Connecting for Life

Kerry

Suicide Prevention Action Plan

2017 - 2020

Healthy Ireland

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

An Roinn Sláinte
DEPARTMENT OF HEALTH

Comhairle Contae Chiarraí
Kerry 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:

Anyone in crisis can get support through their GP or the SouthDOC service out of hours. 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 night-time, contact South DOC at 1850 355 999.**
- **Go to the Emergency Department at University Hospital Kerry**
- **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. Call 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

The impact of suicide is devastating and far-reaching. It reverberates outwards through families, friends and communities. An issue that affects all of us so deeply can only be addressed by involving as many people as possible in local communities, voluntary organisations, state bodies and health services along with people across the whole county.

Connecting for Life Kerry is a response to *Connecting for Life* Ireland's National Strategy 2015-2020 to reduce suicide. It takes the national goals and objectives and clearly sets out a series of aligned actions for Kerry.

Wide-ranging consultation took place with communities, agencies and individuals which makes this a truly local plan, and I wish to pay tribute to the many people who have played a role in bringing it together. It's important that this cross-community approach continues as the plan is implemented. No one person or body can tackle this issue alone.

As Taoiseach Enda Kenny stated in his introduction to the national *Connecting for Life* strategy, it is our connections to family, friends and community that protect us from isolation. It is those same connections that we need to draw on in implementing the plan.

We now have an opportunity to build on the momentum captured in the consultation process and preparing the plan. The next challenge for all involved is to implement it and to measure the impact. We in the Community Healthcare Organisation look forward to working with all to implement this important plan.

Ger Reaney,
Chief Officer, Cork and Kerry Community Healthcare Organisation

A word from the 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 Kerry 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 Kerry, agreed a detailed local action plan. It is important that we continually monitor and learn from the implementation of *Connecting for Life Kerry*. There is a focus on outcomes and measuring improvement relating to the targets set. This is important not alone for the communities in Kerry, 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.

Gerry Raleigh
Director, National Office for Suicide Prevention

Acknowledgements

The process of developing *Connecting for Life Kerry* was truly collaborative due to the participation on the Planning and Working Groups with representatives from a wide range of statutory and non-statutory organisations, and due to the engagement in the consultation process by the Community & Voluntary sector, and by people affected by suicide. Everyone involved gave their time, energy, enthusiasm and commitment, and this was a crucial part of the success of the project.

We are particularly grateful to all the individuals and families who took part in the public consultation sessions across the county and shared their thoughts and ideas which were based on personal or family experience, as well as a passion and interest. This was invaluable in terms of informing *Connecting for Life Kerry*.

It is also important to thank the numerous community and voluntary groups and staff across the HSE from a broad range of departments, who contributed through the consultation workshops which were informed by their daily experiences working in communities across Kerry. These insightful viewpoints informed many actions in the plan. Acknowledgement and thanks is also given to John Loughery for his collation and analysis of the data received from the public consultation sessions and drafting the action plan. His skills and experience in this area were invaluable.

The success of developing *Connecting for Life Kerry* rests with the dedication and commitment of a number of people, who guided, supported and directed the process. The members of the Strategy Group, Engagement, Information and Research Working Groups come from a range of organisations in the community and voluntary and the statutory sectors throughout the county. Their commitment, drive and dedication to this process was crucial and furthermore, their on-going dedication has provided a powerful platform for implementation.

Throughout this process, the central role which local communities across our county play in supporting each other and the resilience of people in Kerry to work together to support each other was evident. It is this sense of community in Kerry which is a strength that we must build upon.

Julieann Lane and Aileen Brosnan
Resource Officers for Suicide Prevention, Co. Kerry

Introduction

"Suicide is largely preventable. Unlike for many other health issues, the tools to significantly reduce the most tragic loss of life by suicide are available. With collective action to acknowledge and address this serious problem, as well as commitment to effective interventions, supported by political will and resources, preventing suicide globally is within reach" Public Health Action for the Prevention of Suicide, World Health Organisation (2012) (1).

Connecting for Life Kerry is an important step in suicide prevention and reducing self-harm in County Kerry, and has its foundation in the work that has taken place over the past ten years as part of *Reach Out*, the Governments previous strategy to reduce suicide, and the commitment of all the departments, agencies and organisations who work tirelessly in the field of mental health. *Connecting for Life Kerry* is a four year local plan developed in response to *Connecting for Life,* Ireland's National Strategy to Reduce Suicide 2015-2020. The National Strategy sets out what government and civil society must do to protect and save lives over a six year period. It seeks to do this through the empowerment of communities and individuals to improve their mental health and well-being.

The National Office for Suicide Prevention (NOSP) was set up in 2005 within the HSE to oversee the implementation, monitoring and coordination of *Reach Out*. NOSP is part of the HSE National Mental Health Division, providing strong alignment with mental health promotion and specialist mental health services delivery. In order to be effective it relies on strong working relationships with HSE Health and Wellbeing, HSE Primary Care and other HSE divisions, as well as with statutory, non-statutory and community agencies and partners.

Reach Out brought a focus on suicide prevention work and guided activities in this area in Ireland from 2005 to 2014. *Reach Out* set out a vision and guiding principles for suicide prevention in Ireland. It outlined 96 actions and identified lead agencies. These actions fell within the remit of over 80 agencies and departments, not including the organisations funded by the HSE NOSP to deliver many of the actions, working in collaboration with HSE Resource Officers for Suicide Prevention. A total of 34 organisations (mainly non-statutory organisations), were funded by the NOSP in 2014 alone.

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.

As a locally developed plan, *Connecting for Life Kerry* recognises the contributions of all sections of our communities in what has gone before, and what will be contributed during the coming years of the plan. *Connecting for Life Kerry* recognises the importance of talking about mental health, suicide and self-harm, and most importantly about prevention. It also recognises the importance of effective services, delivering quality interventions through a multi-agency approach.

The purpose of *Connecting for Life Kerry* is to support and deliver on national objectives at a local level, meeting local needs, and ensuring cohesive inter-agency implementation of actions that have a meaningful impact for service users.

The delivery of the plan will involve awareness raising, support for local communities and targeted approaches to priority groups. The approach in preparing the local plan was collaborative and progressive, involving statutory and non-statutory agencies, community and voluntary groups, communities and individuals. Reflecting this, a collaborative and progressive approach is being taken to implementing *Connecting for Life Kerry*. A solid foundation already exists in statutory and community and voluntary

services, and this is reflected in the implementation structures, which focus on using as much of the available resources in the county as possible.

Connecting for Life Kerry will be a live document, and will adapt and change to meet the changing social, economic and political climate in the years to come and will be open to review and change in line with emerging needs.

Implementing *Connecting for Life Kerry* will be a challenge for everyone involved, and it is a challenge that is welcomed by agencies, organisations and communities alike. Through collective action, a commitment to effective interventions, and supported by political will and resources, it will use the strengths of all those involved to become a force for change in suicide prevention and self-harm reduction in County Kerry.

"Each and every one of us is susceptible to suicide depending on the change of circumstances in our lives. It just doesn't target young people - it's not age, colour or ethnic based." - Submission from Public Consultation

1

Context for Suicide Prevention in Ireland and Kerry

1.1 National Context

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

Vision for Change, the national strategy on mental health (4), *Healthy Ireland*, the national framework for action to improve the health and wellbeing of the population (5) and *Better Outcomes, Brighter Futures*, the national policy framework for children & young people 2014 – 2020 (6) all provide a supportive policy context for suicide prevention action.

1.1.1 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 in providing targeted treatment and programmes for groups most vulnerable (2).

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 (4)

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, advocating a person-centred treatment approach which 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 (6)

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 a 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 a recognition also that we need to do more within the resources available.

Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025 (5)

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 (7)

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 new Strategy. A number of the actions also relate to the co - ordination 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 use in Ireland; and
- To have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009 - 2016.

1.1.2 Evidence for suicide prevention, knowledge and awareness

In 2014, the Health Research Board (HRB) were asked by the National Office of Suicide Prevention to examine the evidence base for suicide prevention to establish to which suicide prevention interventions were successful in reducing suicidal behaviour including suicidal ideation, self-harm, suicide attempts or death by suicide (8).

Overall the review found the body of evidence on suicide prevention interventions to be limited. This does not mean that interventions are ineffective, but that there is little evidence of their effect in published papers. However, effective interventions outlined in the HRB review included cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and the restriction of access to suicidal means. Other areas such as tele-mental health and web-based interventions have only emerged recently so there is not enough evidence to comment on the success.

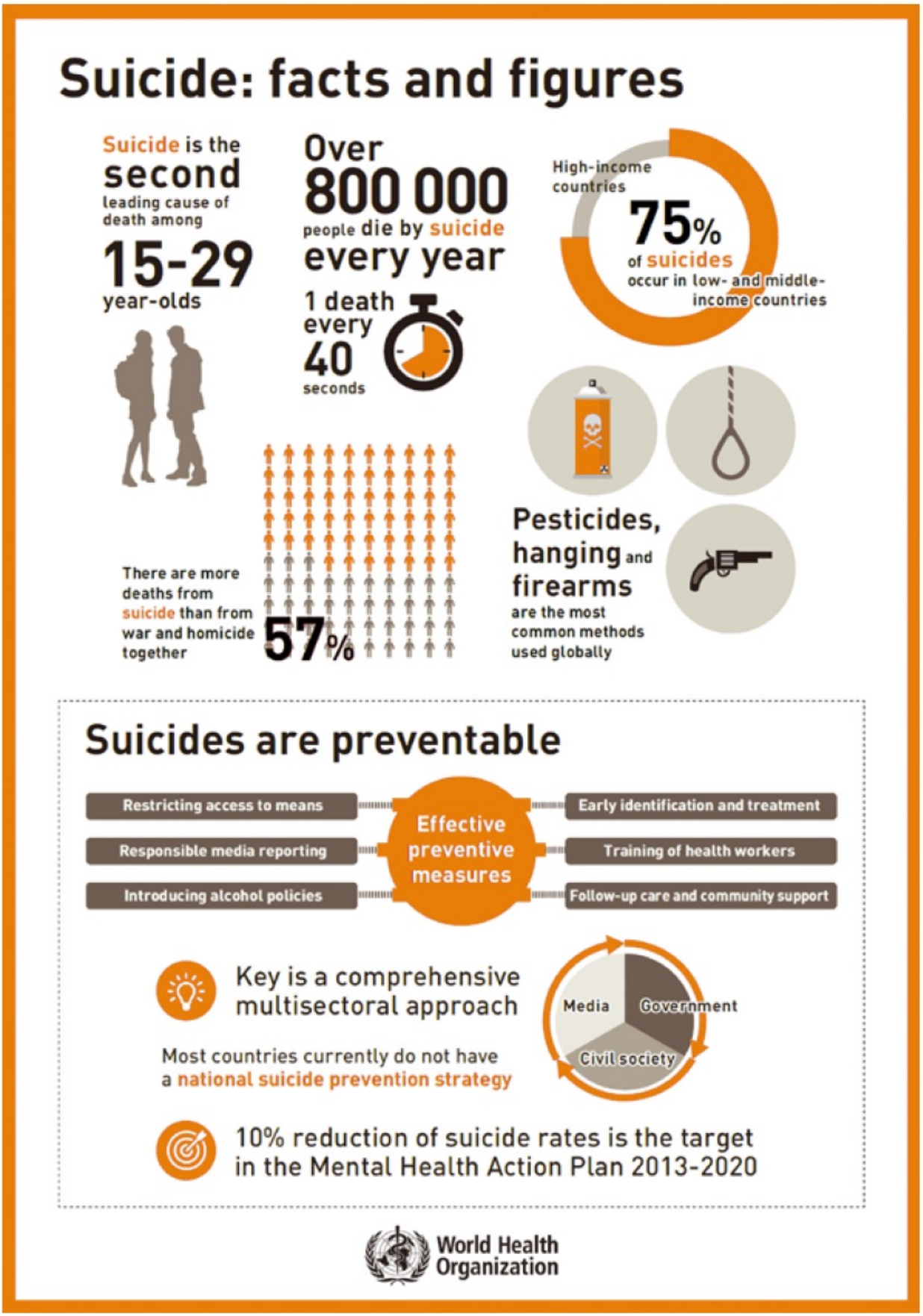
More recently, two major reviews were published in 2016 which synthesise the evidence around suicide prevention: Zalsman et al. (2016) 9 and Hawton et al (2016) 10. The outcomes from these studies strengthen the evidence base in several areas of suicide prevention and have been included in the list below.

The development of the actions in *Connecting for Life Kerry* has been informed by the findings reported in this systematic review.

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

- Promote public awareness with regard to issues of mental wellbeing, suicidal behaviour, the consequences of stress and effective crisis management.
- Enable early identification, assessment, treatment and referral to professional care of people vulnerable to suicidal behaviour.
- Maintain a comprehensive training programme for identified first responders and frontline healthcare staff (e.g. Gardaí, emergency department staff, educators, mental health professionals).
- Promote responsible reporting of suicidal behaviour by media 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.

> ***"Get as much information as possible out in the media about options for support for the at risk people. Radio, newspapers, TV, flyers - everything should be used." -*** Submission from Public Consultation


Suicide: facts and figures
Suicide is the second leading cause of death among 15-29 year-olds
Over 800 000 people die by suicide every year
1 death every 40 seconds
High-income countries
75% of suicides occur in low- and middle-income countries
There are more deaths from suicide than from war and homicide together
57%
Pesticides, hanging and firearms are the most common methods used globally
Suicides are preventable
Restricting access to means
Responsible media reporting
Introducing alcohol policies
Effective preventive measures
Early identification and treatment
Training of health workers
Follow-up care and community support
Key is a comprehensive multisectoral approach
Most countries currently do not have a national suicide prevention strategy
Media
Government
Civil society
10% reduction of suicide rates is the target in the Mental Health Action Plan 2013-2020
World Health Organization

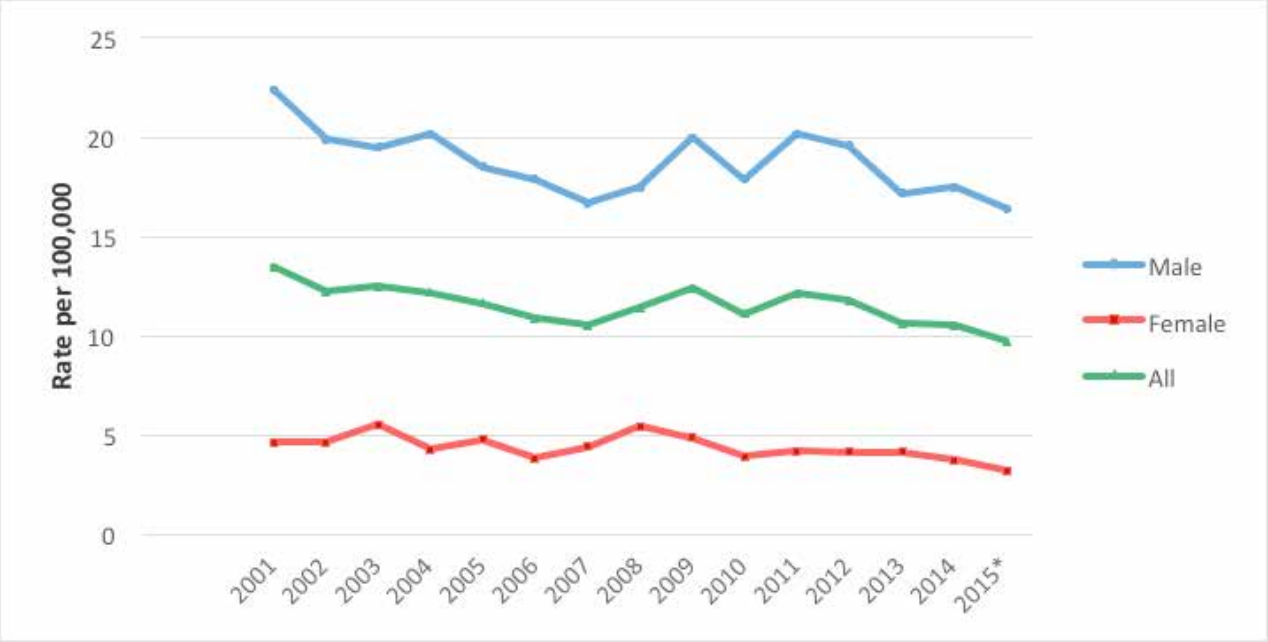
WHO, (2014)

1.1.3 Suicide in Ireland

The number of deaths by suicide in Ireland in 2013, was below the profile for most European Union countries; Ireland has the 11th lowest suicide rate overall at 7.6 per 100,000 population. However. the figures for young men and women are particularly high by international comparison; Ireland has the 6th highest rate among young men and women out of 31 European countries for which data was recorded. Since 2007, and particularly since the onset of the economic recession in 2008, there has been an increase in the suicide rate. One possible way of understanding this is that it is the dynamic of social and economic change that has led to the increase in suicide which underlines the nature of suicide as a social, rather than a medical problem, that we all have a role to play in prevention (NSRF, 2013) (11). This is evidenced below in Figure 1, which indicates the rate of suicide in Ireland amongst males. It points to an increase in suicide numbers between 2009 and 2012 (12).

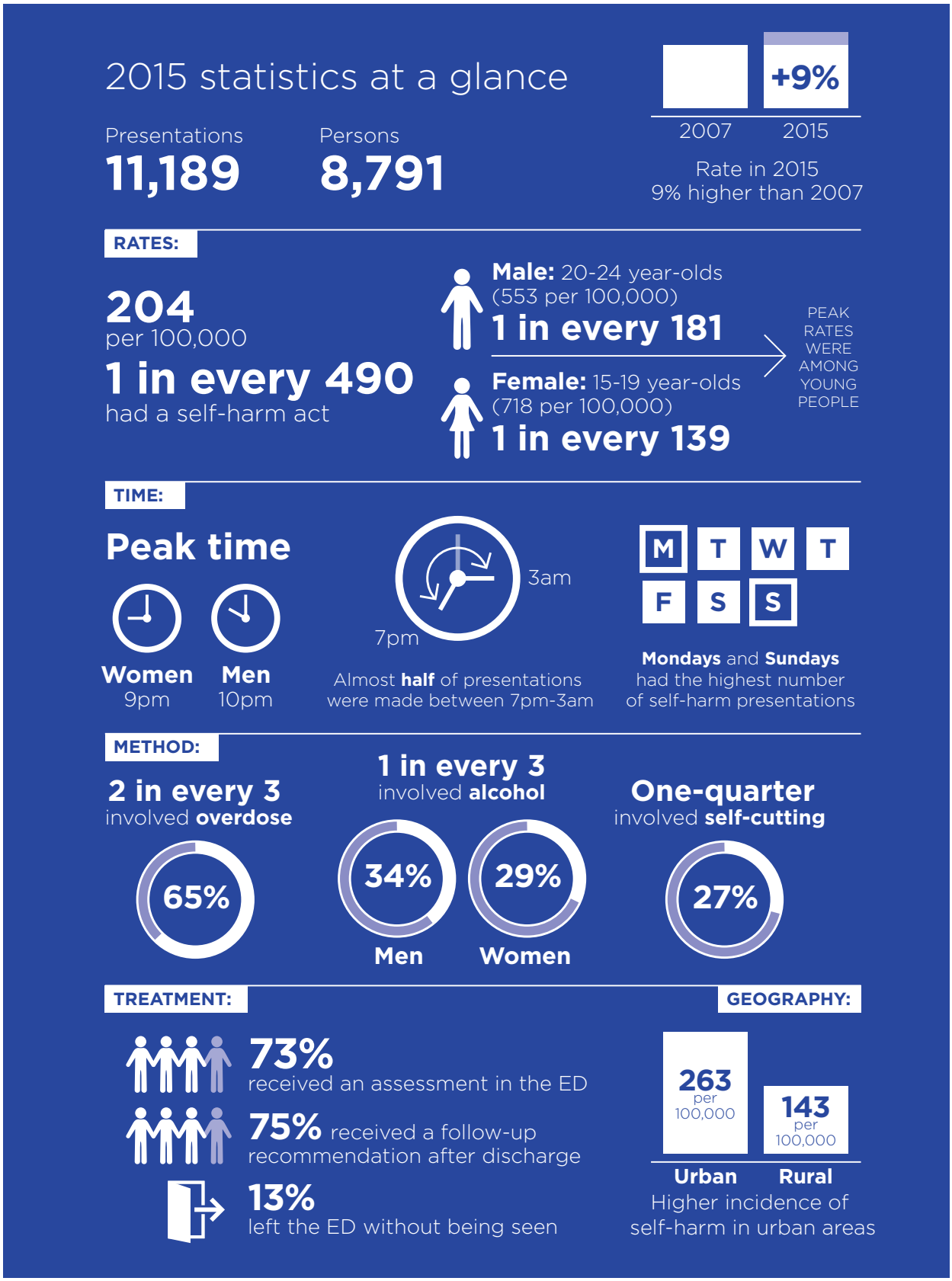
In 2014, 82.1% of all those who died by suicide were men, with the highest rate of suicide among the 45 – 54 year old age category. As figure 1 illustrates, the overall increase in suicide in Ireland between 2007 and 2014 can be attributed to an increase in male suicides. On average, men are four times more likely to die by suicide than women. The female suicide rate increased during 2008 and 2010, with the highest rate in 2009, but it has decreased since this date. Similar to the male suicide rate, the highest is in the 45 – 64 year old age group, and the lowest in the 65+ age group (12).

Figure1: **Suicide rate per 100,000 by gender, 2001-2015***



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

2015 Self-Harm Statistics at a Glance



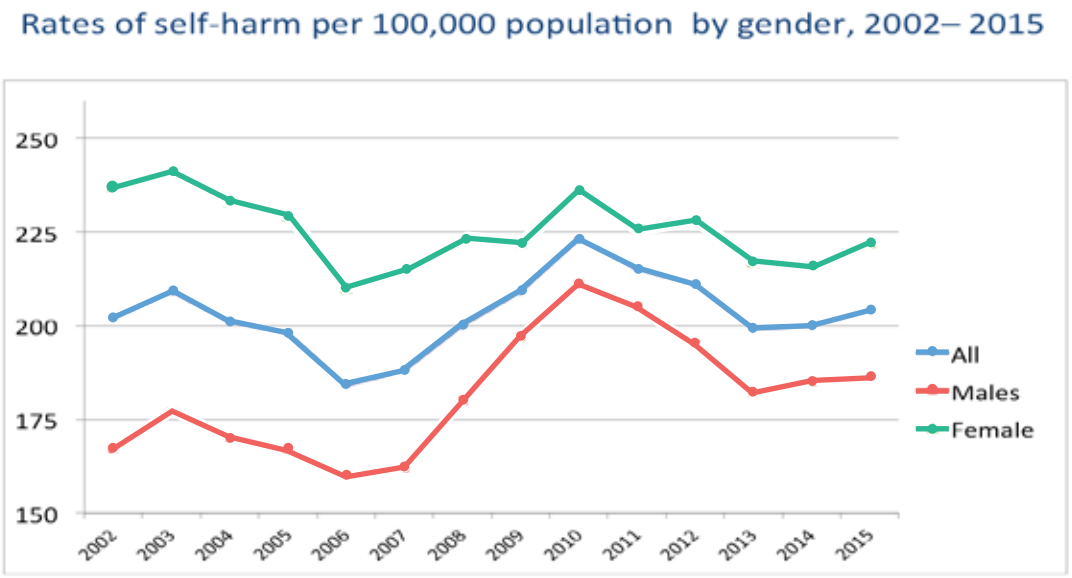
NSRF (2015)

1.1.4 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 (11).

In 2015, the Registry recorded 11,189 presentations to hospital due to self-harm nationally, involving 8,791 individuals. Taking the population into account, the rate of individuals presenting to hospital following self-harm in 2015 was 204 per 100,000, as illustrated in Figure 2 below. Between 2011 and 2013, there were successive decreases in the self-harm rate. However, the rate in 2015 was still 9% higher than in 2007, the year before the economic recession. In 2015, the national male rate of self-harm was 186 per 100,000, 1% higher than in 2014. The female rate of self-harm in 2015 was 222 per 100,000, 3% higher than 2014. Since 2007, the male rate has increased by 15%, whereas the female rate is 3% higher than in 2007. Relative to the national rate, a high rate of self-harm was recorded for men living in Sligo, Kerry, South Dublin and Tipperary South (12).

Figure 2: **National Self-Harm Registry Annual Report 2015** (12)



Gender and Age

According to the NSRF Annual Report (2015), gender differences in the incidence of self-harm vary with age. The female rate was three times higher than the male rate in 10-14 year-olds (178 vs. 45 per 100,000, respectively) and 97% higher than the male rate in 15-19 year-olds (718 vs. 364 per 100,000, respectively). The female rate of self-harm was again higher than the male rate across the 45-59 year age range. However, in 25-29 year-olds, the male rate was 38% higher than the female rate (400 vs. 289 per 100,000, respectively). Since 2009, the Registry has recorded a significantly higher rate of self-harm in men in this age group compared to women (12).

Methods

Intentional drug overdose was the most common method of self-harm, involved in 65% of all acts registered in 2015. Paracetamol was the most common analgesic drug taken, involved in some form in 29% of drug overdose acts. Paracetamol-containing medication was used significantly more often by women (34%) than by men (22%). One in five acts (20%) of overdose acts involved an anti-depressant/ mood stabiliser (12).

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 (12).

Treatment

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

In 32% of episodes, an out-patient appointment was recommended as a next care step for the patient.

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

Self-harm patients who have consumed alcohol are at an increased risk of leaving the ED without being seen. Linking the Self-Harm Registry Ireland data with the Suicide Support and Information Systems (SSIS)[1] suicide mortality data revealed that self-harm patients were over 42 times more likely to die by suicide than persons in the general population (12).

Repeated Self-Harm

There were 8,791 individuals treated for 11,189 self-harm episodes in 2015. This shows that more than one in five (2,398, 21.4%) of the presentations in 2015 were due to repeat acts, which is similar 2013-2014. The rate of repetition was broadly similar in men and women (14.5% vs. 14.7%). Repetition varied significantly by age. Approximately 13% of self-harm patients aged less than 19 years re-presented with self-harm in 2015. The proportion who repeated was highest, at 17%, for 25-54 year-olds. 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%, 19.5% respectively). The lowest rates of repetition were seen in Cork North at 5.6%. Kerry ranked 7 out of 32 in terms of HSE Local Health Office for rates of repetition (12).

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

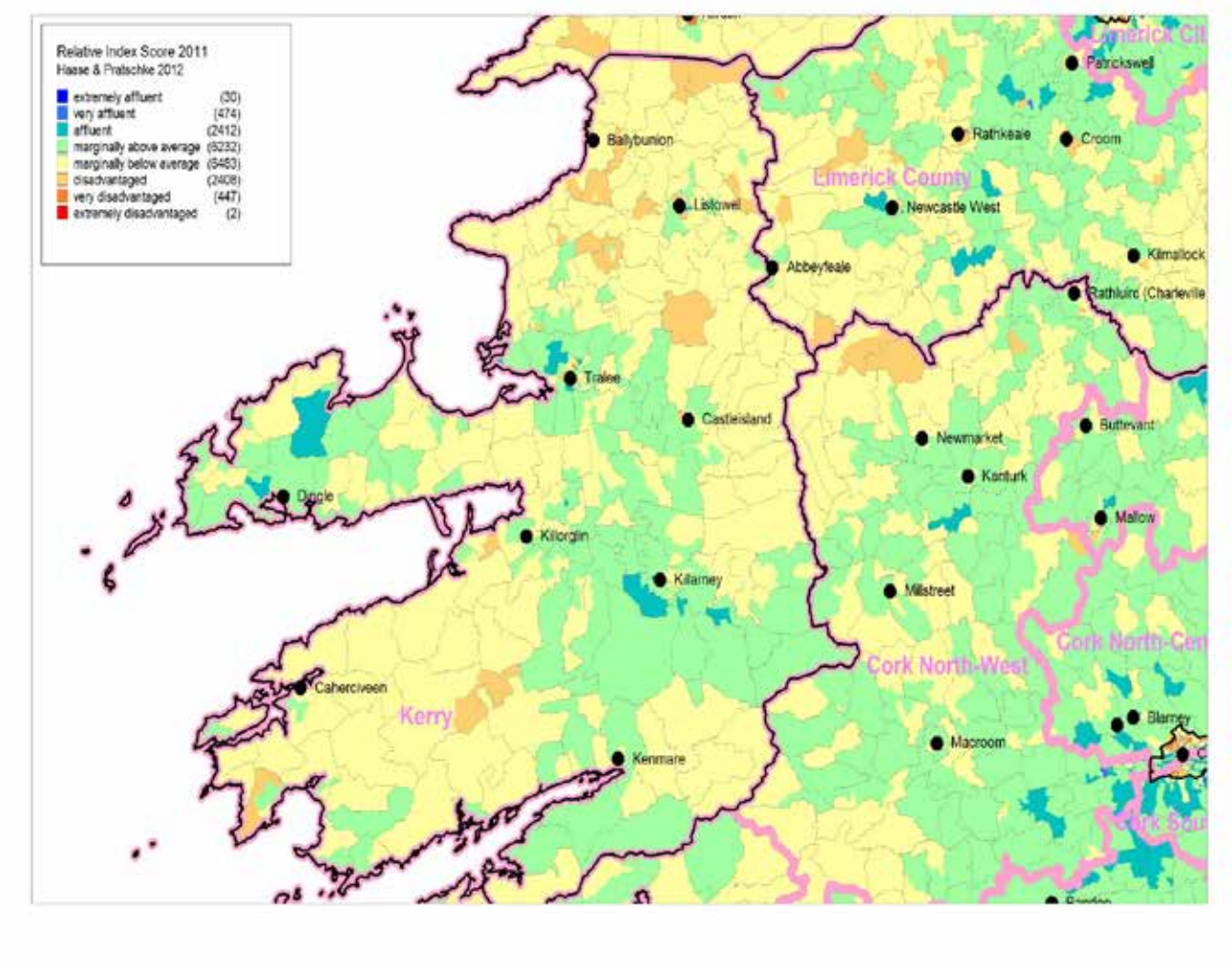
1.2 Local Context in County Kerry

In 2015 according to Central Statistics Office (CSO) statistics, there were 147,554 people living in Kerry. Of these, 65% live in areas with a population less than 1,500 people. While Ireland has experienced a population growth of 30.1% over the past 20 years, and the South West Region has grown at a slightly lower rate (24.9%), County Kerry has grown at the lesser rate of 19.4% over the same period (13).

Ireland's population has continued to grow by 8.2% between 2006 and 2011. County Kerry's population has experienced an increase of 4.1% over the past five years, half the nationally experienced population growth of 8.2%. The fastest growing Electoral Districts in Kerry are Milltown (34.0%) and Lixnaw (28.6%) (13).

Like any other part of the country, Kerry has been affected by the economic downturn after 2007, reflected in the absolute deprivation score in 2011. Of the 164 Electoral Districts in County Kerry most (105) are marginally below average deprivation score, while 55 are marginally above average. The most disadvantaged parts of the county are sections of North Kerry and the Iveragh peninsula in south Kerry (14). See Figure 3 below.

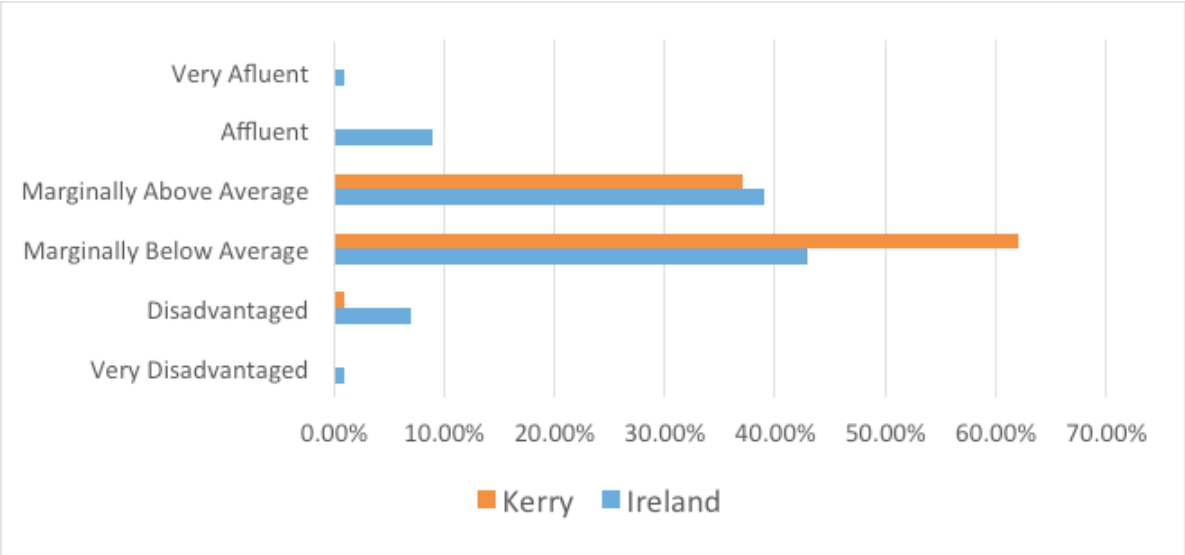
Figure 3: Relative Affluence and Deprivation in Kerry Constituency.



(Data Source: Trutz Haase Deprivation Index 2011) (14)

Kerry has seen a drop in the absolute deprivation score from -2.1 in 2006 to -8.9 in 2011. This represents a drop of 6.8, compared to a nationwide drop of 6.5. See Figure 4 below.

Figure 4: The percentage of the population in Kerry 2011 compared to Ireland who live within levels of deprivation and affluence (14).



1.2.1 Local Policy Context in County Kerry

New local government structures were introduced throughout Ireland as part of the Local Government Reform Act. Within Kerry County Council, the new Local Community Development Committee (LCDC) is responsible for developing, co-ordinating and implementing an integrated approach to local and community development. The LCDC was the lead in developing the *Kerry Local Economic & Community Plan* (15). It is an integrated plan to guide the development of County Kerry from an Economic, Community, Cultural, Sporting and Recreation perspective from 2016 to 2021. The plan will be used to focus the role of Local Government, State Agencies, Community Sector, Local Development Groups and other bodies that are involved in the development of County Kerry. The plan is being guided by the Local Community Development Committee in co-operation with the Economic Development and Enterprise Strategic Policy Committee of Kerry County Council. The plan identifies that Health and Wellbeing are core to a good quality of life. It states that in order to achieve a positive impact in this area, a coordinated and integrated approach is required by those involved in the provision of health services, other agencies and the community (15). Building collaborative approaches is an important aspect of the plan. The LECP in Kerry is aligned to *Connecting for Life Kerry* and sets out clear objectives in relation to mental health and wellbeing.

The Kerry Children and Young People Services Committee (CYPSC) *was developed to improve* outcomes for children, young people and families in County Kerry in line with the National *Better Outcomes, Brighter Futures* framework (6). Kerry CYPSC includes representation from key statutory and community & voluntary groups who provide services and supports to children, young people & families in Kerry. To achieve their objectives, the Kerry CYPSC has developed its second 3 year interagency Workplan 2014 – 2017 following on from the first plan 2011 – 2013.

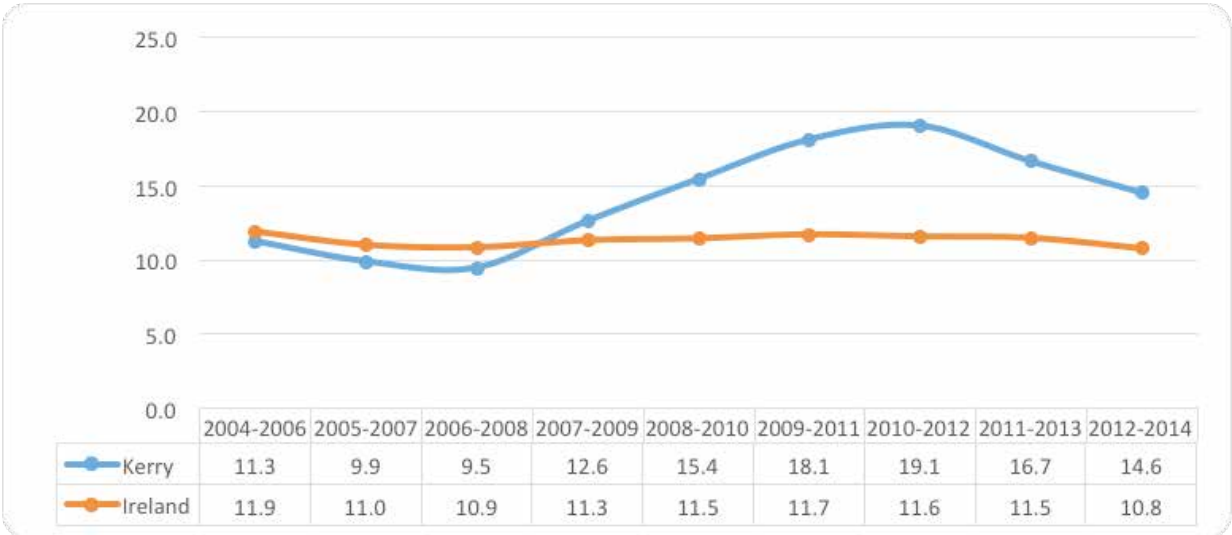
The Workplan includes: A socio-demographic profile; an audit of services; needs analysis; a 3 year action plan. Kerry CYPSC has established key priority action area working groups in order to address issues which have a significant impact on the lives of children, young people and families in Kerry. The working groups of Kerry CYPSC are:

- Child & Youth Mental Health
- Drugs & Alcohol
- Children with Disabilities
- Parenting & Family Learning
- Young People at Risk / Prevention Partnership & Family Support
- Youth Participation
- Research & Information

1.2.2 Suicide in Kerry

Kerry has the second highest rate of death by suicide in the country according to National Office for Suicide Prevention (NOSP) 2013 report (11). From 2010 – 2012 there were 19.1 suicides per 100,000 of population in the county. This is a far higher than the rate in the state which stands at 11.6 per 100,000 of population. From 2012-2014 Kerry had the fourth highest rate in the state at 16.7 suicides per 100,000 population. Figure 5 below, illustrates the rate in Kerry vs. the national rate per 100,000 of population.

Figure 5: Three year moving rate of suicide per 100,000 of the population, Kerry and Ireland (2004-2014) (16)



	2004-2006	2005-2007	2006-2008	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014
Kerry	11.3	9.9	9.5	12.6	15.4	18.1	19.1	16.7	14.6
Ireland	11.9	11.0	10.9	11.3	11.5	11.7	11.6	11.5	10.8

It is noteworthy that the CSO figures show that over three year periods the rate of suicide in Kerry has increased from 11.3 (2004 – 2006) to a significant high of 19.1 in 2010 – 2012 and although this has decreased slightly for 2013 – 2015 to 13.3, these figures illustrate how the suicide rate in Kerry is year on year higher that the national average. Based on these figures, it suggests that a strong correlation exists between suicide and economic uncertainty. International evidence shows there is an association between an economic downturn and an increase in suicide and self-harm rates. However, there is a lack of evidence to attribute this in the Irish context. It is difficult to determine reasons for suicide due to its complexity but this may be a factor (17).

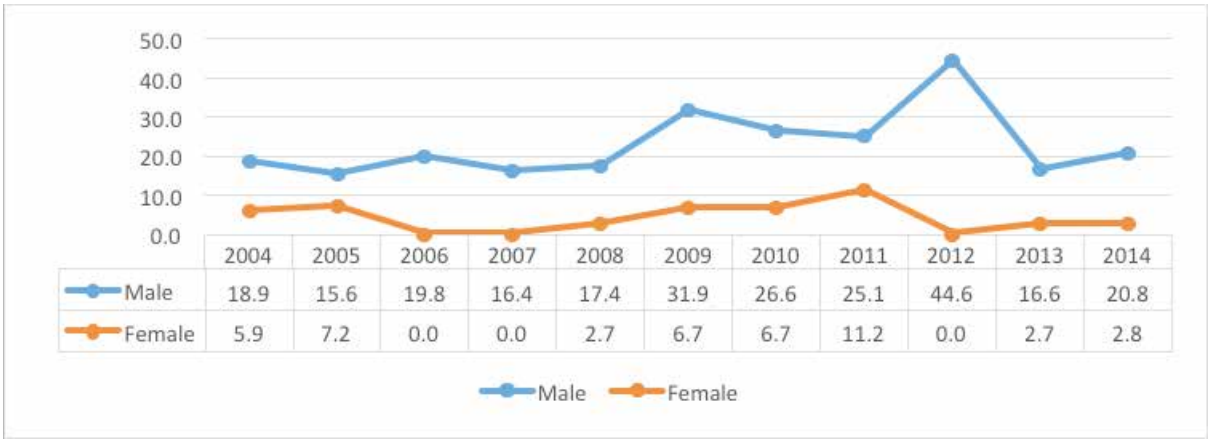
Suicide rates by gender

In 2014, 86% of deaths by suicide in Kerry were male. This high male-to-female ratio is a constant feature of deaths by suicide over the years. The increase in suicides in Kerry from 2006 onwards can be wholly attributed to an increase in the male rate of suicide (see Figure 6 below). The male to female ratio is in line with national averages. However, in 2011 Kerry saw a sharp increase in the number of females taking their own lives. In Ireland in 2011, 83% of those who died were males, in Kerry in the same year 56% of those that died were men (16).

In comparison, the rates of suicide by males per 100,000 population, the rate in Kerry in 2010- 2012 is 32.1, while the national rate of 19.2. Although both the Kerry and Ireland figures decrease 2013-2015, it is clear that the number of male deaths per 100,000 in Kerry at 26.4 continues to far exceed the state rate of 11.7 per 100,000 of population.

The number of female deaths by suicide in Kerry per 100,000 are similar to the national rate in 2004-2006, and dip below the Ireland rate in 2007-2009. However, there is a sharp increase in the female rates in Kerry in comparison to the national rate for 2010 - 2012, again in line with the economic down turn (16).

Figure 6: Annual suicide rate in Kerry by gender, 2004-2014 (16)



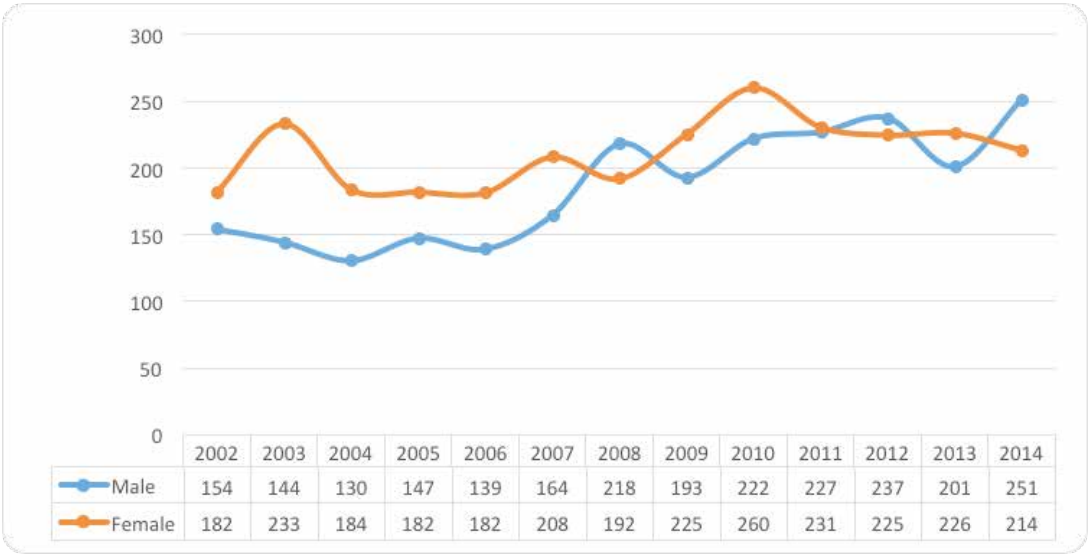
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male	18.9	15.6	19.8	16.4	17.4	31.9	26.6	25.1	44.6	16.6	20.8
Female	5.9	7.2	0.0	0.0	2.7	6.7	6.7	11.2	0.0	2.7	2.8

"People of all ages need to be educated about this issue as there is a lot of misunderstanding around it." - Submission from Public Consultation

1.2.3 Self-Harm in Kerry

Kerry has experienced a significant and gradual increase in presentations of self-harm between 2002 and 2014, with male presentations in particular showing an increase from 154 in 2002 to 251 in 2014 as Figure 7 illustrates.

Figure 7: Annual self-harm numbers for Kerry, 2002-2014

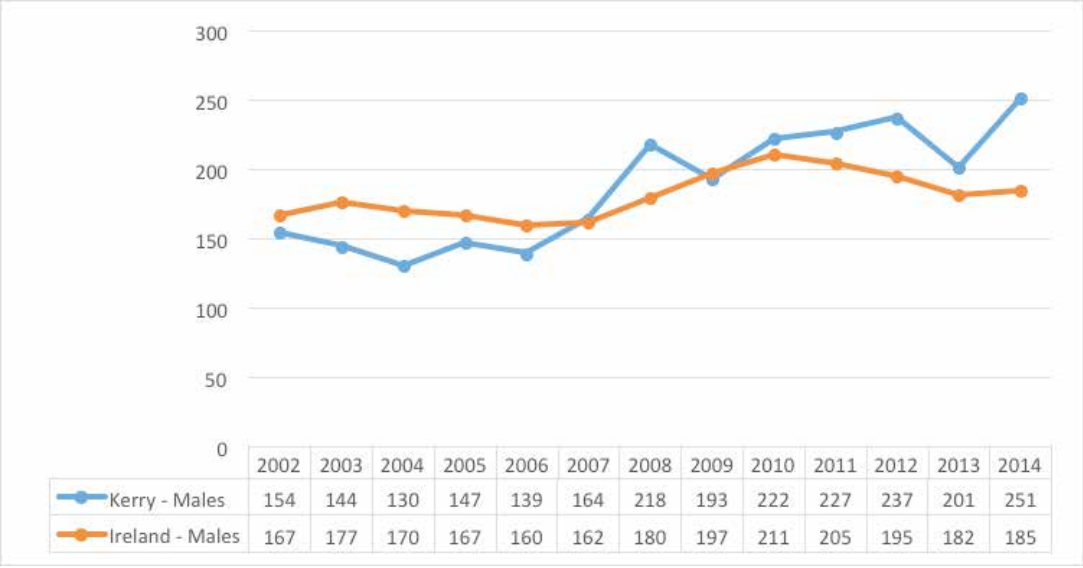


	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male	154	144	130	147	139	164	218	193	222	227	237	201	251
Female	182	233	184	182	182	208	192	225	260	231	225	226	214

Source: NSHRI (18)

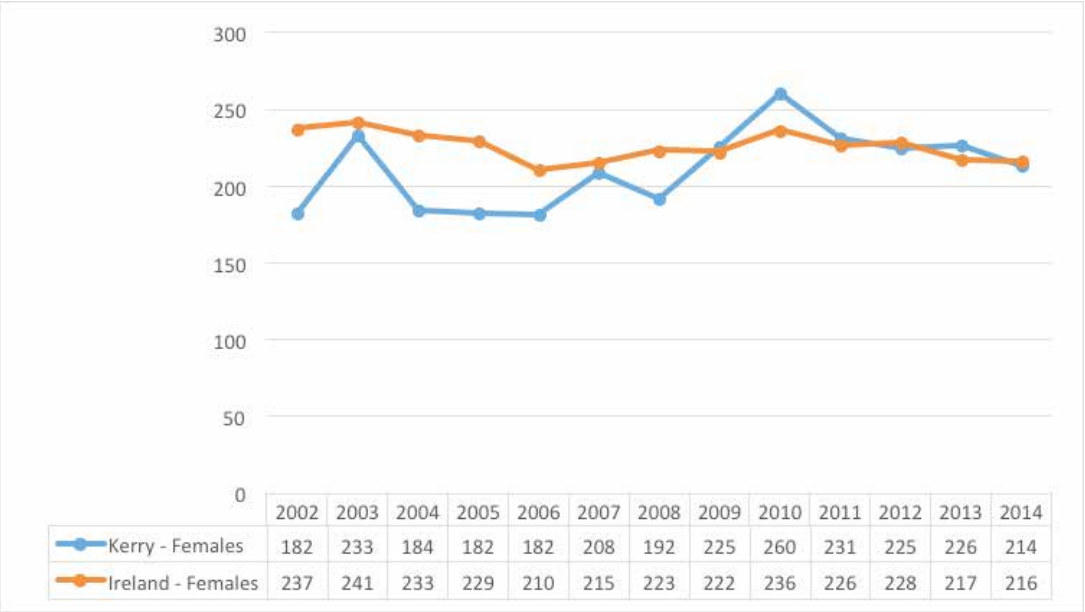
Comparisons between Kerry and Ireland figures over a similar period illustrate that male presentations are consistently higher, while female presentations have been generally lower than the Ireland until the economic downturn, when a significant increase occurred as per Figure 7 & 8 below (18).

Figure 7: Annual self-harm data for Kerry & State, 2002-2014 – males



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Kerry - Males	154	144	130	147	139	164	218	193	222	227	237	201	251
Ireland - Males	167	177	170	167	160	162	180	197	211	205	195	182	185

Figure 8: **Annual self-harm data for Kerry & Ireland, 2002-2014 - females**



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Kerry - Females	182	233	184	182	182	208	192	225	260	231	225	226	214
Ireland - Females	237	241	233	229	210	215	223	222	236	226	228	217	216

For the period from 1 January to 31 December 2015, the Registry recorded 11,189 self-harm presentations to hospitals that were made by 8,791 individuals nationally (12). As Table 1 below indicates, in 2015, 137 male and 125 female residents of Kerry presented to Emergency Departments with an act of self-harm. Taking into account the population, the rate of persons presenting to hospital in Kerry following self-harm was 203 and 183 per 100,000 for males and females respectively (18). Nationally, the rate of self-harm for males and females was 186 and 222 per 100,000 respectively.

Table 1: **Number of residents and rates of self-harm in Kerry per 100,000 in 2015 (15)**

	Male	Female
Individuals Presenting	137	125
Rate per 100,000	203	183

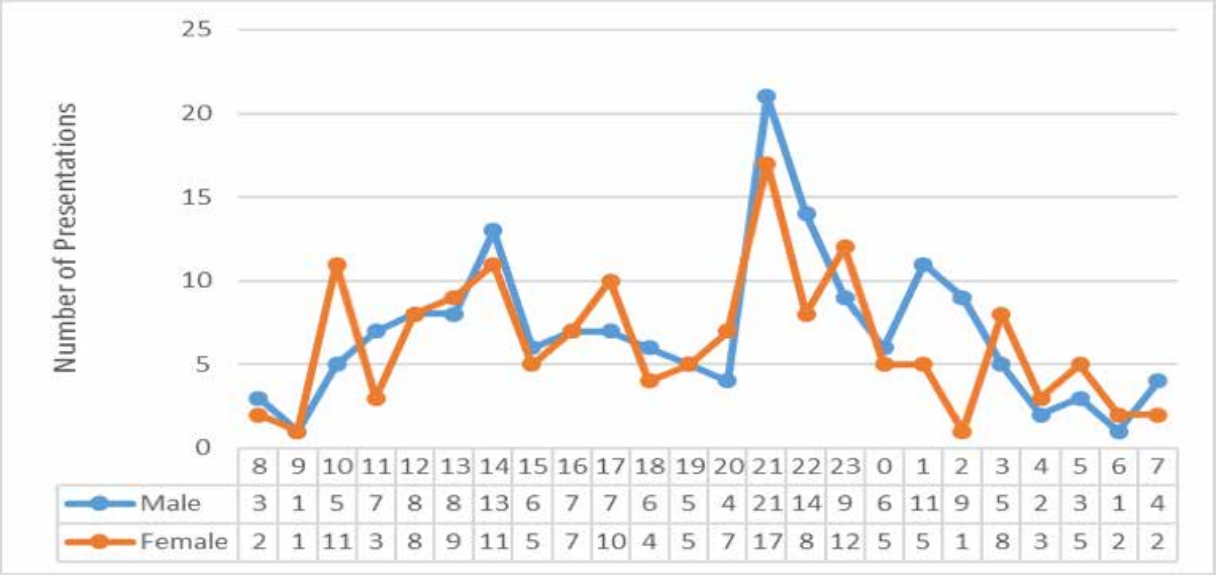
When examining the numbers of presentations to Emergency Departments in Kerry and related data in terms of methods of self-harm and repetition the following points are of note (18):

- In 2015, there were 316 presentations of self-harm to ED in Kerry. Over half (53%) of all presentations were made by those aged 15-34 years.
- Drug overdose was the most common method of self-harm, involved in 64% of presentations (203). Alcohol was involved in 35% of presentations (111).
- There were 262 individuals treated for 316 self-harm presentations in 2015. This shows that one in five (17%) of the presentations in 2015 were due to repeat presentations.
- The rate of repetition varied with the method of self-harm involved. Of the commonly used methods of self-harm, drug overdose and alcohol were associated with a 16% and 11% rate of repetition respectively.
- The main hospital residents from this area presented to was University Hospital Kerry. For all patients seen in University Hospital Kerry with an act of self-harm (335), 307 were residents.

According to the NSRF (2015) report on Self-Harm in Kerry (18), overall, for Kerry residents, in 11% of presentations, the patient left the Emergency Department before a next care recommendation could be made. Following their treatment in the Emergency Department, inpatient admission was the next stage of care recommended for 37% of presentations, irrespective of whether general or psychiatric admission was intended. Of all self-harm presentations, 17% resulted in admission to a medical ward of the treating hospital whereas 19% were admitted for psychiatric inpatient treatment from the Emergency Department. Most commonly, 52% of presentations were discharged following treatment in the Emergency Department.

The report also indicated that there was fluctuation in the number of self-harm presentations seen over the course of the day in 2015, as per figure 9 below (18). The numbers for both men and women gradually increased during the day. The peak for men and women was 9pm.

Figure 9: **Self-harm presentations by time of attendance**



	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	0	1	2	3	4	5	6	7
Male	3	1	5	7	8	8	13	6	7	7	6	5	4	21	14	9	6	11	9	5	2	3	1	4
Female	2	1	11	3	8	9	11	5	7	10	4	5	7	17	8	12	5	5	1	8	3	5	2	2

"Children at school learn how to read the alphabet and their words but the skill of learning how to read how other people around them are feeling and how to read how they themselves are feeling is left up to chance."
- Submission from Public Consultation

1.3 HSE Mental Health and Suicide Prevention Supports and Services in Kerry

There are number of suicide prevention supports and services currently available in Kerry which have developed over time in line with local need and national policy as follows:

SafeTALK: This half day suicide alertness programme, in which participants learn how to provide practical help to people with thoughts of suicide. SafeTALK is delivered throughout the county in local communities often in partnership with the community and voluntary sector.

ASIST: (Applied Suicide Intervention Skills Training). This is a two-day training course on suicide first-aid. It is suitable for those with direct access to the public in terms of service provision in the area of health, justice, education, youth work and family support, such as health workers, teachers, community workers, Gardaí, youth workers etc. It is delivered as a follow on from SafeTalk.

STORM Skills Training: STORM is a two to six days day training course delivered by trained staff from Kerry Mental Health Service. STORM provides skills based training in suicide prevention, postvention and self-harm for relevant staff.

Schools Based Programmes: The HSE Health Promotion Team support primary and secondary schools across Kerry in the delivery of a number of mental health and wellbeing programmes, such as Zippy's Friends and Mind Out.

Primary Care Teams: comprise of GPs, Public Health Nurses, Occupational Therapists, Physiotherapists, other HSE staff. There are 9 Primary Care Teams in Kerry with a remit for the delivery of health, social care and wellbeing services across the county of Kerry.

National Counselling Service: Harbour Counselling Service has been providing free, professional counselling and psychotherapy to adults who have experienced childhood abuse/trauma in Kerry since 2000. The childhood abuse/trauma could include physical, emotional, sexual abuse and/or neglect and could have occurred in a family, community or institutional setting. Short, medium and long-term counselling/psychotherapy is provided by accredited Counsellor/Therapists in Tralee and Killarney.

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

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

Child and Adolescent Mental Health Services (CAMHS): CAMHS is a specialist Mental Health services for children & adolescents. Assessment & Intervention for Mental Health Presentations including ADHD, Mood Disorders, Anxiety Disorders, and Eating Disorders. There is a North Kerry and South Kerry CAMHS Team.

Adult Community Mental Health Teams: The HSE provides a wide range of community and hospital based mental health services in Kerry, and these services have seen dramatic changes and developments over the past twenty years. These changes continue, through the move from a hospital model to providing more care in communities and in peoples' own homes.

Cognitive Behavioural Therapy (CBT): Cognitive Behaviour Therapy (CBT) is a talk therapy that is usually done with a professional individual. However its principles are simple and effective, and with useful resources can be applied by the individual. In Kerry many staff have undertaken training in CBT whilst others are aware of the basic principles. They use these in their practice as required, such as making them aware that thoughts, feelings and behaviours are all linked. CBT helps an individual become aware of negative thinking styles so they can observe challenging situations more clearly and respond to them in a more effective way.

CBT is used to treat depression, anxiety, psychosis and other mental health problems. It can be used on its own, but it is often used in combination with medication.

Dialectical Behaviour Therapy (DBT): The Dialectic Behaviour Therapy programme is an intensive treatment for people with Emotionally Unstable Personality Disorder (EUPD) otherwise known as Borderline Personality Disorder (BPD) who have attempted suicide or who have repetitively self-harmed. This programme began early 2015 in Tralee and is part of a national DBT research project. A client is assigned to a key therapist who works them through an initial assessment followed by a year of full DBT. This consists of:

- weekly individual sessions
- weekly skills training in a group session
- phone calls during crises

Solutions emerge from skills learned in a group setting in weekly skills class. These are taught in 6-8 weekly modules and each client received the module twice. The skills taught are:

- Mindfulness
- Emotional regulation
- Distress tolerance
- Interpersonal regulation

"Clear Strategies to help young people (and adults) develop toolkits of coping skills for life. How to handle stress, anxiety, panic attacks, depression, bullying, addiction, abandonment / one parent family issues, domestic violence and sexual violence." - Submission from Public Consultation

"The knowledge of being able to overcome the darkest moment in your life brings with it a newfound appreciation of the lows that are possible, but also the hope of recovery and wellness at all stages"
- Submission from Public Consultation

1.4 Community and Voluntary Sector Suicide Prevention Supports and Services in Kerry

Samaritans: Samaritans are available in Kerry 24 hours a day, every day of the year to provide emotional support and a listening ear to all who need it. The Samaritans are contactable by telephone, in person, by text and by email and are a non-judgemental, confidential service. The Samaritans also visit schools to provide information about their service and run workshops for students.

Pieta House: Pieta House offers counselling to those suffering from suicidal ideation, those who have been bereaved by suicide and people who are engaging in self-harm. Everything is free of charge and staff are fully qualified and provide a professional one-to-one therapeutic service. A doctor's referral or a psychiatric report is not required. In addition, their *Bereavement Service* provides counselling, therapy and support to individuals, couples, families and children who have been bereaved by suicide

Family Resource Centre Code of Practice for Suicide Prevention: The new Code of Practice for Family Resource Centres is currently being implemented by all 13 Family Resource Centres across the county.

Kerry Peer Support Network Kerry: Peer Support Network is a peer led support group with a focus on the recovery model.[2] A peer is a person who has lived experience of mental health difficulties and can help others on their path to recovery. The project is a response to an express need of mental health service users in our communities.

Kerry Recovery College: The Kerry Recovery College is in the process of being developed. Recovery colleges are places where the people who use services, and those who support them create and deliver mental health solutions along with mental health professionals. People can choose to attend these programmes as part of their recovery journey. Students who enrol in these colleges can attend courses which are co-developed and co-delivered by people with lived experience of mental illness, their supporters and mental health professionals. They allow people to have choice and control in the way in which they manage their own personal recovery journey.

WRAP (Wellness Recovery Action Plan) in Kerry: The Wellness Recovery Action Plan® or WRAP®, is a self-designed prevention and wellness process that anyone can use to get well, stay well and make their life the way they want it to be. It was developed in 1997 by a group of people who were searching for ways to overcome their own mental health problems and move on to fulfilling their life dreams and goals. It is now used extensively by people in all kinds of circumstances, and by health care and mental health systems all over the world to address all kinds of physical, mental health and life issues.

SHINE: SHINE is the national organisation dedicated to upholding the rights, and addressing the needs of, all those affected by mental ill health. Regional Development Officers are located at various locations throughout the country and can deal with questions and queries in person, or on the phone. The Regional Development Officer for Kerry is available on Thursday or Friday in the KDYS Youth Centre. SHINE also run Support Groups for family members, and for people with mental health difficulties.

AWARE: AWARE works to inform and educate people on the nature, extent and consequences of depression. Their aim is to provide emotional and practical support to those affected by depression, bipolar and related disorders**,** to provide positive mental health and resilience training, and to support research into the development and treatment of depression and related issues. In Kerry Aware run two support groups for Depression and Bipolar Disorder in Tralee and Killarney.

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[2] There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is hope – the belief that it is possible for someone to regain a meaningful life, despite serious mental illness. Recovery is often referred to as a process, outlook, vision, conceptual framework or guiding principle.

GROW: GROW is a Mental Health Organisation which helps people who have suffered, or are suffering, from mental health problems. Members are helped to recover from all forms of mental breakdown, or indeed, to prevent them happening. GROW hosts regular meetings across Kerry, in Tralee, Killorglin, Listowel, Kenmare and Killarney.

South West Counselling Service: The South West Counselling Centre has been providing counselling in Kerry since 1994. The centre offers affordable professional counselling across the lifecycle, to individuals, couples, families and groups. It has a large team of counsellors offering both short term and long term counselling. Counsellors at the centre are accredited with either IACP or IAHIP or are working towards their accreditation. Workshops and group programmes are offered to individuals and organisations on a wide range of mental health topics or after a critical incident. SouthWest Counselling Centre specifically offers a bereavement group for parents, families and friends who have lost loved ones through suicide.

Kerry Lifeline: Kerry Lifeline offers free counselling or support for anyone feeling suicidal or affected by suicide. All calls to Kerry Lifeline are treated as priority and appointments are given as soon as possible.

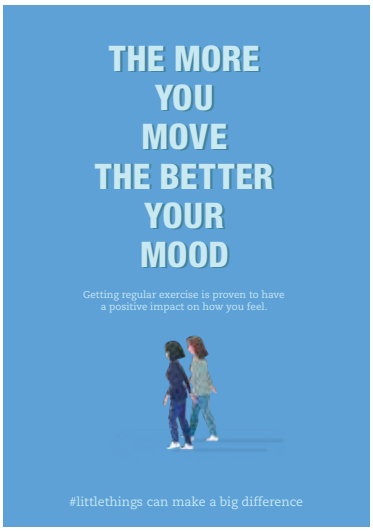
Kerry Adolescent Counselling Centre: Kerry Adolescent Counselling Service provides specialised one to one counselling and psychotherapy to adolescents aged 12 to 18 years. It is a safe, non-judgmental space to explore what is going on in a young person's life. That may be to do with school, home, friends, relationships or a combination of all of the above. This is done with a counsellor in a safe confidential environment.

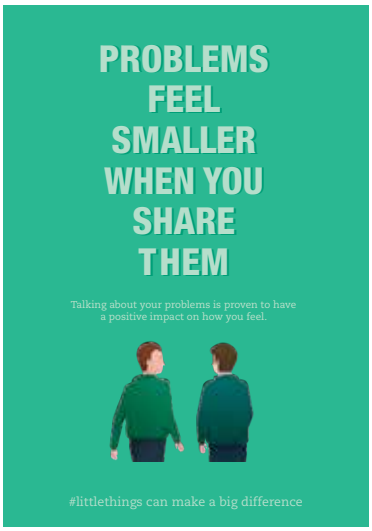
Jigsaw Kerry: Jigsaw Kerry is a free early intervention service for young people aged 12-25 who want access to support for experiences of mild to moderate levels of distress. Jigsaw Kerry provides solution-focused therapeutic support for up to 6 sessions; Young people can self-refer, or can be referred with their consent by a concerned adult or professional. Reason for distress may include; relationships breakdown, experience of bullying and stress, worry about exams to low mood, emotional difficulties and harmful coping behaviours. Jigsaw also provides talks about mental health and self-care to various age groups, and workshops that develop awareness and understanding among staff, volunteers and the wider community who work with young people.

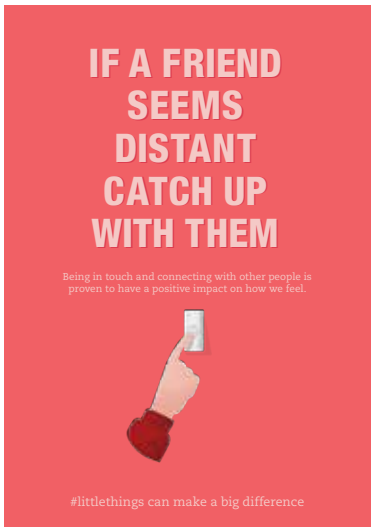
The Social Health and Education Project (SHEP): SHEP is a not-for-profit, community-based training and development organisation established in 1974. SHEP works together with individuals and communities to develop capacities for positive change and for the enhancement of health and well-being. This is done through a range of integrated personal, community, environmental and global development initiatives. Key areas of work include personal development training, social awareness and community empowerment training, education for health and well-being, low-cost counselling and offering training facilitators to work in the community.

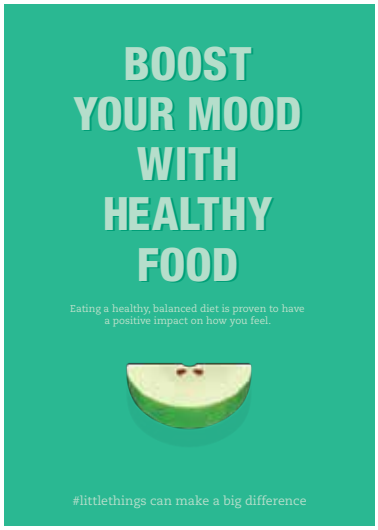
Kerry Mental Health Association (KMHA): KMHA is a voluntary organisation which promotes positive mental health in Kerry, through befriending and supporting people in local communities with mental health difficulties. There are nine branches of the KMHA throughout the county, in Tralee, Killarney, Castleisland, Listowel, West Kerry, Iveragh, East Kerry, Kenmare, Rathmore and Killorglin. KMHA also manage a number of housing projects throughout the county, providing housing support for people who have had mental health difficulties during their lifetime.

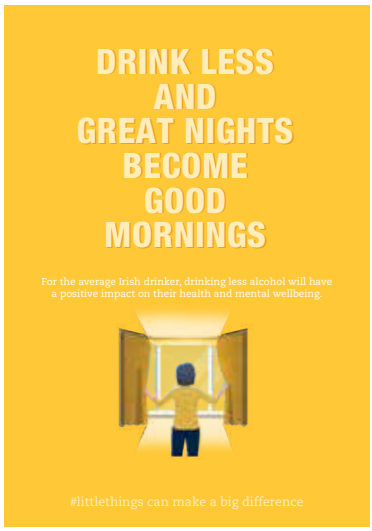
Messages from HSE Little Things Campaign











2

How the Action Plan was developed

2.1 Approach

The Kerry Suicide Prevention Planning Group (SPPG) was established in September 2015. The purpose of the SPPG was to directly contribute to the preparation of *Connecting for Life Kerry* developing a local response that will reduce the numbers of suicide deaths and self-harm incidents in Kerry.

The aims of the SPPG were:

- To facilitate intersectoral and multi-agency working and collaboration in the prevention of suicide and suicidal behaviour and in the promotion of health and wellbeing in Kerry across the statutory, voluntary and community sectors
- To create an awareness and understanding of services and service delivery within Kerry for suicide prevention and mental health promotion
- To develop an integrated to support the prevention of suicide and self-harm and the promotion of positive mental health in Kerry
- To agree the required *Connecting for Life Kerry* Working Groups and their scope
- To set a timeframe for the development of action plan
- To make recommendations regarding implementation of *Connecting for Life Kerry*

In alignment with the national strategy, identifying groups vulnerable to suicidal behaviour, the factors that put them at risk and the effective responses for early intervention and prevention were crucial in the development of *Connecting for Life Kerry* from the outset. An evidence based approach was taken to ensure that the plan was grounded in national and international evidence but also informed by the local consultation process.

The SPPG established an Engagement Working Group to facilitate the broadest possible engagement and participation of stakeholders across County Kerry. This allowed for consultation with all the relevant statutory, non-statutory and community & voluntary organisations, as well as affording individuals an opportunity to contribute to the plan through public workshops.

The SPPG also set up an Information and Research Working Group to guide the development of *Connecting for Life Kerry* in terms of information and research, including identifying existing supports and suicide prevention services, and to help determine research requirements to address gaps in the information available.

The National Office for Suicide Prevention played a significant role in providing support and ensuring the action plan was aligned to the national strategy.

This overall approach means that *Connecting for Life Kerry* is grounded in realistic objectives and actions that can deliver meaningful benefits to those at risk. Interagency co-operation and community based interventions has provided significant added value to both the action plan and the working relationships in the county.

2.2 Consultation Process

The development of *Connecting for Life Kerry* included extensive county wide consultation with the general population, with community and voluntary organisations, and with health care professionals. These were engaged using a range of consultation methodologies, including 5 large facilitated public consultation meetings in the major towns across the county, 12 targeted priority group workshops, 13 healthcare professional workshops, 112 online surveys and 89 paper based surveys.

All consultations and questionnaires were based on the same four key questions, in an attempt to achieve consistency of response and to draw out a set of actions that would contribute towards *Connecting for Life Kerry*. In order to ensure alignment to the national strategy, each of the four questions also had a set of supporting questions designed specifically to address the National Goals.

Consultation Questions

1. **Who do you think is most at risk of self-harm and suicide in Kerry?**
    a. What behaviours do you associate with those at risk of self-harm and suicide?
    b. What targeted approaches can be used to help those vulnerable to self-harm and suicide?

2. **What needs to be done to prevent suicide in Kerry?**
    a. How can communities contribute to the prevention of suicide?
    b. How can services best work with communities to support this?
    c. How can access to services for those at risk be improved in Kerry?
    d. How can access to means be reduced?

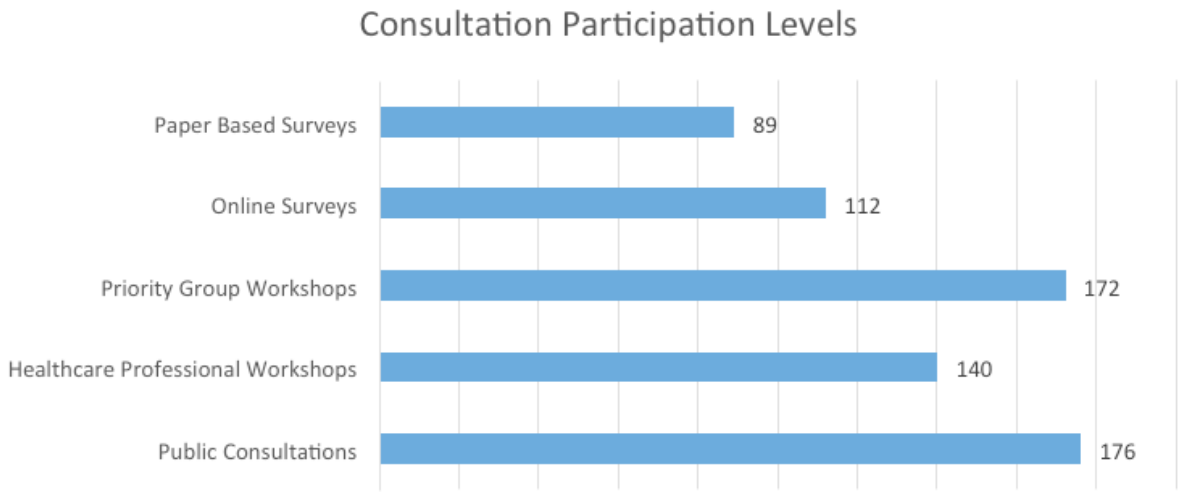
3. **What needs to be done to reduce self-harm in Kerry?**
    a. How can communities contribute to the prevention of self-harm?
    b. How can services best work with communities to support this?
    c. How can services for those at risk be better integrated in Kerry?
    d. What can be done to ensure those at risk feel safe when accessing services?

4. **What needs to be done to promote positive social/mental wellbeing in Kerry?**
    a. How can a better understanding of social/mental wellbeing and suicidal behaviour be created?
    b. How can stigma be reduced around mental health and suicide in Kerry?

> *"Educate people that everybody has mental health as well as physical health. Our mental health can fluctuate and it is something that we need to look after. People need to be educated about wellness, health and wellbeing."*
> - Submission from Public Consultation

In total, 689 people took part in the consultation process, representing 0.47% of the population of County Kerry as illustrated in Figure 10.

Figure 10: **Numbers participating in the Consultation Process**



The extensive feedback collected from the consultations was analysed, prioritised and summarised in relation to the seven goals in the national *Connecting for Life* framework.

Once completed, the summary of the consultations was then developed into a set of actions which directly correlated to the strategic objectives of the national strategy. Additional consultation was then conducted with the members of the SPPG, and its sub-groups to distil the actions further and to agree ownership and accountability in the implementation of the plan.

In *Connecting for Life Kerry*, each national goal is presented with its associated objectives and actions, and the local actions for Kerry, including lead agencies and partner agencies, are detailed in relation to the national objectives.

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 Co-operation 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 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

There is a limited amount of information that is routinely collected at a local level about the particular demographic group of those who are at increased risk of self-harm or suicide. However the consultation process in Kerry gave a particular focus to priority groups, risk factors and protective factors. The feedback from the consultation supported by national statistics and research evidence permit the identification of priority groups for Kerry.

Feedback from the consultations suggested that those most at risk of self-harm and suicide in Kerry are:

- People with existing mental health conditions
- Young people coping with life transitions and expectations to succeed.
- Older people, specifically men, living in rural isolation
- Members of the LGBTI community, especially young people
- Members of the Traveller Community
- Asylum Seekers and Refugees
- People who misuse drugs and alcohol
- People who are homeless or at risk of becoming homeless
- People suffering from financial crisis or hardship

The significant overlap referred to under national priority groups is also evident at a local level, with some individuals or families categorised within multiple priority groups. Examples included an asylum seeker with an existing mental health condition due to experiencing trauma and suffering financial hardship, or a young person who is a member of the LGBTI community while also coping with life transitions and expectations to succeed. The list of priority groups for Kerry will be regularly reviewed in line with the ongoing evaluation of the implementation of *Connecting for Life Kerry*, and new or emerging priority groups added over the lifetime of the plan.

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 2.

Table 2: Individual, socio-cultural and situational risk factors

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

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.

3.4 Local Risk Factors

The risk factors identified during the consultation process in Kerry reflected and added to those identified by research and listed above, with some key themes repeatedly raised. The risk factors listed as particularly significant to life in Kerry as illustrated in Table 3 below were:

Table 3: Individual, socio-cultural and situational risk factors for Kerry

Individual	Socio-cultural	Situational
• Mental health problem • Alcohol or drug misuse • Sense of rural isolation • Lack of social interaction and support • Acute emotional distress • Discrimination and isolation due to identity or sexuality	• Stigma associated with help-seeking behaviour • Barriers to accessing health care, mental health services and substance misuse treatment • Exposure to suicidal behaviour, e.g. through the media	• Job and financial losses • Relational or social losses • Easy access to lethal means • Local clusters of suicide that may have a contagion influence • Stressful life and/or transitional events

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 stances on suicide, which can discourage help-seeking behaviours. The protective value of religion and spirituality may occur from providing access to a socially cohesive and supportive community with a shared set of values. 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 positive coping strategies protect against suicide. An optimistic outlook, emotional stability and a developed self-identity assist in coping with life's complications. Good self-esteem, self-efficacy and effective problem solving-skills, which include the ability to seek help when needed, can mitigate the impact of stressors and childhood adversities. 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 (and 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 which promote mental and physical wellbeing include regular exercise and sport, sleeping well, a healthy diet, consideration of the impact on health of alcohol and drugs, talking about problems, healthy relationships and social contact and effective management of stress.

3.6 Local Protective Factors

Feedback during the Kerry consultation, which reflects both the professional and personal experience of those participating, listed local protective factors reflecting the geographic and demographic makeupof Kerry. These did relate to the national factors listed above, but were more specific in their nature.

Social Interaction

Inter-personal relationships and social circles are more difficult to maintain while living in rural isolation, and the importance of support from others becomes amplified as a result. The ability to attend social events, have social spaces to frequent and have access to everyday social interactions is therefore vitally important for mental health and wellbeing. As identified nationally, adolescents and the elderly have a higher level of dependency and therefore relationships are especially protective, however in rural settings these priority groups in Kerry are often the least likely to have access to social spaces and means of transport to attend social events in local towns. Opportunities for social interaction as a protective factor in Kerry are very important.

Building Resilience

The feedback from the Kerry consultation identified the need to build resilience for those vulnerable to self-harm and suicide. Self-esteem and coping skills among young people, and overcoming stigma to seek help for people of all ages were recurring themes. Consequently, education, awareness and training form a key part of *Connecting for Life Kerry*, focusing on building resilience and positive mental health and wellbeing as a protective factor.

Physical Activity

The importance of a healthy lifestyle was also identified, and the significant role that access to physical activity plays in this was highlighted. However the need for group based activities to encourage participation, and overcoming the challenges of isolation in order to access activities is important.

> ***"Tá sé tábhachtach chomh maith go mbeadh seirbhís discréideach ar leith ann go bhféadfaí cabhair a fháil uaidh, go háirithe dóibh síud atá ina gconaí I gceantracha tuaithe. Is an náire ceann des na bacanna is mó atá ann im' thuairim".*** *- "It is also important to have a separate discreet service that could help, especially for those living in rural areas. The shame is one of the most serious obstacles in my opinion".* **-** Submission from Public Consultation

4

Connecting for Life Kerry Strategic Goals, Objectives and Actions

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

Connecting for Life Kerry is a four 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 Kerry* is to support and deliver on national objectives at a local level in County Kerry, meeting local needs. The action plan is aligned to the Vision, Goals, Objectives and Actions in the national strategy and its achievements will be evaluated and measured against implementing local actions that are aligned to national goals, objectives and actions.

VISION

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

GOALS

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

OUTCOMES

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

Strategic Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

The recent past has seen an increase in public awareness and activity across Kerry on the issue of mental health and wellbeing generally, and suicide specifically. Supported by the HSE, many support services, both statutory and voluntary, have developed in the county in response to this increased awareness.

However, despite the increased awareness and activity, feedback suggests that most people are still hesitant to discuss mental health, that significant stigma still exists around mental ill-health, and that there remains a general lack of awareness of the supports and services available. Many of the actions in Strategic Goal One are focused on bringing about change in these areas. Co-ordination is key to being more effective at addressing this, and therefore forms a central part of the actions.

Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing				
National Objective	**National Action**	**Connecting for Life Kerry Action**	**Lead**	**Key Partners**
1.1 Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk 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 at in Kerry.	HSE H&W	ROSP, HSE MH
	1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services.	1.1.3 (a) Deliver nationally coordinated positive mental health campaigns at a local level, such as the Little Things campaign.	HSE MH, HSE Communications, ROSP	HSE CAMHS, Kerry Local Sports Partnership, KDYS Youth Clubs, FRCs, Community and Voluntary Orgs, Local Development Companies, KETB, Partner Community-based counselling services, NCS/CIPC
		1.1.3 (b) Develop and implement a regular broadcast and print slot for the promotion of positive mental health with multilingual availability where possible	ROSP, HSE Communications	HSE H&W, Local press and radio

1.2 Increase awareness of available suicide prevention and mental health services.	1.2.1 Deliver accessible information on all mental health services and access/ referral mechanisms and make the information available online at yourmentalhealth.ie	1.2.1(a) Update, maintain and promote access to information on mental health services, events and referral pathways on yourmentalhealth.ie	HSE MH, HSE Communications	ROSP
		1.2.1(b) Explore the feasibility of developing a mobile unit providing information on local services and supports.	HSE MH	HSE CAMHS, Jigsaw Kerry, FRC's, KDYS, Partner Community-based counselling services
		1.2.1(c) Examine effective models for supporting drop-in information points within local communities regarding signposting to those seeking help.	HSE PC, ROSP	FRCs, Local Development Companies
		1.2.1 (d) Provide GPs and Primary Care networks with information on local social supports within their areas for communities to access.	HSE PC	ROSP, GPs
	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	1.2.2 (a) Deliver nationally co-ordinated targeted campaigns at a local level to improve awareness of support services among priority groups in Kerry.	HSE MH , HSE Communications	NGOs, Community and Voluntary Orgs, ROSP

"LGBTQ students should be fully supported and the taboo around discussing the LGBTQ community openly in schools needs to be eradicated". - Submission from Public Consultation

		1.2.2 (b) Support the provision of information locally to improve awareness of mental health supports and services among priority groups	ROSP, HSE PC, CYPSC	LES, FRC's, LCDC, Local Development Companies, CAMHS, Tralee I.T. & Jigsaw Kerry, KDYS Youth Clubs & Projects, KLSP, KETB, Kerry Men's Shed Network, Partner Community based counselling services, NCS/CIPC, Department of Agriculture Staff and Teagasc staff.
		1.2.2 (c) Aligned with yourmentalhealth. ie review and amend existing services and supports directories for mental health promotion and suicide prevention.	HSE MH	CYPSC, Kerry ETB & Kerry Schools, ROSP, HSE H&W
		1.2.2 (d) Support prevention work in Direct Provision Centres in relation to mental health information and resources.	HSE Community Work, TUSLA	HSE MH, TIRC, KASI, Direct Provision Centres, ROSP
1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups	1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups	1.3.1 Aligned to national campaigns such as the Green Ribbon develop and implement communications campaigns using the lived experience of local ambassadors to normalise positive attitudes to mental health and reduce stigma.	HSE Communications, ROSP	Peer Support Network Kerry, HSE Service User, Family Member and Carer Engagement, HSE MH

1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media	1.4.4 Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting.	1.4.4 (a) Provide Training and Information workshops to all forms of local media on the Media Guidelines for reporting suicide to local media and to include guidance on the reporting of priority groups.	HSE Communications, ROSP	Local print, on-line and radio media, Headline
		1.4.4 (b) Establish links with and support local media to promote positive mental health and well-being, reduce stigma, and to provide information on supports available for suicide prevention.	HSE Communications, ROSP	Local print, on-line and radio media

Strategic Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour

The national strategy recognises the vital role of the community and voluntary sector in effecting change at a local level. Kerry has one of the most active community and voluntary sectors in the country, with a broad range of services and supports available in both formal and formal settings.

Co-ordination and consistency, whether in relation to information provision, signposting or service delivery, were common themes of the county wide consultation, and therefore inform the actions for this goal. Training and upskilling, and the provision of common quality assurance standards will be vital in terms of achieving consistency.

Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.				
National Objective	**National Action**	**Connecting for Life Kerry Action**	**Lead**	**Key Partners**
2.1 Improve the continuation of community level responses to suicide through planned multi-agency approaches	2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. The plans will be the responsibility of the HSE MHD and aligned with HSE Cork/Kerry structure, Local Economic and Community Plans and Children and Young People's Services Committee's (CYPSC) county plans	2.1.1 Implement, monitor and report on the delivery of Connecting for Life Kerry	HSE MH, ROSP	CfL Kerry Implementation Working Groups
2.2. Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, sporting organisations)	2.2.1 Provide community based organisations with guidelines, protocols and training on effective suicide prevention.	2.2.1 Provide up to date information on services available and access points and guidance on suicide prevention and appropriate responses to all community based organisations.	ROSP	HSE CAMHS, HSE PC, Community and Voluntary Orgs, Gardaí, FRCs, Partner Community-based counseling services, NCS/CIPC

2.3 Ensure the provision and 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 (a) Aligned to the National Training Plan, develop and deliver a local plan to increase awareness of training such as SafeTALK and ASIST.	ROSP, HSE H&W	HSE Communications, Community and Voluntary Orgs, HSE MH, Jigsaw, KTDP, LGBT Groups, CDC, FRCs, Partner Community-based counseling services, NCS/ CIPC
		2.3.1 (b) Aligned to the National Training Plan, develop and deliver an annual programme of mental health promotion and suicide prevention programmes & training in community and health settings aimed at improving the mental health of the whole population and priority groups.	ROSP, HSE MH, HSE H&W,	HSE Communications
	2.3.2 Deliver training and awareness programmes in line with the national training plan and prioritising professionals and volunteers across community based organisations particularly those that come into regular contact with people who are vulnerable to suicide.	2.3.2 Aligned to the National Training Plan deliver training in suicide prevention to staff and volunteers in agencies who have contact with people who are vulnerable to/ at risk of suicidal behaviour	ROSP	KCC, MABS, LES, KDYS, TIRC, KASI, Dept. Agriculture
	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 campaigns from pre-school level onwards to promote a positive understanding of mental health and well-being among children and young people.	HSE H&W, HSE HP	CYPSC, Jigsaw Kerry, Kerry ETB and Kerry Schools, KDYS, HSE CAMHS

		2.3.3 (b) Continue to support and develop the Peer Support Network in Kerry	HSE MH Service User Engagement	Kerry Recovery College, Kerry Peer Support Network, Local Partnership Companies
		2.3.3 (c) Support the continued implementation of the Recovery College in Kerry	Kerry Recovery College	HSE MH Service User Engagement
		2.3.3 (d) Foster communication and engagement with family members of service users with regard to the formal clinical structures of inpatient psychiatric care.	HSE MH	HSE MH Service User Engagement, Family Members and Carers Forum

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 Kerry 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 Kerry, and is one of the biggest challenges for *Connecting for Life Kerry*. 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 though the local consultation process.

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.				
National Objective	**National Action**	**Connecting for Life Kerry Action**	**Lead**	**Key Partners**
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups	3.1.2 Develop and implement a range of agency and inter-agency protocols (including protocols for sharing information) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents	3.1.2 (a) Aligned with national interagency protocols, ensure local implementation of national interagency protocols	HSE MH, ROSP	HSE PC, HSE CAMHS, NEPS, Gardaí

		3.1.2 (b)) Aligned with national interagency protocols, establish better links and improve interagency working between Homelessness Agencies and Mental Health services.	HSE MH, ROSP	Homeless Forum
		3.1.2 (c) Aligned with national interagency protocols, establish a protocol of communication between first responders, e.g. Gardaí, and HSE Mental Health in the immediate aftermath of deaths likely to be determined as suicide.	HSE MH, ROSP	Gardaí, Coroner
	3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.	3.1.3 (a) Explore the possibility of piloting the MOJO programme in selected areas in Kerry.	LCDC, Mental Health Ireland	ROSP
		3.1.3 (b) Deliver ethnic identifier training and the use of ethnic identifier questions at assessment stage.	KTDP	HSE MH
		3.1.3 (c) Explore the feasibility of implementing a Social Prescribing Programme.	HSE PC	HSE HP, GPs, FRCs, County Library Service, HSE MH
		3.1.3 (d) Undertake action research with the LGBTI community with a view towards developing targeted supports and services	HSE Community Work	TENI, Belongto LINC, Jigsaw Kerry, KDYS

	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 Promote on-going training among trainee and practicing health and social care workers in mental health and suicide prevention, and ensure that culturally sensitive training is provided.	ROSP	HSE CAMHS, HSE PC, GPs, I.T.T., HSE Community Work, HSE MH
	3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the youth sector.	3.1.6 Deliver targeted community based workshops on positive mental health and well-being to identified priority groups, using role models from the community.	HSE H&W	TIRC, KASI, KDYS KTDP, Kerry Men's Shed Network, FRC's, LCDC, HSE Communications, HSE Community Work, HSE MH
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 role out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.	3.2.1 (a) Review and improve referral pathways and interagency working between Mental Health, Substance Misuse and hospital services for people experiencing substance misuse and mental health related issues,	HSE Drug & Alcohol Services, HSE PC	HSE MH, ROSP, UHK
		3.2.1 (b) Continue to support and improve programmes and services aimed at early intervention and prevention of alcohol and drug misuse, while providing direct links to Primary Care.	HSE Drug & Alcohol Services	HSE PC

		3.2.1 (c) Implement the roll out of the national programmes SAOR SBI and Making Every Contact Count (MECC) initiative to provide frontline staff with skills and knowledge to raise the issue of alcohol and substance misuse with all patients/ clients and carry out a brief intervention/ brief advice where appropriate.	HSE H&W, HSE Drug and Alcohol Services	HSE Hospital Groups, HSE PC, HSE MH
		3.2.1 (d) Support the implementation of the ' HSE Cork and Kerry Alcohol Strategy 2016-2018: Time for Change', especially in relation to the 'Education and Prevention Pillar'	HSE Drug & Alcohol Services	HSE MH, HSE PC
		3.2.1 (e) Develop and deliver education and awareness initiatives on alcohol and drugs misuse for young people with a specific emphasis on the impacts on mental health and well-being.	HSE Drug & Alcohol Services	HSE H&W, Schools, KDYS, Kerry ETB, CYPSC
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide	3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools and the development of guidelines for centres of education.	3.3.1 (a) Support schools to implement Wellbeing in Schools Guidelines in Primary and Post Primary Schools.	HSE H&W, NEPS, KDYS, ROSP, CYPSC	Kerry ETB & Kerry Schools
		3.3.1 (b) Increase the number of schools in Kerry who are part of the Healthy Ireland Health Promoting Schools Network to take a whole school approach to supporting mental health and well-being.	HSE H&W	Kerry ETB & Kerry Schools

		3.3.1 (c) Develop and deliver a targeted campaign for young people in priority communities in particular within the Travelling community and LGBTI in Kerry, to increase awareness of supports available.	ROSP, HSE CAMHS	CYPSC, KDYS, KTDP, TUSLA, Jigsaw Kerry, Partner community based counseling services.
	3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of student support teams and for the management of critical incidents.	3.3.2 Implement the relevant policies and plans in schools, including support for development of student support teams and for the management of critical incidents.	Kerry ETB & Kerry Schools	NEPS, HSE H&W, CYPSC, TUSLA
	3.3.6 Deliver early intervention and psychological support service for young people at primary care level	3.3.6 Continue to support the JIGSAW service as an early intervention service in Co Kerry.	HSE PC	HSE MH, Jigsaw Kerry, ROSP
	3.3.7 Deliver early intervention and psychological support service for young people at secondary care level, including CAMHS	3.3.7 (a) Implement the HSE CAMHS Standard Operating Procedure in Kerry	HSE MH	HSE CAMHS
		3.3.7 (b) Outline and review provision of Tier 2 (community-based multidisciplinary) in Kerry and Tier 3 (CAMHS and inpatient) mental health services, including to what extent services are adequate, visible and accessible	HSE MH	HSE CAMHS
		3.3.7 (c) Consider proposals for aligning current resources to need within Kerry and where required, developing additional resources	HSE MH	HSE CAMHS, Jigsaw Kerry, TUSLA, CYPSC, Community based counselling services

Strategic Goal 4: To enhance accessibility, consistency and care pathways of services to 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 co-ordinated, consistent and integrated approach is a vital component of effective care pathways for people vulnerable to suicidal behaviour.

Goal 4: To enhance accessibility, consistency and care pathways of services to people vulnerable to suicidal behaviour.				
National Objective	**National Action**	**Connecting for Life Kerry Action**	**Lead**	**Key Partners**
4.1 Improve psychological and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	4.1.1 Improve a co-ordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary care to secondary mental health services for all those in need of specialist mental health services.	4.1.1 (a) Review current service provision, identify potential development of out of hours service and associated costs.	HSE MH	HSE PC, UHK
		4.1.1 (b) Investigate the feasibility of developing the Suicide Crisis Assessment Nurse (SCAN) service in Kerry	HSE PC, HSE MH	GPs
	4.1.2 Provide a co-ordinated, uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties	4.1.2 Implement in local service delivery, national model of care for those with co-morbid addiction and mental health difficulties	HSE MH	HSE PC, UHK, HSE Drug & Alcohol Services
	4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.	4.1.4 (a) Collaborate with MHD to explore, identify and implement a uniform assessment approach across the health services in Kerry.	HSE MH	UHK
		4.1.4 (b) Explore the introduction of broad based questions at assessment phase in other disciplines i.e. dietician.	HSE MH, HSE PC	HSE CAMHS

	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 (a) Continue the implementation of the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments.	HSE MH	UHK
		4.1.5 (b) Review data for Kerry, identify risks or gaps in service provision compared to the Standard Operating Procedure	HSE MH	UHK
4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide.	4.2.1 Deliver accessible, uniform, evidence based psychosocial interventions, including counselling for mental health problems both at primary and secondary care levels	4.2.1 (a) Identify and review provision of psychotherapeutic interventions, including to what extent services are adequate, visible and accessible in Kerry	HSE MH, HSE PC	HSE CAMHS, Partner Community-based counselling services, NCS/CIPC,
		4.2.1 (b) Provide on-going support to survivors of attempted suicide and their families.	HSE MH,HSE CAMHS	Partner Community based counselling services
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide	4.3.1 Deliver enhanced bereavement support services to families and communities affected by suicide of those known to mental health services.	4.3.1 (a) Outline and review provision of bereavement services in Kerry, including to what extent services are adequate, timely and effective.	HSE MH	ROSP
		4.3.1 (b) Investigate the feasibility of developing a Bereavement Liaison Service in Kerry to work with the existing FLOT[1] system and improve the service response to individuals and families following a death by suicide.	HSE MH	HSE PC, TUSLA, HSE CAMHS, ROSP

[1] FLOT – Front Line Operating Teams exist across Kerry and are the existing response system for families' bereaved by suicide

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

The development of good practice guidelines, clear protocols, and ensuring the quality and standard of both statutory and non-statutory services is crucial in providing a high quality service, and will positively benefit the user, giving confidence in the service and belief in recovery.

Actions in relation to this goal focus on the improvement of responses and ensuring best practice through the development of standards and protocols, and through training and upskilling for practitioners.

Goal 5: To ensure safe and high quality services for people vulnerable to suicide.				
National Objective	**National Action**	**Connecting for Life Kerry Action**	**Lead**	**Key Partners**
5.2 Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.	5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services	5.2.1 Collaborate with the HSE Mental Health Division to explore, identify and implement uniform procedures across mental health services	HSE MH	HSE PC, UHK
	5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those know to mental health service) and develop responsible practice models	5.2.3 Ensure that trained investigators are available to carry out system and service reviews in line with HSE policy	HSE MH	_
5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention	5.4.2 Deliver training in suicide prevention to staff in government departments and agencies who are likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.	5.4.2 (a) Deliver appropriate competency based training in suicide prevention and understanding self-harm to health and social care practitioners and front-line staff in government departments/agencies. Work with these agencies/departments to identify information and training needs in relation to Mental Health, suicide and self-harm in line with the National Training Plan.	HSE PC, TUSLA, ROSP	HSE MH, HSE CAMHS, HSE Drug and Alcohol Services, KCC, Dept. Agriculture

		5.4.2 (b) Support the continued training and up skilling of health and social care practitioners in terms of awareness and understanding of infant and toddler mental health in line with the National Training Plan.	HSE PC, TUSLA	CYPSC
		5.4.2 (c) Gardaí in Kerry will be further up-skilled to respond to suicidal behaviour and to those bereaved by suicide.	Gardaí	HSE MH

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

Restricting access to means has consistently proven to be an effective method of prevention. For a local action plan, safety improvements at key locations where attempted suicides are known to frequently occur, or have been completed can have significant impact. Local interventions form the basis for actions under this goal.

Goal 6: To reduce and restrict access to means of suicidal behaviour.				
National Objective	**National Action**	**Connecting for Life Kerry Action**	**Lead**	**Key Partners**
6.2 Reduce access to highly lethal methods used in suicidal behaviour	6.2.1 Local Authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.	6.2.1(a) Conduct an audit of means and locations for incidents of suicide and attempted suicide across county Kerry, and build in preventative infrastructure such as lighting, signage and barriers.	KCC	Coroner, Gardaí , ROSP
		6.2.1(b) Display crisis numbers for support agencies (for instance Samaritans etc.) at existing structures such as bridges, piers and life buoy stands.	KCC	ROSP
	6.2.2 Implement a strategy to improve environmental safety within the 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 Kerry, informed by local ligature audits	HSE MH	UHK

Strategic Goal 7: Improve surveillance evaluation and high quality research relating to suicidal behaviour

The development of responsive suicide prevention services is dependent on the availability of data on the types of services and interventions that are effective in preventing or reducing suicidal behaviour. This includes research into the most vulnerable groups, trends in suicidal behaviour and key risk and protective factors. Locally generated research comparing like for like in terms of demographics and geography will be beneficial for Kerry.

Goal 7: Improve surveillance evaluation and high quality research relating to suicidal behaviour.				
National Objective	**National Action**	**Connecting for Life Kerry Action**	**Lead**	**Key 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 Carry out annual review of the plan including the effectiveness of delivery structures, processes and actions	CfL Kerry Implementation Steering Group	ROSP
7.2 Improve access to timely and high quality data on suicide and self-harm	7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of the CfL	7.2.2 Use available data sources proactively to capture important information about suicide and suicidal behaviour in Kerry and to guide service improvement	HSE MH	NSRF, Gardaí, Coroner
7.3 Review (and, if necessary, revise) current recording procedures for death by suicide.	7.3.1 The Justice and Health sectors will engage with the Coroners, Garda Síochána, NOSP, CSO and research bodies in relation to deaths in custody, and recording of deaths by suicide and open verdicts, to further refine the basis of suicide statistics.	7.3.1 Evaluate and improve data collection around suicide and self-harm in Kerry, review current reporting procedure.	ROSP, HSE MH	NSRF, Gardaí, Coroner

5

Implementation of *Connecting for Life Kerry*

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 Kerry* are implemented to agreed timeframes and within quality parameters. The Steering Group will also be responsible for sourcing, allocating and managing additional funding for *Connecting for Life Kerry*.

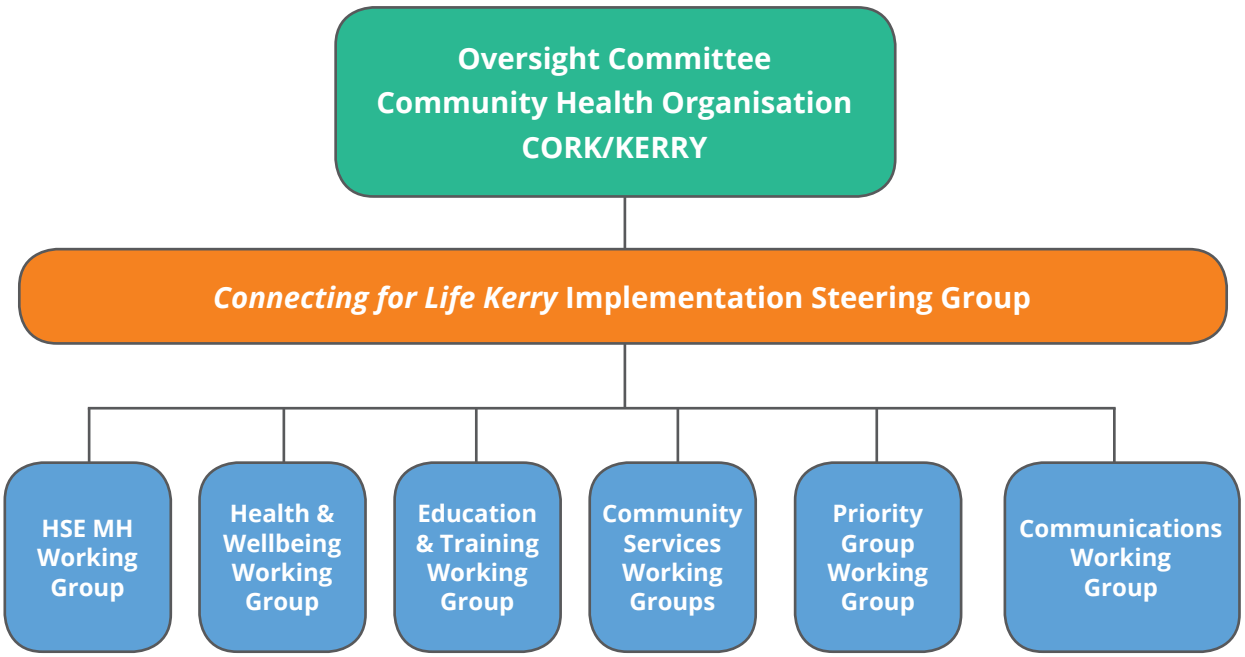
A further Oversight Committee will be formed at Community Health Organisation level to support the development and implementation of county suicide prevention plans across the area, to encourage links between counties in the area and to facilitate a joined up and efficient approach to the development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

Project Management of the implementation of *Connecting for Life Kerry* will be under the direction of the Kerry HSE Resource Officer for Suicide Prevention.

Below is the proposed structure for the implementation of *Connecting for Life Kerry*. This structure is flexible and open to change based on emerging needs and trends across Kerry over the lifetime of the plan. This implementation structure will inform and influence the plans of other agencies and organisations e.g. Kerry County Council. It is important that the Implementation Steering Group includes membership of such organisations to facilitate a cross-agency reporting and monitoring approach.

Six working groups will report to the Steering Group and ensure that each action in *Connecting for Life Kerry* has clear outputs and outcomes ensuring a focused implementation plan. Annual work plans will be prepared and agreed by each working group specifying the actions to be implemented. The chair of each working group will sit on the Implementation Steering Group.

Connecting for Life Kerry Implementation Structure



5.2 Monitoring and Evaluation

The *Connecting for Life Kerry* Implementation Steering Group will be accountable for the implementation of the action plan. The Chairs of each of the six working groups will sit on the Steering Group and report on progress and issues on action implementation. 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 Kerry*

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

5.4 Resourcing *Connecting for Life Kerry*

The actions in *Connecting for Life Kerry* 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 otherwise may not be achievable working in isolation and this will provide for a more effective implementation process and efficient use of resources.

Implementing the actions will involve the improved use of existing resources and the need for additional resources. It will be the responsibility of the Implementation Steering Group to identify and seek sources of funding through the appropriate available Government funding streams. Alternative sources of funding will also be explored as required. It is envisaged that *Connecting for Life Kerry*, based on a whole of society approach will provide a strong case for additional funding when required.

> ***"Within rural areas more needs to be done within the communities to encourage positive mental attitude. Men in general find it extremely difficult to speak about feelings or emotions, and can be very isolated within rural areas. Community awareness such as visiting older people, community bus, social outings need to be rolled out..." -*** Submission from Public Consultation

Appendices

Appendix 1: Abbreviations

ASSIST.....	Applied Suicide Intervention Skills Training
CAMHS.....	Child and Adolescent Mental Health Service
CBT.....	Cognitive Behaviour Therapy
CiPC.....	Counselling in Primary Care
CSO.....	Central Statistics Office
C&V.....	Community & Voluntary
CYPSC.....	Children & Young People's Services Committee
DBT.....	Dialectical Behaviour Therapy
EU.....	European Union
EWG.....	Engagement Working Group
FRC.....	Family Resource Centre
GP.....	General Practitioner
HSE.....	Health Service Executive
HSE HP.....	Health Service Executive Health Promotion
HSE MH.....	Health Service Executive Mental Health
HSE PC.....	Health Service Executive Primary Care
HSE H&W.....	Health Service Executive Health and Wellbeing
HRB.....	Health Research Board
ICGP.....	Irish College of General Practitioners
IRWG.....	Information and Research Working Group
KASI.....	Killarney Asylum Seeker Initiative
KCC.....	Kerry County Council
KDYS	Kerry Diocesan Youth Service
KTDP.....	Kerry Travellers Development Project
KRSP.....	Kerry Recreation & Sports Partnership
LCDC.....	Local Community Development Committee
LECP.....	Local Economic and Community Plan
LGBT.....	Lesbian, Gay, Bisexual & Transgender
LINC.....	Lesbians in Cork
MABS.....	Money Advice and Budgeting Service
NEPS.....	National Educational Psychological Services
NGO.....	Non-Government Organisation
NOSP.....	National Office for Suicide Prevention
NRDSH.....	National Registry of Deliberate Self Harm
NSRF.....	National Suicide Research Foundation
OECD.....	Organisation for Economic Co-operation and Development
SCAN.....	Suicide Crisis Assessment Nurse
SFP.....	Strengthening Families Programme
SPSP.....	Suicide Prevention Action Plan
SPPG.....	Suicide Prevention Planning Group
SSIS.....	Suicide Support and Information Systems
TENI.....	Transgender Equality Network Ireland
TIRC.....	Tralee International Resource Centre
UHK.....	University Hospital Kerry

Appendix 2: Definition of Key Terms

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

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

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

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

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

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

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

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

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

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

Primary care services

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

Priority groups

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

Protective and risk factors

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

Reducing suicide/Reducing self-harm

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

Resilience

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

Responding to a suicide attempt

Response, or intervention, to support someone who attempts suicide.

Responding when someone has died by suicide/Postvention

Responding to suicide refers to the response, or intervention, to support relatives, friends and communities after someone dies by suicide.

Self-harm

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

Service user

Person who uses the mental health services.

Social exclusion

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

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

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

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

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

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

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

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

Appendix 3: Membership Of Planning & Working Groups

- **Suicide Prevention and Planning Group**

  Mary G. O'Mahony – HSE MH (Chair)
  Cathy O'Sullivan – HSE MH
  Fiona Fleming/Sinead McMenamin – HSE CAMHS
  Peggy Horan – HSE Primary Care
  Oliver Mawe – Child and Family Agency (Tusla)
  Hilary Scanlan – HSE Community Work Dept.
  David Lane – HSE Drug & Alcohol Services
  Teresa McElhinney – HSE Health Promotion
  Ann O'Dwyer – Kerry ETB
  Terence Casey – Coroner
  Eileen O'Sullivan – An Garda Síochána
  Niamh O'Sullivan – Kerry County Council
  Dr. Pat Daly – GP Network

- **Engagement Working Group**

  Mary Harty – HSE Public Health Nursing (Chair)
  Declan Cronin – HSE MH
  Con Moynihan – Killorglin Community College
  Tralee International Resource Centre
  Jennifer Kavanagh/Amber Kavanagh – Pieta House Bereavement Services
  Jimmy Mulligan – Jigsaw Kerry
  Jonathan O'Brien – HSE Community Work Department
  Michael Courtney – An Garda Síochána
  Mairead O'Sullivan – South Kerry Development Partnership
  Ned Brosnan – Kerry MH Association and Kerry GAA
  Rena Powell - Kerry Diocesan Youth Service
  Siobhan Griffin - Kerry County Council
  Cathy O'Sullivan – Kerry Family Resource Centres Network
  Tina Moriarty – North, East and West Kerry Together

- **Information and Research Working Group**

  Fiona Fleming – HSE CAMHS (Chair)
  Sinead McMenamin – HSE CAMHS
  Claire O'Toole – CYPSC
  Eileen Cullinane & Cora Dennehy – HSE MH
  Teresa McElhinney – HSE Health Promotion
  Caroline Flahive – Kerry Adolescent Counselling Centre (KACS)
  Clotilde O'Keeffe Lyons – Tralee I.T.
  Deirdre Fee – Be Aware Prevent Suicide
  Martin O'Sullivan – Pieta House
  Mary O'Sullivan – Samaritans
  Lindsay Fredman – South West Counselling Centre

Appendix 4: Sources of Evidence for Connecting for Life

Connecting for Life Kerry has been developed using an evidence-informed approach to suicide prevention, to ensure the proposed actions and interventions deliver measurable benefits in a cost-efficient way.

Evidence and data used included:

- An examination of key learning points from Reach Out, Irish National Strategy for Action on Suicide Prevention 2005 - 2014
- 201 written submissions, the views of 176 people who attended the public consultation workshops, the views from 140 participants in the Health Care Professionals workshops and 156 attendees of the priority group workshops. This included the personal experiences of those directly affected by depression and those who had lost people close to them by suicide
- Research on risk and protective factors for suicide
- Central Statistics Office material
- National Registry of Deliberate Self-Harm research reports, including National Registry of Deliberate Self-Harm Report 2013 and preliminary 2014 data
- A review of the evidence base for interventions for suicide prevention by the Health Research Board (HRB) Suicide Prevention: An evidence review, 2014 commissioned by HSE NOSP
- International evidence about key elements in effective suicide prevention strategies
- Evidence on social media and social marketing strategies, language and stigma reduction and media reporting issues and interventions
- The WHO 2014 Report: Preventing Suicide: A Global Imperative
- The WHO 2012 Report: Public Health Action for Suicide Prevention – A Framework
- The WHO 2010 Report: Towards Evidence-based Suicide Prevention Programmes

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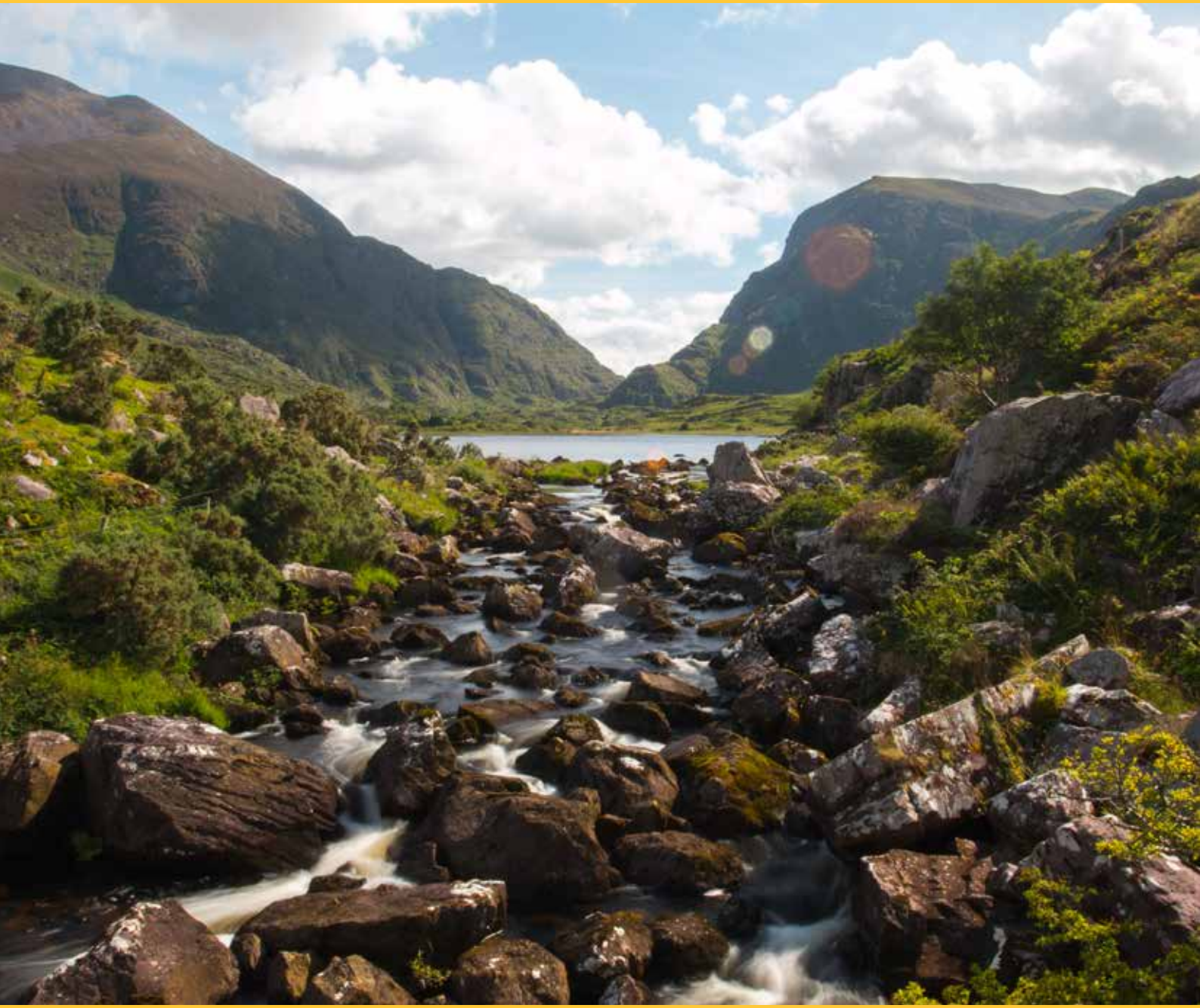

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