centres to implement the Wellbeing in Primary and Post Primary School Guidelines.</i>	NEPS	HSE H&W, HSE MH, Schools, CYPSCs
	3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and for the management of critical incidents.	<i>3.3.2 (a) Provide support to schools throughout Kildare and West Wicklow in relation to responding to critical incidents. Other agencies to support, where appropriate.</i>  <i>3.3.2 (b) Provide support to schools throughout Kildare and West Wicklow in the establishment and operation of Student Support Teams.</i>	NEPS  NEPS	TUSLA, HSE MH, HSE H&W  HSE H&W, HSE MH Schools

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

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

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

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

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

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



National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
	4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.	<i>4.1.4 Collaborate with the HSE MHD to explore, identify and implement a uniform assessment approach across the health services in Kildare West and Wicklow.</i>	HSE MH	-
	4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to EDs.	<i>4.1.5 Continue the implementation of the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm in Naas General Hospital.</i>	HSE MH	-
<b>4.2 Improve access to effective therapeutic interventions for people vulnerable to suicide.</b>	4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems in both primary and secondary care levels.	<i>4.2.1 (a) Outline and review provision of psychotherapeutic interventions, including to what extent services are adequate, visible and accessible.</i>	HSE MH, HSE PC	-

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
		<p>4.2.1 (b) Review the availability and accessibility of evidence based psychological interventions across Kildare West and Wicklow, including counselling, DBT and CBT for mental health problems at both primary and secondary care levels.</p> <p>4.2.1 (c) Consider proposals for aligning current resources to need within Community Healthcare, Dublin South, Kildare West and Wicklow and where required, developing additional resources.</p>	<p>HSE MH, HSE PC</p> <p>HSE MH, HSE PC</p>	-
<b>4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.</b>	4.3.1 Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide.	<p>4.3.1 (a) Outline and review provision of bereavement services, including to what extent services are adequate, timely and effective.</p> <p>4.3.1 (b) Consider proposals for aligning current resources to need within Kildare West and Wicklow and where required, developing additional resources.</p>	<p>HSE MH</p> <p>HSE MH</p>	<p>HSE PC, NOSP, NGOs</p> <p>-</p>

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

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

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

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
<b>5.2 Improve the response to suicidal behaviour within health and social care services, with a focus on incidents within mental health services.</b>	5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services.	<i>5.2.1 Collaborate with the HSE MHD to explore, identify and implement a uniform procedure across mental health services in Kildare West and Wicklow.</i>	HSE MH	HSE PC, Acute Hospitals
	5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those known to the mental health service) and develop responsive practice models.	<i>5.2.3 Ensure that trained investigators are available to carry out system and service reviews of incidents of suicide and suicidal behaviour, in line with HSE policy.</i>	HSE MH	-
<b>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.</b>	5.4.4 Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions.	<i>5.4.4. Continue to facilitate training (Understanding Self-Harm, ASIST, Safe Talk) for undergraduates in colleges across Community Healthcare; Dublin South, Kildare and West Wicklow within relevant professional categories.</i>	HSE MH	Third Level Institutes

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

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

National Objective	National Action	Connecting for Life Kildare and West Wicklow Action	Lead	Partners
<b>6.2 Reduce access to highly lethal methods used in suicidal behaviour.</b>	6.2.1 Local Authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.	<i>6.2.1 Work with relevant organisations to identify and map high risk locations across Kildare and West Wicklow, and introduce preventative measures and additional supports at these locations.</i>	LAs	HSE MH, An Garda Síochána.
	6.2.2 Implement a strategy to improve environmental safety within the HSE mental health services (e.g. ligature audits).	<i>6.2.2 Continue to monitor and improve the environmental safety within HSE Mental Health Services, informed by local ligature audits.</i>	HSE MH	HSE Estates

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

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

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



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



5

Implementation

## SECTION 5 - IMPLEMENTATION

### 5.1 IMPLEMENTATION STRUCTURES AND ROLES

*Connecting for Life, Kildare and West Wicklow* will be overseen by an oversight and management framework for Community Healthcare; Dublin South, Kildare and West Wicklow, which also includes the plan for the Dublin South Central area. The Oversight Group will be made up of senior managers from the statutory, non-statutory and community and voluntary sectors. Membership will be drawn from the existing groups from the plan development stage and new members who are actively involved in action implementation and/or can provide expert support and guidance in the implementation of the plan. The Oversight Group will seek to ensure that *Connecting for Life* across Kildare and West and Wicklow:

- Holds to its vision and purpose
- Remains closely aligned in all aspects to the national strategy
- Is delivered in accordance with the principles and provisions of the plans

The Oversight Group will meet periodically and receive updates from the Project Management Group.

Direct management of the implementation process in Kildare and West Wicklow will be devolved to a Project Management Group comprising of key HSE staff. The Project Management Group will provide support and direction towards the successful implementation of the plan, and will have primary responsibility for engagement with, and reporting to, the National Office for Suicide Prevention on implementation progress and evaluation. The Project Management Group will be advised by the ROSP responsible for Kildare and West Wicklow, who will also be a member of the group.

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

Membership of the Implementation Groups will be defined by the actions prioritised within the plan comprising of representatives of agencies on the ground that will deliver actions from this framework in Kildare and West Wicklow. This will include a mix of representatives from Statutory, Community and Voluntary agencies.

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

## 5.2 MONITORING AND EVALUATION

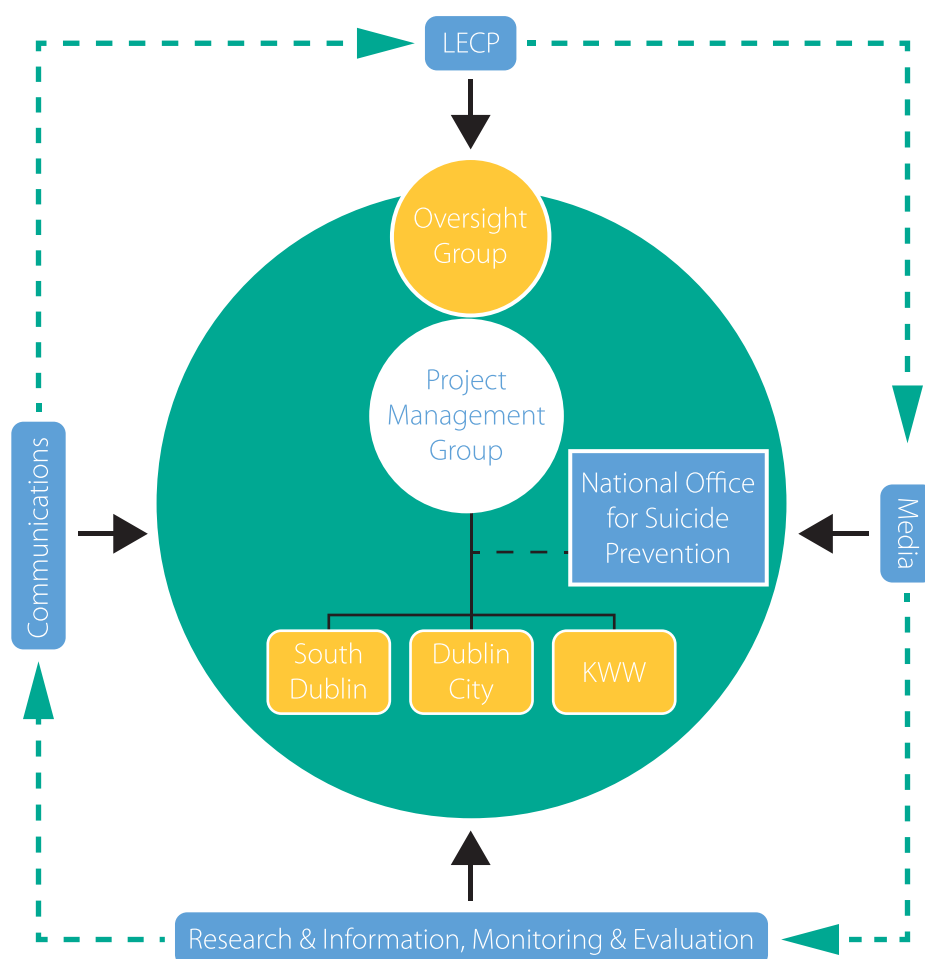
The progress monitoring and reporting for all the local *Connecting for Life* plans will be managed by the National Office for Suicide Prevention. This will inform the continuous evaluation of *Connecting for Life 2015- 2020* at both national and local level. HSE Community Healthcare, Dublin South, Kildare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

## 5.3 COMMUNICATIONS PLAN

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

The implementation structure for *Connecting for Life Kildare and West Wicklow*, is shown in Figure 12:

**Figure 12: Implementation Structures, Connecting for Life, Community Healthcare: Dublin South, Kildare and West Wicklow**





## 5.4 RESOURCING CONNECTING FOR LIFE, KILDARE WEST WICKLOW

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

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



A Single Acorn, Donadea Forest Park, Co. Kildare.  
Photo Credit: Derek Bennett, Naas Photography Group





# Appendices

## APPENDICES

### APPENDIX I: ABBREVIATIONS

AMHS	Adult Mental Health Services
AMNCH	Adelaide and Meath National Children's Hospital (also commonly referred to as Tallaght Hospital)
ASIST	Applied Suicide Intervention Skills Training
AVFC	A Vision for Change
CAMHS	Child and Adolescent Mental Health Services
CHDSKWW	Community Healthcare; Dublin South, Kildare and West Wicklow
CSO	Central Statistics Office
CSPE	Civic, Social and Political Education
CYPSC	Children and Young Persons' Services Committees
DECLG	Department of the Environment, Community and Local Government
DES	Department of Education and Skills
DJE	Department of Justice and Equality
DOH HI	Department of Health Healthy Ireland
DSP	Department of Social Protection
ED	Emergency Department
EWG	Engagement Working Group
GAA	Gaelic Athletic Association
HRB	Health Research Board
HSE	Health Services Executive
HSE H&W	HSE Health & Wellbeing
HSE MH	HSE Mental Health
HSE PC	HSE Primary Care
LA	Local Authority
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex
NEPS	National Educational Psychological Service
NGO	Non-Governmental Organisation
NOSP	National Office for Suicide Prevention
NSHRI	National Self Harm Registry of Ireland
NSRF	National Suicide Research Foundation
PE	Physical Education
ROSP	Resource Officer for Suicide Prevention
RSE	Religious and Social Education
SOP	Standard Operating Procedure
SPHE	Social, Personal and Health Education
SPPG	Suicide Prevention Planning Group
TOR	Terms of Reference
WHO	World Health Organisation

## APPENDIX II: GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Risk and protective factors:** In general, risk factors increase the likelihood that suicidal behaviour will develop, whereas protective factors reduce this likelihood. In relation to mental health, protective factors include secure family attachments, having one supportive adult during early years, positive early childhood experiences, good physical health, and positive sense of self, effective life and coping skills. Risk factors include physical illness or disability, family history of psychiatric problems, family history of suicide, low self-esteem, social status and childhood neglect

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

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

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

**Social Prescribing:** Social Prescribing refers to the process of accessing non-medical interventions; it is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing

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

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

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

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

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

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

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

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

## APPENDIX III: GLOSSARY OF TRAINING PROGRAMMES AND EDUCATION

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

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

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

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

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

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

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

**STORM® Suicide Prevention and Self-harm Mitigation Training:** focuses on developing the skills needed to assess and manage a person at risk of suicide or self-harm to stay safe. The training is highly interactive, with methods proven to enhance a greater understanding of the subject and the development of skills. These include active demonstration, role-rehearsal, filmed role-rehearsal, feedback, and self-reflection. The training is suitable for professional caregivers

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

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

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

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



## APPENDIX IV: SUICIDE PREVENTION PLANNING GROUP AND ENGAGEMENT WORKING GROUP MEMBERS

### Suicide Prevention Planning Group

David Walsh	HSE – Chief Officer CHDSKWW
Kevin Brady	HSE – Mental Health Lead CHDSKWW
Dr Donal O'Hanlon	HSE – Clinical Director AMHS CHDSKWW
Sonya Kavanagh	Kildare County Council
Dr Brendan Doody	HSE – Clinical Director Linn Dara CAMHS
Bridget Lane	Naas General Hospital
Deirdre Whitfield	LCDC Co-ordinator Wicklow
Concepta De Bruin	HSE – Social Inclusion Specialist
Brena Dempsey	HSE – Health and Wellbeing Lead CHDSKWW
Dr Hester O'Connor	HSE – Principal Psychology Manager DSW/KWW
Julie Cruickshank	HSE – Primary Care CHDSKWW
Dr Xavier Flanagan	General Practitioner
Annette Corkery	Dept of Education – Neps Senior Psychologist
George Brogan	Turas Le Cheile
Lisa Baggott	South West Regional Drugs Task Force
Niamh Digan	Dept of Education
Patricia Finlay	Tusla
Audrey Warren	Tusla
Paul Dolan	An Garda Siochana
Emma Freeman	HSE – Resource Officer for Suicide Prevention
Niamh Crudden	HSE – Resource Officer for Suicide Prevention

### Engagement Working Group:

Maeve Errity	Newbridge Family Resource Centre
Pat Leogue	County Kildare Leader Partnership
Tom Dunne	Kildare Youth Service
Emma Berney	Children and Young Persons Services Kildare
Fionnuala Curry	Children and Young Persons Services Wicklow
Susan McFeeley	SHINE
Niamh Crudden	HSE - Resource Officer for Suicide Prevention
Emma Freeman	HSE - Resource Officer for Suicide Prevention
Jacopo Villani	Kildare Traveller Action
Suzanne Carrick	Kildare County Council Homeless Services
Stephen Joyce	Regional Drug and Alcohol Task Force
Niamh Keavney	Mojo Kildare
Eliska Schneider	County Kildare Leader Partnership
Paul Brophy	HSE Director of Nursing
Julie Cruickshank	HSE
Nicola Gregg	HSE

## APPENDIX V: REFERENCES AND SECONDARY SOURCES OF EVIDENCE

*Connecting for Life Kildare West Wicklow* takes an evidence-informed approach to suicide prevention, to ensure the proposed aims, objectives and interventions deliver real and measurable benefits in a cost-efficient way. Evidence and data used included:

An examination of key learning points from Reach Out, Irish National Strategy for Action on Suicide Prevention 2005 – 2014;

Research on risk and protective factors for suicide;

Central Statistics Office material;

National Self-Harm Registry Ireland Data;

International evidence about key elements in effective suicide prevention strategies;

Evidence on social media and social marketing strategies, language and stigma reduction and media reporting issues and interventions;

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Sunrise in the Sally Gap, Co. Wicklow.  
Photo Credit: Derek Bennett, Naas Photography Group



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