Connecting for Life
Wexford

Suicide Prevention Action Plan 2015 – 2020

Feidhmeannacht na Seirbhise Sláinte
Health Service Executive

hi Healthy Ireland

Wexford County Council

National Office for Suicide Prevention

Have you been affected by suicide, self-harm, or just need to talk? Support is available for you now.

- Round the clock psychiatric care is available at Emergency Departments which is provided out-of-hours by an on-call Psychiatrist
- Contact your local GP. If it's late in the evening or at night, contact CAREDOC on 1850 334 999
- Go to the Emergency Department at Wexford General Hospital or University Hospital Waterford
- Contact emergency services by calling 999 or 112
- Call Samaritans, the FREE 24 hour listening service, to talk to someone now about what's on your mind on 116 123
- Contact Pieta House on 1800 247 247
- For further information and a list of other supports please access www.yourmentalhealth.ie

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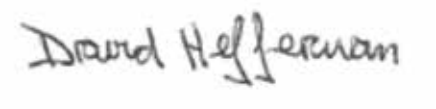
Foreword by David Heffernan

General Manager for HSE Mental Health Services (CHO 5)

Suicide is a significant public health concern for the people of Wexford where the suicide rate has been higher than the national average for more than ten years. Suicide in Wexford has had a devastating effect on individuals and families in what is a relatively small and tight knit community. The ripple effect of this devastation has been far reaching and the people of Wexford have come together to effect change through the development of a local suicide prevention action plan. *Connecting for Life Wexford* is the result of people in the community taking responsibility and coming together to develop a clear, collaborative and joined up response to an issue that is uppermost in people's minds across the entire County. This action plan for suicide prevention was created using a community development approach with a focus on inclusion, trusting relationships and working together to achieve the best possible outcomes for all concerned. The people in Wexford are well versed in the promotion of positive mental health and collaborative working is the norm. The inherent resilience of the people in Wexford and the willingness to be proactive when faced with the difficulties associated with suicide and self-harm were apparent throughout the development process.

The promotion of positive mental health and wellbeing was paramount throughout the development of *Connecting for Life Wexford* and the consultation process itself contributed to an increase in access to information and training and an increase in help-seeking behaviour. *Connecting for Life Wexford* is a direct result of a whole County working together across all sectors; community, voluntary and statutory, to achieve the vision that is set out in *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020; that is to reduce the rate of suicide and to reduce the incidence of self-harm in Ireland.



Acknowledgements

Connecting for Life Wexford is the result of the time, effort, passion and dedication of a large number of individuals, organisations and communities in Wexford and further afield who have given their time to contribute to the development of this ambitious plan. A broad range of individuals, groups and organisations contributed generously and enthusiastically and this bodes well for its future implementation.

While it is difficult to thank everyone individually, a number of organisations who provided their time and energy are mentioned here. Most importantly, we would like to thank the people of Wexford; young and old, those who were born here and those more recent arrivals, those we met online or on the streets, all who gave their thoughts, ideas and time to help ensure that this strategy reflects the real, local and on-the-ground needs of the people of County Wexford. The Steering Group wishes to thank the following groups and individuals for their support in developing this strategy:

- Staff in the various community, voluntary and statutory services who gave their opinions and ideas and committed to actions in this plan
- The team in Ferns Diocesan Youth Service (FDYS) for dedicating considerable time and effort to supporting the public consultation
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A Word from Gerry Raleigh

Director of the National Office for Suicide Prevention

Connecting for Life, The National Strategy for Suicide Prevention sets a minimum target of a 10% reduction in the suicide rate in Ireland by 2020. The achievement of this challenging target will rely upon an all of government, all of society approach. The key challenge of translating national policy into local implementation in a consistent, effective and efficient manner is acknowledged.

Connecting for Life Wexford connects all key partners from the statutory, NGO, community and voluntary sectors. It has taken the national goals and objectives and, taking on board the views of the people in County Wexford, agreed a detailed local action plan. It is important that we continually monitor and learn from the implementation of *Connecting for Life Wexford.* There is a focus on outcomes and measuring improvement relating to the targets set. This is important not alone for the communities in Wexford, but also that improved learning and understanding can be shared nationally and internationally. It is only by connecting and pooling our expertise, resources and energy and by working together in a spirit of real cooperation, that we can achieve our goal.

Tucumshane Windmill, Co. Wexford

Introduction

Suicide is a significant issue in Ireland and the general public recognises the overwhelming and distressing effect of suicide on families and communities. The most up to date figures on suicide (2014-16 three year moving average) indicate that there were 13 deaths by suicide in Wexford (CSO). Many more are treated in hospital after a suicide attempt, having seriously harmed themselves or having presented with mental health related concerns. While suicide rates are decreasing, the rates are still very high, particularly amongst young people and at risk groups. According to the World Health Organisation (2004) (1) one in four people experience mental health problems at some time in their lives with the majority of people receiving treatment from their GP. This makes mental health and suicide prevention a concern for everyone.

All deaths by suicide occur in a wider community context, the impact following a death by suicide is felt throughout communities, profoundly affecting family members, friends and many beyond. The Wexford Suicide Prevention Steering Group believes that through effective local collaboration, suicide and its impact can be reduced and prevented. By working together we can devise and implement responses to suicide that have a positive impact, are effective and sustainable. *Connecting for Life Wexford* is an action plan that proactively links across services and with other key plans and strategies. Taken together, these approaches are referred to as community-based approaches to suicide prevention.

During the consultation process we met with communities across Wexford, we heard first hand of people's experience of the pain and hurt they feel when a loved one dies by suicide. We also heard of the enormous levels of resilience and positivity of people to respond to and support others in times of difficulty. Communities across Wexford have come together to address the issue of suicide and concerns about mental health in a collective and meaningful way. This plan takes account of the significant social and economic changes impacting Ireland in

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the past eight to nine years and in particular, takes account of the issues that impact on rural populations such as social exclusion and social isolation.

It is imperative that this local action plan is read and understood in the context of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015–2020. All of the actions in *Connecting for Life Wexford* are aligned to the national strategic goals, the national objectives and the national actions. There are some national actions that did not elicit a local action and some national actions which do not require a local response.

A core value that has guided the process of developing *Connecting for Life Wexford*, and that will carry the strategy through over the coming years, is that of shared responsibility. When we say responsibility, we believe strongly that all of us, as organisations and individuals share responsibilities together to effectively prevent and respond to suicide and self-harm. We share the responsibility for making it okay to discuss our mental health concerns and reduce stigma, for supporting one another when we need help and supporting decisions to seek help. As organisations, we share the responsibility for providing high quality and effective services, finding gaps in the supports available and filling them and finding ways to be innovative by finding new approaches to solving age old problems.

Johnstown Castle, Co. Wexford

1

Context for Suicide Prevention in Ireland and Wexford

1.1 International Context

According to the World Health Organisation (WHO) over 800,000 people die by suicide every year with much more attempting suicide or engaging in suicidal behaviour. See Figure 1 for global suicide facts and figures.

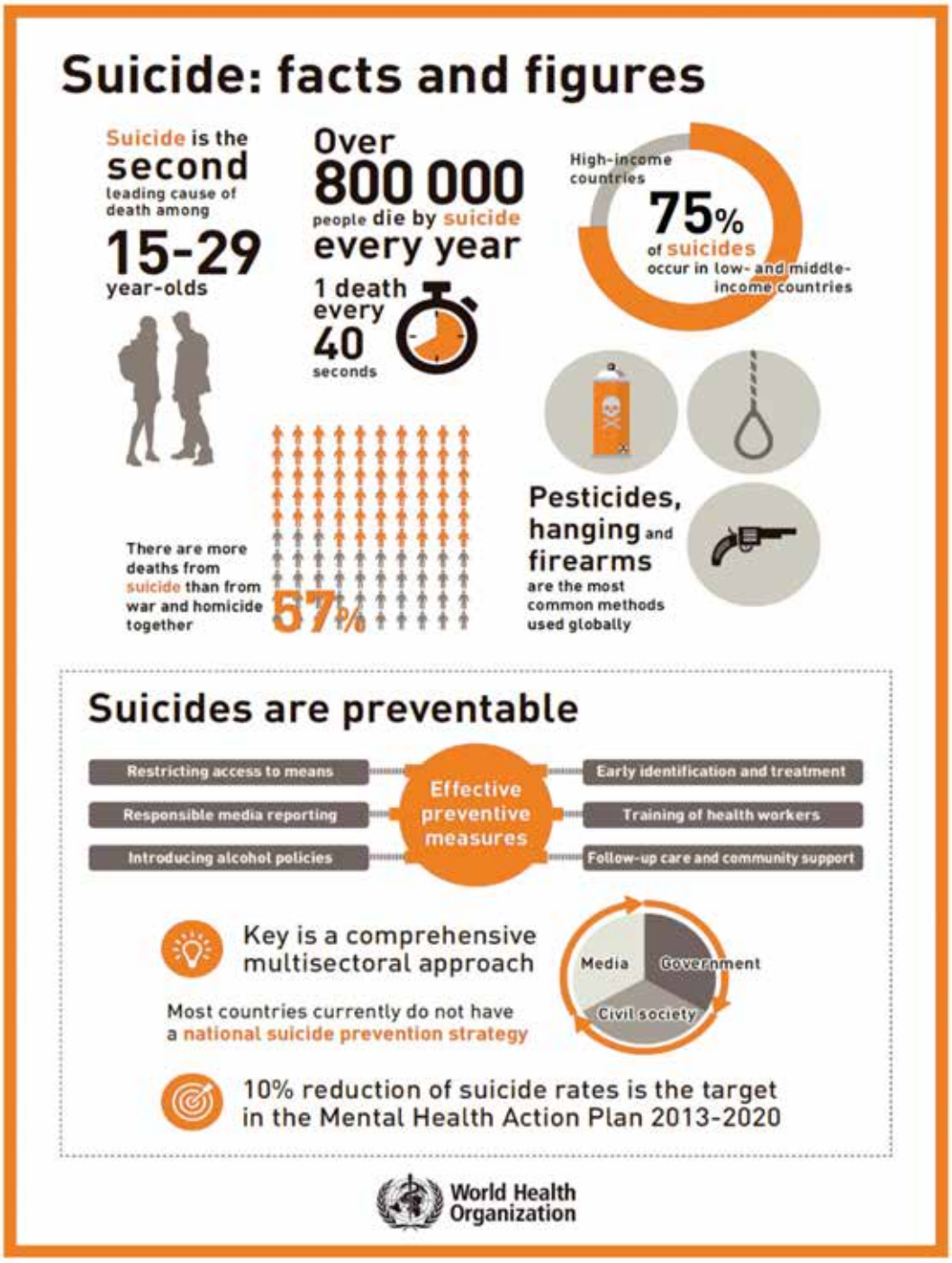


Figure 1: World Health Organisation Global suicide facts and figures (2)

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 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 (European Union membership countries) average for 2014 was 11.25 per 100,000.

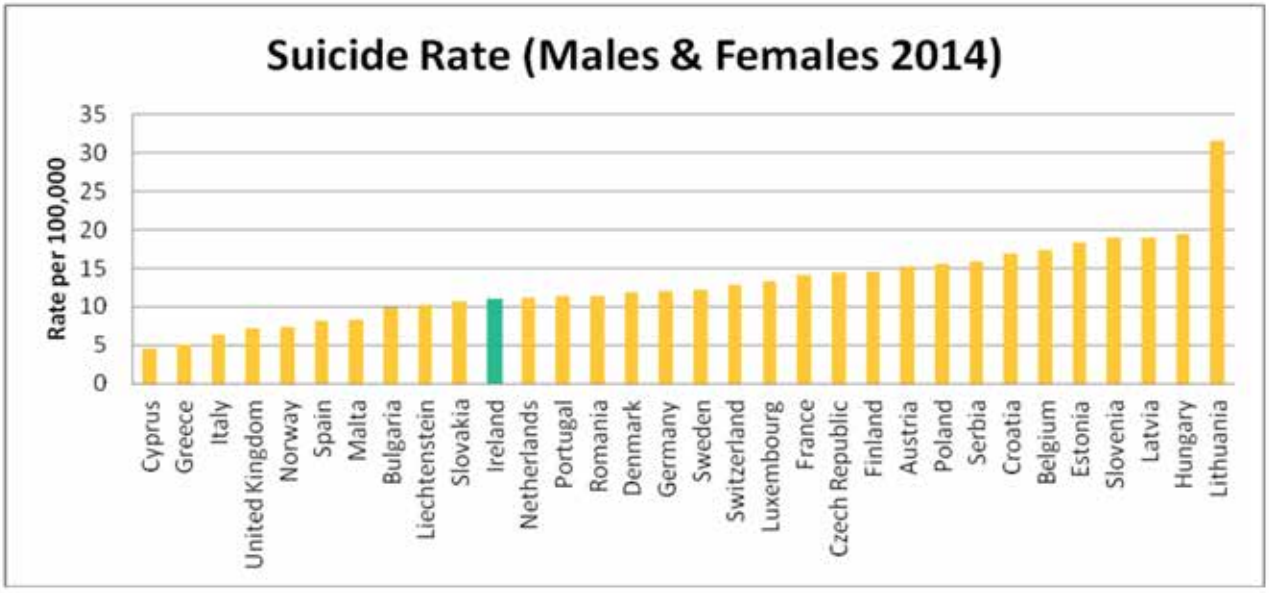


Figure 2: Suicide rate per 100,000 for males and females, 2014[1]*

**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 (Figure 3). In 2010, Ireland was the 4th highest and in 2013 it was the 6th highest. The highest rate in 2014 was found in Latvia (16.7 per 100,000 of the population) and the lowest in Liechtenstein. The EU 28 average for 2014 was 4.67 per 100,000 amongst this population age-group.

1 *http://ec.europa.eu/eurostat/tgm/table.do?tab=table&init=1&plugin=1&pcode=tps00122&language=en*

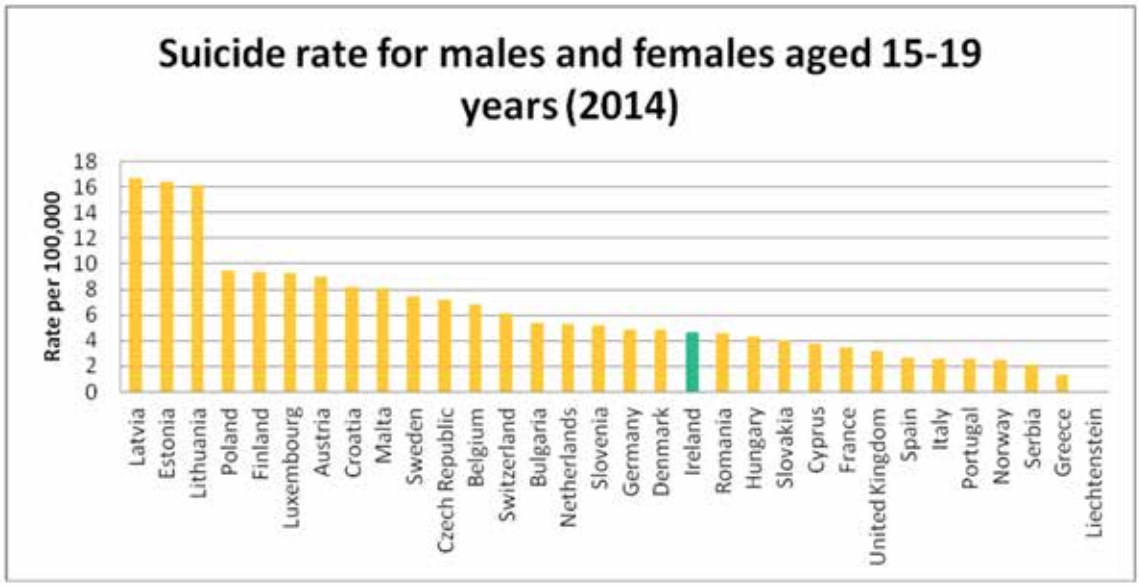


Figure 3: Suicide rate per 100,000 for males and females aged 15-19 years by geographic region, 2014[2]*

**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.*

Evidence for suicide prevention, knowledge and awareness

In 2014 the Health Research Board (HRB) was 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 (3). 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 telemental 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) (4, 5). 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 Wexford* has been informed by the

2 *http://ec.europa.eu/eurostat/tgm/table.dotab=table&init=1&plugin=1&pcode=tsdph240&language=en*

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 outlets
- 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

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 (2). Individuals with a substance misuse 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 misuse disorder (6). Numerous studies of individuals in drug and alcohol treatment show that past suicide attempts and ongoing suicidal thoughts are common (7, 8).

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 (9).

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 (10). 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 (11). Similarly, Walsh et al (12) 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 with more male cases than female cases (34% and 29% respectively) (13).

Evidence-based public health policies to reduce the harmful use of alcohol and drugs are required to reduce suicidal behaviour (14). These policies are considered particularly important within populations with a high prevalence of alcohol use, such as Ireland (15).

1.2 National Context

The fact that suicide was only decriminalised in Ireland in 1993 says something about a reluctance within the Irish culture to face up to this issue (suicide was decriminalised in Britain in 1961). Since decriminalisation in 1993, there have been significant landmark developments in the area of suicide prevention in Ireland:

- **1995:** A National Task Force on Suicide was established
- **1998:** The Final Report of the National Task Force on Suicide called for the appointment of Regional Resource Officers for Suicide Prevention
- **2005:** Reach Out: National Strategy for Action on Suicide Prevention 2005-2014 was published and the HSE National Office for Suicide Prevention was established
- **2007:** The HSE National Office for Suicide Prevention launched the Your Mental Health public awareness campaign
- **2015:** *Connecting for Life:* Ireland's National Strategy to Reduce Suicide 2015-2020 was published, calling for the development and implementation of County-wide suicide prevention plans

In broad terms, the nature of suicide prevention efforts in 2017 reflects the importance of local communities in nurturing a supportive environment and in responding with compassion and empathy when a death by suicide occurs.

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 that are most vulnerable.

Connecting for Life, **Ireland's National Strategy to Reduce Suicide 2015-2020 (16)**

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 Wexford.

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 (17)

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 (18)

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 (19)

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.

The National Drugs Strategy 2009-2016 – Report of the National Substance Misuse Strategy Steering Group and the HSE National Drugs Rehabilitation Framework (20)

The Steering Group has identified a series of objectives and key performance indicators across the five pillars of supply reduction, prevention, treatment, rehabilitation and research. Allied to this, the Steering Group has developed 63 actions that are designed to drive the implementation of the Strategy. A number of the actions also relate to the coordination structures, in particular to the establishment of an Office of the Minister for Drugs. The following are the overall strategic aims of the Strategy:

- To create a safer society through the reduction of the supply and availability of drugs for illicit use
- To minimise problem drug use throughout society
- To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs
- To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance misuse in Ireland
- To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009–2016

All-Ireland Traveller Health Study: Our Geels (21)

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. This concern was reflected in the public consultations across Wexford that informed the development of this plan. 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

Wexford is the 13th largest of Ireland's thirty-two counties in area and 14th largest in terms of population. In 2011 Wexford had a total population of 145,320 people. Of these, 62.1% (89,709 people) lived in rural areas, and 37.9% (55,611 people) lived in urban areas. 34.3% of the population (49,889 people) were aged less than 25 years and 12.6% of its population (18,367 people) were aged over 65 years.

Along with the rest of the country, County Wexford has faced major economic, social and financial change in the last decade. These challenges include population growth, increasing diversity, high levels of unemployment, poverty, homelessness, social deprivation, alcohol and drug misuse and financial difficulty arising from the 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.

Key demographic information for Wexford (22)

- Between 2006 and 2011, Wexford experienced the 9th highest rate of population growth in Ireland with an increase of 13,571 (10.3%) from the 2006 figure of 131,749. This growth is considerably higher than the State average (8.2%), and was due to a combination of a natural increase (+7,069) and sizable positive estimated net migration (+6,502)
- Wexford is the 3rd most disadvantaged Local Authority in the State and its relative position is deteriorating, slipping from 7th most disadvantaged in 2006
- In 2011, the total population classed as unemployed (both unemployed and looking for first job) in County Wexford was 16,170, an increase of 180% since 2006. This equates to an unemployment rate of 24%, the 3rd highest rate of all Local Authorities in Ireland. This was significantly higher than the South-East (21.9%) and the State (19%). The latest statistics (September 2014) reveal that there are 16,268 people now on the Live Register in Wexford, an increase of 142% from 2007. However, this includes a recent decline in numbers unemployed, with a fall of 8.2% recorded between 2013 and 2014
- Wexford has a dependency ratio of 54.8% which is the 7th highest rate in the State and much higher than the State average of 49.3%. This highlights that the County

has a very high proportion of its population dependent on the economically active population

- Within Wexford, the rate can be split into an "Old Age" rate of 19.6% and "Youth" rate of 35.2% which are the 10th and 11th highest rates in the country
- Wexford has very high rates of early school leavers with 18.5% of those who have completed their education with no formal/Primary education and 20.7% with a lower Secondary education. These rates are well above the State averages of 15.2% and 16.6% respectively
- Wexford has the third lowest rate of Third Level education in the country with only 20.9% of those who have completed education with Third Level qualifications. This is well below the State average of 29.1%
- Recent closures to railway lines and railway stations have had significant effects on accessibility both within and to/from the County. The limited bus routes within and to/from the County also present issues
- At 1,501, Wexford's Traveller population represents 1% of the County's total population with the majority residing in the south-west of the County. This is the 6th highest Traveller population of all Local Authorities in Ireland and by far the highest number in the South-East

1.3.1 Local Policy Context

County Wexford is part of the HSE Community Health Organisation (CHO5), which was established in 2015 as part of the HSE's reorganisation of the country's community health services. Based on the 2016 National Census, the area covered by CHO 5 has a population of 511,070, and includes the counties of Kilkenny, Carlow, South Tipperary, Waterford and Wexford. 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 misuse, chronic disease, palliative care etc.).

Wexford Local Economic and Community Plan 2016–2021 (22)

The Local Government Reform Act, 2014 requires the preparation of a six year Local Economic and Community Plan (LECP). The purpose of the LECP is to identify areas where further work is required to meet the needs of County Wexford, while highlighting the considerable work being carried out by partners and stakeholders in the statutory and community and voluntary sectors. It is apparent from the volume and diversity of work being carried out that there is a strong drive amongst service providers, support and interest groups and various other initiatives to improve outcomes for County Wexford.

The Wexford LECP Vision that "Wexford will be a County with vibrant, diverse and resilient sustainable urban and rural communities experiencing a high quality of life where people will want to live, work and do business". High Level Goal 2 is to "Support and promote the development of socially inclusive, sustainable communities in County Wexford and ensure that all citizens enjoy optimal health and wellbeing". This goal aligns with the vision, objectives and actions of *Connecting for Life Wexford.*

South East Traveller Health Unit Strategic Plan 2015–2020 (23)

The HSE's South East Traveller Health Unit has been delivering services in partnership with community and men's health projects, the voluntary sector and the South East Regional Traveller Health Network since 1999. The strategic plan takes a holistic approach to health and emphasises that Traveller health, including mental health, must be considered with reference to the social determinants of health, such as housing, education, employment and access to services. A specific objective of the plan is to bring about change for the better for members of the Traveller community in relation to both mental health and suicide. Its goal is that increased suicide awareness and innovative responses supported by the Traveller Men's Health Projects will reduce rates of male suicide by 10%. The strategy goes on to name sixteen actions specifically aimed at men's health and suicide prevention through targeted services, information, referrals, signposting, cultural capacity, empowerment and self-esteem. The All Ireland Traveller Health Study, the Traveller Health Unit Strategic Plan and *Connecting for Life Wexford* form a trio of complementary documents that inform and respond to the complex mental health issues experienced by the Traveller community in Wexford.

Wexford Children and Young People's Plan 2017–2019 (24)

The work of Wexford Children and Young People's Services Committee (CYPSC) relates

to the five national outcomes for children, they state that children will be:

1. Healthy, both physically and mentally
2. Supported in active learning
3. Safe from accidental and intentional harm and secure in the immediate and wider physical environment
4. Economically secure
5. Part of positive networks of family, friends, neighbours and the community and included and participating in society

The plan makes recommendations in relation to mental and emotional health and highlights the increasing numbers of children and young people presenting with emotional and early stage mental health problems. The gaps in services are seen in terms of early supports or interventions, prevention and resilience building supports, additional capacity of universal services to contribute to countering emotional difficulties, individual, group-based and family based therapies and interventions. Another clear gap noted was the length of time on waiting lists to access services when mental health problems have become more serious.

The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses (25)

The 2015 Rainbow Report explores the experiences of LGBTI (Lesbian, Gay, Bisexual, Transgender and Intersex) people when engaging with the health services in the South East. The report points out that "the naming of LGBTI people in health policy in Ireland is still only emerging and developing as a coherent practice. However, it has been sufficient to allow a significant targeting of LGBTI people by services in some instances. Policies in relation to children and in the areas of suicide prevention, mental health, sexual health and drugs have usefully named LGBTI people as a priority group." Practical recommendations in the Rainbow Report complement actions outlined in this plan in terms of supporting young people who may be vulnerable to experiencing mental health difficulties.

Social Inclusion Community Activation Programme (SICAP) under Wexford Local Development (26)

Wexford Local Development Ltd. (WLD) is the sponsor organisation with responsibility

for delivering the Social Inclusion Community Activation Programme across County Wexford. This programme is focused on three main goals, and these are:

Under the new SICAP programme 2016–2018, WLD can contribute to the coordination and implementation of actions in *Connecting for Life Wexford* and sees a direct link between suicide prevention, positive mental health, wellbeing and social inclusion particularly in terms of the inclusion of those most marginalised groups i.e. Travellers, people with a disability and LGBTI. WLD has significant experience of engaging and working with marginalised communities; this will complement and assist with the delivery of actions in *Connecting for Life Wexford.*

Sports Active Wexford

Sports Active Wexford (SAW) provides a leadership role for the coordination, development and delivery of sport and physical activity opportunities in County Wexford. The main functions of SAW are the provision of information and support, facilitation of education and training opportunities and supporting the development and implementation of programmes and events that encourage greater participation.

SAW aims to support the increase in participation in sport and physical activity of the people of Wexford and has priority target groups which include young people, older adults, people with a disability, women, teenage girls and disadvantaged groups. In addition to physical activities that relate to health and wellbeing, collaborative actions with SAW will help to increase awareness and build capacity of groups, organisations and local people to respond confidently to potential suicide situations.

Wexford Age Friendly Strategy 2017–2021 (County Wexford Age Friendly Alliance) (27)

The aim of the Wexford Age Friendly Strategy is "To make County Wexford a great place in which to grow old". This endorses the Government's vision, and that of the Age

Friendly Ireland (AFI). The number of older people living in Wexford is rising and this strategy is very important to all of the County statutory agencies, Non Government Organisations and voluntary organisations that have a role in providing services and supports to people aged over 55 years. The goals of the strategy are;

1. To make outdoor spaces and buildings pleasant, clean, accessible and safe for older people, creating walkable communities and age-friendly spaces
2. To promote safe, accessible, reliable and comfortable transport services for older people
3. To provide a seamless and appropriate continuum of housing choices and options for older people
4. To provide opportunities for older people to stay socially connected and to play an active part in social networks
5. To combat stereotypes, myths and negative views on ageing and prevent prejudice and discrimination against older people
6. To increase employment, volunteering and civic participation among older people
7. To ensure that older people can access timely, practical information about what is happening in their communities
8. To provide older people with easily accessible health and community services and help with access to everyday activities and high quality home care and residential facilities
9. To ensure older people feel safe and secure in their homes and community

South East Strategy to Address Adolescent Substance Misuse (28)

There is significant evidence that highlights links between mental health concerns (including suicidal ideation) and the misuse of substances such as drugs and alcohol. The National Working Group[3] recommended a four-tier model of service delivery and is accepted by many service providers as the best model for intervention. The model recommended in the working group report is described in Table 1 below.

3 Report of the national working group on the treatment of those under 18 years old presenting to treatment services with serious drug problems in the South East

Table 1; Four Tier Model of Service Delivery for Intervention

Tier 1	Generic services provided by teachers, social services, Gardaí, General Practitioners, community and family groups for those at risk of drug use. Generic services include advice and referral and are suitable for those considering or commencing experimentation with drugs and/or alcohol.
Tier 2	Services with specialist expertise in either adolescent mental health or addiction, such as Juvenile Liaison Officers, local Drugs Task Forces, Home-School Liaison, Youthreach, General Practitioners specialising in addiction and drug treatment centres. The types of service delivered at this level would include drug-related prevention, brief intervention, counselling and harm reduction and are suitable for those encountering problems as a result of drug and/or alcohol use.
Tier 3	Services with specialist expertise in both adolescent mental health and addiction that have the capacity to deliver child-centred comprehensive treatments through a multi-disciplinary team. This team provides medical treatment for addiction, psychiatric treatment, child protection, outreach, psychological assessment and interventions, and family therapy. These types of service are suitable for those encountering substantial problems as a result of drug and/or alcohol use.
Tier 4	Services with specialist expertise in both adolescent mental health and addiction that have the capacity to deliver a brief, but very intensive intervention through an inpatient or day hospital. These types of service are suitable for those encountering severe problems as a result of drugs and/or alcohol dependence.

Similar to the Hardiker model of family support, these services deal directly with vulnerable young people with low to high level mental health needs and risks. Young people are a key target group in *Connecting for Life Wexford.*

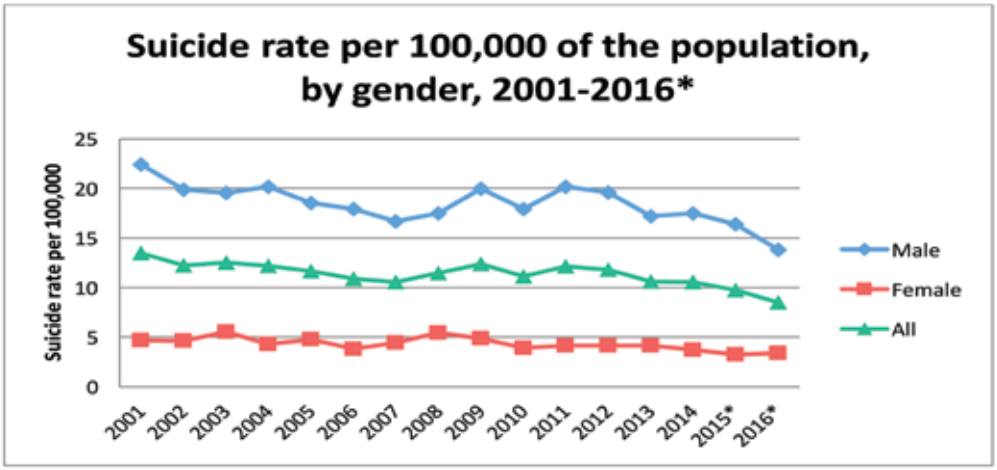
1.4 Suicide and Self-Harm in Ireland and Wexford

Suicide in Ireland

The number and rate of completed 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%) (9). The 2014 figures for males indicate a high completed suicide rate among males aged between 45 and 54 at 28.2 per 100,000, while the greatest increase was among men aged 15 to 24 years (rate of 23.4 compared to 16.1 in 2013). The highest rate among females was also between ages 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.

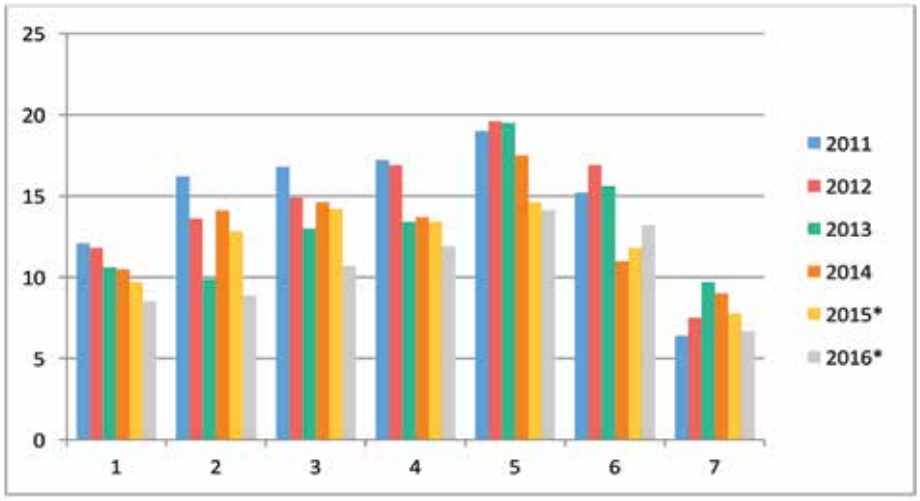
Figure 4 outlines the suicide rate per 100,000 population by gender for the period 2001 – 2016 (10). The recession in Ireland appears to have had a significant negative impact on rates of suicide in men and on self-harm in both men and women. Research conducted by the National Suicide Research Foundation found that by the end of 2012, the male suicide rate was 57% higher than it would have been had the economic recession not occurred, whereas female suicide was almost unchanged. The rate of male and female self-harm was 31% and 22% higher respectively for the same period. Figure 5 shows the breakdown by age group over the period 2011–2016.

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 (29) 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).



** Numbers for 2015 and 2016 are provisional and subject to change*

*Figure 4: Suicide rate per 100,000 by gender, 2001-2016**

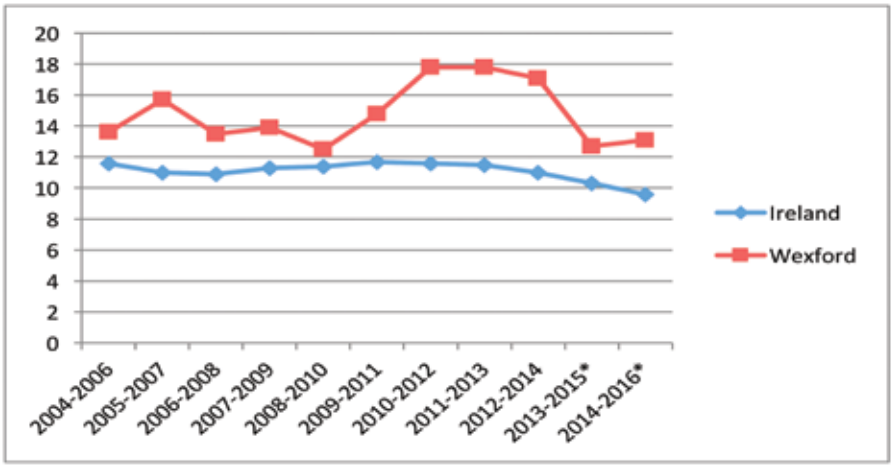


**Rates for 2016 are provisional and are subject to change*

*Figure 5: National rates of suicide by age group 2011 – 2016**

Suicide in Wexford

The Central Statistics Office (CSO) provides data on deaths by suicide by local government area (30). It is customary to use rates per 100,000 of the population in order 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 age standardised death rates" have been used to show trends and avoid bias due to annual fluctuations.



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

Figure 6: Three year moving average death rates by suicide per 100,000 of population in Wexford and the State; 2004 – 2015 (30)*

Figure 6 above shows that the suicide rate in Wexford has been consistently higher than the average rate for the State in all years since 2004, with significantly higher rates between 2009 and 2014.

Self-harm in Ireland and Wexford

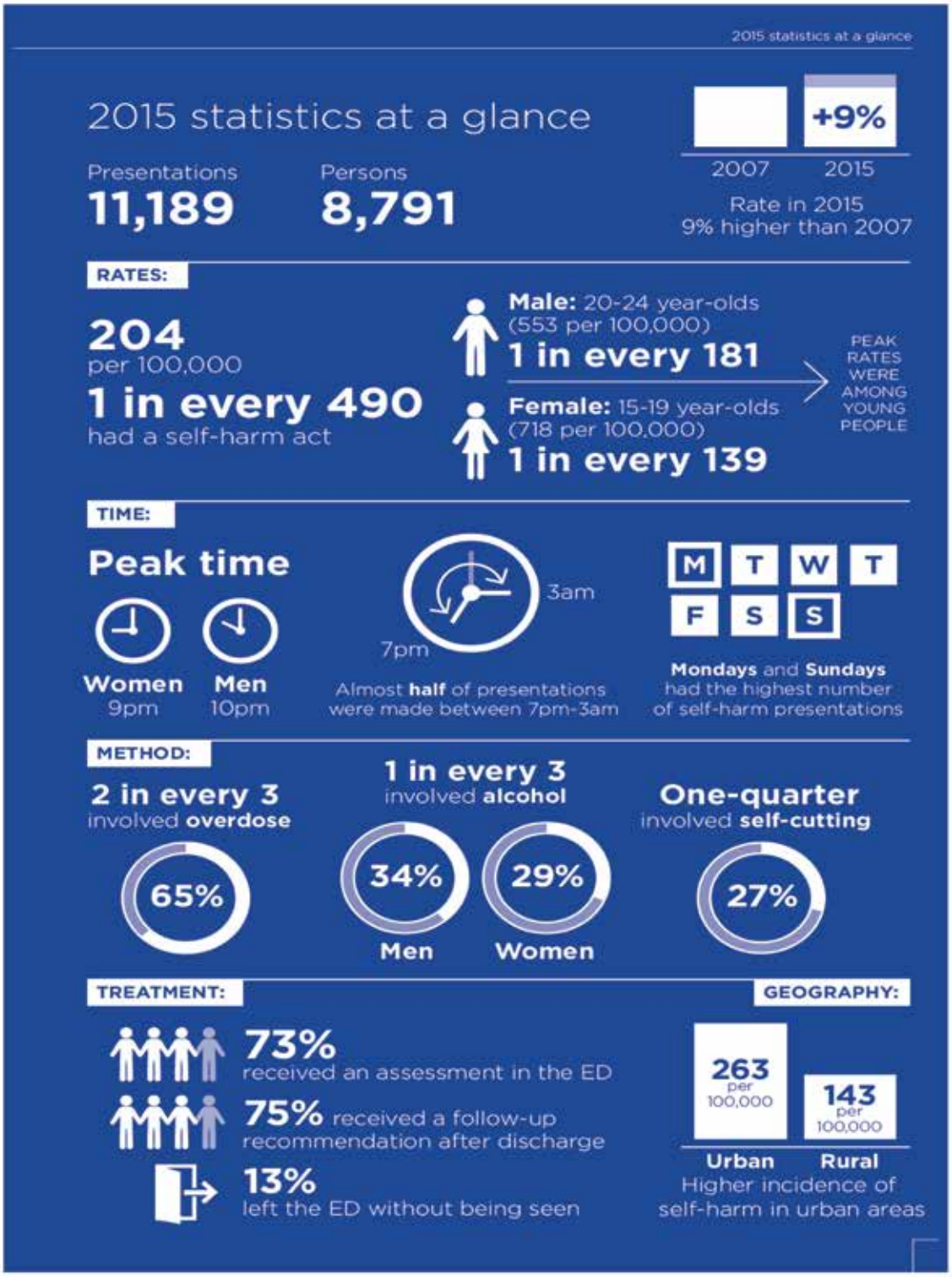


Figure 7: Self-Harm Statistics at a Glance (NSRF 2015)

Self-Harm in Ireland

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 shows 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 (13).

Data held by the National Self-Harm Registry Ireland (13) 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 (13). Compared to 2014, the only significant change in the rate of hospital-treated self-harm by age in 2015 was among men aged 35-39 years, where the rate increased by 15% from 220 to 253 per 100,000. Rates of self-harm for other age groups remained similar to 2014 figures. In 2015, 14.6% of all patients treated in Emergency Departments with an act of self-harm were repeat acts; 14.5 % males and 14.7% females. In general, levels of repetition fluctuated slightly between 2007 and 2014 but overall levels of repetition have not decreased. Figure 7 outlines the changes to rates of self-harm per 100,000 population by gender for the period 2002–2015.

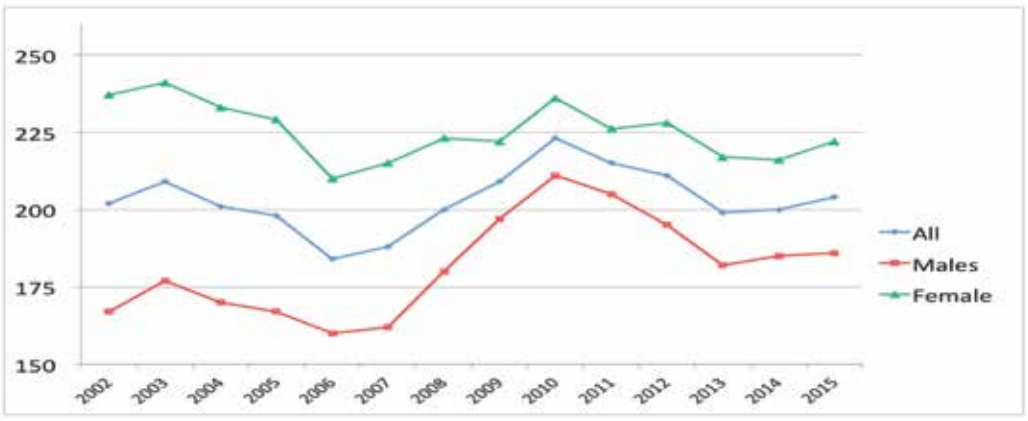


Figure 8: National Self-Harm Registry Annual Report 2015 (13)

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 to 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)[4] suicide mortality data revealed that self-harm patients were over 42 times more likely to die by suicide than persons in the general population (13).

4 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

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 to 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. An analysis of self-harm rates across the country's 32 HSE Local Health Offices (LHOs) illustrates the variation in the overall rate of repetition in 2015. Dublin South City and Mayo had the highest rates of repetition (20.2% and 19.5% respectively). The lowest rates of repetition were seen in Cork North at 5.6%. Wexford ranked 7 out of 32 in terms of HSE Local Health Office for rates of repetition (13).

Self-Harm in Wexford

Wexford's 2015 rates for self-harm are lower than national rates with 161 and 197 per 100,000 population, for males and females respectively. This equates to 106 males and 137 female presentations in numbers. The majority of presentations occurred in the 15-44 year age group (72%).

Overall for residents of Wexford, 11% of presentations 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 49% of presentations, irrespective of whether general or psychiatric admission was intended. Of all self-harm presentations, 43% resulted in admission to a ward of the treating hospital and 7% were admitted for psychiatric inpatient treatment from the Emergency Department. In total, 40% of presentations were discharged following treatment in the Emergency Department. (13)

In Wexford, drug overdose was the most common method of self-harm, involved in 71% (n=206) of presentations. Alcohol was involved in 31% (n=91) of presentations. Self-cutting was the only other common method, involved in 21% (n=60) of presentations. There were 21 presentations (7%) involving attempted hanging. 10 presentations (3%) involved poisoning, while fewer than 10 presentations involved attempted drowning

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 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 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.

Trio of Puffins, Great Saltee Island, Co. Wexford

2

How *Connecting for Life Wexford* was developed

2.1 Approach

The development of a suicide prevention action plan for Wexford falls under Action 2.1.1 within Goal 2 of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020. The action is to "Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The development and implementation of the local plans is the responsibility of the HSE Mental Health Division, ensuring alignment with the HSE Community Health Organisation structure (CHO 5), Local Economic and Community Plans and the Children and Young People's Services Committees' County plans".

The first step was to establish an inter-agency group in Wexford; the Wexford Suicide Prevention Steering Group, whose remit was the coordination and development of *Connecting for Life Wexford.*

The aims of Wexford Suicide Prevention Steering Group were;

- To facilitate inter-sectoral working and collaboration in the prevention of suicide and suicidal behaviour and in the promotion of positive mental health and wellbeing in Wexford across the community, voluntary and statutory sectors
- To create an awareness and understanding of services and service delivery within Wexford for suicide prevention and mental health promotion
- To develop an integrated suicide prevention action plan that will facilitate a reduction in the rates of suicide and self-harm in Wexford

2.2 Methodologies

A series of interlinked methodologies were used to build a comprehensive picture of local needs and to determine the strategic factors relevant to suicide prevention in Wexford. These included an analysis of local, regional and national literature to establish the policy context within which the plan would be set. A rigorous consultation process was also undertaken to make the plan relevant to the lives of people in Wexford and to deepen understanding of the issues and challenges experienced by those affected by suicide and self-harm. The Steering Group designed the consultation process to ensure that a diverse representation of people from the whole population of the County and from higher risk groups would have the opportunity to give their input into what is needed for the people of Wexford, service providers and the community and voluntary sector to prevent suicide and reduce self-harm. The various consultation methods used are described below.

2.2.1 Media Engagement

In order to ensure the opportunity to participate was communicated to as many people as possible, a communication plan for the consultation was developed by the Steering Group. The plan involved issuing press releases about the public consultation to as many local and national media outlets as possible. There was coverage of the public consultation in at least five local or national papers, three radio stations and a number of parish newsletters.

2.2.2 Public Consultation

In October 2014, the people of Wexford were invited to use postcards, online surveys and submissions at pop-up stalls to participate in a public consultation for *Connecting for Life Wexford.* It was important to be mindful that many people in Wexford have been directly affected by suicide and at any point in time, there are many people experiencing mental health difficulties and distress that could lead to suicidal thoughts. The Steering Group was very focused on implementing measures to ensure that adults or young people who could become upset by the process were looked after. A number of steps were taken to protect members of the public throughout the process; a trained Counsellor was available at all times at the pop up stalls, contact numbers for the Samaritans and the ISPCC were included on all consultation materials. During consultations with at-

risk groups, it was requested that staff that had capacity to support participants were present.

Online Survey

A short survey was hosted online and promoted through a Twitter account (@letstalkwexford) and a Facebook Page, 476 people were reached through this medium.

Postcards

Postcards were designed for the consultation and made available in a number of libraries, schools and community services for people to fill in.

Pop-Up Stalls

People stopped by, had a chat and filled in postcards in Wexford Town, Enniscorthy and Gorey. Members of the public engaged enthusiastically with the process facilitators and volunteers from FDYS, Tusla and HSE staff at the stalls.

2.2.3 Focus Groups

In addition to consulting and engaging with the general public, the Steering Group wished to ensure that those groups more significantly affected by suicide and self-harm were given a dedicated space to engage in the consultations. Each of these groups identified priority issues and responses for themselves or for people from their communities. Focus groups were held with;

- People from migrant communities
- Unemployed people (mixed age group)
- Travellers
- People who use drug services
- People who use mental health services
- People who work with individuals bereaved by suicide

Healthcare professionals who wished to share their thoughts on what actions should be included in *Connecting for Life Wexford* were also invited to attend a focus group. The aim of these focus groups was to provide a collaborative working space where

organisations could prioritise responses and identify potential partnerships and actions for inclusion in the plan. In total, eight groups were held with the following categories:

- Consultant Psychiatrists
- Professionals working with people with self-harm and suicidal behaviours
- Policy makers
- Mental health professionals
- General health professionals
- Youth and children's services
- Schools and education providers
- Community and social care organisations

2.2.4 Stakeholder Consultations

In addition to the focus groups outlined in 2.2.3 above, a list of as many relevant statutory, community and voluntary services in the County, as well as a number of national groups with an interest in the area of mental health and suicide was compiled by the Steering Group. Key staff in all organisations were asked to complete an online survey and asked to circulate it to their teams. Key facts regarding professional participation in the survey include;

- 136 professionals participated in the survey; 82% were front line service providers, 35% were managers and 23% were from the HSE
- 46% frequently worked with people who have suicidal ideation, self-harm or serious mental health issues
- 29% frequently worked with family members or close friends of people who have lost their lives through suicide

The following organisations/roles were represented in this element of the consultation; community childcare, social care, family support workers, community trainers in suicide awareness and prevention, teachers, psychologists, counsellors, Gardaí, youth workers, substance misuse workers, community development workers, nurses, social

workers, welfare officers, occupational therapists, carers, money advisors, mental health advocates, paramedics, administrative workers, psychiatrists, physiotherapists, speech and language therapists, sports coaches, NGO workers, HSE health promotion staff, housing support workers, guidance counsellors and doctors.

Postal surveys were sent out to a number of GPs to help identify gaps and priorities for GPs in the County, twenty one GPs responded. Table 2 below provides details of the participation numbers in the *Connecting for Life Wexford* consultation process.

Table 2; *Connecting for Life Wexford* consultation in numbers

Total number of people who gave their ideas	613
Total number of young people who gave their ideas	250
Total number of people from higher risk groups such as Travellers and people who use Mental Health Services who gave their ideas	48
Total number of professionals who gave their ideas	186
Percentage of professionals involved who frequently work with people who have suicidal ideation, self-harm or serious mental health issues	46%
Number of radio interviews undertaken by the Steering Group to promote the public consultation process	3
Number of local and national newspapers who highlighted the public consultation process	5

2.2.5 Analysis of consultation findings

Upon completion of the public consultation process, the findings were collated and summarised. Key themes and priorities were identified and analysed in the context of the remit and role of all stakeholders involved in the delivery of mental health supports and services in Wexford. From this analysis, the actions in *Connecting for Life Wexford* were written and aligned to the goals, objectives and actions of the national strategy.

2.2.6 Literature Review

A literature review was carried out to determine the current national and local evidence base for suicide prevention and to support the development of this plan. A list of all documents reviewed is given in Appendix 3 and a summary review of the relevant strategies is given in Section 1.

Kilmokea Gardens, Campile, Co. Wexford

3

Priority Groups, Risk and Protective Factors

3.1 National Priority Groups

Ireland's overall suicide rate is among the lowest in the Organisation for Economic Cooperation and Development (OECD), ranked 11th lowest. However, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour. To inform *Connecting for Life*, CSO suicide statistics and data from the Self-Harm Registry Ireland, as well as research on the incidence of suicide in various population groups were examined to profile the groups most vulnerable to suicide in Ireland. These include people with mental health problems of all ages, people with alcohol and drug problems, people bereaved by suicide, members of the LGBTI and Traveller communities, people who are homeless, healthcare professionals and prisoners. There are other groups with potentially increased risk of suicidal behaviour where the research evidence is either less consistent or limited. These include asylum seekers, refugees, migrants, sex workers and people with a chronic illness or disability. Further research is required for these groups. These priority groups may change over time. There is a significant overlap between many of the groups, and it is important to note that even within a group where there is increased risk, only a minority will engage in suicidal behaviour. Over the lifetime of *Connecting for Life,* other population groups may emerge as particularly vulnerable to suicide. This list of priority groups will be reviewed regularly based on the most up to date evidence.

3.2 Local Priority Groups

The local consultation identified a number of groups most at risk of suicide and self-harm in County Wexford. Many responses also highlighted the need for additional supports both through the healthcare services and in the community for these priority groups;

- People living in rural and social isolation
- Farmers
- Men/young men

Other groups mentioned in fewer numbers were perinatal women, people bereaved by suicide, carers, LGBTI people, Travellers, HSE staff and survivors of abuse.

The Wexford Local Economic and Community Plan includes the following priority groups that were acknowledged in the development of *Connecting for Life Wexford:*

- Travellers and Roma
- Older people
- People misusing drugs and alcohol
- Young people
- Unemployed people

3.3 National Risk Factors

Suicidal behaviour is complex. Usually no single cause or risk factor is sufficient to explain a suicidal act. Most commonly, several risk factors act cumulatively to increase an individual's vulnerability to suicidal behaviour and risk factors interplay in different ways for different population groups and individuals. International research has identified some common risk factors at individual, socio-cultural and situational levels. These are shown in Table 3.

Table 3: National individual, socio-cultural and situational risk factors (31)

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

Many of these risk factors have been identified as significant in the Irish context, with different risk factors affecting different population groups in different ways. A review

of Irish studies by the NSRF also found specific risk factors for different populations such as young people, unemployed people and marginalised groups like men living in rural communities, members of the Traveller Community and survivors of institutional sex abuse. The complex interplay of factors which seem to exacerbate the risk for individuals, is not yet fully understood.

For a more in-depth understanding of the factors associated with death by suicide once-off or standalone research studies such as the Suicide Support and Information System (SSIS) operated by the National Suicide Research Foundation is used.

The first report of the SSIS in 2012 (31) based on 178 cases of Suicide and 12 open verdicts (total 190) in Cork, revealed the following information which shines a light on risk characteristics in Ireland generally.

Previous suicidal behaviour

- 45% had a history of self-harm. Of those, 52% had engaged in self harm 12 months prior to suicide, 24% less than a week and 12% less than a day

Psychiatric diagnosis

- Among those who had received a psychiatric assessment (31.4%), 61.1% were diagnosed with mood disorder followed by anxiety disorder (12.9%)

Drugs and alcohol

- 51.7% had abused alcohol and/or drugs in the year prior to death, the majority abusing alcohol (78.1%)

Contact with health services

- In the year prior to death, 81% had been in contact with their GP or a mental health service. Among those who had been in contact with the GP the majority (67.4%) had done so 4 times or more during the year prior to death

The second report of the SSIS in 2013 based on 307 consecutive deaths by suicide in Cork City and County (9) revealed further information including the following:

Employment and occupation

- 40.6% were in paid employment, 33.1 % were unemployed, 11.4% were retired, 6.8% were fulltime students, 5.0% had a long term disability and 3.1% were homemakers
- More than two fifths (41.6%) had worked in the construction/production sector, followed by the agricultural sector (13.2%), sales/business development (8.9%), students (8.2%), healthcare sector (6.6%) and education sector (3.9%)

Physical illness

- Out of 165 cases for which this variable was known, 57% of cases had a physical illness
- A wide range of illnesses was represented (including cancer, chronic back pain, chronic neck pain and coronary heart problems)
- Of those who had a physical illness prior to death, 38% were in physical pain in the year prior to death and 16.5% had reduced physical capabilities in the month prior to death

3.4 Local Risk Factors

The consultation process did not directly focus on identifying local risk factors for suicide and self-harm, however, local risk factors that emerged from the consultation included unemployment, financial hardship substance misuse and rural and social isolation.

3.5 National Protective Factors

While many interventions are geared towards the reduction of risk factors in suicide prevention, it is equally important to consider and strengthen the factors that have been shown to increase resilience and protect against suicidal behaviour. Research conducted by the World Health Organisation; Preventing Suicide, A Global Imperative (2014) demonstrates that strong personal relationships, religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing are protective factors against the risk of suicide.

Strong personal relationships

Suicidal behaviour increases when people experience relationship conflict, loss or discord. Equally, maintaining healthy close relationships can increase individual resilience and act as a protective factor against the risk of suicide. The individual's closest social circle, partners, family members, peers, friends and significant others have the most influence and can be supportive in times of crisis. In particular, resilience gained from this support mitigates the suicide risk associated with childhood trauma. Relationships are especially protective for adolescents and the elderly who have a higher level of dependency.

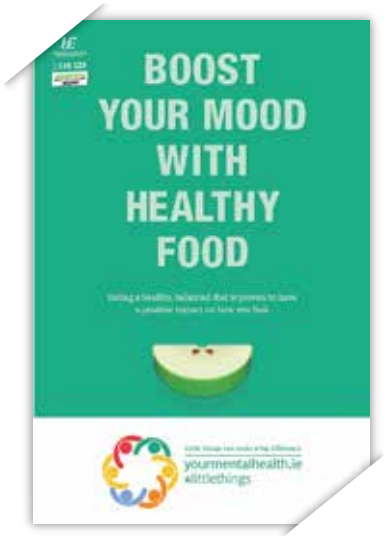
Religious or spiritual beliefs

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 stance 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. Many religious groups also prohibit suicide risk factors such as alcohol use. While religion and spiritual beliefs may offer some protection against suicide, this depends on specific cultural and contextual practices and interpretations.

Lifestyle practice of positive coping strategies and wellbeing

Personal wellbeing and effective 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. Willingness to seek help for mental health problems may

in particular be determined by personal attitudes. Due to the fact that mental health problems are widely stigmatised, people, especially males, may be reluctant to seek help. Those who are unlikely to seek help can compound their mental health problems, increasing the risk of suicide that may otherwise have been prevented through early intervention. Healthy lifestyle choices that 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, social contact and effective management of stress.



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Selskar Abbey, Co. Wexford

4

Connecting for Life Wexford
Strategic Goals, Objectives and Actions

4.1 *Connecting for Life Wexford* Strategic Goals, Objectives and Actions

Connecting for Life Wexford is a five year local action plan developed in response to *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020. The purpose of *Connecting for Life Wexford* is to support and deliver on national objectives at a local level in County Wexford, to meet local needs. There are 56 specific local actions that are aligned to the vision, goals, objectives and actions in the national strategy.

VISION

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

GOALS

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

OUTCOMES

- Reduced suicide rate in the whole population and amongst specified priority groups
- 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 Wexford and many initiatives aiming to increase understanding and awareness of the importance of mental health 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 Wexford, including the media, a greater understanding of suicide and the factors that protect and improve our mental health and reduce stigma can be achieved.

National Objective	National Action	*Connecting for Life Wexford* Action	Output	Lead	Partners
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated risk & protective factors	1.1.2 Develop and implement a national mental health and wellbeing promotion plan	1.1.2 Implement the national mental health and wellbeing promotion plan in Wexford	National mental health and wellbeing plan implemented in Wexford	HSE H&W	ROSP HSE MH
	1.1.3 Deliver coordinated 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 nationally coordinated positive mental health campaigns e.g. #littlethings to promote positive mental health in the whole population including information on protective factors and signposting to services and supports	Ongoing availability of information materials that provide specific, clear information on the spectrum of mental health issues (such as anxiety, depression, bi-polar disorder, suicide, self-harm)	HSE MH	ROSP HSE H&W Wex CoCo C&V Sector
		1.1.3 (b) Organise community wide events to promote mental health and wellbeing with a focus on providing information on help-seeking and services	Two events organised each year	HSE MH	HSE H&W ROSP C&V Sector

	1.1.4 Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns	1.1.4 Raise awareness within local agencies of the link between alcohol/drug misuse and suicidal behaviour by incorporating this issue into all information and training materials and campaigns	Resources and materials assessed, updated and disseminated to ensure inclusion of information on alcohol/drug misuse as a risk factor for suicidal behaviour	HSE Substance Misuse Team	ROSP HSE MH
	1.1.5 Promote physical activity as a protective factor for mental health through the National Physical Activity Plan	1.1.5 Link with local Sports Partnership plans and relevant actions in the Local Economic & Community Plan (LECP) and Children & Young People's Services Committee plans to implement actions promoting the benefits of physical activity in supporting positive mental health (including implementation of the National Physical Activity Plan)	Physical and sports activities included in the Sports Partnership, LECP and CYPSC plans and available to the people of Wexford	Wexford Sports Partnership	ROSP HSE H&W HSE MH CYPSC C&V Sector Wex CoCo
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 Ensure information on all local mental health services is included and kept up to date on the www.yourmentalhealth.ie online resource, making this the single on-line point of access for information on mental health services across Wexford	Map of services, available in print and on-line interactive formats including an info-graphic showing how to access mental health services and referral pathways between services Samaritans Freephone listening service promoted widely as a 24/7 support for people who are struggling to cope, including those who have thoughts of suicide	HSE MH ROSP	HSE Comms. HSE PC C&V Sector

	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	1.2.2 Deliver nationally coordinated, targeted campaigns in Wexford alongside local initiatives to increase awareness of mental health and wellbeing issues and local support services for specific priority groups	National campaigns delivered locally, and local campaigns developed and delivered	HSE MH HSE Comms.	ROSP HSE Substance Misuse C&V Sector County Youth services
1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups	1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups	1.3.1(a) Deliver national campaigns locally and implement local campaigns aimed at reducing stigma attached to suicide and mental health e.g. #littlethings and the Green Ribbon campaign	At least one campaign delivered throughout Wexford each year	ROSP	HSE MH NOSP Shine Seechange HSE H&W C&V Sector The Media
		1.3.1(b) Encourage all organisations to develop clear pathways for inclusion of people vulnerable to suicidal behaviour in their services, promote an ethos of inclusion by all services and organisations by raising awareness of the discrimination faced by members of priority groups	Delivery of annual anti-discrimination /cultural awareness workshop and training, aimed at service providers	HSE PC	HSE MH LCDC PPN CYPSC HSE Traveller Health Unit WLD
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 Engage with local media to ensure implementation of national media guidelines for reporting on suicide and debating related issues (broadcast, print and online media)	One media engagement forum held each year, continuous involvement of the media in positive mental health initiatives in the County	HSE Comms. Samaritans ROSP	Local press and radio

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 Wexford. This goal provides an excellent basis for continued development within communities so that they are confident, informed and connected to support services to prevent and respond to suicidal behaviour.

National Objective	National Action	*Connecting for Life Wexford* Action	Output	Lead	Partners
2.1 Improve the continuation of community level responses to suicide through planned, multi-agency approaches	2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic & Community Plans (LECP) and Children & Young People's Services Committee's County plans	2.1.1 Implement, monitor and report on the delivery of *Connecting for Life Wexford*	Regular ISG meetings to monitor and review implementation and progress reporting to HSE MHD and NOSP	HSE MH NOSP	ROSP HSE PC HSE H&W Acute Hospitals Wex. CoCo CYPSC

2.2 Ensure accurate information and guidance on effective suicide prevention are provided for community-based organisations	2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention	2.2.1 (a) Support community-based organisations including FRCs in relation to existing guidelines, protocols and training associated with suicide prevention e.g. the Code of Practice for Suicide Prevention for FRCs	Co-facilitation of annual FRC Code of Practice Training Active support and guidance provided to community-based organisations	ROSP	FRCs Youth Orgs. C&V Sector HSE PC
		2.2.1(b) Promote awareness of existing mental health and suicide prevention services and referral pathways to community-based organisations across the County	Service information provided on an ongoing basis through training, events and information requests	ROSP	HSE PC CYPSC GPs FRCs
2.3 Ensure delivery of training and education programmes on suicide prevention to community-based organisations	2.3.1 Develop a Training and Education Plan for community-based training (as part of the National Training Plan) building on the Review of Training completed by NOSP in 2014	2.3.1 Support greater access to suicide prevention/self-harm training by ensuring that the National Training Plan is implemented at local level and by having up to date training information available to all partners and networks Promote training through www.connectingforlifewexford.ie and www.yourmentalhealth.ie	A minimum of ten training programmes delivered each year across the County for community-based organisations. These will include safeTALK, ASIST, Understanding Self Harm and STORM and any new programmes offered in the National Training Plan	ROSP	Wex CoCo PPN HSE H&W C&V Sector ISG

	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 Provide suicide prevention and self-harm training in line with the National Training Plan to frontline workers and volunteers in the community, voluntary and statutory organisations that work with priority groups in Wexford	Approximately 1,000 frontline staff, volunteers and community members to avail locally of training options with the National Training Plan in CHO 5 each year	ROSP	Wexford Education Centre Wex CoCo PPN C&V Sector HSE PC
	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) Deliver a broad range of mental health promotion programmes in community, health and education settings in Wexford	Delivery of mental health promotion programmes to the whole population and priority groups	HSE H&WB	ROSP HSE MH Shine Schools C&V Sector
		2.3.3 (b) Liaise with the private sector to encourage proactive suicide prevention initiatives in the workplace and provide relevant information to state agencies and others such as WWETB, Wex CoCo, IBEC and the Chamber of Commerce	Two work-place/business initiatives developed and delivered to the private sector and state agencies each year	ROSP	IBEC Chamber of Commerce State Agencies Local Businesses

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

National Objective	National Action	*Connecting for Life Wexford* Action	Output	Lead	Partners
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups	3.1.1 Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at increased risk of suicide or self-harm	3.1.1 (a) Collaborate with local organisations and request specific inclusion of suicide prevention actions in related strategies e.g. Sports Partnership, County Ageing Strategy, CYPSC and Substance Misuse Strategy	Agreement for the inclusion of suicide and self-harm prevention policy and practice in relevant local strategies	ROSP	WLD Wex CoCo CYPSC HSE H&W HSE Substance Misuse
		3.1.1 (b) Collaborate with the IFA and the Local Development Company to develop activities aimed at responding to rural concerns	One collaborative action focused on those at increased risk due to rural isolation agreed, delivered and evaluated	ROSP	ISG IFA Macra na Feirme WLD

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 Implement at a local level new and updated suicide prevention and critical incident management HSE and interagency protocols	Critical Incident response plan available to enable agencies to collaborate and respond in the case of an incident	HSE MH NOSP	ROSP HSE PC Acute Hospitals An Garda Siochana Tusla CYPSC Coroner Wex CoCo
	3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups	3.1.3 (a) Develop and maintain targeted initiatives at Primary Care level in Wexford for priority groups including the delivery of SCAN service (Suicide Crisis Assessment Nurse) and SHIP (Self-Harm Intervention Programme)	Availability of SCAN and SHIP with targets established and met	HSE PC	ROSP HSE MH HSE Social Inclusion HSE H&W Tusla
		3.1.3 (b) Explore the feasibility of implementing a Social Prescribing Programme in Wexford	Programme developed and implemented (subject to feasibility)	HSE PC	ROSP HSE Social Inclusion HSE MH
		3.1.3 (c) Explore the feasibility of extending the Traveller Mental Health Worker role to Wexford	Worker in place (subject to feasibility)	HSE Traveller Health Unit	WLD Traveller Primary Health Care Project HSE MH
		3.1.3 (d) Traveller Primary Health Care Workers to be trained in ASIST and safeTALK	Traveller Primary Health Care Workers to receive ASIST and safeTALK training	Traveller Health Unit ROSP	WLD Traveller Primary Health Care Project HSE MH
		3.1.3 (e) Travellers to be supported to set up and operate a Traveller Men's Shed	Implementation of Men's Shed for Travellers in Wexford	Traveller Health Unit	Ferns Diocesan Youth Service (FDYS) Traveller Men's Health Project

		3.1.3 (f) Traveller Health Projects to be trained in Wellness Recovery Action Planning (WRAP)	Traveller Health Project staff to be trained in WRAP	Traveller Health Unit	WLD Traveller Primary Health Care Project HSE MH
	3.1.4 Evaluate as appropriate targeted initiatives and or services for priority groups	3.1.4 (a) Promote the evaluation of targeted initiatives and services provided at Primary Care level in Wexford	Evaluation of current targeted initiatives carried out similar to 2015 SHIP evaluation	ISG with Service Providers	HSE MH HSE Social Inclusion WLD CYPSC
		3.1.4 (b) Write a report that summarises and highlights the key concerns of service provider organisations in relation to suicide prevention and mental health with their client groups	Consult and produce a report with findings and recommendations for service provision to priority groups	ISG with Service Providers	HSE MH HSE Social Inclusion WLD FDYS CYPSC
	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 Aligned to the National Training Plan, deliver skills based training and information to frontline workers, social care, mental health and primary care staff i.e. ASIST and STORM training	Training and information delivered to a minimum of six staff groups per annum	ROSP	HSE MH HSE Social Inclusion C&V Sector CYPSC

	3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector	3.1.6 In collaboration with Jigsaw the National Centre for Youth Mental Health, train local HSE Health Promotion & Improvement staff as trainers to deliver Introduction to Youth Mental Health Training and Minding Your Mental Health Training to people who work or volunteer with young people between the ages of 12 and 25 years	Roll out stress control programme to young adults Provision of a mobile outreach, information and support service on positive mental health to young people in rural Wexford Provision of an eight week resilience and mental health and resilience programme for young women at risk	HSE H&W	ROSP HSE Psychology Foroige Youth Work Ireland FRCs WWETB FDYS Tusla Wexford Youth Services GROW
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 Support the roll out of programmes aimed at early intervention and prevention of substance misuse including early referral to community-based and outreach drugs projects and promote awareness of available services through ongoing liaison with local addiction services and peer support groups	Baseline determined for drug education and awareness in schools, in community settings and within substance misuse services and future targets set	HSE PC	Adolescent Services Schools CBDIs Youth Service Providers
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 Encourage and support the use of school related suicide prevention materials (24) through the School Principals' Networks and CYPSC. Explore the enhancement of this action at the CHO Area 5 Oversight Group in order to devise collaborative and regional responses	Suicide prevention programmes delivered on an ongoing basis in schools and colleges throughout the lifetime of the plan	ISG Schools	CYPSC HSE MH HSE H&W ROSP WWETB

	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) 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)	Suicide prevention training delivered to school staff as specified in the National Training Plan	ROSP NEPS	Schools HSE H&W
		3.3.2 (b) Support and encourage schools to have adequate student support structures and critical incident response protocols in place	Critical incident management plans and student support structures available to schools	Schools WWETB	HSE MH HSE H&W ROSP HSE PC NEPS
	3.3.3 Work with the HSE to develop national guidance for higher education institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education	3.3.3 Support and encourage third level institutions to have adequate student support structures and critical incident response protocols in place	Critical incident management plans and student support structures available to third level institutions	IT Carlow (Outreach)	HSE MH HSE H&W ROSP HSE PC
	3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying	3.3.4 (a) Provide anti bullying training to staff and volunteers working in sports organisations	Staff trained as specified in the National Anti-Bullying Action Plan	Sports Partnership	ROSP
		3.3.4 (b) Provide training in Restorative Practice for schools throughout the region to respond to bullying	Training planned and delivered in agreed schools	Wexford Education Centre	Secondary Schools

	3.3.5 Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle; and encourage schools to deliver an SPHE programme (including RSE and mental health awareness) at Senior Cycle	3.3.5 Support schools to deliver approved and accredited health and wellbeing programmes within the curriculum to include mental health awareness and suicide prevention	Guidelines and protocols relating to wellbeing available to schools and support provided	HSE H&W	HSE MH ROSP Schools C&V Sector
	3.3.6 Deliver early intervention and psychological support service for young people at primary care level	3.3.6 Improve outcomes for young people with mental health difficulties by reviewing CHO 5 service provision including to what extent services are adequate, visible and accessible. Consider options for enhancing access to early intervention	Barriers to services for young people determined and service improvements made where relevant	HSE PC	HSE MH CYPSC C&V Sector Acute Hospitals Schools NEPS
	3.3.7 Deliver early intervention and psychological support service for young people at secondary care level; including Child and Adolescent Mental Health Service	3.3.7 (a) Improve outcomes for young people with mental health difficulties by reviewing CHO provision of mental health services, including to what extent services are adequate, visible and accessible. Consider options for enhancing access to early intervention services	Barriers to services for young people determined CAMHS Standard Operating Procedure implemented	HSE MH	HSE PC Acute Hospitals Schools NEPS CYPSC
		3.3.7 (b) Outline and review 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	Following completion of review, implement agreed improvement plan	HSE MH	-

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

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

National Objective	National Action	*Connecting for Life Wexford* Action	Output	Lead	Partners
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour	4.1.1 Provide a coordinated, 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 Review current service provision, identify potential development of out of hours service and associated costs	Assessment of current service availability in Wexford carried out	HSE MH	HSE PC Acute Hospitals
	4.1.2 Provide a coordinated uniform and quality assured service and deliver uniform pathways of care for those with co-morbid addiction and mental health difficulties	4.1.2 Implement in local service delivery, the national model of care for those with co-morbid addiction and mental health difficulties	National dual diagnosis model of care implemented in Wexford	HSE MH HSE MH	HSE PC Acute Hospitals

	4.1.3 Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under Probation Services in the community	4.1.3 Ensure collaboration between the HSE Mental Health Service, the Irish Prison Service, Wexford Probation Service and relevant community-based organisations to ensure that people in the Criminal Justice System have access to appropriate mental health and suicide prevention information, supports and services	Suicide prevention information, training and support available to individuals engaged with the Criminal Justice System in Wexford	HSE MH	ROSP Probation and Welfare Gardaí
	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 the National Mental Health Division to explore, identify and implement a uniform assessment approach across the health services in Wexford for people who have self-harmed or are at risk of suicide	Uniform assessment approach in use across all services	HSE MH	HSE PC Acute Hospitals C&V Sector Tusla
	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	Adherence to protocols regarding the initial assessment and referral of patients presenting with mental health issues	HSE MH	Acute Hospitals
4.2 Improve access to effective therapeutic interventions for people vulnerable to suicide	4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems at both primary and secondary care levels	4.2.1 Identify and review provision of psychotherapeutic interventions such as DBT, CBT, counselling and other relevant services and assess to what extent services are adequate, visible and accessible	Widespread promotion of the range of counselling options available in Wexford	HSE MH HSE PC	ROSP C&V Sector

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 Outline and review provision of bereavement services in Wexford, including to what extent services are adequate, timely and effective e.g. SBLO, HSE Bereavement Counselling Service for Traumatic Deaths and Pieta House	Postvention supports available to individuals, families and communities bereaved by suicide in Wexford	HSE MH	ROSP HSE PC 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 that need to have good-practice guidelines, clear care pathways and protocols and appropriate training and supervision mechanisms. All services must promote a sense of hope and an ambition for recovery, restoring the individual's independence built on self-worth and self-belief.

National Objective	National Action	*Connecting for Life Wexford* Action	Output	Lead	Partners
5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention	5.1.1 Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure	5.1.1 Support local statutory and non-statutory organisations to implement relevant quality standards relating to suicide prevention	Up to date and relevant information on standards and guidelines available to organisations working in the area of suicide prevention	ROSP	HSE MH HSE PC HSE H&W C&V Sector
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 HSE Mental Health Division to explore, identify and implement a uniform procedure for responding to suicidal behaviour across mental health services	Uniform procedures for responding to suicidal behaviour implemented	HSE MH	HSE PC Acute Hospitals Emergency Services Tusla
	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 Trained investigators to be made available within Wexford Mental Health Service to carry out system and service reviews in line with HSE policy	Service review of incidents carried out when required	HSE MH	Acute Hospitals HSE PC

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	5.4.1 Develop a National Training Plan, building on the NOSP Review of Training 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	5.4.1 Implement the National Training Strategy in Wexford across all frontline services in the community, voluntary and statutory sectors 5.4.2 Aligned to the National Training Plan, deliver suicide prevention and self-harm training to staff in the IFA/Teagasc, Probation and Welfare, the Department of Social Protection, the Department of Children and Youth Affairs and Wexford County Council who may come into contact to vulnerable individuals and groups	National Training Strategy programmes delivered locally Government agencies directly targeted to participate in all open training facilitated by the Regional Suicide Resource Office and group specific training available on request	ROSP ROSP	HSE MH HSE PC Acute Hospitals C&V Sector IFA Teagasc Probation DSP DCYA Wex CoCo Tusla

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

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

National Objective	National Action	*Connecting for Life Wexford* Action	Output	Lead	Partners
6.1 Reduce access to frequently used drugs in intentional drug overdose	6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems	6.1.2 Encourage the use of prescribing guidelines for medicines commonly used in overdose and the adherence to legislation regarding paracetamol based products	Information on resources and alternatives to prescribing made available to GPs	ISG	Pharmacies HSE Substance Misuse Team HSE MH GPs
6.2 Reduce access to highly lethal methods used in suicidal behaviour	6.2.1 Local authorities to 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 Implement measures where practical to restrict access to identified 'hot spots' where there is an increased risk of suicidal behaviour in the County, particularly on bridges and on/near waterways	Bridges and waterways in Wexford made safer for people vulnerable to suicidal behaviour	Wex CoCo	HSE MH ROSP
	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 Wexford, informed by local ligature audits	Compliance to HSE Mental Health Services safety standards and audits	HSE MH	Acute Hospitals 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 findings into practice are fundamental to the success of *Connecting for Life Wexford*, and other suicide prevention policies and practices.

National Objective	National Action	*Connecting for Life Wexford* Action	Output	Lead	Partners
7.1 Evaluate the effectiveness and cost-effectiveness of *Connecting for Life*	7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of *Connecting for Life*; disseminate findings and share lessons learned with programme practitioners and partners	7.1.1 (a) Carry out an annual review of *Connecting for Life Wexford* including the effectiveness of delivery structures, processes and operations	Annual reviews and progress reports completed and made available	ISG	ROSP HSE MH
		7.1.1 (b) Promote and participate in the development of a broad-based representative Implementation Steering Group that reports quarterly to HSE Mental Health and to the LCDC and provides a report on progress of the actions within *Connecting for Life Wexford*	Quarterly reports provided and collated by an effective representative sub group	ROSP	ISG Lead Orgs. and Partners
7.2 Improve the access to timely and high quality data on suicide and self-harm	7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of *Connecting for Life*	7.2.2 Use available data sources proactively to capture important information about suicide and suicidal behaviour in Wexford and to guide service improvement	Up to date and relevant data available on suicide and self-harm rates in Wexford	HSE MH	Coroner Gardaí NOSP NSRF

Hook Lighthouse, Hook Penninsula, Co. Wexford

5

Implementation of *Connecting for Life Wexford*

5.1 Implementation Structure and Roles

A cross-sectoral Implementation Steering Group will have responsibility and accountability for ensuring the actions in *Connecting for Life Wexford* are implemented to agreed timeframes and within quality parameters. The Steering Group will also be responsible for sourcing, allocating and managing additional funding for the action plan.

A further Oversight Committee will be formed at Community Health Organisation level to support the development and implementation of County suicide prevention plans across the area, to encourage links between counties in the area and to facilitate a joined up and efficient approach to the development and implementation of the action plans.

Project management of the implementation of *Connecting for Life Wexford* will be under the direction of the Regional HSE Resource Officer for Suicide Prevention. Below is the proposed structure for the implementation of *Connecting for Life Wexford.* This structure is flexible and open to change based on emerging needs and trends across Wexford over the lifetime of the plan. This implementation structure will inform and influence the plans of other agencies and organisations e.g. Wexford County Council. It is important that the Implementation Steering Group includes membership of such organisations to facilitate a cross-sectoral reporting and monitoring approach. Figure 9 shows the local implementation structure for *Connecting for Life Wexford.*

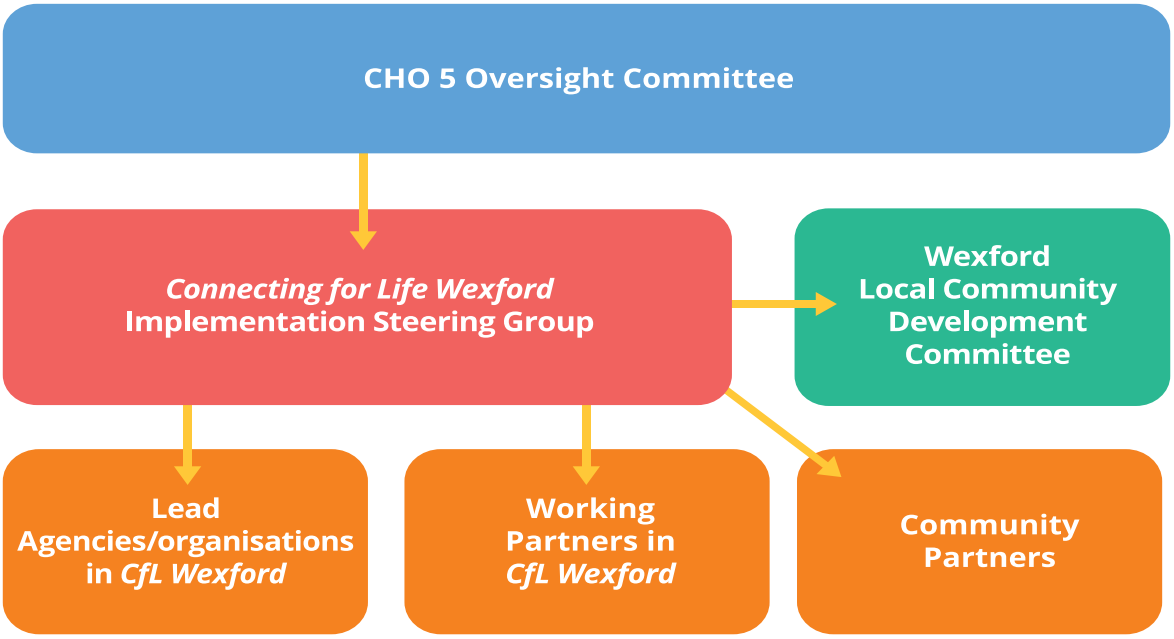

Figure 9 Connecting for Life Wexford Implementation Structure

5.2 Monitoring and Evaluation

The *Connecting for Life Wexford* Implementation Steering Group will be accountable for the implementation of the action plan. The monitoring and reporting approach will be aligned to the national system for monitoring and evaluation managed by the National Office for Suicide Prevention.

5.3 Communicating *Connecting for Life Wexford*

All communications relating to the implementation of *Connecting for Life Wexford* 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 Wexford* is actively considered and managed.

5.4 Resourcing *Connecting for Life Wexford*

The actions in *Connecting for Life Wexford* 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 and as key partners supporting particular actions. This approach will generate outcomes that may not be otherwise achievable if 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 the appropriate available Government funding streams. Alternative sources of funding will also be explored as required. *Connecting for Life Wexford* is based on a whole of society approach and this will provide a strong case for additional funding when required.

Dunbrody Abbey, Campile, Co. Wexford

Appendices

Connecting for Life
Wexford

Appendix 1: Explanation 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

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

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

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

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

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

Mental health service user
A person that uses the mental health services

Non-statutory and community organisations
Community, voluntary and non-government agencies, services, organisations and groups

People/groups vulnerable to suicide
People/groups that may 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, may experience frequent, intense and enduring thoughts of suicide or self-harm or high distress or have specific plans, people/groups that are vulnerable to self-harm or people/groups who are more susceptible than other people/groups to the possibility of self-harm

Priority groups
In *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015-2020 and *Connecting for Life Wexford* 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 being particularly vulnerable to suicide

Protective and risk factors
In general, risk factors increase the likelihood that suicidal behaviour will develop, whereas protective factors reduce this likelihood. In relation to mental health protective factors include secure family attachments, having one supportive adult during early years, positive early childhood experiences, good physical health, 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
A 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

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

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

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

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

Suicidal behaviour
Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself, for the purpose of this plan 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 the risk of suicide entirely but it is possible to reduce this risk

Targeted approach
A targeted approach focuses on identifying the smaller number of people who are vulnerable to suicide/self-harm and putting in place appropriate interventions

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

Appendix 2: Abbreviations

A&E/ED	Accident and Emergency/Emergency Department
AVFC	A Vision for Change
BSG	Bereavement Support Group
CAMHS	Child and Adolescent Mental Health Services
CAREDOC	Out of hours Doctor service
C&V	Community and Voluntary
CBDI	Community Based Drugs Initiative
CBT	Cognitive Behavioural Therapy
CfL	*Connecting for Life*
CHO 5	Community Health Organisation Area 5 (Waterford, Wexford, Carlow, Kilkenny and South Tipperary)
CIC	Citizens' Information Centre
CSO	Central Statistics Office
CYPSC	Children and Young People's Services Committee
DAg	Department of Agriculture
DBT	Dialectical Behavioural Therapy
DES	Department of Education and Skills
DoH	Department of Health
DSP	Department of Social Protection
EEMT	Emergency Event Management Team
FRC	Family Resource Centre
GP	General Practitioner
HI	Healthy Ireland
HRB	Health Research Board
HSE	Health Service Executive
HSE H&W	Health and Wellbeing
HSE MH	Mental Health
HSE PC	Primary Care

HSE THU	Traveller Health Unit
IBEC	Irish Business & Employers Confederation
ISG	Implementation Steering Group
IFA	Irish Farmers' Association
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MABS	Money Advice and Budgeting Service
NEPS	National Educational Psychology Service
NGO	Non Governmental Organisation
NOSP	National Office for Suicide Prevention
NSHRI	National Self-Harm Registry Ireland
NSRF	National Suicide Research Foundation
PPN	Public Participation Network
ROSP	Resource Officer for Suicide Prevention
SCAN	Suicide Crisis Assessment Nursing Service
SERDATF	South East Regional Drug and Alcohol Task Force
SERFSN	South East Regional Family Support Network
SHIP	Self Harm Intervention Programme
SICAP	Social Integration and Community Activation Programme
SIU	Social Inclusion Unit
SMT	Substance Misuse Team
SOS	Suicide or Survive
SSIS	Suicide Support and Information System
Tusla	The National Child and Family Agency
WHO	World Health Organisation
WLD	Wexford Local Development
WRAP	Wellness and Recovery Action Plan

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