



Connecting for Life

Sligo and Leitrim

Suicide Prevention Action Plan
2017 – 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 the GP out of hours service for your area as follows:

Sligo, North Leitrim and West Cavan: contact Caredoc on: 0818 365 399.

South Leitrim, Roscommon: call NowDOC on: 1850 400 911.

- Go to the Emergency Department in Sligo University Hospital.
- Contact the Emergency Services on 999 or 112.
- Call the Samaritans 24 hour Freephone Listening Service on 116 123.
- Visit www.yourmentalhealth.ie for information on mental health supports and services.

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Foreword

Connecting for Life is the National strategy to reduce suicide in Ireland over the period 2015 - 2020. The Sligo and Leitrim Suicide Prevention Action Plan has been developed to ensure our local actions and outcomes are relevant and responsive to that strategy.

Preventing suicide is essential work as we begin to move away from our historical failure to properly value Mental Health Services and begin to understand the importance of good mental health, and the terrible burden poor mental health places on individuals, families and society.

The impact of suicide on families and communities is deep and prolonged. This Suicide Prevention Action Plan is founded upon meaningful engagement with all key stakeholders. It is clear that the voice of the community has informed the overall aim of the plan to create a supportive living environment where good timely and informed intervention is the norm.

While the HSE will lead on the implementation of *Connecting for Life Sligo and Leitrim*, it is understood by everyone involved that the way forward is to act together within and across services, sectors and communities.

I am glad to extend thanks to the Chair of the Sligo Leitrim Suicide Prevention Steering Group, Tomas Murphy, Area Director of Nursing Sligo, Leitrim and South Donegal and to everybody who contributed to the development of the truly wide-reaching, positive and integrated approach outlined in the action plan. I look forward to the delivery of the commitments and actions as set out.



Leo Kinsella

Head of Service Mental Health CHO 1

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

Connecting for Life is our national suicide prevention strategy. It brings together 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 Sligo Leitrim 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

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



ACKNOWLEDGEMENTS

The participation on the Sligo and Leitrim Suicide Prevention Steering Group from a wide range of statutory and non-statutory organisations and from the Community and Voluntary sector and from individuals affected by suicide made the process of developing *Connecting for Life Sligo and Leitrim* a truly collaborative one. Everyone involved gave their time, energy, enthusiasm and commitment and this was a crucial part of the success of the project.

Special acknowledgements and thanks to:

- The people of Sligo and Leitrim who took the time to share thoughts on suicide prevention and mental health during the public consultation process, through attendance at public consultation workshops, specific focus group meetings, completion of online surveys and postcards
- All of the local organisations across Sligo and Leitrim who hosted meetings, provided venues and more importantly, supported those who attended each of the consultations
- Volunteers from community and voluntary organisations who facilitated the public meetings
- Staff and volunteers from services across Sligo and Leitrim who dedicated time and effort to contribute to the plan and who have committed to delivering actions in this plan
- The team at the National Office for Suicide Prevention, staff in the HSE Mental Health Division and the local Resource Officer for Suicide Prevention who coordinated the development of this plan
- Anne Lynch from Pieta House Bereavement Liason Service, who, with her son Sean developed a local video for *Connecting for Life Sligo and Leitrim*

Photo Credits

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- Page 36 CONDOH/Conor Doherty, Hazelwood, Sligo
- Page 43 Emergency Services, Sligo and Leitrim
- Page 48 Bridget Kerrigan, Leitrim
- Page 56 Sligo University Hospital Staff
- Page 67 Sean Lynch, *Connecting for Life Sligo and Leitrim* working group
- Page 73 Alan Finn, Doorly Park, Sligo
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Connecting for Life Sligo and Leitrim is available in electronic format at

www.connectingforlifeforleigoileitrim.ie

INTRODUCTION

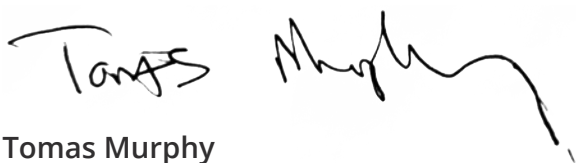
Suicide is a significant public health concern and the general public recognises the devastating effect of suicide on families and communities. While suicide rates are decreasing, they remain very high. According to the World Health Organisation (1) one in four people experience mental health problems at some time in their lives, and this makes mental health and suicide prevention a concern for us all.

Suicide prevention and reduction is everyone's responsibility as every death by suicide is a tragedy that affects families, friends, workplaces and communities. This shared concern where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing requires a collective response. *Connecting for Life Sligo and Leitrim* is a four year action plan, grounded in an approach that recognises the contributions that can be made across all sectors of our community.

Suicidal behaviour is complicated and usually cannot be explained by a single cause or risk factor. It is important that people feel confident and competent talking about mental health, suicide prevention and suicide. It is through this approach that individuals and communities learn to recognise the signs and symptoms associated with mental health problems and suicidal behaviour while developing skills to support others and have knowledge of where help is available. It is equally important that services providing support do so in a timely and effective manner.

Many suicides are preventable, and for national strategies and local action plans to be effective, a comprehensive multi-sectoral approach is needed. This action plan sets out a vision for suicide prevention and outlines the actions which will be taken to achieve this vision.

Connecting for Life Sligo and Leitrim has been developed in response to *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015 – 2020. The approach in the preparation of the local action plan has been collaborative and inclusive, involving a broad range of organisations and individuals from the statutory, non-statutory and the community and voluntary sector, and also the general public.



Tomas Murphy
Area Director of Nursing
Mental Health Service Sligo/Leitrim and South Donegal
CHO 1, HSE West
Chair *Connecting for Life Sligo and Leitrim*





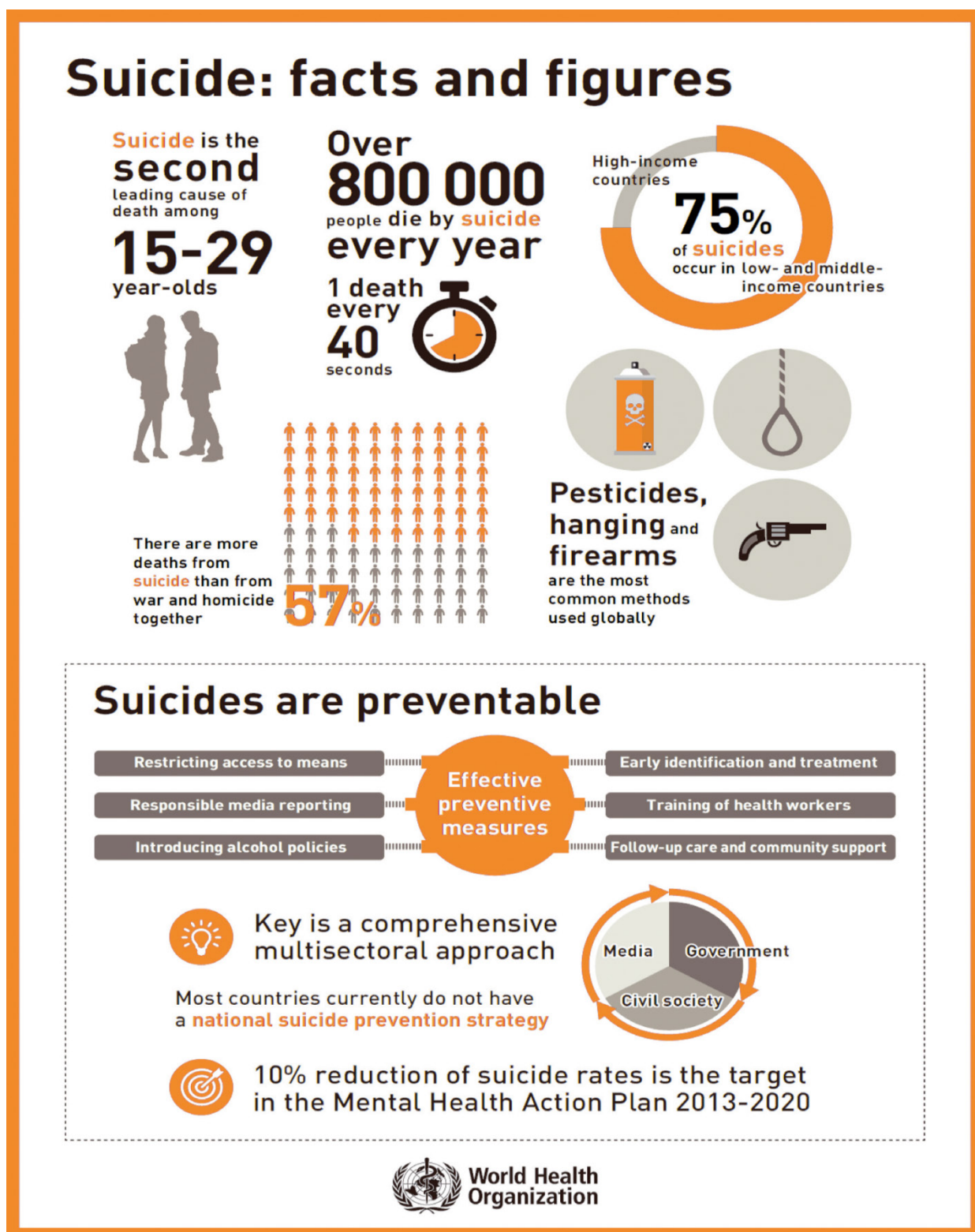


Context For Suicide Prevention

1.1 INTERNATIONAL CONTEXT

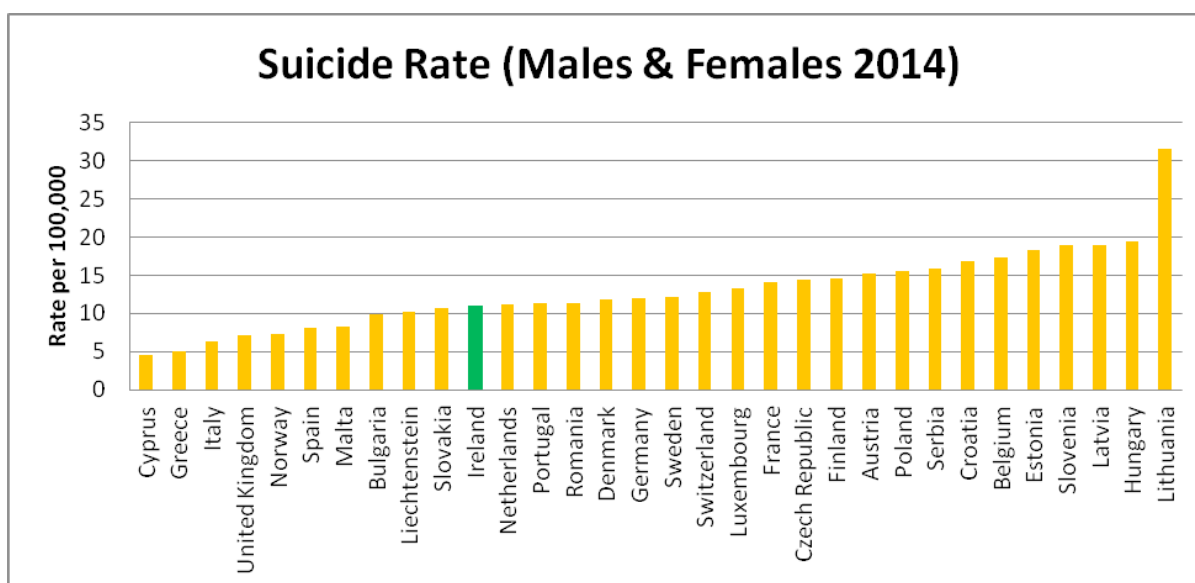
According to the World Health Organisation (WHO), over 800,000 people die by suicide every year with many more attempting suicide (1). See Figure 1.1 for global suicide facts and figures.

Figure 1.1 Global suicide facts and figures (1)



Ireland's overall suicide rate is not high, by European comparison. Looking at the total rate of suicide for men and women of all ages in Ireland, the rate 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 (Figure 1.2). The highest rate was found in Lithuania (31.51 per 100,000 of the population) and the lowest in Cyprus (4.5 per 100,000 of the population). The EU 28 average for 2014 was 11.25 per 100,000.

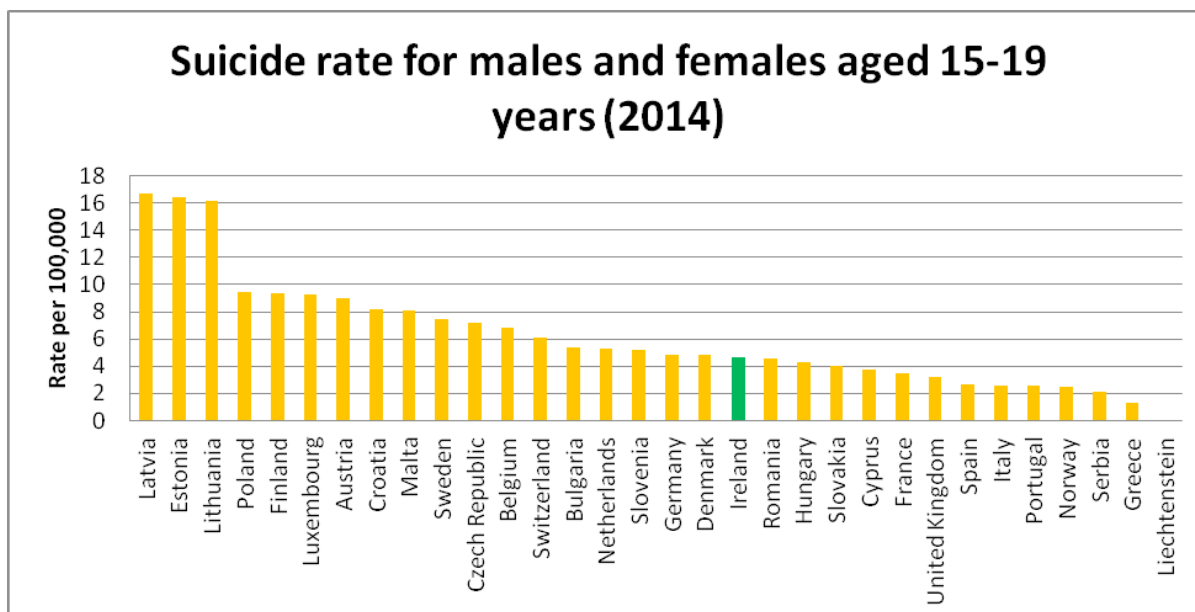
Figure 1.2: Suicide rate per 100,000 for males and females, 2014 ^{*(2)}



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

In Ireland, the suicide rates among young males and females have decreased in recent years. Taking females and males aged 15-19 years together, the national rate in 2014 was 4.64 per 100,000, the 19th highest suicide rate in this age group across the countries studied by Eurostat (Figure 1.3). In 2010, Ireland was the 4th highest and in 2013 it was the 6th highest. The highest rate in 2014 was found in Latvia (16.7 per 100,000 of the population) and the lowest in Liechtenstein. The EU 28 average for 2014 was 4.67 per 100,000 amongst this population age-group.

Figure 1.3: Suicide rate per 100,000 for males and females aged 15-19 years by geographic region, 2014 ^{*(3)}



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

1.1.2 Evidence for suicide prevention, knowledge and awareness

In 2014 the Health Research Board (HRB) as asked by the National Office for Suicide Prevention to examine the evidence base for suicide prevention to establish which suicide prevention interventions were successful in reducing suicidal behaviour including suicidal ideation, self-harm, suicide attempts or death by suicide (4). Overall the review found the body of evidence on suicide prevention interventions to be limited.

This does not mean that interventions are ineffective, but that there is little evidence of their effect in published papers. However, effective interventions outlined in the HRB review included Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT) and the restriction of access to suicidal means. Other areas such as tele-mental health and web-based interventions have only emerged recently so there is not enough evidence to comment on their success.

More recently, two major reviews were published in 2016 which synthesise the evidence around suicide prevention: Zalsman et al. (2016) and Hawton et al. (2016) (5, 6). The outcomes from these studies strengthen the evidence base in several areas of suicide prevention and have been included in the list below. The development of the actions in *Connecting for Life Sligo and Leitrim* has been informed by the findings reported in this systematic review.

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

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

“Having conversations about mental health needs to start within families and pre schools, with the young kids, then it becomes normalised. We need to educate families to support their own mental health.”

Submission from Public Consultation

1.1.3 The role of alcohol in suicide and mental health

The World Health Organisation (WHO) acknowledges harmful alcohol use as a key risk factor for all types of suicidal behaviour (1). Individuals with a substance use disorder (i.e. either a diagnosis of abuse or dependence on alcohol or drugs) are almost 6 times more likely to report a lifetime suicide attempt than those without a substance use disorder (7). Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and on-going suicidal thoughts are common (8, 9).

The long-term effects of alcohol misuse are likely to be linked to 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 (10).

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 (11). A study by the National Suicide Research Foundation of suicides in Cork found that the presence of alcohol and/or drug abuse was confirmed in 60.7% of cases. Among these, 48.6% had abused alcohol, 21% had abused drugs and 27.6% had abused both alcohol and drugs (12). Similarly, Walsh et al (13) 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 male cases than female cases (34% and 29% respectively) (14).

Evidence-based public health policies to reduce the harmful use of alcohol and drugs are required to reduce suicidal behaviour (15). These policies are considered particularly important within populations with a high prevalence of alcohol use, such as Ireland (16).

1.2 NATIONAL CONTEXT

1.2.1 National Policy Context

National policy on suicide prevention guides the delivery and implementation of services. Central to suicide prevention work is the need for evidence-based policies, and synergies between and across different areas of policy and practice. Broadly speaking there are three types of policy interventions that address suicide prevention:

(a) Universal interventions: these are broad-based policies that directly or indirectly address suicide prevention across the whole population, aimed at improving the health and wellbeing, social and economic inclusion and safety of the population.

(b) Selective interventions: these are interventions that address specific individuals and groups that are vulnerable to suicide, and include the risks associated with alcohol and drugs, as well as specific interventions aimed at the training and awareness of front-line responders, for example, professionals who come into contact with vulnerable groups in hospitals and schools.

(c) Indicated interventions: these are more targeted interventions that focus on specific individuals and groups that have a high risk of suicide because of severe mental health problems and suicidal behaviour.

These three types of interventions underpin *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020. They emphasise different policy approaches aimed at improving the overall health and wellbeing of the population, reaching individuals and groups vulnerable to suicide, and providing targeted treatment and programmes for groups most vulnerable.

***Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015 – 2020 (17)**

Launched in June 2015, *Connecting for Life* is Ireland's national strategy to reduce suicide 2015-2020. It sets out a vision of an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing. It is a cross sectoral strategy with twenty three different lead agencies responsible for actions. Empowering local communities will be key to the success of the strategy. Twenty one local suicide prevention plans, mirroring the national strategy, will be in place by the end of 2017. The strategy follows on from Reach Out: National Strategy for Action on Suicide Prevention 2005-2014.

The National Office for Suicide Prevention (NOSP) was set up in 2005 within the HSE to oversee the implementation, monitoring and coordination of the Reach Out strategy. Since 2005, there has been extensive national and international research in relation to suicidal behaviour and effective interventions, while the range of services available to people in emotional distress have developed in terms of access and quality. Despite this progress since 2005, Ireland's suicide rates remain relatively high and there are particular population groups experiencing significant distress as reflected in rates of both suicide and self-harm.

It is likely that the economic recession from 2008 onwards has had an influence on rates of suicidal behaviour. *Connecting for Life* takes account of the changed landscape in Ireland in relation to mental health and suicide, and it provides a comprehensive, cross-sectoral, practical plan that can make a positive difference to the lived experience for people from all population groups in Ireland over the coming years. The successful implementation of *Connecting for Life* will be underpinned by clear and practical local plans such as this plan for Sligo and Leitrim.

Connecting for Life will depend on the effective delivery of a broad range of health and social policies and strategies including:

A Vision for Change: Report of the Expert Group on Mental Health Policy 2006 (18)

A Vision for Change details a comprehensive model of mental health service provision for Ireland. It describes a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness. A Vision for Change builds on the approaches to mental health service provision recommended in previous policy documents. It proposes a holistic view of mental illness and recommends an integrated multidisciplinary approach to addressing the biological, psychological and social factors that contribute to mental health problems. It advocates for a person-centred treatment approach that addresses each of these elements through an integrated care plan, reflecting best practice, evolved and agreed with service users and their carers.

Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014-2020 (19)

The purpose of this framework is to coordinate policy across Government and to identify areas that, with focused attention, have the potential to improve outcomes for children and young people (0-24 years) and to transform the effectiveness of existing policies, services and resources. The commitments in the framework are drawn from all of Government: many are current commitments, others are new. The framework provides a means of ensuring their effective and coordinated delivery. The framework is recognition by Government of the need to 'connect', nationally and locally if we are to effectively use all of the resources available to support our vision for children and young people, and recognition also that we need to do more within the resources available.

Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025 (20)

Healthy Ireland is the national framework for action to improve the health and wellbeing of the people of Ireland. Its main focus is on prevention and keeping people healthier for longer. Healthy Ireland's goals are to:

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

Healthy Ireland takes a whole-of-Government and whole-of-society approach to improving health and wellbeing and the quality of people's lives.

Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025 (21).

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.

All-Ireland Traveller Health Study: Our Geels (22)

The All-Ireland Traveller Health Study, published in 2010, highlights that ‘suicide among Travellers has been shown to be a major problem’. According to this study, the rate of suicide amongst the male Traveller community is 6.6 times higher than in the general population. The All-Ireland Traveller Health Study discusses the issue of social disintegration and the community context in which suicidal behaviour occurs among Travellers. Actions developed in this plan take account of this wider social and community context and acknowledges the high risk of suicide for Travellers and the need for targeted responses.

1.3 LOCAL CONTEXT IN COUNTY SLIGO AND COUNTY LEITRIM

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

1.3.1 County Sligo

Sligo City is designated as a Gateway city under the National Spatial Strategy (NSS) (2002-2020) meaning its location and scale support the desired critical mass necessary to sustain strong levels of economic growth and prosperity in the Northwest. County Sligo's population density of 35 persons per square kilometre is significantly lower than the national average of 67.

“Awareness needs to be raised. We need to take more time to talk to people. Taboo needs to be reduced, support services need to be highlighted. It's okay to not be okay. Availability and skills need to be increased of all residents”

Submission from Public Consultation

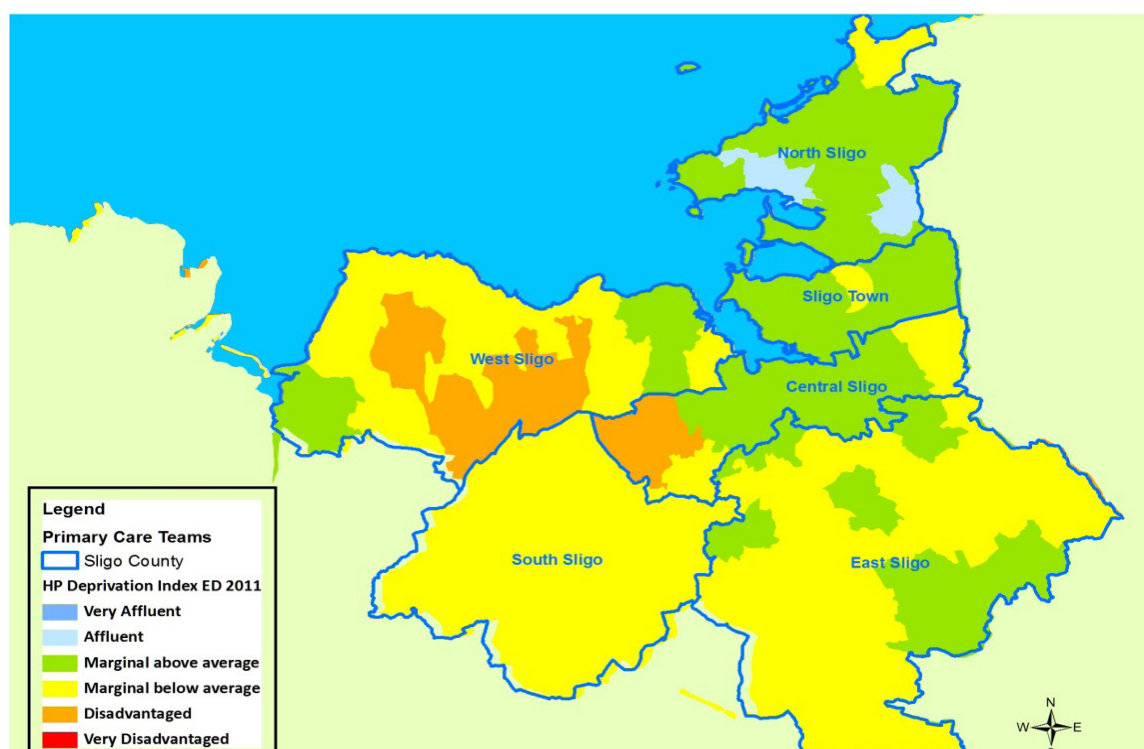
1.3.2 Key Statistics for Sligo

Recent figures released in 2017 from the Central Statistics Office (CSO) (23) indicate the population of the county was 65,535 persons in 2016 (an increase of 7.6% since 2006, compared to a 12% increase nationally).

A more detailed breakdown of CSO data from the 2011 Census (24) indicates that Sligo:

- Was the 12th most affluent local authority area in Ireland – 49% of its population were either above average level of affluence or in the affluence range (25). See Figure 1.4 below.
- Ranked 27th/34 for dependency ratio (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) of 51.2% (National rate 49.3%).
- Ranked 20th /34 for the proportion of population with primary education only of 15.5% (National rate 16%).
- Ranked 11th /34 for those with third level education at 23.3% (National rate 24.6%).
- Ranked 27th for unemployment rate in Ireland at 18.1% (National rate 19%).
- Ranked 24th for lone parent rate in Ireland at 10.1% (National rate 10.9%).
- Ranked 14th for local authority rented housing at 8.3% (National rate 7.8%).
- Had above average rates for those who report their health as being bad or very bad at 1.7% (nationally 1.5%) and for those with a disability at 14.1% (nationally 13.0%).

Figure 1.4: Relative affluence and deprivation in Sligo by electoral division (26).



1.3.3 County Leitrim

Leitrim is Ireland's seventh smallest County. Leitrim is a rural County with very low population densities has the third oldest population (behind Kerry and Mayo).

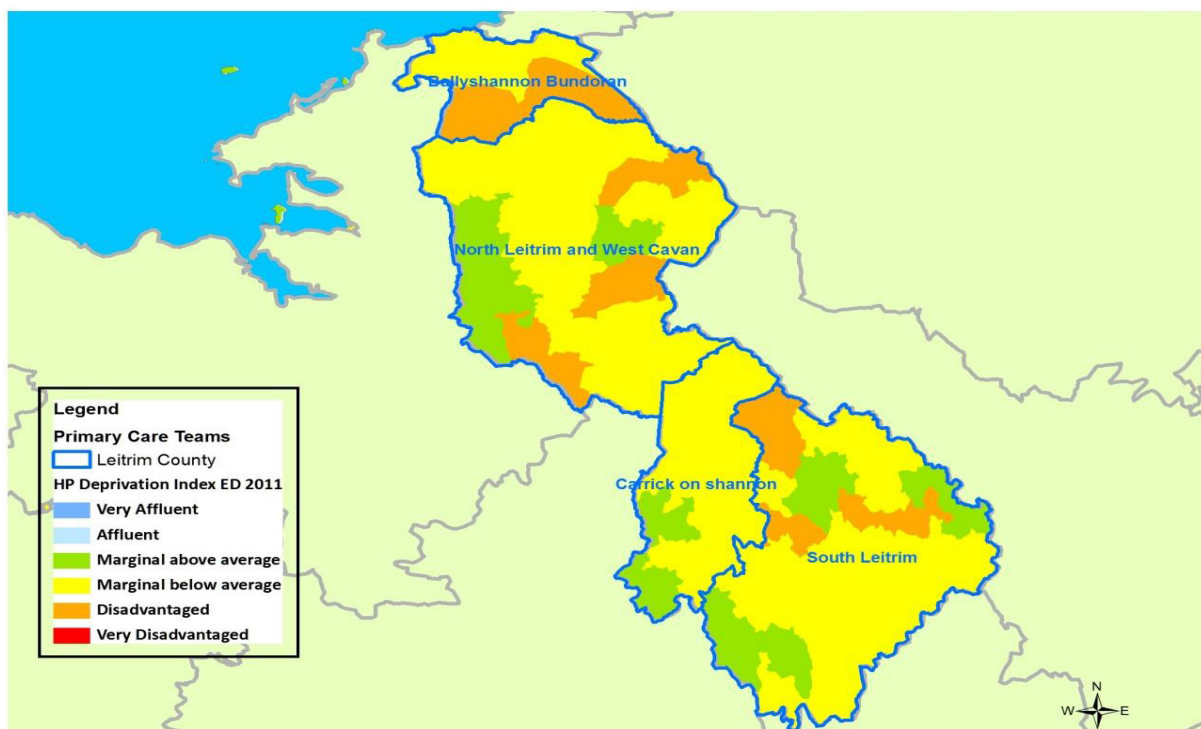
1.3.4 Key Statistics for Leitrim

Recent Central Statistics Office (CSO) figures indicate the population of the county was 32,044 persons in 2016 (an increase of 10.7% since 2006, compared to a 12% increase nationally) (23).

CSO data based on the 2011 census (27) indicate that Leitrim:

- Had the 14th most disadvantaged local authority area in Ireland (25). See Figure 1.5 below.
- Had the highest dependency ratio (i.e. the number of those aged 0-14 and 65 and over as a percentage of the number of persons aged 15-64) of 57.3% (National rate 49.3%).
- Ranked 10th /34 for the proportion of population with primary education only of 17.2% (National rate 16%).
- Ranked 17th /34 for those with third level education at 21.6% (National rate 24.3%)
- Ranked 15th /34 for unemployment rate in Ireland at 18.1% (National rate 19%)
- Ranked 34th /34 for lone parent rate in Ireland at 10.1% (National rate 10.9%)
- Ranked 17th /34 for local authority rented housing 8.3% (National average 7.8%)

Figure 1.5: Relative affluence and deprivation in Leitrim by electoral division (26).



1.3.5 Local Context

Counties Sligo and Leitrim are part of the HSE Community Healthcare Organisation (CHO) 1, which was established in 2015 as part of the HSE's reorganisation of the country's community health services. The area covered by CHO 1 has a population of 393,449 and includes the five counties of Cavan, Donegal, Leitrim, Monaghan and Sligo. 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.).

New local government structures were introduced throughout Ireland as part of the Local Government Reform Act in 2014. Within Sligo County Council and Leitrim County Council, the new Local Community Development Committees (LCDCs) are responsible for developing, coordinating and implementing a coherent and integrated approach to local and community development, including the governance, planning and oversight of publicly funded local and community development interventions. County Sligo and Leitrim LCDCs developed and launched their 6 year Local Economic and Community Plans (LECP) in 2016, which set out objectives and supporting actions to promote economic development and local and community development in the two counties.

Sligo and Leitrim Children and Young People's Services Committee (CYPSC) Plan (28)

The Sligo and Leitrim Children and Young People's Services Committee (CYPSC) is a key structure, identified by Government to plan and co-ordinate services for children and young people in every county. The over-all purpose is to achieve the best outcomes for all children and young people through local and national interagency working.

Each CYPSC is tasked with developing a three-year plan, the Children and Young People's Plan (CYPP), through good interagency consultation and cooperation, which aims to ensure that children and young people are active and healthy, achieving their full potential, safe and protected from harm, have economic security and are connected, respected and contributing to their world, in line with the 5 National Outcomes for children and young people, set out in Better Outcomes, Brighter Futures: The National Policy framework for Children and Young People, 2014 – 2020. The Sligo Leitrim Children and Young People's Plan has been quality assured by the Dept. of Children and Youth Affairs and will be published by the end of 2017.

Social Inclusion Community Activation Programme (SICAP) under County Sligo Leader Partnership Company (SLPC) and Leitrim Development Company (LDC) (29, 30)

Responsibility for delivering the SICAP programme in Sligo and Leitrim lies with Sligo Leader Partnership Company (SLPC) and Leitrim Development Company (LDC) respectively. The programme is focused on three main goals; community engagement, education and development supports for children under 15, and youth employment and enterprise. SICAP provides a range of supports to marginalised people and groups within designated communities. The programme is delivered in both counties with the support of community groups, organisations, volunteers and agencies. Under the new SICAP programme 2016 – 2018, SLPC and LDC has resources for the coordination and implementation of actions in *Connecting for Life Sligo and Leitrim* and recognises the link between suicide prevention, positive mental health, wellbeing and social inclusion, particularly in terms of the inclusion of those most marginalised groupings e.g. Travellers, people with disabilities and LGBTQI people. Both SLPC and LDC have significant experience of engaging and working with marginalised communities and this will complement and support the delivery of actions in *Connecting for Life Sligo and Leitrim*.

Sligo Sports and Recreation Partnership

Sligo Sport and Recreation Partnership (SSRP) aims to support increased participation in sport and active recreation throughout County Sligo. In achieving this they provide assistance in the areas of sports development, education and training and general information on sporting activities in Sligo. SSRP work in partnership with sporting clubs, community organisations and local agencies in achieving their goal of having more people, more active, more often.

Leitrim Sports Partnership

Leitrim Sports Partnership (LSP) provides a management role for the coordination, development and delivery of sport and recreational activity in the county. The main functions of the local sports partnerships are, information and support, provide education and training opportunities and supporting the development and implementation of Sports Ireland and local partner programmes and events in sport and physical activity. The vision of the Leitrim Sports Partnership is for more people in Leitrim to be actively engaged in sports and recreation.

"Give parents the tools to deal with children and their mental health"

Submission from Public Consultation

*"Continue the education throughout life, not just a week here and there.
Have open nights where people can attend to learn about mental health
and how best to deal with their own mental health and how to help others"*

Submission from Public Consultation

1.4 SUICIDE AND SELF-HARM IN IRELAND, SLIGO AND LEITRIM

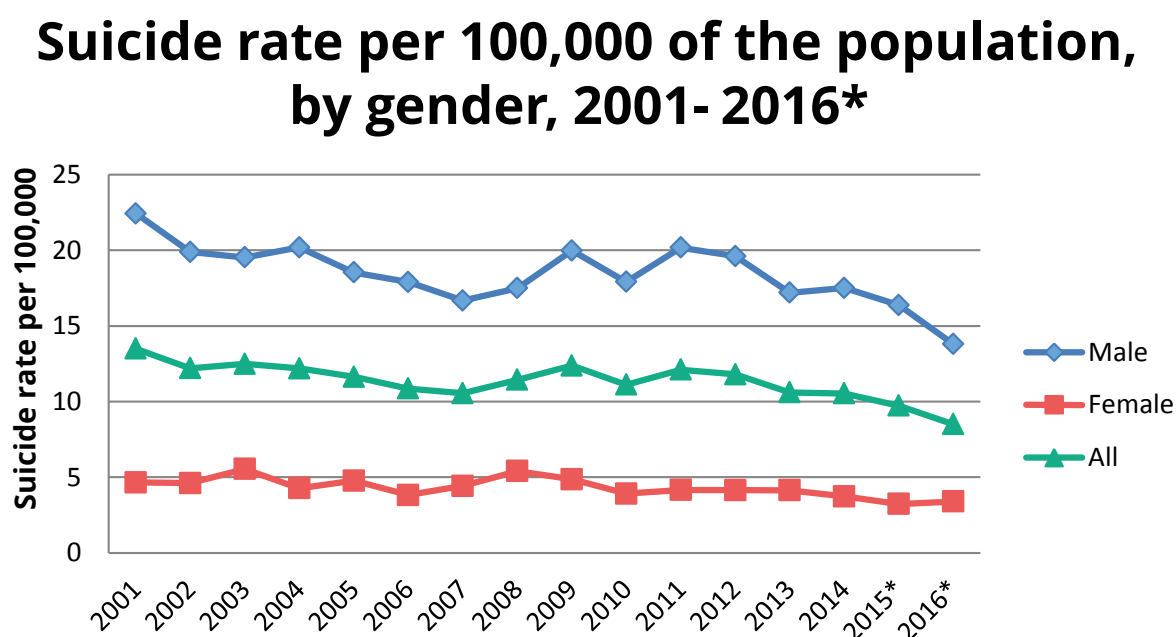
1.4.1 Suicide in Ireland

Currently, 2014 is the most recent year in which 'year of occurrence' suicide data is available for. Data for 2015 and 2016 is also available, but this is provisional and subject to change. The number and rate of suicides in the Republic of Ireland for 2014 was 486 or 10.5 per 100,000 population with males accounting for 399 (82%) and females 87 (18%) (31). The 2014 figures for males indicate a high suicide rate among those aged between 45 and 54 at 28.2 per 100,000, while the greatest increase was among those aged 15 to 24 years (rate of 23.4 compared to 16.1 in 2013). The highest rate among females was also amongst those aged 45 and 54 years at a rate of 6.9 per 100,000. It is therefore imperative that the focus of suicide reduction is not confined to a gender or indeed to a particular age group.

Figure 1.6 outlines the suicide rate per 100,000 population by gender for the period 2001 – 2016 (32). The recession in Ireland appears to have had a significant negative impact on rates of suicide in men and on self-harm in both men and women. Research conducted by the National Suicide Research Foundation (33) found that by the end of 2012, the male suicide rate was 57% higher than it would have been had the economic recession not occurred, whereas female suicide was almost unchanged. Figure 1.7 (31) shows the total (male and female) suicide rates by age group per 100,000 population for the past five years. The rates of suicide in the 45-54 year old age group have been the highest in the last five years.

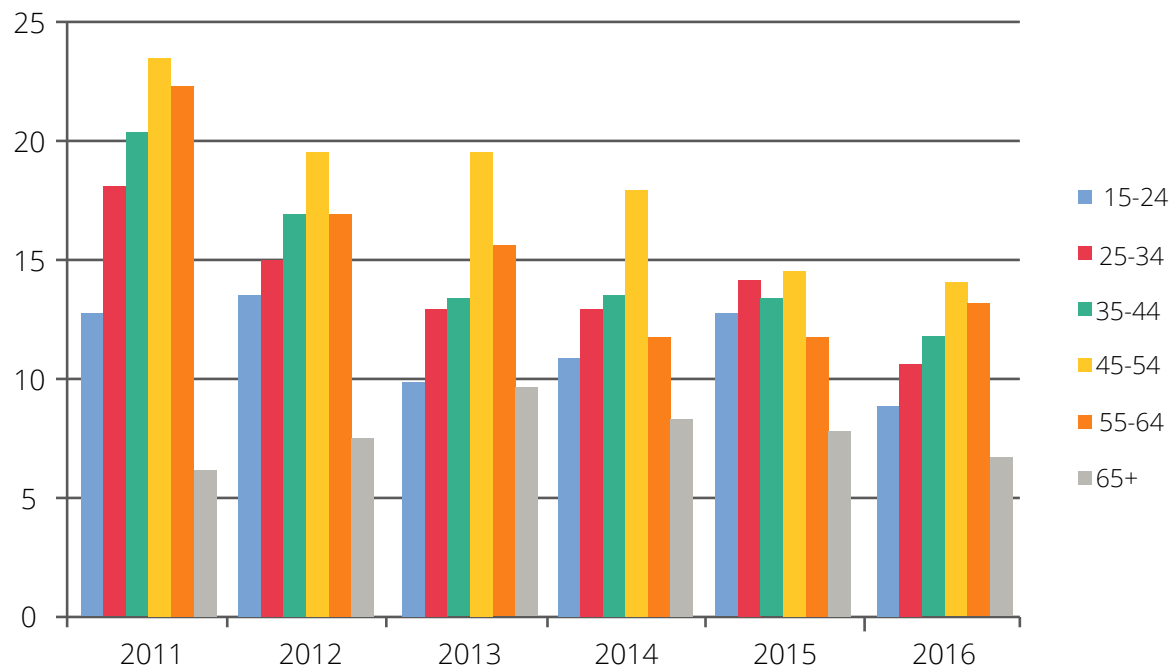
It is well known that suicide has a widespread and devastating effect on people close to the deceased. A study from a next-of-kin perspective in Northern Ireland (34) found that for every death by suicide, 71 other individuals were affected (16 family members, 31 friends, 10 people in the local community, 13 colleagues and 1 health care professional).

Figure 1.6: Suicide rate per 100,000 by gender, 2001-2016*(32)



* Rates for 2015 and 2016 are provisional and subject to change.

Figure 1.7. National rates of suicide by age group, 2011 – 2016*(31)

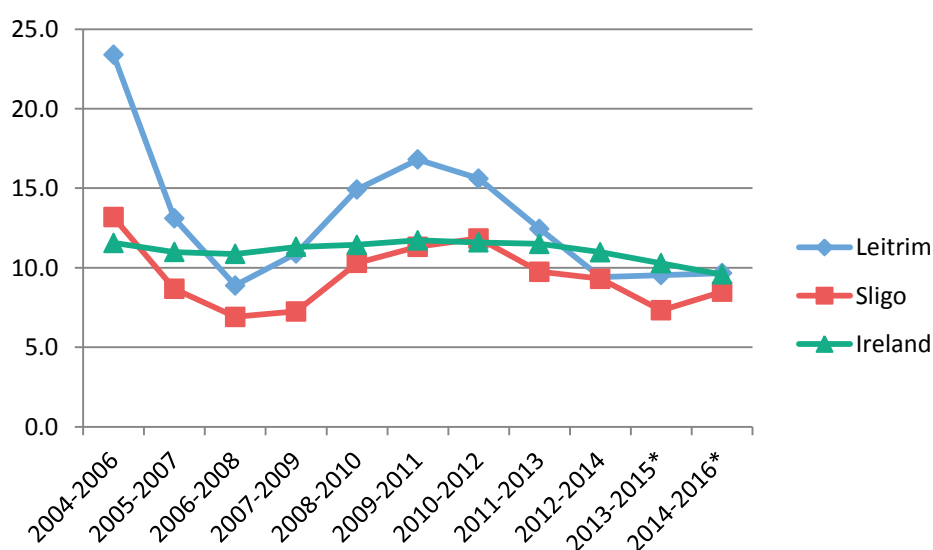


*Rates for 2015 and 2016 are provisional and are subject to change.

1.4.2 Suicide in Sligo and Leitrim

The CSO provides data on deaths by suicide by local government area (31). It is customary to use rates to map trends and to compare areas. Reporting deaths from suicide at county level can be problematic, with a significant risk that people can be identified in the data, difficulty defining the population of the area and the relatively big swings in rates if numbers change even minimally. Therefore, 'three-year moving average rates of suicide' have been used to show trends and avoid bias due to annual fluctuations.

Figure 1.8: Three year moving average death rates by suicide per 100,000 of population in Sligo, Leitrim and the State; 2004 – 2016 (31)



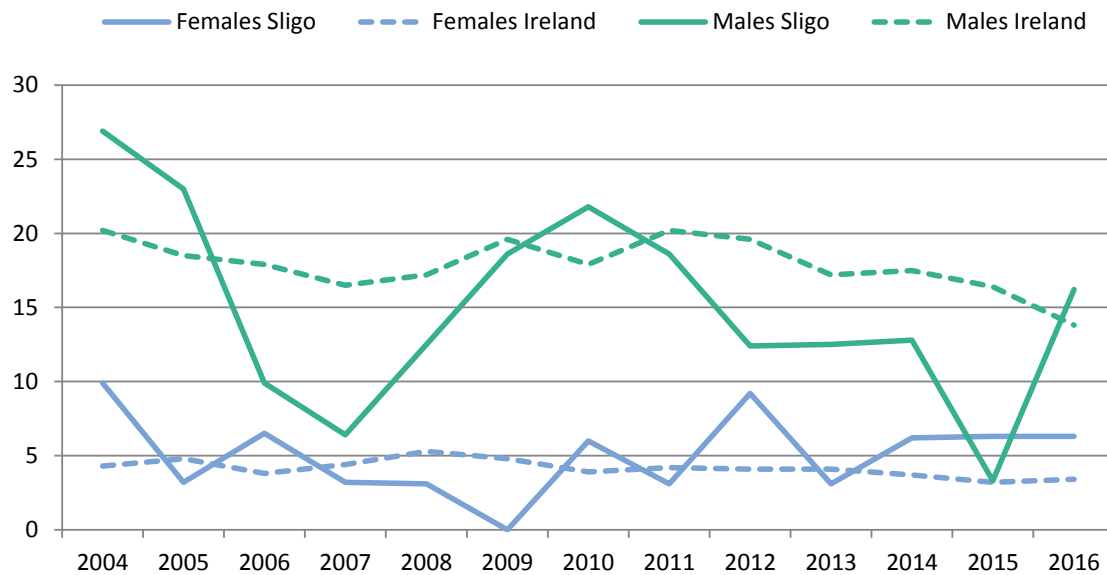
**Rates for 2015 and 2016 are provisional and subject to change.*

Figure 1.8 presents suicide death rates per 100,000 of the population for the two counties compared to the national average. These figures indicate that while there has been a general downward trend over the last ten years nationally, the rates for Sligo have generally been below the national rate while the rate for Leitrim has generally been above the national rate. Based on the most recent three year moving average rate of suicide which year of occurrence data is available (2012-2014), the CSO (31) data indicates that Leitrim has the 24th highest rate of suicide and Sligo has the 27th highest rate per 100,000 of the 34 county level areas for which the CSO publish suicide data.

It is estimated that for every confirmed death by suicide, there are 10 – 30 uncompleted suicides or episodes of self-harm with 5% of the population having thoughts about death in any 12-month period (35). Death by suicide or a suicide attempt not only affects the person directly but has dramatic effects on their family, friends, colleagues, and the community as a whole.

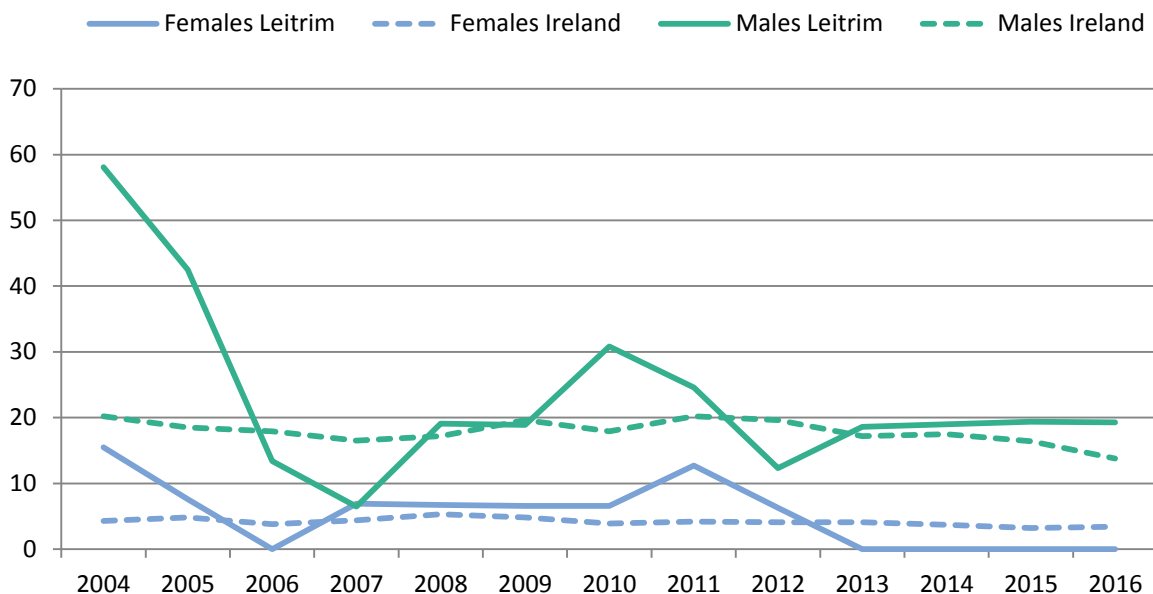
Figures 1.9 and 1.10 (24, 27) outline the death rate by suicide per 100,000 for males and females in Sligo and Leitrim compared to national rates.

Figure 1.9: Suicide rate per 100,000, 2004-2016, Sligo (24)



- The 2012-2016 suicide rate for males at 11.44/100,000 was lower than the national rate (16.9/100,000), and for females the rate at 6.22/100,000 was higher than the national rate (3.7/100,000) (24).
- In Sligo, the ratio of male to female deaths 2012-2016 was 1.8:1 compared to the national rate of (4.5:1) (24).

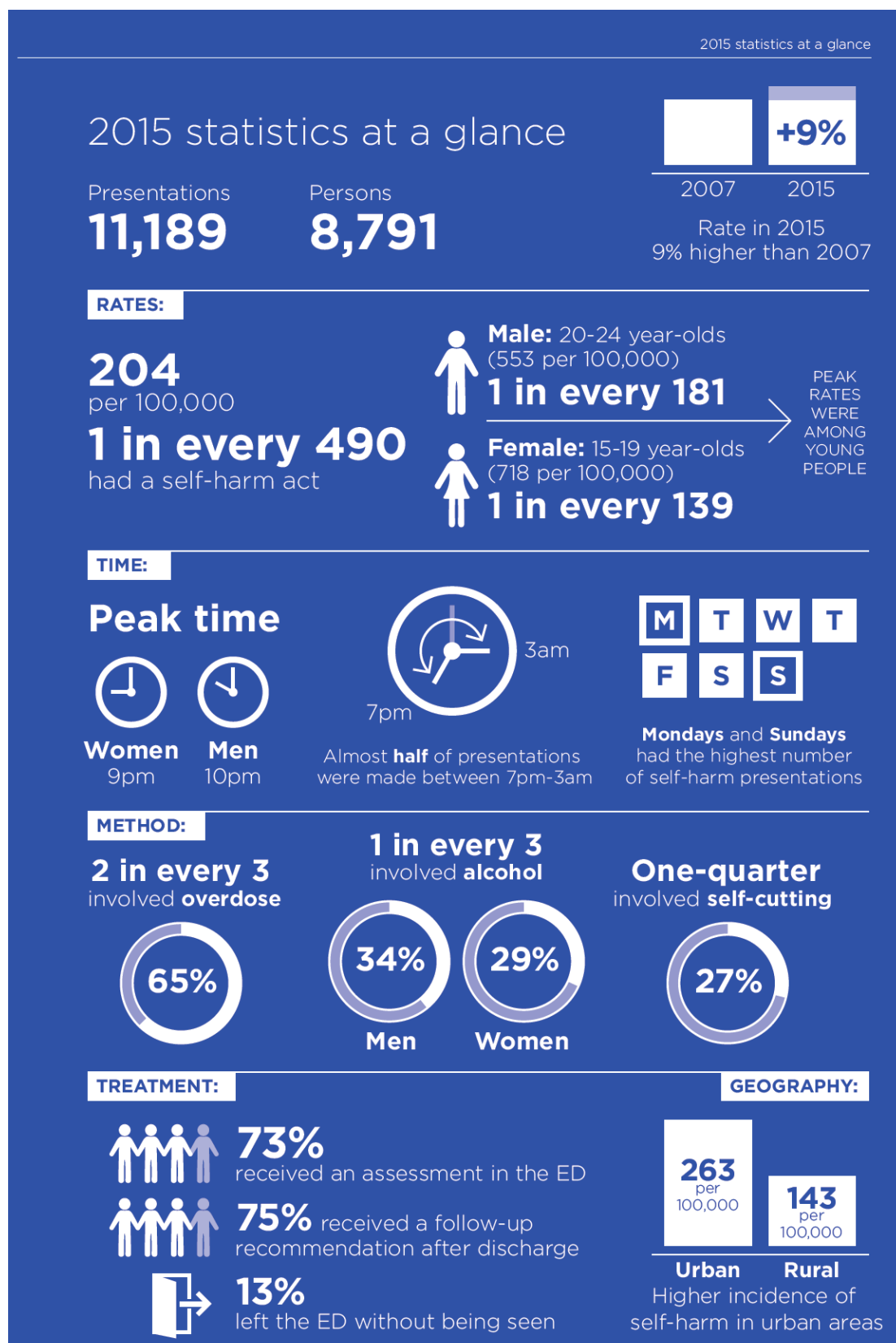
Figure 1.10: Suicide rate per 100,000, 2004-2016, Leitrim (27)



- The 2004-2016 five-year suicide rate per 100,000 for males at 17.72/100,000 was higher than the national rate (16.9/100,000), and for females the rate at 1.26/100,000 was lower than the national rate (3.7/100,000) (27).
- In Leitrim, the ratio of male to female deaths 2012-2016 was 14:1 compared to the national rate of (4.5:1) (27).

1.4.3 Self-Harm in Ireland

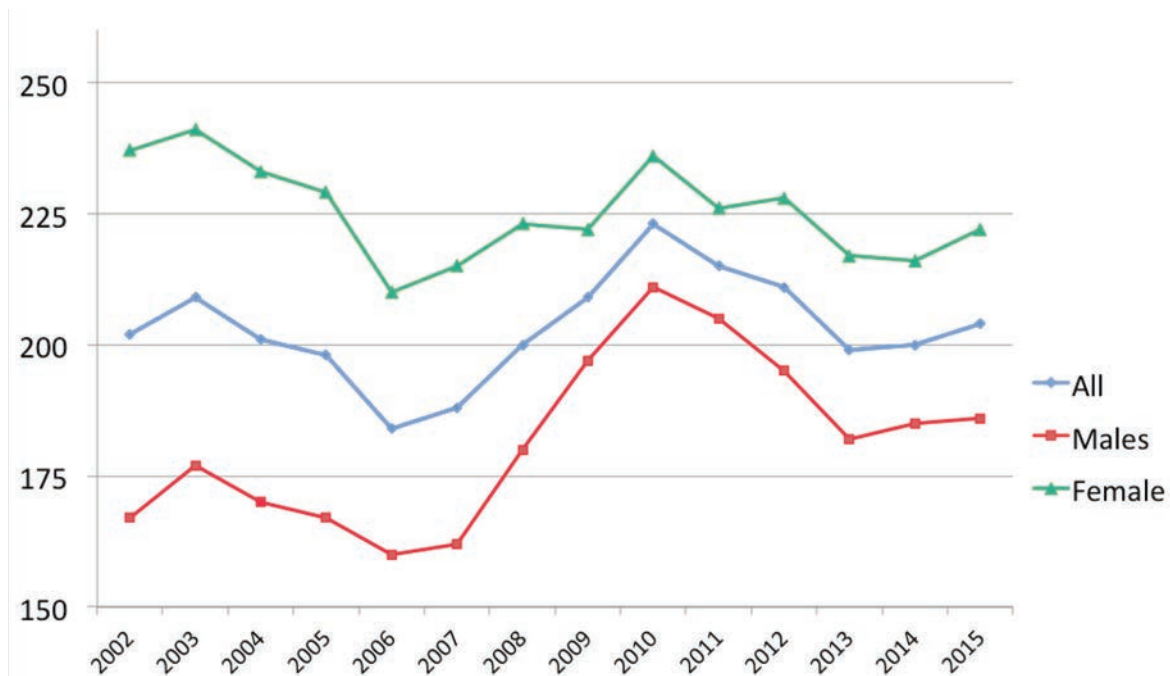
Figure 1.11. National self-harm statistics for 2015 (NSRF 2015)(14)



The term self-harm is used to cover various methods by which people harm themselves non-fatally. Research has shown that people who engage in self-harm are at a greater risk of dying by suicide than those who do not engage in self-harm. Data from the National Self-Harm Registry Ireland (2013) indicates that there were 122,743 self-harm presentations to hospitals in Ireland from 2003 to 2013 and also showed that the rate of use of highly lethal methods of self-harm has increased significantly since 2004, with the strongest increase among those aged 15-19 years of age (14).

Data held by the National Self-Harm Registry Ireland (14) 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 2015 was still 9% higher than in 2007, the year before the economic recession. Nationally, the rate of self-harm remains higher among women than men but the gender gap has narrowed from 37% a decade ago to 19% in 2015. According to the National Suicide Research Foundation (NSRF) 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 (14). Compared to 2014, the only significant change in the rate of hospital-treated self-harm by age in 2015 was among men aged 35-39 years, where the rate increased by 15% from 220 to 253 per 100,000. Rates of self-harm for other age groups remained similar to 2014 figures. In 2015, 14.6% of patients treated for self harm in emergency departments were repeat acts of self-harm. In general, levels of repetition fluctuated slightly between 2007 and 2014 but overall levels of repetition have not decreased. Figure 1.12 outlines the changes to rates of self-harm per 100,000 population by gender for the period 2002 – 2015.

Figure 1.12: National Self-Harm Registry Annual Report, 2015 (14)



National statistics at a glance for 2015

- Nationally there were 11,189 presentations of self-harm to hospitals involving 8,791 persons in 2015
- The national rate of self-harm per 100,000 population in 2015 is 9% higher than 2007
- The national rate of self-harm per 100,000 population is 204, this equates to 553/100,000 in males aged 20-24 years and 718/100,000 in females aged 15-19 years
- Almost half of all presentations to hospitals in 2015 were made between 7pm and 3am, Mondays and Sundays had the highest number of self-harm presentations
- 65% or 2 in every 3 self-harm episodes involved overdose
- 34% for men and 29% for women or 1 in 3 involved alcohol
- 27% or 1 in 4 involved self-cutting
- 73% received an assessment in the Emergency Department
- 75% received a follow-up recommendation after discharge
- 13% left the Emergency Department without being seen

Information on self-harm has been collected by the National Self-Harm Registry Ireland (NSHRI) in hospital emergency departments since 2002. The NSHRI highlighted that, although there were successive decreases in the self-harm rate between 2011 and 2013 and an essentially unchanged rate in 2013-2014, the rate in 2015 was still 9% higher than in 2007. The rate was highest among young people, with the peak rate for women in 15-19 year olds, and for men in 20-24 year olds.

Methods of Self-Harm

Intentional drug overdose was the most common method of self-harm, involved in 65% of all presentations registered in 2015. Paracetamol was the most common analgesic drug taken, involved in 29% of drug overdose acts. Medication containing paracetamol was used significantly more often by women (34%) than by men (22%). One in five (20%) of overdose presentations involved an anti-depressant or mood stabiliser.

In 2015, the number of self-harm presentations to hospital involving drugs increased by 18% from 2014 (following an increase in 2014 by 11%) to 547, which is higher than the level recorded in 2008 (n=462).

Attempted hanging was involved in 7% of all self-harm presentations (11% for men and 4% for women). However, between 2007 and 2015, the proportion of self-harm presentations involving hanging increased by 78%. Cutting was the only other common method of self-harm, involved in 27% of all episodes.

Alcohol was involved in just under one third of all cases (31%), a slight decrease from 2014. Alcohol was significantly more often involved in male episodes of self-harm than in female episodes (34% vs 29%). Presentations peaked in the hours around midnight and almost one-third of all presentations occurred on Sundays and Mondays.

Treatment

In 2015, three-quarters (75%) of patients discharged from the presenting Emergency Department (ED) were provided with an onward referral. For 2015, referrals following discharge included the following:

- In 32% of episodes an out-patient appointment was recommended as a next care step for the patient
- Recommendations to attend their GP for a follow-up appointment were given to 17% of discharged patients
- Of those not admitted to the presenting hospital, one in ten was transferred to another hospital for treatment (7% for psychiatric treatment and 3% for medical treatment)
- Other services (e.g. psychological services, community-based mental health teams and addiction services) were recommended in 15% of patients
- One quarter (25%) of patients discharged from the Emergency Department were discharged home without a referral

Self-harm patients who have consumed alcohol are at an increased risk of leaving the ED without being seen. Linking the Self-Harm Registry Ireland data with the Suicide Support and Information Systems (SSIS)¹ suicide mortality data revealed that self-harm patients were over 42 times more likely to die by suicide than persons in the general population (14).

Repeated Self-Harm

There were 8,791 individuals treated for 11,189 self-harm episodes in 2015. This shows that more than one in five (2,398, 21.4%) of the presentations in 2015 were due to repeat acts, which is similar 2013-2014. The rate of repetition was broadly similar in men and women (14.5% vs. 14.7%). Repetition varied significantly by age. Approximately 13% of self-harm patients aged less than 19 years re-presented with self-harm in 2015. The proportion who repeated was highest, at 17%, for 25-54 year-olds.

¹ SSIS was developed to provide access to support for the bereaved, while at the same time, obtaining information on risk factors associated with suicide and deaths classified as open verdicts.

1.4.4 Self-Harm in Sligo and Leitrim

Data from the National Self-Harm Registry Ireland (14) indicates that there were 11,189 self-harm presentations to hospitals that were made by 8,791 individuals nationally in 2015. In counties Sligo, Leitrim and West Cavan, 77 male and 71 female residents presented to Emergency Departments with an act of self-harm. See Table 1.1 below. Taking into account the population, the rate of people presenting to hospital in this region following self-harm was 161 and 152 per 100,000 for males and females respectively. Nationally, the rate of self-harm for males and females was 186 and 222 per 100,000 respectively.

Note: The National Suicide Research Foundation collects data on self-harm and collates this data for the Sligo, Leitrim and West Cavan region.

Table 1.1 Self-harm data – Number of residents and rates per 100,000; 2015 (14)

Sligo, Leitrim and West Cavan	Male	Female
Individuals	77	71
Rate per 100,000 population	161	152
National Rate per 100,000 population	186	222

The data on self-harm only refers to hospital presentations of self-harm. Many people who self-harm never attend an Emergency Department and so will not be counted. In addition, data related to hospital activity should be treated with caution as variations in admissions may be related to available services in a geographical area.

Key points to note from the National Self-Harm Registry data (14) on Counties Sligo, Leitrim and West Cavan include:

- In 2015, there were 96 male and 85 female presentations of self-harm. A presentation of self-harm is recorded every time an individual presents with self-harm whereas when data is collected for individuals self-harm, repeat acts are not included in this data. The majority (57%) of all self-harm presentations were made by 20-44 year olds.
- Drug overdose was the most common method of self-harm, involved in 60% of presentations (n=108). Alcohol was present in 37% of presentations (n=91). Self-cutting was the only other common method, involved in 23% of presentations (n=57). There were 16 presentations involving attempted hanging (8%). Fewer than 20 presentations involved in attempted drowning and poisoning.
- There were 148 individuals treated for 181 self-harm episodes in 2015. This implies that just over one in five (33, 18%) of the presentations in 2015 were due to repeat acts.
- The main hospital which residents from this area presented to was Sligo University Hospital.
- Overall, for residents of the area, in 16% of presentations, the patient left 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 32% of presentations, irrespective of whether general or psychiatric admission was intended. Of all self-harm presentations, 21% resulted in admission to a ward of the treating hospital whereas 11% were admitted for psychiatric inpatient treatment from the emergency department. Most commonly, 52% of presentations were discharged following treatment in the emergency department.

- There was a fluctuation in the number of self-harm presentations seen over the course of the day in 2015. The peak for men was 6pm and for women was 7pm.
- The monthly average number of self-harm presentations to hospitals in 2015 was 15. In 2015, September saw more self-harm presentations than any other month while June saw the fewest presentations for the year.

Notes, Caveats and Interpretation of Suicide and Self-Harm Statistics

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

Suicide figures are collected nationally by the Central Statistics Office (CSO). When a person dies by suicide, their death is recorded in the statistics of their actual County of residence. While it can be helpful to know the number of people who died locally from a given cause, it is not helpful to compare the numbers of deaths between counties, due to differences in population sizes. It is effective to use rates per 100,000 of the population when reporting on suicide figures as this takes into account the relevant population sizes. When comparing rates it is also recommended to use a three-year moving average to give a more accurate reflection of the rates due to fluctuations in data and population sizes.

It can also take time for provisional suicide rates to be finalised and there can be significant differences between provisional and finalised rates. The data from the most recent finalised year should always be used when reporting. The information presented in this plan is reflective of 2014 finalised suicide rates as these are the most recent rates available. All 2015 and 2016 rates of suicide shown in this section are provisional whereas all 2015 rates of self-harm are verified.

The National Suicide Research Foundation (NSRF) is responsible for the National Self-Harm Registry Ireland. This is a national system of population monitoring for the occurrence of self-harm, taking data from every Emergency Department (ED) in the Republic of Ireland. However, this information is likely to provide a large underestimation of actual numbers of cases of self-harm as many people do not attend an ED for episodes of self-harm e.g. an Irish survey (36) found that only 11.3% of teenagers attended hospital after an episode of self-harm and even fewer sought help elsewhere.

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



1.5 HSE PRIMARY CARE SERVICES IN SLIGO AND LEITRIM

Health services in Sligo and Leitrim are provided through the Community Healthcare Organisation 1 (CHO 1), Letterkenny University Hospital and Sligo University Hospital. The hospitals provide acute care and the HSE Community Healthcare provides a range of health and social care services, including:

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

Counselling in Primary Care (CIPC). 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.

National Counselling Service (NCS). The HSE NCS is a professional, confidential counselling and psychotherapy service available free of charge in all regions of the Health Services Executive. Client groups are adults who have experienced trauma and abuse in childhood with priority given to adult survivors of institutional abuse in Ireland.

HSE Bereavement Service. This is a confidential, professional counselling and psychotherapy service. The Traumatic Bereavement Counselling/Therapy service provides counselling/therapy to individuals in cases of “complicated” grief i.e. bereavement by suicide, bereavement by death of a child, accidental and other “traumatic deaths”.

1.6 HSE MENTAL HEALTH SERVICES AND SUICIDE PREVENTION SUPPORTS AND SERVICES IN SLIGO AND LEITRIM.

Sligo and Leitrim Mental Health Service covers a population area of 107,659. It provides a model of care seven days a week in the community and inpatient hospital treatment. The Sligo and Leitrim Mental Health Service is delivered through specialist mental health multi-disciplinary teams from childhood to old age. These teams include:

Child & Adolescent Mental Health Service (CAMHS). The CAMHS Team is a multidisciplinary service that prioritises the assessment and treatment of children up to the age of 18 who are experiencing mental health difficulties.

Community Adult Mental Health Teams (CAMHT). CAMHTs support people in their own communities by providing integrated specialised care including Family Therapy, Cognitive Behavioural Therapy (CBT), Psychology, Social Work, Occupational Therapy and Addiction services. The CAMHTs also provides advice and information to Primary Care Teams.

Community Rehabilitation and Recovery Services (CRRS). All individuals referred to this service experience severe mental health issues and have their needs met through a recovery focused community based team.

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

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

Community Mental Health Teams – Psychiatry of Old Age. This is a community based multi-disciplinary team for older persons providing a specialist service.

HSE Alcohol & Substance Misuse Counselling Service. This is a community based service which provides specialist counselling to people affected by alcohol and substance misuse.

Supervised Residential Units (SRU's). This is a community based service that provides 24/7 nursing care for individuals who are acutely ill with mental health problems.

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

Mental Health Specialist Liaison Service. A Mental Health Specialist Liaison Nursing Service is available in Sligo University Hospital operating seven days a week from 8am – 8pm.

Self-Harm Clinical Care Programme (SHCCP). There are two Self-Harm nurses based in the Emergency Department in Sligo University Hospital as part of the Self-Harm Clinical Care programme. The programme aims to improve the assessment and management of all individuals who present to the Emergency Department with self-harm, reduce rates of repeated self-harm, improve access to appropriate interventions at times of personal crisis, ensure rapid and timely linkage to appropriate follow-up care and to optimise the experience of families and carers in trying to support those who present with self-harm.

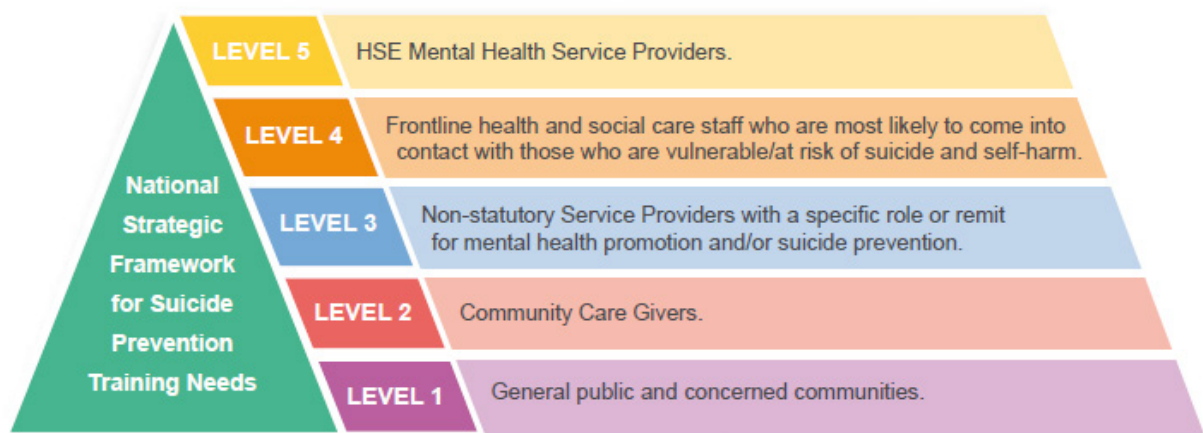
“Greater work upstream and in the preventative space... people need to know how to manage and maintain their mental health. They also need to know where to go and what to do when they need help. This help should be available as close to their own community as they wish.”

Submission from Public Consultation

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

The Resource Officer for Suicide Prevention in Sligo and Leitrim is responsible for coordinating the delivery of suicide prevention training aligned to the National Training Plan. The aim of the training is to enhance awareness of and develop skills to respond to suicidal and self-harm behaviour. Ultimately, everyone can make a difference to suicide prevention; the more people in the community who have suicide intervention training, the more likely it is that they will be able to identify someone at risk and intervene to help keep them safe. Figure 1.13 below shows the national strategic framework for suicide prevention training needs.

Figure 1.13: Training needs identified in the National Suicide Prevention Training Strategy (NOSP).



To date nine evidence-based programmes have been identified nationally that will be delivered in Counties Sligo and Leitrim. Training is offered is outlined in Table 1.2 below:

Table 1.2: Suicide Prevention Training Programmes.

Training Programme	Target Audience
E Suicide Talk	<ul style="list-style-type: none"> General public and concerned communities Community care givers Non-statutory service providers with a specific role or remit for mental health promotion and/or suicide prevention
Suicide Awareness Pre-vention Programme	
SafeTALK	
Suicide Bereavement Grief and Loss	
Understanding Self-Harm	<ul style="list-style-type: none"> General public and concerned communities Community care givers Non-statutory service providers with a specific role or remit for mental health promotion and/or suicide prevention Front line health and social care staff who are most likely to come into contact with those who are vulnerable/at risk of suicide or self-harm
Loss and Bereavement through Suicide	
ASIST	
ASIST tune-up	
STORM Suicide and STORM Self-injury	<ul style="list-style-type: none"> HSE mental health service providers

Details on the range of training programmes available are provided in Appendix 5.

1.8 HSE HEALTH PROMOTION AND IMPROVEMENT SCHOOLS BASED PROGRAMMES

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

1.9 CHALLENGES FOR HSE SERVICES

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

These challenges include:

- **Staffing.** Pressures on the health services in recent years have curtailed the development of Mental Health Services. A Vision for Change outlined clear guidelines regarding the composition and complement of community mental health teams but some do not yet meet the required complement of staff. However, a range of further developments are in progress in the wider CHO area.
- **Access to appropriate counselling services.** Although the Counselling in Primary Care (CIPC) service is a welcome new service, the fact that it is restricted to medical card holders means that many individuals may not have access to counselling. It is important that a range of therapies including Cognitive Behavioural Therapy (CBT), Dialectical Behaviour Therapy (DBT) and other management modalities which have been demonstrated to be effective for treatment of depression, anxiety and a range of other issues are made available.
- **Increasing demand for services.** Referrals to both child and adolescent, and adult mental health services have increased in recent years. Lack of availability of counselling services at primary care level results in increased referrals to secondary care, adding additional pressure on acute services and longer waiting lists. Early intervention and support at primary care level needs to be improved, and the CIPC service and self-harm nursing services are good examples of efforts to address this need. Reducing waiting times for the CAMHS service is a national priority, as well as timely access to services for young people who are presenting with suicidal behaviour or who are self-harming.

1.10 DEPARTMENT OF EDUCATION AND SKILLS PROGRAMMES

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

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

- Delivery of the Incredible Years Teacher Classroom Management Programme. This is an internationally recognised, evidence-based programme which reduces behavioural difficulties and strengthens social and emotional competence in the early years and primary school-age children. It addresses multiple risk factors associated with behavioural difficulties which are more concentrated in disadvantaged communities. It is a five to six day workshop delivered over several months.
- Provision of one to two-day training to teachers in the delivery of the Friends Programme(s). These programmes, which reduce anxiety and promote coping and resilience in children and young people from 4-18 years can be delivered by teachers, universally or to targeted smaller groups of pupils. The evidence base for these programmes has been established internationally and in Ireland by NEPS and the National Behaviour Support Service (NBSS). The Friends programme is endorsed by the WHO.
- Training and consultation for schools to promote social and emotional competence; to embed the Well-Being Guidelines; the school-wide implementation of the Continuum of Support and the development of the Student Support Teams in Post-Primary Schools.

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

1.11 COMMUNITY AND VOLUNTARY SECTOR SUPPORTS IN SLIGO AND LEITRIM

- **Tusla funded Child and Family Agency Family Resource Centres (FRCs).** These centres 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 four FRCs in Sligo (West Sligo, Ballymote, Sligo Family Centre and Tubbercurry), and two FRCs in Leitrim (Breffni and Mohill).
- **GROW.** GROW's Mission is to nurture mental health, personal growth, prevention and full recovery from all kinds of mental illness. Weekly Meetings are held throughout the North West.
- **Mental Health Ireland (MHI).** MHI is a national voluntary movement with the aim of promoting positive mental health and wellbeing to all individuals and communities in Ireland. There is a network of volunteer-led Mental Health Associations throughout the country, 5 of these are well established in Sligo and Leitrim. Mental Health Associations participate in a variety of activities including fundraising to help support those struggling with mental health in their communities and to organise events and activities to promote wellbeing at a local level. The Area Development Officer supports the Mental Health Associations and also delivers awareness-raising initiatives and targeted education and training programmes on mental health issues in a variety of settings in local communities.
- **Pieta House Suicide Bereavement Liaison Service.** The Pieta House Suicide Bereavement Liaison Service (SBLS) provides practical support, information and signposting to anyone who has recently been bereaved by suicide by connecting or visiting with them in a prompt manner. Anyone affected by suicide is welcome to make contact with this service for support, or to learn what services are available to them in Sligo and Leitrim. The Suicide Bereavement Liaison Office meets with bereaved individuals or families (at their request) as a group or individually.
- **AWARE.** AWARE provides support and information to individuals and families affected by depression, through its Lo-Call Helpline, Support Groups, Online Support Groups and email support service.
- **Stop Suicide.** STOP Suicide provides a counselling service to those who are in distress or feeling suicidal and to those who have been bereaved by suicide. The service offers general information evenings and workshops for the general public and facilitates a support group for those who have been bereaved by suicide.
- **Samaritans.** Samaritans are available in Sligo and Leitrim 24 hours a day, every day of the year to provide emotional support and a listening ear to all who need it. The Samaritans are contactable by telephone, in person, by text and by email and are a non-judgemental, confidential service. The Samaritans also visit schools to provide information about their services and to provide workshops for students.



2

Development of
Connecting for Life Sligo and Leitrim

2.1 APPROACH

As with the national strategy, *Connecting for Life Sligo and Leitrim* has taken an evidence-informed approach to suicide prevention, to ensure that the actions will deliver real and measurable benefits in a cost-effective way. The local work is aligned with the whole of society approach applied in the overall *Connecting for Life* National Strategy (2015-2020). The local approach involved the provision of opportunities for consultation throughout Sligo and Leitrim, as well as engagement with all the relevant statutory, non-statutory and community and voluntary organisations. This approach has ensured that the actions are relevant to the needs of the people of both counties.

The first step was the establishment of a project governance structure, the cross-county *Connecting for Life* Steering Group, to oversee the project. The purpose of the Steering Group was to:

- Provide the guidance, support and direct contribution to the development and preparation of the local plan.
- Facilitate multi-agency working and collaboration in the prevention of suicide and suicidal behaviour and in the promotion of health and wellbeing across Sligo and Leitrim.
- To oversee and direct the implementation of *Connecting for Life Sligo and Leitrim*.

An evidence-informed approach was taken to ensure that the plan was grounded in national and international evidence but also informed by the local consultation process. The Steering Group established a Sligo Working Group and a Leitrim Working Group who were tasked with planning and facilitating the consultation process in each County. This allowed for consultation with all of the relevant statutory, non-statutory and community and voluntary organisations, as well as affording individuals an opportunity to contribute to the plan.

The National Office for Suicide Prevention played a significant role in providing support and ensuring *Connecting for Life Sligo and Leitrim* is aligned to the national strategy.

2.2 CONSULTATION PROCESS

The consultations were led by the Resource Officer for Suicide Prevention with the support of members of the local *Connecting for Life* Steering Group and the two local Sligo and Leitrim Working Groups. Every effort was made to enable the general public, community and voluntary organisations, statutory and non-statutory agencies and the HSE staff and others share their experiences and opinions. Venues and times of consultation meetings were chosen to ensure ease of access, and community buildings were used where available.

Consultation strategies employed across both counties included:

- Public facilitated workshops
- Widely distributed postcards
- An online survey

The broad selection of mechanisms employed to engage with the general public and also with specific target groups resulted in a significant level of participation across both Counties. The process was actively supported by *Connecting for Life* Steering Group and Working group members whose active engagement in the process led to the high level of participation.

There were six facilitated public consultation meetings throughout each County and a support person from either STOP Suicide or Samaritans was present at each of these meetings to offer individual support if required.

In total, 831 people took part in the engagement process representing a good cross-section of the community. See Table 2.1 for an overview of the numbers who engaged with the various consultations across Sligo and Leitrim.

Figure 2.1: Numbers participating in the consultation process in Sligo and Leitrim

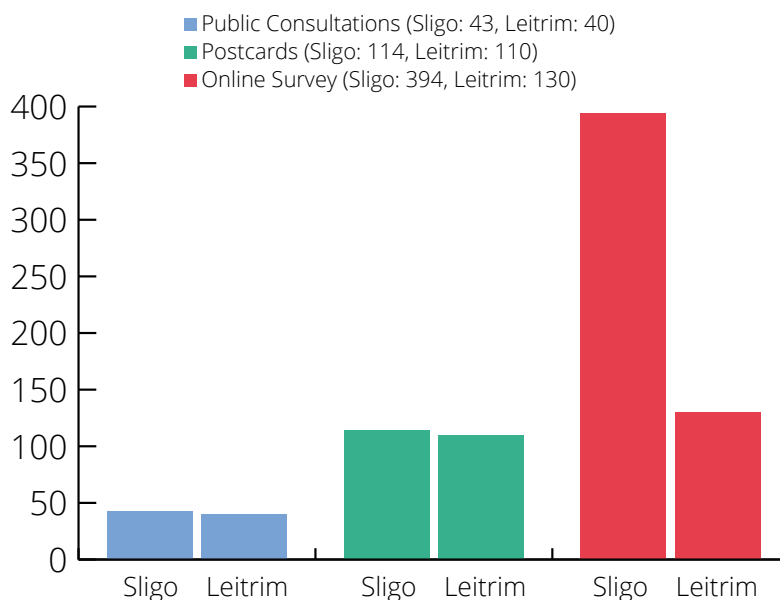
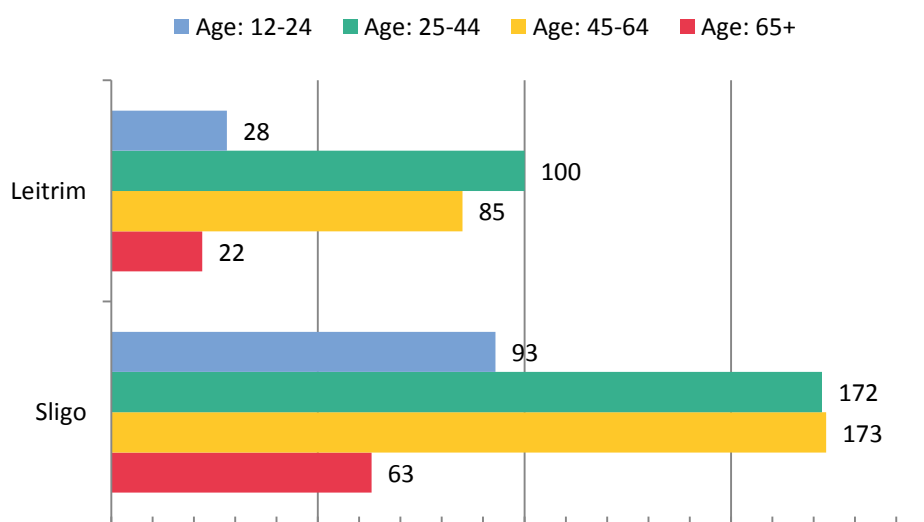
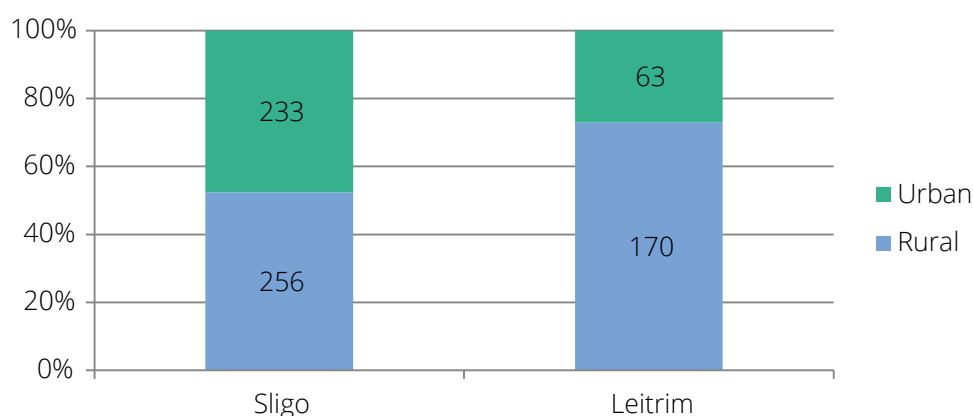


Figure 2.2: Age profile of participants from consultation process



- 53% of people who took part in the consultation process were under 45 years old while 16% were in the 12-24 year old age group.

Figure 2.3: Sligo and Leitrim consultation participants who lived in a rural or urban area



- 59% of participants who took part in the consultation across both Counties live in a rural area while 41% live in an urban area.
- 73% of the participants who took part in the consultation process in Leitrim live in a rural area while 52% who took part in Sligo live in a rural area.

Figure 2.4: Gender of participants who took part in consultation process in Sligo

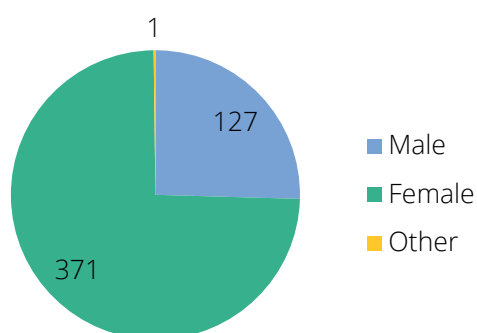
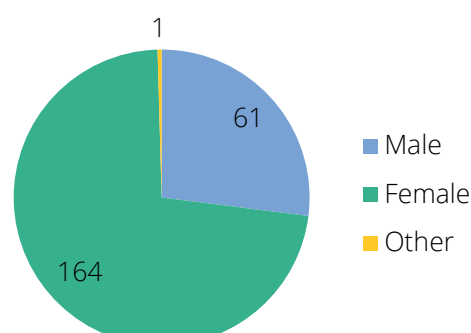


Figure 2.5: Gender of participants who took part in consultation process in Leitrim



- 73.8% of the participants who took part in the consultation process in Sligo and Leitrim were female, 25.9% were male while 0.3% classified themselves as other.

The combined feedback from the consultations in each County was analysed and summarised in relation to the seven goals in the national *Connecting for Life* strategy and developed into a list of actions aligned to the goals, objectives and actions in the national strategy. Additional consultation was then conducted by members of the Steering Group to distil the actions further and agree ownership and accountability in the implementation of the plan.



3

Priority Groups, Risk And
Protective Factors

Identifying risk and protective factors for mental health problems and suicide is important for the whole population, and particularly for those vulnerable to suicide. Within this plan consideration has been given to particular issues identified in Sligo and Leitrim which may contribute to risk, especially for vulnerable groups.

3.1 NATIONAL PRIORITY GROUPS IN IRELAND

Ireland's overall suicide rate is among the lowest in the OECD (2). However, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour (1,17). While there is significant overlap between many of the groups, it is important to note that the presence of risk factors does not necessarily lead to suicidal behaviour, for example, only a minority of people with a mental disorder will die by suicide (1). As part of developing the national strategy, the National Office for Suicide Prevention reviewed the available Irish and international evidence in relation to risk and protective factors with the aim of identifying potential priority groups vulnerable to suicide in Ireland (17). See Table 3.1 for details.

Table 3.1: Priority groups identified in *Connecting for Life* 2015-2020 (17)

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

Over the lifetime of *Connecting for Life*, other population groups may emerge as particularly vulnerable to suicide. This list of priority groups will be reviewed regularly by NOSP based on the most up to date research and evidence (17).

3.2 LOCAL PRIORITY GROUPS

3.2.1 Local Priority Groups - Sligo

See Table 3.2 for details of the groups identified as at risk of self-harm and suicide from the consultations which took place across Sligo.

Table 3.2 Groups identified as at risk of self-harm and suicide within Sligo consultations

Health/mental health related groups	<ul style="list-style-type: none"> • Individuals with mental health issues • Individuals with alcohol and/or drug misuse problems • Individuals with poor coping skills • Individuals who self-harm
Minority groups	<ul style="list-style-type: none"> • Members of the LGBTQI community • Members of the Traveller community (particularly males) • Non-Irish nationals • People who come in contact with violence • Individuals with disabilities • Individuals who are homeless
Demographic cohorts	<ul style="list-style-type: none"> • Young people • Middle aged men • Economically disadvantaged individuals • Older people
Suicide related	<ul style="list-style-type: none"> • Individuals bereaved by suicide • Individuals in communities where there has been a bereavement due to suicide • Previous suicide attempt
Occupational groups	<ul style="list-style-type: none"> • Individuals working in certain professions (Dentists, farmers)

The groups most frequently identified as being at risk of self-harm and suicide in the Sligo consultation process were:

- Individuals with mental health issues.
- Socially or rurally isolated people
- Individuals with alcohol and or drug misuse problems.
- Middle aged men
- Individuals bereaved by suicide

3.2.2 Local Priority Groups – Leitrim

See Table 3.3 for details of the groups identified as at risk of self-harm and suicide from the consultations which took place across Leitrim.

Table 3.3 Groups identified as at risk of self-harm and suicide within Leitrim consultations

Health/mental health related groups	<ul style="list-style-type: none"> • Individuals with mental health issues • Individuals with alcohol and or drug misuse problems • Individuals with poor coping skills • Individuals who self-harm
Minority groups	<ul style="list-style-type: none"> • Members of the LGBTQI community • Members of the Traveller community (particularly males) • Non-Irish nationals • People who come in contact with violence • Individuals with disabilities • Individuals who are homeless
Demographic cohorts	<ul style="list-style-type: none"> • Isolated people (socially or rurally) • Young people • Older men • People in financial difficulty • Economically disadvantaged individuals • People who are long term unemployed
Suicide related	<ul style="list-style-type: none"> • Individuals bereaved by suicide. • Individuals in communities where there has been a bereavement due to suicide. • Previous suicide attempt
Occupational groups	<ul style="list-style-type: none"> • Individuals working in certain professions (Dentists, farmers)

The groups most frequently identified as being at risk of self-harm and suicide in the Leitrim consultation process were:

- Individuals with mental health issues.
- Isolated people (socially or rurally)
- Individuals with alcohol and or drug misuse problems.
- People in financial difficulty
- People who are long term unemployed
- Individuals bereaved by suicide

3.3 NATIONAL RISK FACTORS

Suicidal and self-harm behaviours are complex. There is rarely a single cause. Generally, a number of risk factors interact (in different ways for different groups) to increase an individual's vulnerability to suicidal behaviours (1). International research has identified some common risk factors at individual, socio-cultural and situational levels (15). See Table 3.4 for details.

Table 3.4: National individual, socio-cultural and situational risk factors (15)

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

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

3.4 LOCAL RISK FACTORS

The public consultations, online survey and postcard survey identified a range of individual, socio-cultural and situational level risk factors in both Counties. All of the national level individual risk factors were identified, while many of the socio-cultural and situational level risk factors were also identified, as well as a range of other additional risk factors.

See Table 3.5 for details of the local risk factors identified in the Sligo consultations and Table 3.6 for details of the local risk factors identified in the Leitrim consultations.

Table 3.5: Local risk factors identified in the Sligo consultation.

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • Previous suicide attempt • Mental health problems • Alcohol or drug misuse • Hopelessness • Sense of isolation • Dealing with financial issues • Loneliness • Low confidence/self-esteem • Aggressive tendencies • Impulsivity • History of trauma or abuse • Acute emotional distress • Chronic illness and chronic pain • Poor resilience 	<ul style="list-style-type: none"> • Stigma associated with mental health problems • Stigma associated with help-seeking behaviours • Lack of knowledge of supports and services which are available and how to access them • Long waiting lists for services 	<ul style="list-style-type: none"> • Job and financial losses • Isolation (social and rural) • Stressful life events • Family history of suicide

Table 3.6: Local risk factors identified in the Leitrim consultation

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • Previous suicide attempt • Mental health problems • Alcohol or drug misuse • Hopelessness • Sense of isolation • Lack of social support • Working in lonely professions • Impulsivity • History of trauma or abuse • Acute emotional distress • Chronic pain • Poor resilience 	<ul style="list-style-type: none"> • Stigma associated with mental health problems • Exposure to suicidal behaviour • Lack of knowledge of supports and services which are available and how to access them • Long waiting lists for services 	<ul style="list-style-type: none"> • Any type of loss • Isolation (social and rural) • Stressful life events • Family history of suicide

3.5 PROTECTIVE FACTORS

3.5.1 International Research

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

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

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

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

"Mindset is important. People need to know that they can choose to focus on the positives rather than the negatives"

Submission from Public Consultation



4

Connecting for Life Sligo and Leitrim
Strategic Goals,
Objectives And Actions

4.1 CONNECTING FOR LIFE SLIGO AND LEITRIM STRATEGIC GOALS, OBJECTIVES AND ACTIONS.

Connecting for Life Sligo and Leitrim is based on the same vision, goals and primary outcomes as the national strategy outlined below. *Connecting for Life Sligo and Leitrim* sets out the local actions which were developed from the feedback received from the public consultation and engagement process which took place throughout the two Counties, 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 for each County clearly identified.

VISION

“The counties of Sligo and Leitrim will have fewer lives lost through suicide, and communities and individuals will be empowered to improve their mental health and wellbeing”

STRATEGIC GOALS

1. To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing within Sligo and Leitrim.
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 and amongst specified priority groups.
1. Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups

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 Sligo and Leitrim. 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 Sligo and Leitrim, including the media, a greater understanding of suicide and the factors that protect and improve our mental health and reduce stigma can be achieved.

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk & protective factors.	1.1.2 Develop and implement a national mental health and wellbeing promotion plan.	1.1.2 Implement the national mental health promotion plan locally.	HSE H&W (HP&I)	HSE MH, ROSP, MHI, Other Statutory Agencies, C&V Orgs	HSE MH, ROSP, MHI, Other Statutory Agencies, C&V Orgs
	1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services.	1.1.3 (a) Deliver national positive mental health campaigns at a local level, such as the Little Things campaign.	HSE MH, ROSP, HSE Communications	HSE HP&I, MHI, Other Statutory Agencies, C&V Orgs, FRC's, Foroige, NCYCS, Sligo County Council, Sligo Sports Partnership, Sligo Education Centre	HSE HP&I, MHI, Other Statutory Agencies, C&V Orgs, FRC's, Foroige, NCYCS, Leitrim County Council, Leitrim Sports Partnership, Carrick Education Centre
		1.1.3 (b) Hold an annual <i>Connecting for Life Sligo and Leitrim</i> event to build alliances between all sectors and share good practice in suicide prevention and mental health.	HSE MH	ROSP, MHI, Other Statutory Agencies, C&V Orgs	ROSP, MHI, Other Statutory Agencies, C&V Orgs
		1.1.3 (c) Organise community wide events to promote mental health and wellbeing with a focus on providing information on help seeking and services.	HSE MH, ROSP	HSE Communications, MHI, Sligo Leader, Sligo County Council, FRC's	HSE Communications, MHI, Leitrim Development Company, Leitrim County Council, FRC's
	1.1.4 Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns.	1.1.4 Ensure the link between alcohol/drug misuse and suicidal behaviour is included in relevant information and awareness raising work.	HSE H&W	Alcohol Forum, HSE PC, NWRDATF	Alcohol Forum, HSE PC, NWRDATF
	1.1.5 Promote physical activity as a protective factor for mental health through the National Physical Activity Plan.	1.1.5 Highlight the importance of physical activity as a protective factor for good mental health.	Sligo Sports Partnership, Leitrim Sports Partnership	HSE H&W, Tusla, Sligo County Council, Sligo Leader	HSE H&W, Tusla, Leitrim County Council, Leitrim Development Company

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
1.2 Increase awareness of available suicide prevention and mental health services.	1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at YourMentalHealth.ie	1.2.1 Update, maintain and promote information on local mental health services, events and referral pathways on www.yourmentalhealth.ie. Where relevant, ensure local on-line directories have links to information available on this site.	HSE MH, ROSP	HSE Communications, MHI, NCYCS	HSE MH, HSE Communications, MHI, NCYCS
	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	1.2.2 Deliver nationally co-ordinated targeted campaigns at local level to improve awareness of support services among priority groups in Sligo and Leitrim.	HSE MH, HSE Communications	MHI, C&V Orgs	MHI, C&V Orgs
1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups.	1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.	1.3.1 Aligned to national campaigns, develop and deliver local campaigns that reduce stigma, for example, the 'Green Ribbon' campaign and 'World Mental Health Week'.	HSE Communications	HSE MH, MHI, Other statutory agencies, C&V Orgs	HSE MH, MHI, Other statutory agencies, C&V Orgs
1.4 Engage with the media to improve the reporting of suicidal behaviour.	1.4.4 Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting.	1.4.4 (a) Establish links with, and support local media to promote positive mental health and wellbeing, to reduce stigma and provide information on services and supports available for mental health problems and suicide prevention	ROSP, HSE Communications	HSE MH	HSE MH
		1.4.4 (b) Link to and engage with local press in relation to national guidelines adherence and make training on media guidelines available to local media and press.	ROSP	HSE Communications, HSE MH, Local Media, Samaritans, Headline	HSE Communications, HSE MH, Local Media, Samaritans, Headline

*"The biggest problems are loneliness, depression and isolation.
Talking and listening are key"*

Submission from Public Consultation

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.

Strategic Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
2.1 Improve the continuation of community level responses to suicide through planned, multi-agency approaches.	2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic & Community Plans (LECP) and Children & Young People's Services Committee's (CYPSC) county plans.	2.1.1 Implement, monitor and report on the delivery of <i>Connecting for Life Sligo and Leitrim</i> .	HSE MH, ROSP	CfL Sligo and Leitrim Steering Group	CfL Sligo and Leitrim Steering Group
2.2 Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sporting Organisations).	2.2.1 Provide community-based organisations with guidelines and protocols on effective suicide prevention.	2.2.1 Support and train Family Resource Centres to adopt the National Family Resource Centre Code of Practice for Suicide Prevention.	National Family Resource Centre Forum,	FRC's, ROSP, Tusla	FRC's, ROSP, Tusla
2.3 Ensure delivery of training and education programmes on suicide prevention to community-based organisations.	2.3.2 Deliver awareness training programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide.	2.3.2 (a) Aligned to the National Training Plan deliver suicide prevention and self-harm training to professionals and volunteers who come into regular contact with people who are vulnerable to suicide.	ROSP	HSE MH, HSE H&W, Other statutory agencies, C&V Orgs, MHI	HSE MH, HSE H&W, Other statutory agencies, C&V Orgs, MHI
		2.3.2 (b) Aligned to the National Training Plan ensure that all GAA Clubs have access to training in Suicide Prevention.	ROSP	GAA H&W Committees HSE MH, HSE H&W, Sligo GAA	GAA H&W Committees HSE MH, HSE H&W, Leitrim GAA

Strategic Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
2.3 Ensure delivery of training and education programmes on suicide prevention to community-based 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.	2.3.3 (a) Establish networks of ASIST trained individuals in local communities in Sligo and Leitrim.	ROSP	HSE MH, MHI, FRC's	HSE MH, MHI, FRC's
		2.3.3 (b) Continue to develop and support the Social Prescribing Programme to ensure reach throughout Sligo and Leitrim.	HSE Psychology	HSE PC, C&V Orgs, FRC's and Sligo Library Service	HSE PC, C&V Orgs, FRC's and Leitrim Library Service
		2.3.3 (c) Develop and disseminate an annual programme of mental health promotion and suicide prevention programmes in community and health settings aimed at improving the mental health of the whole population and priority groups.	MHI, ROSP	HSE H&W, C&V Orgs, HSE MH	HSE H&W, C&V Orgs, HSE MH
		2.3.3 (d) Train local Health Promotion and Improvement staff to deliver the national HSE Health & Wellbeing one day training programme in Sligo and Leitrim to those working in the health and community sector.	HSE H&W (HP&I)	HSE MH, ROSP	HSE MH, ROSP
		2.3.3 (e) Implement the Stress Control Programme throughout the Sligo and Leitrim and strengthen links with GPs and mental health services.	HSE Psychology	HSE MH, HSE PC, NEPS	HSE MH, HSE PC, NEPS

"Start at national school level – teach children about the importance of mental wellbeing. Provide educational programmes for parents to inform and educate about their own mental wellbeing and that of their children. Provide greater opportunities for socialisation for all age groups, importantly the elderly and isolated"

Submission from Public Consultation

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

National and international research, supported by feedback from the Sligo and Leitrim consultation process, identifies priority groups for whom the risk of suicide and self-harm is greater. Understanding local risk factors helps identify local priority groups, enabling the development of targeted local actions to meet local need. Rural isolation is a compounding factor for all priority groups in Sligo and Leitrim, and is one of the biggest challenges for *Connecting for Life Sligo and Leitrim*. Community based accessible information, signposting, training and service delivery will be instrumental to its success. To support this, the actions under this goal will address the needs of the priority groups identified at a national level and through the local consultation process.

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	3.1.2 Develop and implement a range of agency and inter-agency protocols (including protocols for sharing information) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents	3.1.2 (a) Implement at a local level new and updated suicide prevention and critical incident management HSE and interagency protocols.	HSE MH	HSE PC, Hospital Acute Unit, An Garda Síochána, TUSLA, NEPS	HSE PC, Hospital Acute Unit, An Garda Síochána, TUSLA, NEPS
		3.1.2 (b) Aligned with national interagency protocols, establish a protocol of communication between first responders, eg. Gardaí and HSE Mental Health in the immediate aftermath of deaths likely to be determined as suicide.	HSE MH	Gardaí, Coroner, Pieta House	Gardaí, Coroner, Pieta House
	3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.	3.1.3 (a) Ensure the future development and location of community mental health teams and primary care services are strategically aligned and where possible in accordance with Vision for Change based within the new HSE Primary Care centre	HSE PC	HSE MH	HSE MH
		3.1.3 (b) Explore the possibility of running the MOJO programme in Sligo and Leitrim.	Sligo Leader, Leitrim Development Company	ROSP, MHI, MOJO National Office, HSE MH, HSE PC	ROSP, MHI, MOJO National Office, HSE MH, HSE PC

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.	3.1.5 (a) Promote ongoing training to practicing health and social care workers in mental health and suicide prevention in line with the national training plan.	ROSP	HSE MH, HSE H&W, MHI	HSE MH, HSE H&W, MHI
		3.1.5 (b) Provide front line mental health service staff with specific suicide prevention and self-harm mitigation training to improve their skills in assessment and management of suicide risk in line with the National Training Plan.	ROSP	HSE MH, HSE PC, TUSLA	HSE MH, HSE PC, TUSLA
		3.1.5 (c) Train staff from local statutory services to deliver suicide prevention and self-harm training programmes in order to increase the capacity to deliver such programmes locally.	ROSP	HSE MH, HSE PC, TUSLA	HSE MH, HSE PC, TUSLA
	3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector.	3.1.6 (a) Deliver targeted community based workshops on positive mental health and wellbeing to identified priority groups.	HSE H&W	HSE MH, MHI, C&V Orgs	HSE MH, MHI, C&V Orgs
		3.1.6 (b) Support the implementation of the HSE national positive mental health promotion programme with and for members of the Traveller community locally.	HSE H&W	HSE MH, ROSP, STSG,	HSE MH, ROSP, Leitrim Development Company
		3.1.6 (c) Mental health and suicide prevention will be addressed in programmes targeting people living with long term chronic health conditions.	Long Term Conditions Programme Lead	HSE MH, HSE PC,	HSE MH, HSE PC,
3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.	3.2.1 (a) Establish a practice change initiative on Screening and Brief Intervention for alcohol (SAOR and MECC) with a specific focus on self-harm and non-fatal suicide attempts in partnership with the HSE Health & Well Being Mental Health and Mental Health & Addiction Service.	NWRDATF	Alcohol Forum, HSE H&W, HSE Addiction Services, HSE Social Inclusion, HSE MH,	Alcohol Forum, HSE H&W, HSE Addiction Services, HSE Social Inclusion, HSE MH,
		3.2.1 (b) Establish a practice change initiative on using teachable moments to create greater awareness of the low risk drinking guidelines.	Alcohol Forum	HSE Social Inclusion, HSE MH, HSE PC, NWRDATF, TUSLA	HSE Social Inclusion, HSE MH, HSE PC, NWRDATF, TUSLA

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.	3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.	3.2.1 (c) Increase access and availability to evidenced-based Family Skills Programmes targeted at parental alcohol and other drug use.	Alcohol Forum	HSE Social Inclusion, HSE MH, TUSLA, NWRDATF	HSE Social Inclusion, HSE MH, TUSLA, NWRDATF
		3.2.1 (d) Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with Primary Care.	Alcohol Forum	HSE Social Inclusion, HSE MH, TUSLA, NWRDATF	HSE Social Inclusion, HSE MH, TUSLA, NWRDATF
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	3.3.1 Support implementation of relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education.	3.3.1 (a) Support schools to implement the Wellbeing in Primary and Post Primary School Guidelines.	HSE H&W (HP&I)	Sligo Education Centre, , NEPS, Sligo Schools, The Alcohol Forum	Carrick Education Centre, , NEPS, Leitrim Schools, The Alcohol Forum
		3.3.1 (b) Support both primary and post primary schools to access and implement the framework for becoming a Health Promoting School.	HSE H&W (HP&I)	Sligo Education Centre, Sligo Schools	Carrick Education Centre, Leitrim Schools
	3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and critical incident management.	3.3.2 (a) Offer training and consultation to schools in the development and implementation of Critical Incident Plans and policies.	NEPS	Sligo Schools, HSE H&W, TUSLA, Sligo Education Centre,	Leitrim Schools, HSE H&W, TUSLA, Carrick Education Centre
		3.3.2 (b) Provide access to training and consultation for schools to promote social and emotional competence; to embed the Well-Being Guidelines, the school wide implementation of the Continuum of Support and the development of the Student Support Teams in Post-Primary.	NEPS	Sligo Schools, HSE, H&W, Sligo Education Centre	Leitrim Schools. HSE H&W, Carrick Education Centre
		3.3.2 (c) Aligned to the National Training Plan provide access to and encourage uptake of suicide prevention training of teaching staff, ensuring teachers are aware of the signs of a student who is being bullied or is depressed (use opportunities such as Teachers Summer School).	ROSP, NEPS	Sligo Schools, Youthreach, HSE H&W	Leitrim Schools, Youthreach, HSE H&W

Strategic Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying.	3.3.4 Guide and support the implementation of the National Anti-Bullying Action Plan locally.	Sligo Education Centre, Carrick Education Centre	Sligo Schools	Leitrim Schools
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	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) Support post primary schools locally to implement the new Wellbeing Programme.	NEPS	Sligo Schools, HSE H&W	Leitrim Schools, HSE H&W
		3.3.5 (b) Deliver 'Mindout' to post primary school teachers.	HSE H&W	Sligo Education Centre, Sligo Schools	Carrick Education Centre, Leitrim Schools
		3.3.5 (c) Work in partnership with the Education Centres in the region to develop and support the capacity of schools and teachers to best support the implementation of the SPHE curriculum and develop the teaching skills and confidence needed to deliver evidenced informed information on alcohol and other drugs.	Alcohol Forum.	Sligo Education Centre, MSLETB, NWDATF, HSE D&A	Carrick Education Centre, MSLETB, NWDATF, HSE D&A
		3.3.5 (d) Explore the possibility of offering LGBTQI awareness training for the teachers and other schools personnel in Sligo and Leitrim.	Sligo Education Centre, Carrick Education Centre	Sligo Schools	Leitrim Schools
		3.3.5 (e) Promote and support Mental Health awareness training for teachers, school staff and parents including the promotion of "One Good Adult" and the "Five a day for Mental Health"	Sligo Education Centre, Carrick Education Centre	Sligo Schools	Leitrim Schools
	3.3.6 Deliver early intervention and psychological support service for young people at primary care level.	3.3.6 Aligned with the work of the national taskforce on Youth Mental Health, develop, launch and implement the CHO1 Youth Mental Health Plan in Sligo and Leitrim.	HSE PC, HSE MH	HSE Psychology, ROSP	HSE Psychology, ROSP
	3.3.7 Deliver early intervention and psychological support services for young people at secondary care level; including Child and Adolescent Mental Health Service.	3.3.7 (a) Implement the Child and Adolescent Mental Health Service (CAMHS) Standard Operating Procedure.	HSE MH	-	-

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

National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.	3.3.7 Deliver early intervention and psychological support services for young people at secondary care level; including Child and Adolescent Mental Health Service.	3.3.7 (b) Outline and review Community Healthcare Organisation (CHO) provision of Tier 2 (community-based multidisciplinary) and Tier 3 (CAMHS and inpatient) mental health services, including to what extent services are adequate, visible and accessible. Consider options for aligning current resources to need within the CHO and where required, develop additional resources.	HSE MH	-	-



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

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.

Strategic Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service and deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.	4.1.1 (a) Review current service provision, identify potential development of out of hours service and associated costs.	HSE MH	HSE PC	HSE PC
		4.1.1 (b) Aligned with national guidance and the CAMHS Standard Operating Procedure, implement local initiatives to enhance communications and transition between Child and Adolescent and Adult Mental Health Services.	HSE MH	HSE PC, TUSLA	HSE PC, TUSLA
	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 national model of care for those with co-morbid addiction and mental health difficulties at a local level.	HSE MH	HSE PC	HSE PC
	4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.	4.1.4 Collaborate with MHD to explore, identify and implement a uniform assessment approach across the health services in Sligo and Leitrim.	HSE MH	SUH	SUH
	4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to Emergency Departments.	4.1.5 Continue the implementation of the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments.	HSE MH	SUH	SUH

Section 4: *Connecting for Life Sligo and Leitrim*. Goals, Objectives and Actions

Strategic Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
4.2 Improve access to effective therapeutic interventions for people vulnerable to suicide.	4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems at both primary and secondary care levels.	4.2.1 Review current access to effective therapeutic interventions such as DBT, CBT, counselling and other relevant services, and identify areas for potential development/ improvement.	HSE MH, HSE PC	-	-
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.	4.3.1 Deliver enhanced bereavement support services to families and communities known to mental health services and affected by suicide.	4.3.1 (a) Identify and review provision of publicly funded bereavement services, including to what extent services are adequate, timely and effective. Consider proposals for aligning current resources to need within the local area and where required, developing additional resources.	HSE MH	-	-
		4.3.1 (b) Further develop the suicide bereavement support services, including suicide bereavement liaison support and suicide bereavement counselling services.	HSE MH	Pieta House, NCS, ROSP, HSE MH	Pieta House, NCS, ROSP, HSE MH
		4.3.1 (c) Aligned with the National Training Plan, deliver training programmes developed by National Office for Suicide Prevention to support communities affected by suicide.	ROSP	HSE MH, HSE H&W, MHI	HSE MH< HSE H&W, MHI
		4.3.1 (d) Aligned with yourmentalhealth.ie, develop and disseminate information outlining the supports available to bereaved families through the appropriate communication channels.	HSE MH	-	-
		4.3.1 (e) Develop and implement a Community Response Plan when a death by suspected suicide occurs in Sligo or Leitrim.	HSE MH, ROSP	HSE PC, MSLETB, An Garda Síochána, C&V Orgs, Pieta House	HSE PC, MSLETB, An Garda Síochána, C&V Orgs, Pieta House

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.

Strategic Goal 5: To ensure safe and high-quality services for people vulnerable to suicide.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
5.2 Improve the response to suicidal behaviour within health and social care services, with a focus on incidents within mental health services.	5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services.	5.2.1 Collaborate with the HSE Mental Health Division to explore, identify and implement a uniform procedure for responding to suicidal behaviour across mental health services.	HSE MH	HSE PC, SUH	HSE PC, SUH
	5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services and develop responsive practice models.	5.2.3 Ensure that trained investigators are available within Sligo and Leitrim Mental Health Service to carry out system and service reviews in line with HSE policy.	HSE MH	-	-
5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes.	5.4.2 Deliver training in suicide prevention to staff involved in the delivery of relevant services and to staff in government departments and agencies likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.	5.4.2 (a) Deliver training in alignment with the National Training Plan for front line staff working across statutory agencies and government departments.	ROSP	HSE MH, TUSLA, Sligo County Council, MSLETB, MABS, MHI	HSE MH, TUSLA, Leitrim County Council, MSLETB, MABS, MHI
		5.4.2 (b) Gardaí in Sligo and Leitrim will be further up-skilled to respond to suicidal behaviour and to those bereaved by suicide.	An Garda Síochána	ROSP, HSE MH	ROSP, HSE MH

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. 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.

Strategic Goal 6: To reduce and restrict access to means of suicidal behaviour.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key partners Leitrim
6.1 Reduce access to frequently used drugs in intentional drug overdose.	6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems.	6.1.2 (a) In line with the national strategy, continue to raise awareness amongst retailers and the public of the dangers of paracetamol misuse and the use of point of sale systems.	HSE Pharmacy Rep	HSE Communications, Retailers, Pharmacists, NWDATF	HSE Communications, Retailers, Pharmacists, NWDATF
		6.1.2 (b) Work with HSE Colleagues across CHO Area 1 (Donegal, Sligo, Leitrim, Cavan and Monaghan) to investigate the feasibility of establishing an initiative to collect and dispose of unused/ out of date medications across the counties.	HSE Pharmacy Rep	Sligo County Council, Pharmacists, HSE MH	Leitrim County Council, Pharmacists, HSE MH
6.2 Reduce access to highly lethal methods used in suicidal behaviour.	6.2.1 Local authorities develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.	6.2.1 Work with the relevant organisations to identify high risk locations in Sligo and Leitrim, and identify and implement evidence based interventions where practical to restrict access at locations and settings where people are at risk of engaging in suicidal behaviour.	ROSP, Sligo County Council, Leitrim County Council	HSE MH, An Garda Síochána, Coroner's Office	HSE MH, An Garda Síochána, Coroner's Office
	6.2.2 Implement a strategy to improve environmental safety within HSE Mental Health Services (e.g. ligature audits).	6.2.2 Continue to monitor and improve the environmental safety within HSE Mental Health Services in Sligo and Leitrim, informed by local ligature audits.	HSE MH	HSE Estates	HSE Estates

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 Sligo and Leitrim*, and other suicide prevention policies and practices.

Strategic Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.					
National Objective	National Action	Local Action	Lead	Key Partners Sligo	Key Partners Leitrim
7.1 Evaluate the effectiveness and cost-effectiveness of <i>Connecting for Life</i> .	7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of <i>Connecting for Life</i> ; disseminate findings and share lessons learned with programme practitioners and partners.	7.1.1 Establish data collection and monitoring and evaluation mechanisms to accurately record progress against local and national outcomes and indicators, in line with the national <i>Connecting for Life</i> evaluation process.	NOSP, ROSP	HSE MH, CfL Steering Group	HSE MH, CfL Steering Group
	7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of <i>Connecting for Life</i> .	7.2.2 Use available data sources proactively to capture important information about suicide and suicidal behaviour in Sligo and Leitrim and to guide service improvement.	HSE MH	NOSP, HSE Public Health	NOSP, HSE Public Health



5

Implementation Of
Connecting For Life
Sligo And Leitrim

5.1 IMPLEMENTATION STRUCTURE AND ROLES

Connecting for Life Sligo and Leitrim is a live, dynamic plan spanning 2017 to 2020. A Community Health Organisation Oversight Committee will oversee and support the implementation of the *Connecting for Life* plans within CHO1, encouraging links between the counties within the area and to facilitate a joined up and efficient approach to the implementation of the plans.

A multi-agency Implementation Steering Group will have responsibility and accountability for ensuring the actions in *Connecting for Life Sligo and Leitrim* are implemented to agreed timeframes and within quality parameters.

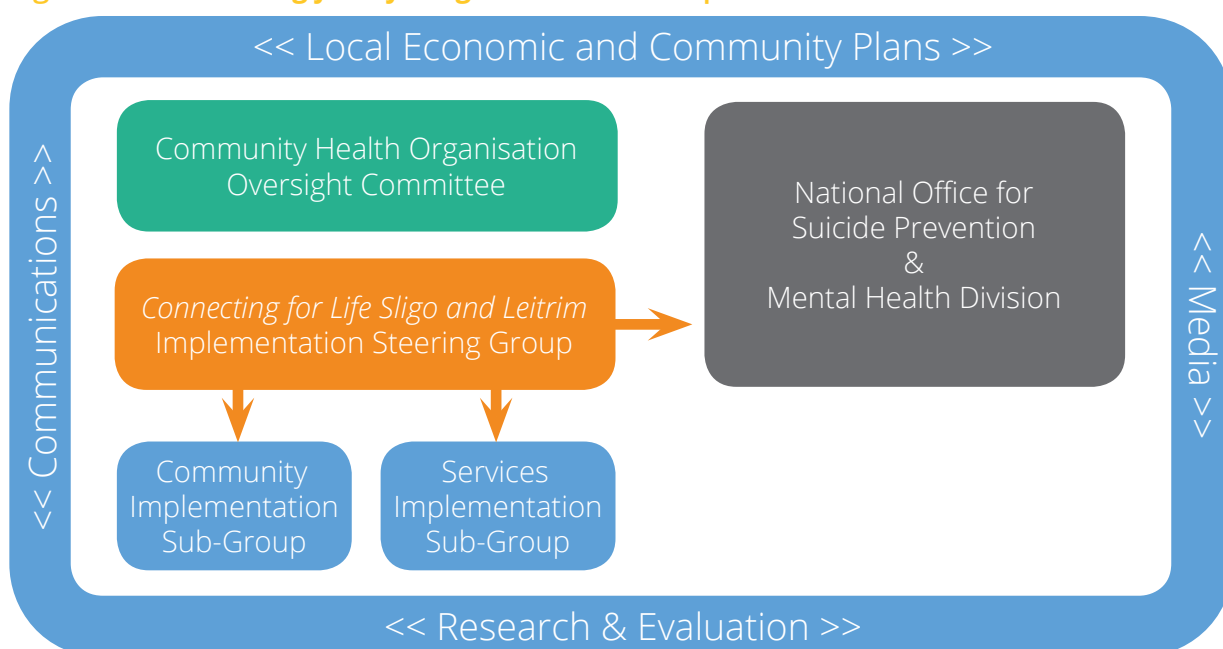
The Steering Group will be:

- Chaired by the HSE
- Accountable for the implementation of *Connecting for Life Sligo and Leitrim*
- Responsible for communicating *Connecting for Life Sligo and Leitrim*.
- Responsible for the monitoring and reporting of *Connecting for Life Sligo and Leitrim* in line with the national system for monitoring and evaluation.
- Responsible for sourcing, allocating and managing additional funding for *Connecting for Life Sligo and Leitrim*.
- Flexible and take into account of local and national needs which emerge during the timeframe of *Connecting for Life Sligo and Leitrim*

Specific details in relation to the working of the group, and the requirement for working groups will be developed by the Implementation Steering Group. Local implementation structures will align with national implementation structures.

It is envisaged that the implementation of the local action plan is and will be included in strategic plans of all partner organisations, where possible. See Figure 5.1 for details of the various proposed implementation structures.

Figure 5.1 Connecting for Life Sligo and Leitrim Implementation Structures



5.2 MONITORING AND EVALUATION

The *Connecting for Life Sligo and Leitrim* Implementation Steering Group will be accountable for the implementation of the plan. The Chairs of each of the working groups will sit on the Steering Group and report on progress and issues on action implementation. The National Office for Suicide Prevention national system for monitoring and evaluating will ensure effective and timely monitoring and evaluation of *Connecting for Life Sligo and Leitrim*.

5.3 COMMUNICATING CONNECTING FOR LIFE SLIGO AND LEITRIM

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

5.4 RESOURCING CONNECTING FOR LIFE SLIGO AND LEITRIM

The actions in *Connecting for Life Sligo and Leitrim* are multi-faceted, and their implementation will be the responsibility of the HSE and many other organisations. In the development of the plan, agreement was reached with the various organisations taking the lead for particular actions. This approach will generate outcomes that otherwise may not 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 the improved use of existing resources and the need for additional resources. It will be the responsibility of the Implementation Steering Group to identify and seek sources of funding through Government, HSE, Local Authorities and Cross Border funding streams. It is envisaged that *Connecting for Life Sligo and Leitrim* is based on a whole of society approach will provide a strong case for additional funding when required.



Appendices

APPENDIX 1:

ABBREVIATIONS

ASIST	Applied Suicide Intervention Skills Training
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behaviour Therapy
CHO	Community Healthcare Organisation
CIPC	Counselling in Primary Care
CSO	Central Statistics Office
C & V	Community & Voluntary
DBT	Dialectical Behaviour Therapy
EU	European Union
FRC	Family Resource Centre
GP	General Practitioner
HSE	Health Service Executive
HSE H&W	Health Service Executive Health & Wellbeing
HSE MH	Health Service Executive Mental Health
HSE PC	Health Service Executive Primary Care
HSE H&W	Health Service Executive Health and Wellbeing
HRB	Health Research Board
ICGP	Irish College of General Practitioners
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTQI	Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex
MHA's	Mental Health Associations
MHI	Mental Health Ireland
MSLETB	Mayo, Sligo and Leitrim Education and Training Board
NBSS	National Behaviour Support Service
NCS	National Counselling Service
NEPS	National Educational Psychological Services
NWRDATF	North West Regional Drugs and Alcohol Task Force
NOSP	National Office for Suicide Prevention
NRDSH	National Registry of Deliberate Self-Harm
NSRF	National Suicide Research Foundation
OECD	Organisation for Economic Co-operation and Development
Pieta SBLS	Pieta Suicide Bereavement Liaison Service
ROSP	Resource Officer for Suicide Prevention
RCSI	Royal College of Surgeons in Ireland
STSG	Sligo Travellers Support Group
SUH	Sligo University Hospital
WHO	World Health Organisation

APPENDIX 2: DEFINITION OF KEY TERMS

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

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

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

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

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

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

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

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

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

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

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

APPENDIX 2:

DEFINITION OF KEY TERMS

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

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

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

Responding to a suicide attempt: Response, or intervention, to support someone who attempts suicide.

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

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

Service user: Person who uses the mental health services.

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

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

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

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.

APPENDIX 2: DEFINITION OF KEY TERMS

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

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

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

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

APPENDIX 3:

MEMBERSHIP OF PLANNING AND WORKING GROUPS

Suicide Prevention Steering Group Sligo and Leitrim

Representative	Organisation
Tomas Murphy	HSE Mental Health Services
Mike Rainsford	HSE Mental Health Services
Thomás Mc Bride	HSE Mental Health Services
Mark O'Callaghan	HSE Psychology
Mary Conboy	HSE Primary Care
Patricia Garland	HSE Social Inclusion
Maire Mc Getrick	HSE Public Health Nursing
Dr Aidan Ryan	HSE Public Health
Gerry Hone	Tusla
Sean O'Connor	North West Regional Drug and Alcohol Task Force
Alan Gregory	Department of Education and Skills (NEPS)
Tom Mc Grath	National Counselling Service
Eamon Mac Gowan	Coroner
Chris Gonley	Sligo Leader Development Company
Donal Fox	Leitrim Development Company
Michael Clancy	Chief Supintendent, An Garda Síochána
Adrian Flynn	Sergeant, An Garda Síochána
Trevor Sweetman	Mayo, Sligo, Leitrim Education and Training Board
Niall Delaney	Ocean FM
Mary Quinn	Leitrim County Council
Frank Curran	Leitrim County Council
Ciaran Hayes	Sligo County Council
Tom O'Grady	St. Angelas College
Connor Fitzgerald	Tubbercurry FRC

APPENDIX 3:

MEMBERSHIP OF PLANNING AND WORKING GROUPS

Sligo Engagement Working Group

Representative	Organisation
Connor Fitzgerald	Tubbercurry FRC (Chair)
Mike Rainsford	HSE Mental Health Services
Thomás Mc Bride	HSE Mental Health Services
Martin Jones	HSE Mental Health Services
Anne Lynch	Pieta House
Anne Marie Regan	Foroige
Rachel Reilly	Mental Health Ireland
Aubrey Melville	Social Ground Force
Bernadette Maugham	STSG
Dermot Lahiff	STOP Suicide
Eileen Sheridan	Sligo Family Life Centre
Geraldine Timlin	Sligo County Council
Joe Waters	Samaritans
June Murphy	Sligo Leader
Liz King	Sligo FRC
Lorna Curry	NW Regional Drug and Alcohol Task Force
Mary Hough	Sligo Education Centre
Michael Connolly	Sport and recreation
Philip Maree	Community Garda
Shane Hayes	Sligo Sport and Recreation Partnership
Siobhan Mc Nally	IT Sligo

APPENDIX 3:

MEMBERSHIP OF PLANNING AND WORKING GROUPS

Leitrim Engagement Working Group

Representative	Organisation
Tom O'Grady	St. Angela's College (Chair)
Mike Rainsford	HSE Mental Health Services
Thomás Mc Bride	HSE Mental Health Services
Denis O'Brien	HSE Mental Health Services
Anne Lynch	Pieta House
Denise Casey	Foroige
Rachel Reilly	Mental Health Ireland
Bernie Donoghue	Leitrim Development Company
Declan Boyle	Leitrim Sports Partnership
Mary Taylor	North Connaught Youth & Community Services
Mary Mc Ternan	Grasp Life
Catherine Martin	Carrick Education Centre
Bridget Kerrigan	Rossinver
Hayley Fox Roberts	Breifni FRC
Lorna Curry	NW Regional Drug and Alcohol Task Force
Pat Love	North Leitrim Men's Group
Damon Kearney	Football Association of Ireland

APPENDIX 4:

SECONDARY SOURCES OF EVIDENCE FOR CONNECTING FOR LIFE SLIGO AND LEITRIM

Connecting for Life Sligo and Leitrim 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 Registry of Deliberate Self-Harm research reports, including National Registry of Deliberate Self-Harm Report 2013 and preliminary 2014 data.
- A review of the evidence base for interventions for suicide prevention by the Health Research Board (HRB) Suicide Prevention: An evidence review, 2014 commissioned by HSE NOSP.
- International evidence about key elements in effective suicide prevention strategies.
- Evidence on social media and social marketing strategies, language and stigma reduction and media reporting issues and interventions.
- The WHO 2014 Report: Preventing Suicide: A Global Imperative.

APPENDIX 5: OVERVIEW OF HSE/NOSP SUICIDE PREVENTION TRAINING PROGRAMMES

esuicideTALK

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

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

How to access the programme:

The link to esuicideTALK is now live on yourmentalhealth.ie:

<http://www.yourmentalhealth.ie/Get-involved/Community-action/esuicideTALK/>

Suicide Awareness Prevention Programme

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

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

Suicide Bereavement Grief and Loss

Suicide bereavement grief and loss (level 1 training) is a new two hour programme developed in collaboration with the Hospice Foundation for the general community. Participants develop greater understanding and awareness of normal reactions and responses following suicide.

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

safeTALK

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

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

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

Understanding Self-Harm

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

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

Loss and Bereavement through suicide

Loss and Bereavement through suicide (Level 2 training) is a one day training where participants' awareness of the unique aspects associated with suicide bereavement is enhanced. Participants develop greater understanding and awareness of support needed for people who have lost someone through suicide.

Target group: This course is suitable for individuals or professionals and caretakers working with individuals bereaved by suicide for e.g., health professionals, teachers, youth and community workers.

ASIST

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

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

ASIST Tune Up

ASIST Tune Up (online) (Level 3/4 training) is a 2 hour online programme for anyone who is already ASIST certified i.e. has attended the ASIST 2 day workshop more than two years ago and wishes to refresh skills.

STORM

STORM® Suicide Prevention and Self-harm Mitigation Training (Level 5 training) focuses on developing the skills needed to assess and manage a person at risk of suicide or self-harm to stay safe. The training is highly interactive with methods proven to enhance a greater understanding of the subject and the development of skills. These include active demonstration, role-rehearsal, filmed role-rehearsal, feedback, and self-reflection.

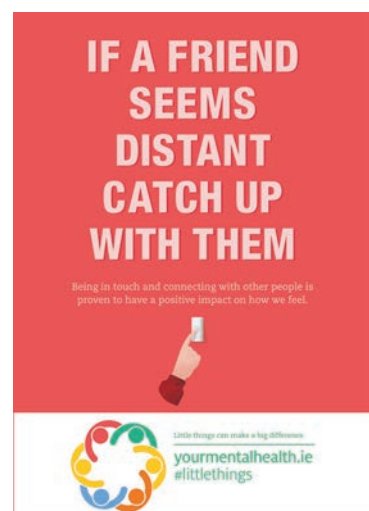
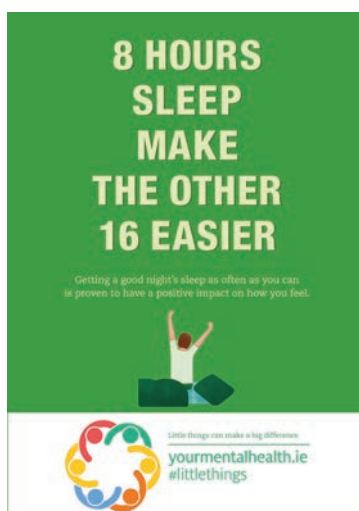
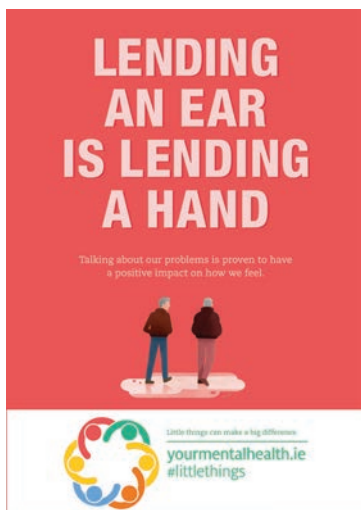
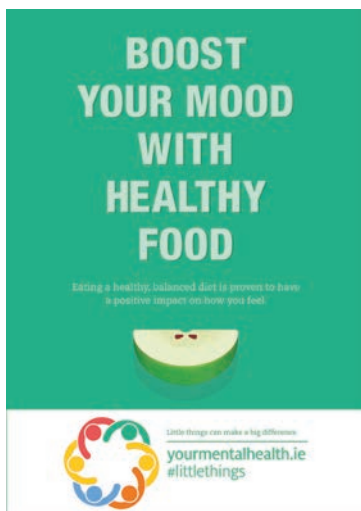
Target group: The training is suitable for professional caregivers.

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

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