



Connecting for Life

Cork



Cork Suicide and Self-Harm Prevention Action Plan

2017 - 2020



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 the Emergency Department of your nearest hospital, where care is provided out-of-hours by on-call psychiatrists.

- Contact your local GP. If it's late in the evening or night-time contact SouthDoc at 1850 335 999
- Go to the Emergency Department of your nearest hospital
- Contact emergency services by calling 999 or 112
- Call the Samaritans, the FREE 24-hour listening service, Call 116 123
- Call Pieta House, a FREE 24-hour crisis line at 1800 247 247
- Call Childline, 24-hour service at 1800 66 66 66

For further information and a list of other supports please access:

www.yourmentalhealth.ie

www.bereaved.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 ordinary people across the whole county.

Connecting for Life Cork is a response to Ireland's national strategy to reduce suicide between 2015 and 2020. It takes the national goals and objectives and clearly sets out a series of actions for Cork. Wide-ranging consultation took place with communities, agencies and individuals which make 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 former Taoiseach Enda Kenny TD 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. 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.

A handwritten signature in black ink that reads "Ger Reaney". The signature is written in a cursive, slightly slanted style.

Ger Reaney

Chief Officer, Cork and Kerry Community Healthcare Organisation

A Word From the Chief Executive Of Cork County Council

As Chief Executive of Cork County Council I wholeheartedly support *Connecting for Life Cork*. By working together across organisations and communities we will strengthen the message that mental health is applicable to us all. I am acutely aware of the importance of positive mental health in all areas of our lives. Only recently, Cork County Council established a Physical Activity and Wellbeing Office, the first of its kind in the country, while our Social Inclusion and Community Strategic Policy Committee consistently promote mental health initiatives. As a Council, we will promote *Connecting for Life Cork* and support its implementation. We will assist in every way possible towards a reduction in the rate of suicide and self-harm and promote positive mental health.



Tim Lucey

Chief Executive, Cork County Council

A Word From The Chief Executive Of Cork City Council

As Chief Executive of Cork City Council I welcome the development & publication of *Connecting for Life Cork* which is the local implementation of the National Strategy to Reduce Suicide 2015-2020. This plan was created by working in partnership with all relevant stakeholders which reflects the fact that mental health promotion is everybody's business.

Cork City Council is committed to supporting and promoting the implementation of this plan to reduce the rates of suicide and to promote positive mental health in all areas of our lives, and this is a key element of 'Pure Cork' the Local Economic & Community Plan for Cork City 2016-2021. I would like to acknowledge the work and commitment of all the key partners involved in the development of *Connecting for Life Cork* and I look forward to continuing our work together on this collaborative and systematic approach to suicide prevention and self-harm reduction in Cork.



Ann Doherty

Chief Executive, Cork City Council

A word from the Director of the National Office for Suicide Prevention

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 – 2020 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 Cork is the local response to the national strategy, and it connects key partners from the statutory, NGO, community and voluntary sectors. It has taken the national goals, objectives and actions and, taking account of views of the people in Cork City and County, actions have been prepared under the national strategic goals. It is important that we continually monitor and learn from the implementation of *Connecting for Life Cork*. This is important not alone for the communities in Cork, but also so that improved learning and understanding about suicide prevention and reducing self-harm 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.



A handwritten signature in black ink, appearing to read 'Gerry Raleigh'.

Gerry Raleigh

Director, National Office for Suicide Prevention

Acknowledgements

The development of *Connecting for Life Cork* has been a truly collaborative process and it is very important to acknowledge all of the individuals and families who took part, especially those who gave their time for the community consultations across Cork City and County. The work involved in suicide prevention carries deep personal meaning for so many people and the personal investment of time and passionate interest is a vital part of *Connecting for Life Cork*. Many of those that contributed brought the experience of bereavement through suicide to the consultation process, and this contribution is acknowledged as both extremely generous at a personal level and invaluable in informing future suicide prevention efforts.

Thanks also to the many organisations and groups working in mental health and suicide prevention, who contributed to *Connecting for Life Cork*, many of whom took part in the work of the Steering Group, Research and Evaluation Group and the Engagement Group.

Martin Ryan

Resource Officer for Suicide Prevention, Cork

Introduction

Too many lives have been lost to suicide in Ireland. While death by suicide will always represent one of the most fundamental challenges to any society, our efforts in the area of prevention evolve and become more effective as we learn more about the things we can do to make a positive difference. Twenty years ago, a national task force was at work in Ireland setting out key recommendations on suicide prevention policy at a national level. Since that time, policy conversations at a national level have filtered down to conversations in everyday settings as suicide and suicide prevention has become a very public concern.

One of the most important lessons emerging from the conversations and the experiences of the past twenty years, is that the implementation of effective suicide prevention activities must be guided by local knowledge. As Irish people, one thing in particular that shapes our identity is our sense of place. We identify with our local community and with the county in which we live. The experience of loss from suicide is acutely felt within our communities, and it is within community settings that many of the factors that are protective against suicidal behaviour can be developed and effectively implemented.

Connecting for Life, Ireland's National Strategy to Reduce Suicide, 2015-2020 aims 'to support local communities' capacity to prevent and respond to suicidal behaviour' and action 2.1.1 calls for local suicide prevention action plans to be developed. This action plan represents the implementation of action 2.1.1 for Cork City and County. The timing of the development of this plan is important. During the consultation and writing phase of this plan, the people of Cork have been experiencing a deeply-felt concern following a number of reported suicides in both the City and County. This shared concern about the tragic loss of life affecting families, friends and wider communities must never be forgotten as this plan is launched, and the implementation begins.

In *Connecting for Life Cork*, a profile of the City and County is presented in order to describe the context in which this action plan will be implemented. Cork is Ireland's largest county and Cork city is Ireland's second city in terms of population numbers. While the development of a local action plan across a significant geographical area with strong rural and urban cultures can be challenging, this plan has leveraged that diversity by conducting extensive face to face and online consultations. We have learned about the innovative initiatives being undertaken by West Cork Mental Health Services and others, we have been informed by the passionate work of community groups across North, South and East Cork and we have been guided by the internationally renowned National Suicide Research Foundation (NSRF) based in University College Cork. In our consultations we have also spoken to priority groups such as members of the Traveller Community and Lesbian, Gay, Bisexual, Transsexual and Intersexual (LGBTI) community, and heard about very difficult experiences amongst young people of having lost friends and family members to suicide in different parts of Cork.

It is important to underline that the Cork action plan will build on effective intervention and prevention programmes, the research that has been developed and implemented under the Reach Out Strategy (2005-2014), and in the current strategy *Connecting for Life*. *Connecting for Life Cork* is a four-year action plan to help prevent suicide and self-harm in Cork City and County, and considerable collective effort underpins the plan, which encompasses population-level and community actions, targeted initiatives for priority groups, the improved delivery of better services and ongoing monitoring and evaluation.

The City and County have been assisted by the ongoing developments of solid and supportive networks of agencies and community based services. The success of this plan will depend on the participation of all these networks.

Cork is a large and diverse county but its people are connected by a strong empathy for one another and a willingness to support each other. The widespread public consultation undertaken to develop the action plan was a rich experience that provides an important platform for the task of implementing the plan. Shining through in the consultation process was the importance of community, and the success of this strategy will depend on resourcing communities across Cork City and County, so that we can build on the many positive initiatives already being undertaken to support people, and act expediently in developing new resources and services.





Context for Suicide Prevention in Ireland and Cork



1.1 National Context

1.1.1 Background to Suicide Prevention

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

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

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

1.1.2 National Policy Context

There are a number of national policy documents that are relevant to suicide prevention and mental health and wellbeing. These are described briefly below.

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015 - 2020

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

The strategy follows on from *Reach Out: National Strategy for Action on Suicide Prevention 2005-2014*. The National Office for Suicide Prevention (NOSP) was set up in 2005 within the HSE to oversee the implementation, monitoring and coordination of the Reach Out strategy. Since 2005, there has been extensive national and international research in relation to suicidal behaviour and effective interventions, while the range of services available to people in emotional distress have developed in terms of access and quality. Despite this progress since 2005, Ireland's suicide rates remain relatively high and there are particular population groups experiencing significant distress as reflected in rates of both suicide and self-harm. It is likely that the economic recession from 2008 onwards has had an influence on rates of suicidal behaviour. *Connecting for Life* takes account of the changed landscape in Ireland in relation to mental health and suicide, and it provides a comprehensive, cross-sector, practical plan that can make a positive difference to the lived experience for people from all population groups in Ireland over the coming years. The successful implementation of *Connecting for Life* will be underpinned by clear and practical local plans such as this plan for Cork.

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

While suicide prevention is a distinct area of policy, it is important to reference current national mental health policy as it relates to suicide prevention work. The Irish Government's *A Vision for Change: Report of the Expert Group on Mental Health Policy* asserts as a core principle that 'the mental health needs of the total population should be considered in this policy' (1). *A Vision for Change* (AVFC) is Ireland's national mental health policy document which sets out a plan for the delivery of mental health services in Ireland from 2006 until 2015. While providing a blueprint for the delivery of mental health services in Ireland, AVFC also claimed a broad approach, acknowledging 'that there is a range of factors which can influence mental health, including physical, psychological, social, cultural and economic' (1).

The publication of AVFC followed less than one year after the launch of Reach Out: National Strategy for Action on Suicide Prevention 2005-2014. The treatment of suicide prevention in AVFC focuses on endorsement of the actions in the Reach Out strategy. Over the past ten years, the broader public mental health issues highlighted in AVFC were largely developed through the NOSP under the banner of suicide prevention.

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

This 2014 Irish Government policy framework relating to young people is highly relevant to suicide prevention policy. Of the five Outcomes articulated in this important framework, Outcome 1 states that 'children and young people are active and healthy, with positive physical and mental wellbeing' and aim 1.2 focuses in particular on 'good mental health' with references to increasing mental health literacy. Within Outcome 1 there are references to the mental health of parents as an important influence on the mental health of young people and there is a focus on 'prevention and early intervention' throughout.

Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 - 2025

Healthy Ireland is a national framework for action to improve the health and wellbeing of the Irish population over the coming generation. The framework places an emphasis on cross-departmental work and getting the most out of existing resources to improve the population's health and wellbeing. Mental health is an integrated theme within the policy and the way in which it is framed reflects the broad public health and more targeted approach adopted in *A Vision for Change* and in *Connecting for Life*. The document's high level vision is of 'A Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility' (2). Interestingly, two of the three key performance indicators for 'wellbeing' in Healthy Ireland are a decrease in self-harm and a reduction in our suicide rate.

1.1.3 Suicide and Self-Harm in Ireland

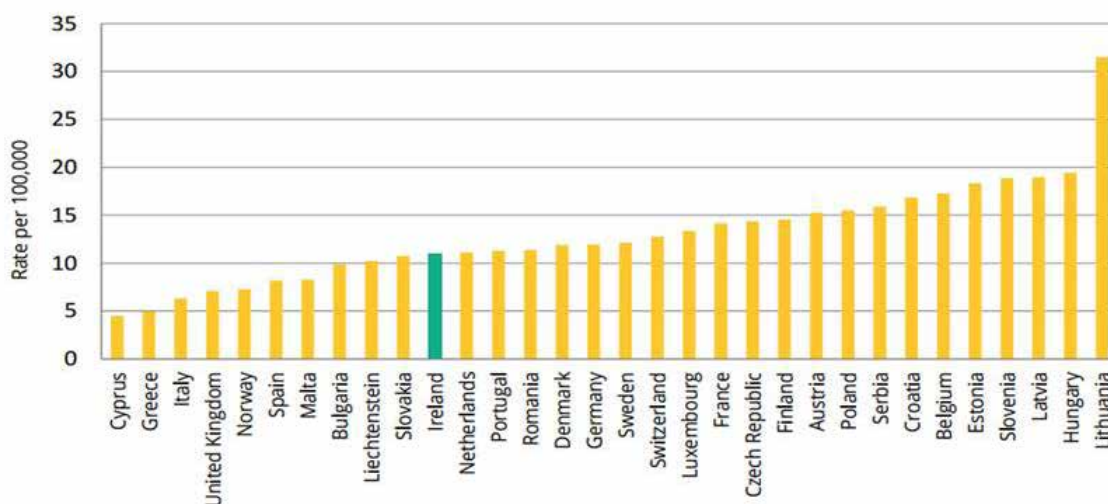
Suicide in Ireland

Since 1993 when suicide was decriminalised, suicide rates rose steadily from 9.2 per 100,000 population to a high of 13.9 per 100,000 population in 1998. Since 1998, there has been a slight decrease in the overall suicide rate. Based on the most recent year in which we have year of occurrence suicide data, 2014, the suicide rate was 10.5 per 100,000 (486 deaths).

When planning suicide prevention activities and developing policy, it is important to take age-related information on suicide mortality into account. In the early 1990s it became apparent that Ireland, along with other western nations, was experiencing high rates of suicide amongst young men. However, men tend to show more presentations than females at an older age, and the most vulnerable age group lies between 15-24 for both males and females (5).

Figures 1a and 1b outlines Ireland’s Suicide Rate by European Comparison. These figures have been obtained from Eurostat.

Figure 1a: Suicide rate per 100,000 for males and females, 2014

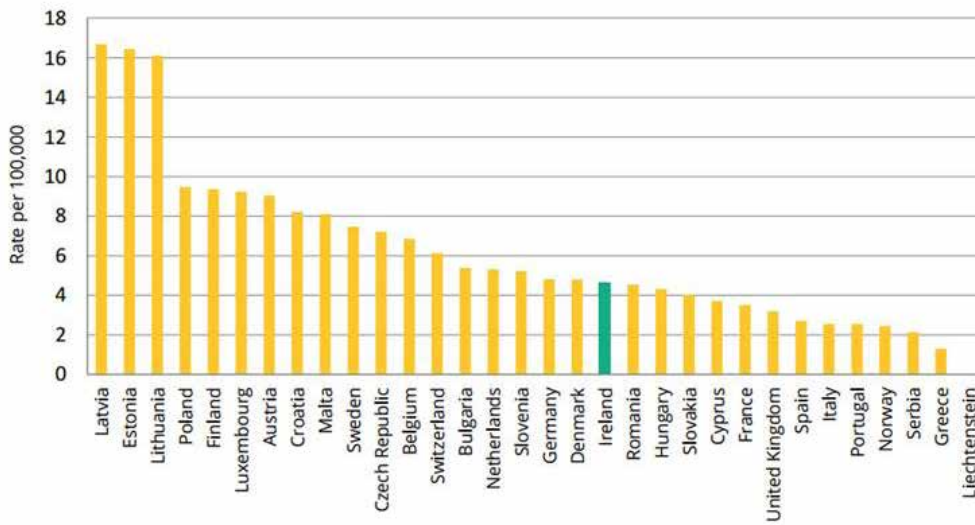


* Death rate of a population adjusted to a standard age distribution. The standardised death rates used here are calculated on the basis of a standard European population (defined by WHO).

Key points include;

- Ireland’s overall suicide rate is not high, by European comparison.
- In 2014, the total rate of suicide for men and women of all ages in Ireland was 11.03 per 100,000 of the population, the 11th lowest rate of suicide among the 32 countries for which data was recorded by Eurostat.
- The highest rate was found in Lithuania (31.51 per 100,000 of the population) and the lowest in Cyprus (4.5 per 100,000 of the population). The EU 28 average for 2014 was 11.25 per 100,000.

Figure 1b: Suicide rate per 100,000 for males and females aged 15-19 years by geographical region, 2014



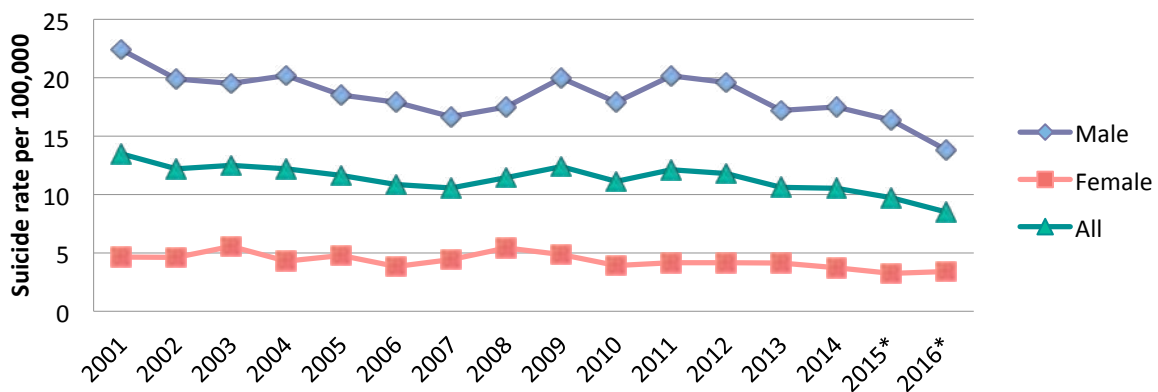
* Data presented as the crude death rate from suicide per 100,000 people. Figures should be interpreted with care as suicide registration methods vary between countries and over time.

In Ireland, the suicide rates among young males and females have decreased in recent years. For females and males together, aged 15-19:

- In 2014 Ireland was the 19th highest rate across the countries studied (4.64 per 100,000).
- In 2013 Ireland was the 6th highest rate across the countries studied.
- In 2010 Ireland was the 4th highest rate across the countries studied.
- The highest rate in 2014 was found in Latvia (16.7 per 100,000) and the lowest in Liechtenstein.
- The EU 28 average for 2014 was 4.67 per 100,000 amongst this population age-group. Ireland is now below this EU average.

In Ireland, the most recent year in which year of occurrence suicide data is available for is 2014. Data for 2015 and 2016 is also available, but this is provisional and subject to future change. Figure 2 below outlines the trend in the national rates of suicide per 100,000 of the population, by gender, from 2001-2016.

Figure 2: Suicide rate per 100,000 of the population in Ireland, by gender, 2001-2016*



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

In recent years, the experience of the economic recession and the related austerity measures has hit people very hard. Sadly, many deaths by suicide have anecdotally been associated with changing economic circumstances as people have struggled to cope with financial debt, sometimes combined with the loss of work. Homelessness and other indicators of financial distress have become all too familiar across Irish society. In order to investigate the extent of the impact of economic recession on suicide in Ireland, a paper was published in 2015 by Corcoran P, Griffin E, Arensman E, Fitzgerald A, Perry I, reporting on a time-series analysis of suicide and self-harm rates from 2008 to 2012, using data from databases such as the Central Statistics Office and identifying trends in suicide and self harm (7). According to this study, recession and austerity have had an evidently profound impact on suicide rates in Ireland, particularly among men (57% increase by the end of 2012), and in case of self-harm, there was a significant impact on both sexes (7). Furthermore, according to reports by the SSIS¹ (Suicide Support and Information System), 33.1% of people who died by suicide were unemployed, and 41.6% worked in the construction/production sector (8, 9).

2015 Self-Harm Statistics at a Glance

2015 statistics at a glance

Presentations
11,189

Persons
8,791



Rate in 2015
9% higher than 2007

RATES:

204
per 100,000

1 in every 490
had a self-harm act



Male: 20-24 year-olds
(553 per 100,000)

1 in every 181



Female: 15-19 year-olds
(718 per 100,000)

1 in every 139

PEAK RATES WERE AMONG YOUNG PEOPLE

TIME:

Peak time



Women
9pm



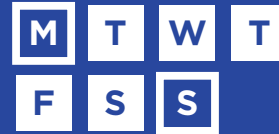
Men
10pm



7pm

3am

Almost **half** of presentations were made between 7pm-3am



Mondays and Sundays had the highest number of self-harm presentations

METHOD:

2 in every 3
involved **overdose**



1 in every 3
involved **alcohol**



Men



Women

One-quarter
involved **self-cutting**



TREATMENT:



73%

received an assessment in the ED



75%

received a follow-up recommendation after discharge



13%

left the ED without being seen

GEOGRAPHY:

263
per
100,000

Urban

143
per
100,000

Rural

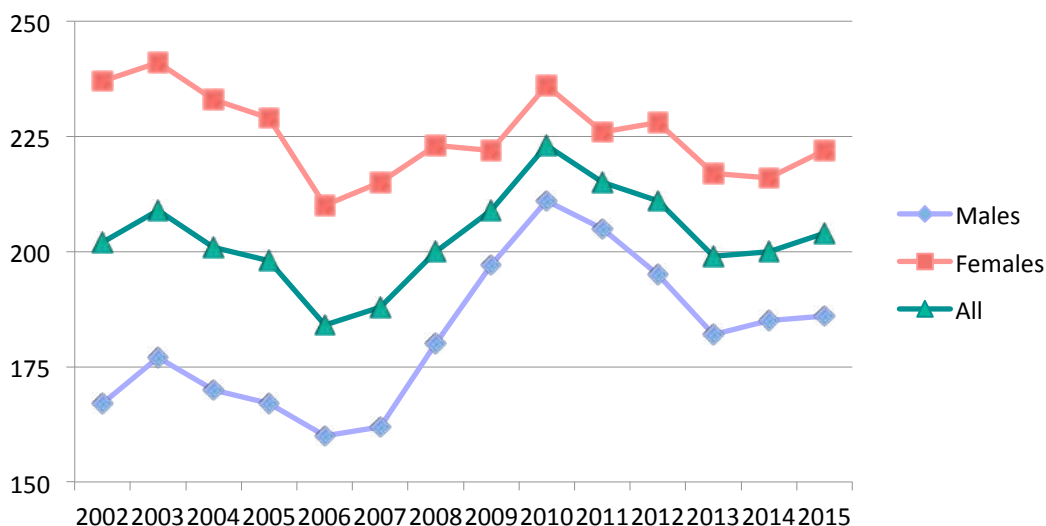
Higher incidence of self-harm in urban areas

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 (6).

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 3 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 national 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.

Figure 3: Self-harm rate per 100,000 population for males and females, 2002-2015

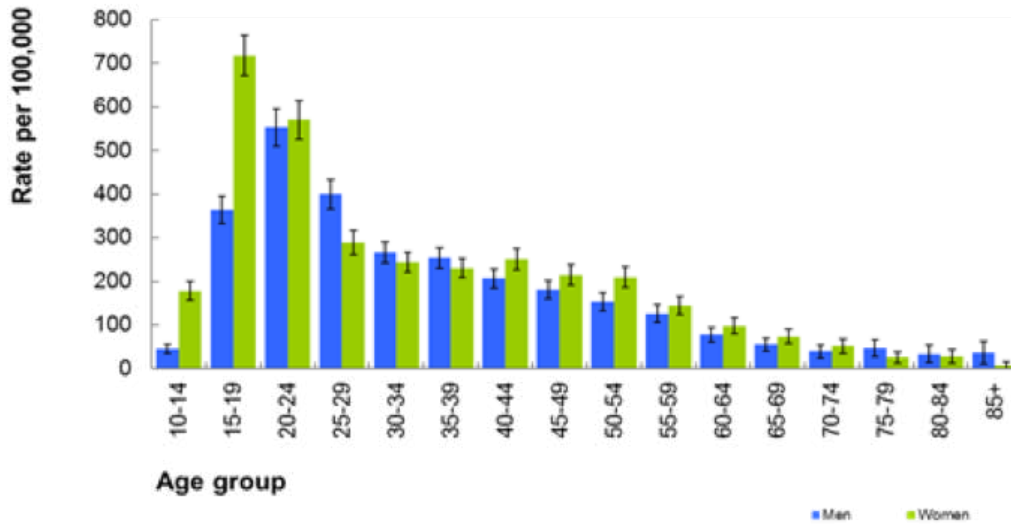


Source: National Self-Harm Registry Ireland – Annual Report 2015 (10)

According to the National Suicide Research Foundation 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) and 97% higher than the male rate in 15-19 year-olds (718 vs. 364 per 100,000). 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). Since 2009, the Registry has recorded a significantly higher rate of self-harm in men in this age group compared to women (5).

Figure 4 shows that the highest rate of self-harm presentations in the Republic of Ireland was in the female 15-19 age group. A steady decline in self-harm presentations is visible with an increase in age. However, men tend to show more presentations than females at an older age, and the most vulnerable age group lies between 15-24 for both males and females (5).

Figure 4: Rate of self-harm per 100,000 by gender, 2015



Source: National Self-Harm Registry Ireland – Annual Report 2015 (10)

Methods of Self-Harm

Intentional drug overdose was the most common method of self-harm, involved in 65% of all presentations registered in 2015. Paracetamol was the most common analgesic drug taken, involved in some form in 29% of drug overdoses. Paracetamol-containing medication was used significantly more often by women (34%) than by men (22%). One in five (20%) of overdoses involved an anti-depressant/mood stabiliser (5).

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 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 (5).

Treatment

In 2015, 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 the general population (5).

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%.

¹ SSIS was developed by the NSRF 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.

1.1.4 Evidence for Suicide Prevention, Knowledge and Awareness

In 2014, the Health Research Board investigated the evidence base for effective suicide prevention interventions at the request of the National Office for Suicide Prevention. This incorporated all aspects of suicidal behaviour including self-harm, suicidal ideation, suicide attempts and death by suicide. Effective interventions outlined included cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT) and the restriction of access to suicidal means. The work to be carried out in *Connecting for Life Cork* is informed by the evidence base for effective suicide prevention.

In 2016, a systematic review of studies into the effectiveness of suicide prevention interventions was published (11). The interventions assessed in this extensive review can be categorised as follows:

- Public and doctor education
- Media strategies
- Screening
- Restricting access to the means of suicidal behaviour
- Treatments
- Internet or helpline support.

There are positive findings reported in studies related to all of these approaches, although the degree of success does vary considerably and findings are specific to the settings and populations in which the research and evaluation was carried out. The development of the actions in *Connecting for Life Cork* has been informed by the findings reported in this systematic review. Below, some learning is highlighted related to the evidence reported. Separately, it is worth noting evidence from elsewhere (12) which suggests that implementing multi-level suicide prevention initiatives can be particularly effective when implemented as part of a simultaneous programme.

Education of the General Public, Health Professionals and Community Facilitators

A high number of studies have reported positive results in relation to the education of GPs and community facilitators and subsequent increases in referral and treatment levels for depression. The implementation of education and awareness actions in Cork will be informed by positively evaluated campaign outcomes.

Education in Schools

Early intervention with regard to promoting positive mental health and reducing suicide is essential. Therefore, the focus for *Connecting for Life* in schools is to:

- Support schools to develop a whole school approach to mental health promotion guided by all the HSE and Department of Education and Skills (DES) support guidelines, policies and circulars.
- Guide schools in developing as a Health Promoting School guided by all the HSE and DES support guidelines, policies and circulars.
- Encourage schools to avail of DES and HSE training in relation to Social, Personal and Health Education (SPHE) and mental health.
- While many schools-based programmes have not been evaluated, some high quality studies have been published in recent years indicating positive improvements in knowledge and attitudes towards suicide.

The European-wide SEYLE (Saving and Empowering Young Lives in Europe Study), which included an Irish sample (from Cork and Kerry), reported a significant reduction in both suicide attempts and severe suicide ideation among students assigned to the 'Youth Aware of Mental Health Programme' (YAM) compared with a control group (13). *Connecting for Life Cork* will draw on existing research evidence to guide the development and advancement of a mental health in schools agenda. New and existing programmes such as DBT, Steps A, YAM, Friends for Life and Mindout will require ongoing evaluation.

Media Strategies

Two-way effects have been reported in relation to media coverage of suicide. Graphic and sensationalist coverage can have negative impacts, especially on vulnerable populations. Positive reporting can be associated with positive impacts on public mental health and the importance of reasonable media reporting around suspected suicide clusters is important. The effectiveness of guidelines on responsible reporting of suicide in the media is greatly enhanced if the media are directly and actively involved in developing the guidelines.

Restricting Access to Means of Suicidal Behaviour

The likely success of strategies involving the restriction of access to suicide methods depend on the nature of the methods commonly used in a particular setting. While there is strong evidence for an overall reduction in suicide rates by restricting access to firearms, this method is relatively uncommon in Ireland. The most common method of suicide in Ireland is hanging, followed by drowning. There is some strong evidence of the efficacy of erecting barriers at sites where people jump, including at bridges.

In summary, the review of the 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.
- Support the provision of therapeutic approaches such as dialectal behaviour 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.
- Improve healthcare services targeting people vulnerable to suicide, including improvements in inpatient and outpatient aftercare available to people who have attempted suicide.
- Support a whole-school approach to mental health promotion.
- Supporting the provision of Safe TALK and ASIST training to the general public/community groups.

1.2 Local Context in Cork City and County

1.2.1 Local Policy Context

Action 2.1.1 of the *Connecting for Life* seeks to align local suicide prevention plans with local economic and community plans (LECPs). The development of LECPs has been described as “a process that seeks to enhance the delivery of national social and economic policy at the local level”. Both Cork County Council and Cork City Council published plans in 2016. These plans provide in-depth analysis and description of the physical, economic and social environment in Cork.

According to the Cork County LECP, Cork is essentially a city-based region with a population of around 500,000 people, 80% of whom live within a 45-minute car journey from the city. The remaining 20% maintain an important, but less pronounced connection with the urban core of Cork City. The county has significant natural assets including Cork harbour, extensive agricultural lands and an extensive coastline of over 1,094km. With the second-longest coastline of any county of Ireland, Cork has a proud history of maritime and coastline activities, including regattas, maritime festivals and the annual Lee swim.

The Cork County LECP places particular emphasis on the importance of community, and in this way it is closely aligned to *Connecting for Life Cork*. The County Plan describes how communities are “at the heart of our society. They are the places where we live and often work, where our families are, where our friends are, and, largely where we interact with life” (6). Based on a 2015 public survey which informed the County LECP, Cork is generally viewed as a great place to live, and the Cork County Quality of Life Survey 2015 reports that 92% of respondents believe Cork “is a great place to live” and 88% reported “a sense of community in their neighbourhoods”. Key LECP recommendations aligned to *Connecting for Life Cork* include plans “to develop a programme of actions to develop and facilitate enhanced civic and community engagement” (6). Perhaps more significantly, the County Plan also aims “by 2018, building on existing collaborative initiatives, to develop a programme of actions to guide inter-agency action in improving health and wellbeing, physical and mental, of residents” (6).

While the Cork County LECP has a strong focus on enhancing community, in keeping with Strategic Goal 2 of *Connecting for Life* nationally, the Cork City LECP has actions addressing suicide prevention. A specific objective of the city plan is “to increase suicide awareness in Cork city” (6) with accompanying actions including:

- Implement the relevant actions set out in *Connecting for Life Cork*.
- To continue to work in partnership with other statutory agencies, voluntary and community partners to enhance the existing facilitation of Suicide Prevention Education and Training programmes to empower the people of Cork to become more alert to the signs of suicide risk.
- To continue in the provision of support and information to individuals and communities affected by suicide.
- To build awareness of the link between alcohol and drug misuse and increased suicidal behaviour using a mental health toolkit.

A further action in the City LECP Plan, under the ‘Safe and Green City’ High Level Goal is to “Develop a themed approach to suicide and safety in the community”. This action aligns closely with actions set out in *Connecting for Life* nationally related to highly visible public information on mental health and crisis supports across both the City and County, particularly those that can be identified as possible high risk locations.

In addition to the LECs for Cork City and County, implementation of this action plan will be aligned with other relevant local policy such as the Cork and Kerry Alcohol Strategy 2016-2018, *Time for Change*. As this strategy notes, alcohol is involved in around half of all suicides in Ireland and over one-third of hospital presentations to hospital following self-harm. Given the strong focus on education and awareness in both the *Time for Change* and *Connecting for Life Cork*, it is important that public messaging is coordinated and consistent.

More broadly, looking at issues related to drugs and suicidal behaviour in Cork, *Connecting for Life Cork* also resonates with the *Cork Local Drug and Alcohol Task Force Strategic Plan, 2015-2017*. Actions within the plan range from education in school settings to targeting the mental health impact of the misuse of benzodiazepines, which are strongly associated with acts of self-harm. The importance of collaboration between the HSE and the Cork Local Drug and Alcohol Task Force (CLDATF) in the coming years is clear in light of both *Time to Change* and the CLDATF Strategic Plan.

The Cork Children & Young People Services Committee (CYPSC) aims to improve outcomes for children and young people in coordination with the *Better Outcomes, Brighter Futures* framework. The purpose of CYPSC in this framework is to bring all key agencies together in a collaborative effort to improve outcomes for children and young people. This involves both statutory and community and voluntary groups. Working groups have been created to deal with specific areas relevant to improving outcomes for children and young people in relation to mental health, drugs and alcohol, children with disabilities, youth participation and research and information.

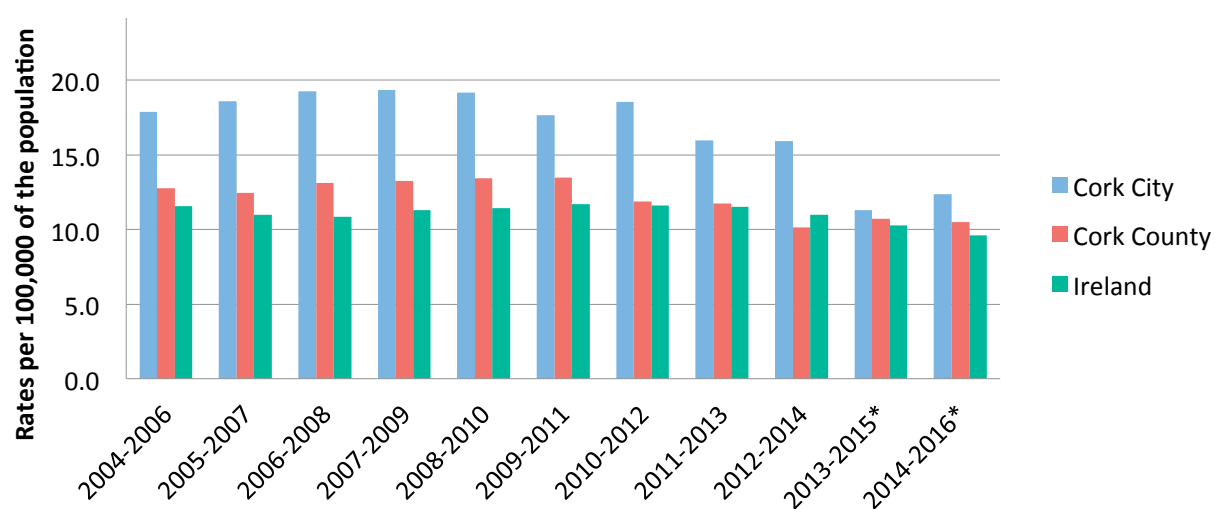
1.2.2 Suicide, Self-Harm and Mental Health in Cork City and County

Suicide in Cork City and County

Communities are well placed to nurture supportive living environments and to respond with compassion and empathy when a suicide happens. Suicide and efforts to prevent it have become very local concerns. Through community conversations, and based on the experience of a number of deaths by suicide, certain villages and towns in Cork have been described as areas known to have a relatively high rate of suicide in recent years. There is no doubt that suicide clusters occur in Irish communities and social contagion may play a role in this happening, and evidence of suicide clusters in Cork City and County in particular has been reported by the NSRF (8, 9). The most important thing to do in relation to possible suicide clusters is to respond in a planned, caring and supportive manner by routinely providing support to bereaved individuals, families and communities. The Central Statistics Office does not routinely report on suicide rates in small geographical areas, e.g. by town or village, but data are available by County and City.

Figure 5 outlines the three-year moving average rate of suicide per 100,000 of the population in Cork City, County and Ireland.

Figure 5: Rates of suicide per 100,000 population for Cork and Ireland, 3-year moving averages (2004-2016*)



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

Source: Central Statistics Office (4)

Self-Harm in Cork City and County

For the period from 1 January to 31 December 2015, the National Self-Harm Registry recorded 11,189 self-harm presentations to hospital that were made by 8,791 individuals nationally. In the Cork area, there were 999 individuals treated for 1195 self-harm episodes in 2015. This implies that 16% (n=198) of presentations were due to repeat acts. Based on persons, the rate of repetition was 13%, and similar for men and women (11% and 14%, respectively). In 2015, high rates of self-harm for both men and women were seen in Cork City, where the male rate was 1.3 times higher than the national average and the female rate was 30% higher (10).

As Table 1 indicates, in 2015, the rate of persons presenting to hospital in Cork North following self-harm was 150 and 186 per 100,000 for males and females respectively. The rate of persons presenting to hospital in Cork North Lee following self-harm was 255 and 232 per 100,000 population for males and females in respectively. In Cork South Lee, the rate of persons presenting following self-harm was 204 and 163 per 100,000 for males and females respectively. The rate of persons presenting to hospital in Cork West following self-harm was 136 and 110 per 100,000 for males and females respectively (10).

Table 1: Rates of self-harm in Cork per 100,000 population in 2015 (10)

	Cork North		Cork North Lee		Cork South Lee		Cork West	
	Male	Female	Male	Female	Male	Female	Male	Female
Rate per 100,000	150	186	255	232	204	163	136	110

1.2.3 HSE Mental Health and Suicide Prevention Supports and Services in Cork

There is a wide range of supports and services delivered in Cork by the HSE and the Community Healthcare Organisation, which have been developed over time in line with local need and national policy. Services are delivered through hospitals, day centres and in people’s homes.

In general, access to mental health services is dependent on referral from primary care (usually a GP). It’s important to note that anyone in crisis can self-refer to 24/7 psychiatric services in hospital emergency departments.

Services, supports and training programmes include:

Community Training in Suicide Prevention

In an effort to build communities’ skills, resilience and confidence in responding to suicide risk, the provision of free suicide awareness/prevention training to communities is one of the HSE’s sustaining initiatives.

Between 2010 and 2016, the HSE and training partners Breaking the Silence, Cork Mental Health Foundation, Tusla and other community partners have delivered training programmes to 9,647 people.

These training programmes include SafeTALK, a 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.

SafeTALK is the main training programme delivered in Cork by the HSE and its partners, and accounts for 90% of the suicide training output for Cork.

For more information on the safeTALK training programmes available, email SP.enquiries@hse.ie

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

Understanding Self-Harm is a one-day course which aims to build awareness of self-harm issues. It is offered by HSE staff to a range of professionals eg Tusla, staff, teachers and youth and community workers.

STORM Skills Training is a two to six day training course delivered by trained staff. STORM provides skills based training in suicide prevention, postvention and self-harm for mental health service staff.

Table 2a. Service Provision 2010-2016

Total Number of Suicide Prevention Training Programmes Facilitated	2010	2011	2012	2013	2014	2015	2016
Total Number of Participants In Attendance	35	63	81	78	56	56	53
	854	1,837	1,535	1,718	1,313	1,164	1,226

Table 2b. Service Provision 2016

	Sessions	Participants
SafeTALK	46	1080
ASIST	4	98
Understanding Self-Harm	3	48

School-Based Programmes

The HSE Health Promotion team supports primary and secondary schools across Cork in the delivery of a number of mental health and wellbeing programmes such as Zippy's Friends and Mind Out. These programmes primarily focus on mental health to promote positive health and wellbeing and are provided within the context of a whole school approach to mental wellbeing.

The Dialectical Behaviour Therapy STEPS-A programme is a pilot project delivered to transition year students in eight schools in Cork. It involves developing coping skills for students, and support for teachers delivering this programme is provided by psychologist from the CAMHS and NEPS services.

Primary Care Teams

These teams include GPs, public health nurses, occupational therapists, physiotherapists and other HSE staff. There are 22 primary care teams in Cork with a remit for the delivery of health, social care and wellbeing services across the city and county.

Community Psychology Services

Psychology services are delivered by psychologist in five community service areas. These services provide assessment and therapy to children, adolescents and their families/carers who present with a broad range of behavioural and emotional problems. A consultation service is also provided to any professional/carer who is involved with and concerned about a child/adolescent.

The Community Work Department

Cork/Kerry Healthcare is unique in that it has Community Work Departments who play a key role in structuring, developing and supporting the HSE's relationship with voluntary and community groups. The Community Work Department is concerned with developing a collective response to needs within communities, including those experiencing social exclusion. It promotes inclusive ways of working in order to secure concrete improvements in quality of life for those communities.

Health Action Zone project

HAZ project Community Health Workers are involved in various mental health related/partnered projects in designated RAPID areas of Cork city as well as at a city and county level.

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

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

Adult Mental Health Services

Cork Adult Mental Health Services provide an extensive range of specialised, evidenced based; recovery orientated mental health services to a population of approximately 542,196. The services include comprehensive acute inpatient care which is augmented by a liaison team based on the 7 day service model. Multidisciplinary care is provided and delivered through Community Mental Health Teams, Day Hospitals, Day Centres and Home Based Treatment Teams. The Rehabilitation Teams include Psychiatry of Later Life and Assertive Outreach where emphasis is on person centred care, patient safety and quality outcomes.

The Adult Mental Health Services are divided into the following catchment areas: South Lee Mental Health Services with its acute unit based at Cork University Hospital; North Lee Mental Health Services with its acute unit based at Mercy University Hospital; North Cork Mental Health Services with its acute unit based at St Stephens Health Campus; and West Cork Mental Health Services with its acute unit based at Bantry General Hospital. The ethos is to deliver mental health care in the community where possible through a multidisciplinary team of Consultant Psychiatrists; Mental Health Nurses; Non Consultant Hospital Doctors; Occupational Therapists; Clinical Psychologists; Social Workers; and Administrative Staff. Acute inpatient services are provided for those experiencing acute mental health difficulties when it is not possible to be treated in the community. The multidisciplinary team aims to work with individuals, their families/ loved ones and others to ensure that a collaborative, person centred service is delivered.

Jigsaw Cork (developed by the National Centre for Youth Mental Health)

The Jigsaw service is a primary care youth mental health service for young people aged 12-25 years. It opened in Cork in June 2017.

Youth Health Service (YHS)

This is a HSE-led service, in partnership with Foroige and the Sexual Health Centre. YHS provides a range of free services for people under the age of 23, including counselling, crisis pregnancy counselling, family planning services, screening, drugs and alcohol support and youth development and engagement.

Child and Adolescent Mental Health Services (CAMHS)

CAMHS provides specialist Mental Health Services for children and adolescents up to the age of 18. Multidisciplinary teams consist of clinical psychologists, social workers, mental health nurses, social care workers, occupational therapists, and speech and language therapists under the clinical direction of a consultant child and adolescent psychiatrist.

DBT (Endeavour Project)

Dialectical Behaviour Therapy is a treatment programme aimed at helping people with ongoing difficulties in managing intense emotions.

Full DBT programme are 12 months in duration and consist of individual therapy, weekly skills training groups and phone coaching. These programmes are available in North Lee, South Lee and North Cork for adults and adolescents.

The Understanding and Managing Emotions (U & ME) programme is a six-month group programme based on the skills developed in DBT. It aims to teach people how to increase their awareness of their emotions and the skills to deal with those emotions more effectively. It is available to adults in North and South Lee, and the CAMHS services in North Lee, South Lee and North Cork offer a similar programme.

National Counselling Service

National Counselling Service provides free, professional counselling and psychotherapy to adults who have experienced childhood abuse/trauma. 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 counsellors and therapists.

1.2.4 Community and Voluntary Services and Supports in Cork

A wide range of community and voluntary organisations provide mental health information and support across Cork, as well as bereavement support services.

In the consultations guiding the development of *Connecting for Life Cork*, the role of community organisations was highlighted. *Connecting for Life Cork* acknowledges the considerable amount of community activity across Cork and this local activity will be harnessed as a key resource in the implementation of the plan.

Samaritans Cork

Samaritans in Cork took almost 68,000 calls in 2016. Samaritans is a non-judgemental, confidential service with about 170 volunteers in Cork. The service is available 24 hours a day every day of the year to provide emotional support and a listening ear to all you need it. The Samaritans are contactable by telephone, in person, by text and by email. The Samaritans also visit schools to provide information about their services and run workshop for students. A listening scheme operates in Cork Prison and the organisation runs active listening workshops for a range of other organisations.

Pieta House

Pieta House provides one to one counselling free of charge for people of all ages who have attempted suicide, people who have suicide ideation and people who engage in self-harm. Pieta House also provides HSE-funded bereavement support services including individual counselling for children, adolescents and adults 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.

Irish Society for the Prevention of Cruelty to Children (ISPCC)

The purpose of all ISPCC services in Cork is to build psychological resilience among young people and to increase the capacity of families to meet the needs of their children.

The Cork Children and Young People Services Committee (CYPSC)

CYPSC is working towards improving developmental outcomes for children and young people through realising the outcomes set out in Better Outcomes Brighter Futures, the national policy framework for children and young people 2014-2020. Working groups have been created to deal with specific areas relevant to improving outcomes for children and young people in relation to mental health, youth participation research and information and a supporting parents subgroup. The Cork Children and Young People's plan is being developed for 2017-2019 and will be aligned with the goals of *Connecting for Life Cork*.

City/County Childcare Committees (CCCCC)

The City/County Childcare Committees deliver a range of key priorities on behalf of the DCYA and Tusla. They provide demand-led supports to all early years education and childcare providers, parent and toddler groups, childminders and parents.

Cork Mental Health Foundation

Cork Mental Health Foundation and Housing Association is a voluntary organisation that actively supports and empowers people with a mental health difficulty through the promotion and provision of high quality housing services and aims to promote positive mental health, to create awareness and understanding of mental health issues.

The Social Health and Education Project (SHEP)

SHEP is a not-for-profit, community-based training and development organisation which works together with individuals and communities to develop capacities for positive change and for the enhancement of health and wellbeing.

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 to facilitators who work in the community.

Kinsale Youth Support Services (KYSS)

Kinsale Youth Support Service, (KYSS) aims to help and support young people by providing information and promoting understanding of the challenges facing young people within the community.

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. SHINE delivers a range of services from its base in Cork city centre.

Aware

Aware is the national organisation providing support, education and information around depression and bipolar disorder. The organisation provides emotional support and the opportunity to learn practical skills for coping with and managing these conditions through its support groups, support line and support mail service. Access to Cognitive Behavioural Therapy (CBT) is available through Aware's Life Skills programme (group and online options). A programme for relatives and friends who care about someone who is experiencing depression or bipolar disorder is also delivered several times each year.

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 mental health difficulties happening. GROW have meetings across Cork.

Cork Gay Community Development Company

The Cork Gay Community Development Company is a community development organisation that works with gay and bisexual men and their families. The project offers activities such as drop in, education programmes, a number of different support and social groups, and an advocacy information service.

Cork Gay Community Development Company is a member organisation of the national LGBT helpline.

LINC (Advocating for Lesbian & Bisexual Women in Ireland)

LINC is a community organisation working exclusively with Lesbian and Bisexual women and their families. The Cork city based resource centre provides information, supports and services including a comprehensive outreach awareness training programme. The organisation also offers a low cost counselling service and one to one peer support. LINC is a member organisation of the national LGBT helpline.

Shine a Light

Shine a Light Suicide & Mental Health Awareness was established originally as the Northwest Suicide Awareness Group in 2009. The main aim of the group is to continually work toward lowering the incidence of suicide in the communities represented and to increase awareness around mental health and suicide. It is the core belief of Shine a Light that community groups have a vital role to play in suicide prevention.

Circle of Hope

Circle of Hope aims to support people who are affected by suicide and mental health difficulties, to organise awareness events and to link information with other support groups. Circle of Hope remembers all those who have died by suicide and organises remembrance events for anniversaries, birthdays and Christmas.

Breaking the Silence

Breaking the Silence is a community based organisation of volunteers based in Cobh. The group was formed in response to suicides in the town several years ago. The organisation believes that suicide is a community issue and is everybody's business. Along with providing Safe-TALK and ASIST training, breaking the Silence members will intervene where asked to by a friend or family member of a suicidal person by facilitating access to support in the community or through a relevant health service. Breaking the Silence also provides access to bereavement support services in partnership with other supports and services in the local area.

Reachout.com

As help-seeking behaviour changes, it is important that safe and quality online mental health support is provided by reliable organisations working in partnership with the HSE and other service providers.

With offices in Cork and Dublin, Reach out Ireland delivers both ReachOut.com and ReachOutParents.com online services. The flagship service, ReachOut.com, is an online youth mental health support for 12 to 25 year olds from across Ireland with extensive mental health information in a range of engaging formats.

ReachOutParents is designed to help parents support the mental health needs of their children.





2

How the Action Plan was Developed



2.1 Approach

An evidence-based approach ensures that *Connecting for Life Cork* will implement realistic objectives that reflect local need in the most cost-effective manner. To support this, and in line with the national strategy, broad engagement with the community was a crucial aspect of the development, as was identifying groups vulnerable to suicidal behaviour and the factors that put them at risk. The consultation process ensured that the goals of this action plan align with the needs of the people of Cork.

The Cork Suicide Prevention Planning Group (SPPG) was established with the aim of directly contributing to the preparation of *Connecting for Life Cork* ensuring a local response that will reduce the numbers of suicide deaths and self-harm incidents in Cork. The aims of the SPPG were:

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

Two additional working groups were set up:

- **The Engagement Working Group (EWG):** to facilitate broad engagement and participation, and ensure that stakeholders in the county, particularly in the community and voluntary sector had an opportunity to be involved.
- **The Information and Research Working Group (IRWG):** to lead on the information and research elements of *Connecting for Life Cork*, identify existing suicide prevention services and supports in Cork, to determine the research and data gaps and any requirement for primary research.

The National Office for Suicide Prevention also supported the approach by ensuring that the development of the *Connecting for Life Cork* remained consistent with the goals and actions outlined in *Connecting for Life*.

2.2 Consultation Process

The county wide consultation was one of the most important elements in preparing *Connecting for Life Cork*. Every effort was made to enable the general public, Community and Voluntary organisations, statutory and non-statutory agencies and HSE staff to share their thoughts. The various elements of the consultation process are outlined below.

2.2.1 Public Meetings

During September and October 2016 public meetings were hosted by the Resource Officer for Suicide Prevention, providing people with an opportunity to have a say in developing *Connecting for Life Cork*. A total of 356 participants attended the meetings and over 700 comments and suggestions were captured and entered into a database for analysis.

2.2.2 Online Surveys

To complement the public consultation meetings, three online surveys were conducted to get the views of the general public, young people and service providers. A total of 41 people responded to the general public survey, nine responded to the young people's survey, and 69 services responded to the service provider's survey. This survey of service providers aimed to determine the nature and range of service provision in the county, and the general public and young people's surveys asked about suicide prevention priorities.

General Public Survey

There were more responses elicited from people living in Cork county when compared to the city (68% and 32%), while more females (73%) replied than males. Sixty one percent of respondents were aged between 26 and 45 years old. The survey used both open-ended and structured questions.

Special Support Groups/Individual Meetings

Over the course of the months of September /November 2016 we also embarked on meeting Individuals and key groups that have been directly affected by suicide within their own families and communities'. This gave a real insight into the real impact of a death and what would work in terms of real support and guidance through this difficult time.

Young Person's Survey

Only nine young people completed the online survey despite promotion of the link at public meetings and through youth organisations in the city and county.

To ensure the voice of young people was taken into account, a separate youth consultation was conducted in Cork City Hall. This consultation was hosted by ReachOut.com, a youth mental health service, and was attended by over 40 young people from organisations such as The Life Centre, Foroige, Cloyne Diocesan Youth Services, Youth Work Ireland Cork and Bishopstown Community School. A further school consultation, led by the Lord Mayor of Cork, was held in the City Hall where young people had the opportunity to feed back their thoughts and views of suicide and self-harm prevention in their schools. This was supported by community-based services, HSE CHO Mental Health CAMHS teams and other relevant stakeholders.

"Creation of a safe 'space' to speak / non judgement is important"

Submission from secondary school students

"Holistic approach by schools, classes, programmes run in schools"

Submission from secondary school students

"Positive mental health charter within all schools"

Submission from secondary school students

"Teach how to manage emotions, peer support/ buddy system, senior cycle partnered with junior cycle students, student councils"

Submission from secondary school students

2.2.3 Focus Groups

With the support of community based organisations, a number of focus groups were held with priority groups from the county. The overall aim was to ensure that the voices of as many people as possible were listened to in developing the plan:

- Traveller Community, Traveller Health Unit
- HSE Social inclusion
- Homeless Organisations
- Youth services across the City and County
- Farming Community (IFA)
- LGBTI
- Staff and residents in Direct Provision Centres
- Family Members and those affected by suicide

The overall aim was to ensure that we have the widest consultation process across all groups.

"Develop an information mental health resource toolkit, to support key groups working directly with the public".

Submission from Public Consultation

"Public areas could be used for information on crisis numbers and local support".

Submission from Public Consultation



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). To inform *Connecting for Life*, the Central Statistics Office suicide statistics and data from the National Self-Harm Registry of 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.

Nationally, priority groups identified in *Connecting for Life* include the following:

- People experiencing mental health difficulty
- People with drug or alcohol problems
- Members of the Traveller community
- Members of the LGBTI community

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
- Prisoners
- Migrants
- Sex Workers
- People with chronic illness or disability
- Homeless youth and adults

Further research is required for these groups.

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

Through the public consultation process and in the targeted focus groups, some specific needs in relation to priority groups have been identified in Cork. On a local level, those most at risk of suicide and self-harm are as follows:

- Members of the Traveller Community
- Members of the LGBTI Community.
- People with existing mental health conditions
- Young people coping with life transitions
- People who misuse drugs or alcohol

The *Cork City Profile, 2014* reports that there were an estimated 789 Travellers living in Cork City in 2011, which comprised 0.7% of the overall population. The *Cork City Profile* goes on to report that 'Travellers are significantly more at risk of a variety of health problems including lower life expectancy and suicide'. While the consultation meeting with Cork Travellers highlighted issues around acculturation and specific risks associated with Traveller men, there are also unique stresses on Traveller women. These are both addressed in *Connecting for Life Cork*.

There are an estimated 12,000 LGBTI people in Cork City according to the aforementioned 'Cork City Profile' report and this population has been identified as being discriminated against in relation to employment, education, accommodation, health and personal safety (5). This covers a significant percentage of the Cork City population, and it is important that these individuals are also considered as a priority group in relation to the discrimination factors outlined.

As seen with the identified national priority groups, there is also the potential for an overlap among individuals or families to be categorised within multiple priority groups i.e. a young member of the LGBTI community who is struggling to cope with life transitions that come with his/her age.



Social Inclusion

The core objective of Social Inclusion is improvement of health outcomes for the most vulnerable in society. The importance of effective social inclusion relates to accessibility of support and services for priority groups and those populations considered with a minority stance in the wider Cork community. Due to the risk of isolation of these groups, it is crucial that social inclusion is monitored to allow for the effective provision of services and care to priority groups. *Connecting for Life Cork* aims to reach out to all population groups across Cork City and County.

Social inclusion involves provision of targeted interventions for people from traditionally marginalised groups who experience health inequalities, have difficulties accessing services and present with multiple, complex health and support needs. Vulnerable people and communities falling within the remit of Social Inclusion include Irish Travellers and Roma, asylum seekers and refugees and LGBTI people. Issues of addiction, substance misuse, homelessness and domestic, sexual and gender based violence are overarching themes within the work of HSE Social Inclusion. The cross cutting nature of social inclusion, with intersection of a range of issues across service user groups demands a partnership approach across statutory and voluntary sectors where responses are flexible, sophisticated, coordinated and aimed at eventual integration of service users into mainstream services where possible. At the same time, social inclusion works with mainstream services towards assuring accessibility to disadvantaged service users.

There is a strong link between poverty, socio-economic status and health. Mental and physical health problems can be both a cause and consequence of homelessness and social deprivation. Excluded and disadvantaged groups within the population carry a disproportionate burden of mental and physical ill-health and disability, with consequent high health service use and health (particularly mental health) and social care costs.



3.3 National Risk Factors

There is a limit to the amount of information that is routinely collected about the circumstances of people who take their own life, or for any cause of death. What is known about patterns of death in Ireland is generally based on reports from the Central Statistics Office (CSO) and this information is confined to basic demographics such as age, gender, county of death, and cause of death.

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

The First Report of the Suicide Support and Information System (8), conducted over the time period September 2008 to March 2011, ascertained 178 cases of suicide and 12 open verdicts (total 190). It revealed the following information which shines a light on risk characteristics in Ireland generally:

Risk Characteristics

Previous suicidal behaviour

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

Psychiatric diagnosis

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

Drugs and alcohol

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

Contact with health services

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

The Second SSIS Report (9) presented results and information on 307 consecutive cases of suicide in Cork City and County between September 2008 and June 2012 and revealed further information, including the following:

Employment and occupation

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

Physical illness

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

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

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

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 Cork reflected and added to those identified by research and listed above. The risk factors listed as particularly significant to life in Cork are shown in Table 3 below were:

Table 4: Individual, socio-cultural and situational risk factors for Cork

Individual	Socio-cultural	Situational
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Stigma associated with help-seeking behaviour • Barriers to accessing health care, mental health services and substance abuse treatment • Exposure to suicidal behaviour, e.g. through the media, and influence of others who have died by suicide 	<ul style="list-style-type: none"> • Job and financial losses • Relational or social losses • Easy access to lethal means • Local clusters of suicide that have a contagious influence • Stressful life and/or transitional events

3.4 National Protective Factors

Equally as important as reducing risk factors in suicide prevention attention needs to be given to strengthening interventions that are known to increase resilience and protect against suicidal behaviour. Research conducted by the World Health Organisation; *Preventing Suicide, A Global Imperative (2014)* highlights three key themes that act as protective factors against the risk of suicide:

- Strong personal relationships
- The existence of religious or spiritual beliefs and
- Lifestyle practice of positive coping strategies and wellbeing.

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.

More practically, mental health promotion activities which have demonstrated promise at both individual and population levels are reflected in the national #littletthings public mental health campaign. Specifically, the following #littletthings are currently being promoted through an integrated public awareness campaign as a whole population initiative to promote protective factors in suicide prevention:


- **Keeping active** – being active every day, something as simple as a walk is proven to have a positive impact on your mood.
- **Talking about your problems** – problems feel smaller when they are shared with others, without having to be solved or fixed. Just talking about it will do you good.
- **Looking out for others** – Lending an ear to someone else in trouble, or catching up with someone who seems distant, can change their day, or their lives. You don't have to fix it for them - just listening is a huge help.
- **Doing things with others** – Taking part in a group activity that you enjoy is proven to have a positive impact on how you feel, be it a game of football, joining a choir, volunteering.
- **Eating healthily** – A regular healthy, balanced and nutritious diet will help both your physical, but also your mental health, and have a positive impact on how you feel.
- **Staying in touch** – Catching up with friends and family is good for our mental health, reminding us that we're part of a community, and having a positive impact on how we feel.
- **Drinking less alcohol** – For the average Irish drinker, reducing alcohol will have a positive impact on their health and mental wellbeing, making it easier to cope with day to day difficulties and stresses.
- **Sleeping well** – Getting a good night's sleep of 7 or 8 hours, as often as you can, will have a positive impact on how you feel. Protect your sleep if you can, it will do you good.



Messages from HSE Little Things Campaign

THE MORE YOU MOVE THE BETTER YOUR MOOD


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



#littletings can make a big difference

PROBLEMS FEEL SMALLER WHEN YOU SHARE THEM


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



#littletings can make a big difference

IF A FRIEND SEEMS DISTANT CATCH UP WITH THEM

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



#littletings can make a big difference

LENDING AN EAR IS LENDING A HAND

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




#littletings can make a big difference

MY LITTLE THINGS

#littletings can make a big difference

BOOST YOUR MOOD WITH HEALTHY FOOD

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



#littletings can make a big difference

ADD FRIENDS TO YOUR TEA


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



#littletings can make a big difference

DRINK LESS AND GREAT NIGHTS BECOME GOOD MORNINGS


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



#littletings can make a big difference

8 HOURS SLEEP MAKE THE OTHER 16 EASIER

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



#littletings can make a big difference

Clubs Promoting Protective Factors

GAA Healthy Clubs

The Healthy Club Project is a GAA led initiative backed by Irish Life and Healthy Ireland. Irish Life has committed €1million to the programme over an initial three-year period.

Created in 2013, with the support of the HSE, National Office for Suicide Prevention, Irish Life and Healthy Ireland, the intention of the HCP is that every GAA club will become a hub for health and wellbeing. Each participating club is supported in how best to make their club more health-enhancing, covering a variety of topics including, physical activity; emotional wellbeing; health screening; healthy eating; drug, alcohol, and gambling education; anti-smoking; youth and community development, alongside providing activities for older members of the community.

The initial phase of 18 clubs underwent evaluation and research by Waterford's IT, which concluded that the Healthy Clubs Project is a viable model to deliver these positive messages. Ultimately, the project aims to involve every GAA club in the country, thus enhancing the long term health of every community.

Cork City Football Club (CCFC)

Cork City Football Club is a leading League of Ireland football team where home games can attract over 7,500 people. The club actively engages at a community level to support vulnerable groups in the City, linking with national initiatives such as the #littlethings campaign and the Green Ribbon campaign.

Green Ribbon

The Green Ribbon campaign, rolled out by *See Change, the National Stigma Reduction Partnership*, aims to get people to speak openly about mental health annually during the month of May.



3.5 Local Protective Factors

Feedback during the Cork consultation, which reflects both the professional and personal experience of those participating, listed local protective factors relevant to the Cork community. Although related to the aforementioned national factors listed above, the protective factors listed below are more specific to the community of Cork.

Physical Activity

The importance of a healthy lifestyle was identified as a local protective factor, and the significant role it plays in maintaining good health. However the need for group based activities to encourage participation and overcome the challenges of isolation in order to access activities was deemed significant.

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. Attending social events, having social spaces to frequent and having 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 on social interaction, and as a result, relationships are especially protective. However, in rural settings these priority groups in Cork are often the least likely to have access to social spaces and means of transport to attend social events in local towns. The importance of opportunities for social interaction as a protective factor in Cork cannot be understated.

Building Resilience

The feedback from the Cork 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 constant themes. Education, awareness and training will form a key part of *Connecting for Life Cork*, focusing on positive mental health and wellbeing as a protective factor.





4

Connecting for Life Cork
Strategic Goals, Objectives and Actions



Connecting for Life Cork Strategic Goals

Connecting for Life Cork is a three 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 Cork is to support and deliver on national objectives at a local level in County Cork, 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 the national strategic goals, objectives and actions.

VISION

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



GOALS

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



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

National 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 Cork 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.

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 having a significant impact and 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 under this goal.

Goal 1: To improve the understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing				
National Objective	National Action	Local Action	Lead Organisation	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 a mental health and wellbeing promotion plan.	1.1.2 Implement the national mental health and wellbeing plan at a local level in Cork.	HSE H&W	HSE MH, ROSP
	1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services.	1.1.3 Deliver nationally coordinated positive mental health campaigns at a local level such as the Little Things campaign.	HSE MH, ROSP, HSE Communications,	Local media, Community and Voluntary organisations (including sports organisations), HSE H&W, CETB, CCC, FRCs NCS/CIPC
1.2 Increase awareness of available suicide prevention and mental health services.	1.2.1 Deliver accessible information on all mental health services and access/ referral mechanisms and make the information available online at YourMentalHealth.ie.	1.2.1 Update, maintain and promote access to information on mental health services, events and referral pathways through Yourmentalhealth.ie.	HSE MH, HSE Communications	ROSP

1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services among priority groups	1.2.2(a) Deliver nationally coordinated targeted campaigns at a local level to improve awareness of appropriate support services among priority groups.	HSE MH, HSE Communications	ROSP, Community and Voluntary organisations
	1.2.2(b) Support prevention work in Direct Provision Centres to improve awareness of appropriate services.	HSE Social Inclusion, TUSLA	Direct Provision Centres, HSE MH, ROSP, NCS/CIPC
	1.2.2(c) Recognise diverse mental health needs among people of different nationalities and ethnic cultures, providing information to different communities in an appropriate manner.	HSE MH, HSE H&W	TUSLA, HSE Social Inclusion, Community and Voluntary organisations
	1.2.2(d) Aligned with yourmentalhealth. ie, raise awareness in schools of available youth mental health supports and services.	ROSP, HSE H&W	Cork ETB, local youth services, Community Health Projects CWD/Tulsa
	1.2.2(e) Aligned with yourmentalhealth. ie review and amend existing information resources for parents in relation to youth mental health.	TUSLA, HSE H&W	ROSP, Cork ETB, Youth Services
	1.2.2(f) Aligned with national awareness initiatives/campaigns provide clubs in all sports with information on youth mental health, suicide prevention supports and services.	HSE H&W, ROSP, CSP	Community and Voluntary organisations, FAI, GAA, IRFU, Sport Ireland (and other relevant sports bodies)

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 self-stigma among priority groups.	1.3.1(a) 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	HSE Service User, Family Member and Carer Engagement, HSE MH, CWD /Tulsa
		1.3.1(b) Pilot a better understanding about mental health and wellbeing in the workplace through a health promotional initiative in Cork City.	HSE H&W	Healthy Cities, HSE MH
		1.3.1(c) Complete a review of annual festivals, fun days, Park days, Fun runs, big city and county events etc that take place and explore options of collaboration with services relating to stigma reduction.	Cork City Council, ROSP	Healthy Cities, Cork Sport Partnership, HSE MH, FRCs
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) Engage with local media and form a biannual suicide prevention communication forum to promote mental health awareness, supports and help-seeking.	HSE Communications, ROSP	HSE MH, Local Media, NSRO, NSRF, HSE Community Work
		1.4.4(b) Provide Training and Information workshops to all forms of local media on the Media Guidelines for reporting suicide.	HSE Communications, ROSP	Local print, on-line and radio media, Headline

National 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. Cork 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 informal 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 up skilling, 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	Local Action	Lead Organisation	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 Community Health Organisations 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 <i>Connecting for Life Cork</i>	HSE MH, ROSP	Implementation Steering Group

<p>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).</p>	<p>2.2.1 Provide community based organisations with guidelines protocols and training on effective prevention.</p>	<p>2.2.1(a) Aligned with yourmentalhealth. ie provide up-to-date information on services and access points and guidance on effective suicide prevention to community based organisations.</p>	<p>ROSP, NCS/ CIPC</p>	<p>Community and Voluntary organisations</p>
		<p>2.2.1(b) Identify and develop a plan to support quality-assured local initiatives and organisations working in suicide prevention (e.g. through initiatives such as Springboard’s resilience training programme).</p>	<p>ROSP</p>	<p>Community and Voluntary organisations</p>
<p>2.3 Ensure the provision and delivery of training and education programmes on suicide prevention to community-based organisations.</p>	<p>2.3.1 Develop a training and educational plan for community based training (as part of the national training plan) building on the review of training completed by NOSP in 2014</p>	<p>2.3.1 Aligned to the National Training Plan develop a plan to increase local uptake of training (e.g. SafeTALK, ASIST, Stress Control Workshops) and increase awareness in the community of those who are trained.</p>	<p>ROSP, NCS/ CIPC</p>	<p>HSE MH, Local Media, Community and Voluntary organisations, HSE H&W, Community Health Workers/ Safe Talk and ASIST Tutors, FRCs, Haz and CWD</p>
	<p>2.3.2 Deliver training and awareness programmes in line with the National Training Plan prioritising professionals and volunteers across community based organisations, particularly those who come into regular contact with people who are vulnerable to suicide</p>	<p>2.3.2(a) Aligned to the National Training Plan deliver annual training and awareness programmes to staff and volunteers in agencies that have contact with people who are vulnerable to/at risk of suicidal behaviour.</p>	<p>ROSP, HSE H&W</p>	<p>Community and Voluntary organisations, CYPSC, Dept. Agriculture, Cork City & County Councils SafeTALK/ASIST/ USH Tutors</p>

		2.3.2(b) Facilitate the introduction of a mental health and wellbeing focus into parent and baby/ toddler groups (learning from the Springboard/NICHE partnership in Knocknaheeny) on a pilot basis.	HSE Public Health Nursing	HSE PC, Community and Voluntary organisations, HSE H&W
	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) In line with the national guidelines support work with Men's Sheds, young people and all listed priority groups inclusive of older population across Cork City and County.	HSE H&WB	HSE Social Inclusion, HSE Community Work Department (CWD), Community Health Projects, Mens Sheds, PPNs
		2.3.3(b) Foster communication and engagement with family members of service users with regard to the formal clinical structures of inpatient psychiatric care.	HSE MH	HSE Service User, Family Members and Carers Forum
		2.3.3 (c) Connect with and provide mental health promotion material and information on supports and services to all religious groups across Cork City and County.	HSE H&W, ROSP	Religious Groups of all faiths

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

As outlined previously, national and international research, supported by local feedback, identifies priority groups for whom the risk of suicide and self-harm is greater. Local risk factors help to identify local priority groups, and therefore necessitate the need for targeted local actions to meet local needs.

Rural isolation is a compounding factor for all priority groups in Cork, and will be one of the biggest challenges for *Connecting for Life Cork*, therefore community based accessible information, signposting, training and service delivery will be instrumental to its success. Beyond this, the targeted actions for under this goal will address the needs of the priority groups identified during the consultation.

Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.				
National Objective	National Action	Local Action	Lead Organisation	Key Partners
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.	3.1.2 Develop and implement interagency protocols (including protocols for sharing information) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.	3.1.2(a) Implement at a local level new and updated suicide prevention and critical incident management HSE and interagency protocols.	HSE MH, NOSP	HSE PC, NEPS, ROSP, HSE Acute Hospitals, Gardaí, Community & Voluntary organisations
		3.1.2(b) Aligned with national interagency protocols, enhance links and communication between TUSLA and CAMHS.	HSE MH, TUSLA,	HSE CAMHS, CYPSC
		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 for Priority Groups.	3.1.3(a) Aligned to the National Training Plan, develop information and training resources for people working with Travellers with an emphasis on the importance of identity and culture among Travellers.	HSE Traveller Health Unit, HSE Social Inclusion	HSE Mental Health, HSE H&W, Traveller Support Groups, Traveller Youth Needs Working Group, Traveller Community Health Workers/ Community Workers
		3.1.3(b) Support the delivery of LGBTI friendly counselling across the city and county.	HSE Social Inclusion	LINC, Cork Gay Community Development Company
		3.1.3(c) Promote inter-community relations between Travellers and settled people through positive and healthy engagement.	HSE Traveller Health Unit, HSE H&W	HSE MH, Traveller Support Groups, Traveller Youth Needs Working Group, Community Workers
		3.1.3(d) Support Traveller women by providing opportunities to look after their mental health and wellbeing.	HSE Traveller Health Unit, HSE H&W	HSE MH, Traveller Support Groups
		3.1.3(e) Continue to support positive mental health projects for Travellers.	HSE Traveller Health Unit	HSE MH, Traveller Support groups, Healthy Minds
		3.1.3(f) Support positive inclusive services for homeless people affected and experiencing difficulties with their mental health.	TUSLA, HSE Social Inclusion	HSE MH, Homeless Services, Gardaí, Community and Voluntary organisations
	3.1.5 Provide and sustain training to health and social care professionals including front line mental health services staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.	3.1.5(a) Aligned to the National Training Plan, promote regular training for trainee and practicing health and social care workers ensuring that the training is culturally sensitive.	ROSP	HSE Social Inclusion, GPs, HSE PC, Teaching Colleges

		3.1.5(b) Aligned to the National Training Plan, support and resource the needs of local GPs in the area of suicide prevention especially in relation to training needs.	Cork ICGP faculty	HSE Mental Health, ROSP
		3.1.5(c) Support first responders within the justice sector who deal with suicide risk, the immediate aftermath and subsequent response to suicidal crises, including deaths by suicide, through training and links with appropriate services.	HSE MH, Gardaí, Prison Service	Coroner Service, Samaritans
	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 wellbeing to identified priority group, using role models from the community.	HSE H&W	Youth Services in Cork, Cork Traveller Projects, Cork Men's Shed Network, FRC's, LCDC, HSE Communications, HSE Social Inclusion, HSE MH, NSRF
3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy to address the high rate of alcohol and drug misuse.	3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care	3.2.1(a) Aligned with the national model of care 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

		3.2.1(b) Continue to support and improve programmes and services aimed at early intervention and prevention of alcohol and drug misuse and mental health related issues, while providing direct links to HSE Primary Care.	HSE Drug & Alcohol Services	HSE PC, HSE MH
		3.2.1(c) Implement of the 'Cork and Kerry Alcohol Strategy 2016-2018 – Time for Change', especially in relation to the 'Education and Prevention Pillar'.	Cork Local Drug and Alcohol Task Force, HSE PC	HSE H&W, CYSPC
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 teachers and school staff to implement the Wellbeing in Primary and Post-Primary Schools Guidelines.	Cork ETB, HSE H&W	Schools, HSE H&WB, NEPS, ROSP, CYPSC, NSRF
		3.3.1(b) Increase the number of schools in Cork who are part of the Healthy Ireland Health Promoting Schools Network and are thereby taking a whole school approach to supporting mental health and wellbeing.	HSE H&W	Cork ETB, Schools
		3.3.1(c) Aligned with yourmentalhealth.ie, promote evidence-based, safe and responsible online mental health resources for young people including established national resources.	ROSP	Cork schools, Community and Voluntary organisations, Community Health Workers in RAPID Areas

		3.3.1(d) In partnership with local youth services, and other partners provide support to young people living in Direct Provision Centres in Cork.	HSE Social Inclusion, TUSLA	Direct Provision Centres, HSE MH, Local Youth Services
	3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support and development of Student Support Teams and for the managements of critical incidents.	3.3.2 Support 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.	HSE H&W, ROSP	NEPS, CYPSC, TUSLA, Schools
	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.	HSE PC	HSE MH, ROSP, Jigsaw Cork
	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 CAMHS Standard Operating Procedure in Cork.	HSE MH	HSE CAMHS
		3.3.7(b) Outline and review provision of Tier 2 (community-based multidisciplinary) in Cork 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 Cork and where required, developing additional resources.	HSE MH	HSE CAMHS

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

People vulnerable to suicidal behaviour require easy access to a range of 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 among services is often likely and necessary. Clear and easy navigation between health services and other statutory services or community and voluntary services is needed.

A co-ordinated, consistent and integrated approach is a vital component of effective care pathways to 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	Local Action	Lead Organisation	Key Partners
4.1 Improve psychological and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.	4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service and deliver 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 cost.	HSE MH	HSE PC, Acute Hospitals, NSRF
		4.1.1(b) Continue to support and develop the Suicide Crisis Assessment Nurse (SCAN) service across Cork City and County ensuring the continued professional development of SCAN nurses.	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, Acute Hospitals, 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 Collaborate with HSE MHD to explore, identify and implement a uniform assessment approach across the health services.	HSE MH	Acute Hospitals
	4.1.5 Deliver an approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment of patients presenting with self-harm to emergency departments.	4.1.5 Continue the implementation of the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments.	HSE MH	Cork University Hospital
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 psychological interventions, including counselling for mental health problems both at primary and secondary care levels.	4.2.1 Identify and review provision of psychotherapeutic interventions, including to what extent services are adequate, visible and accessible in Cork.	HSE MH, HSE PC	National DBT team, NSRF, NCS/CIPC
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 that are known to mental health services and affected by suicide.	4.3.1(a) Outline and review provision of bereavement services in Cork, including to what extent services are adequate, timely and effective.	HSE MH	NOSP, Lighting the Way, CWD
		4.3.1(b) Investigate the feasibility of developing a Bereavement Liaison Service in Cork.	ROSP	HSE MH
		4.3.1(c) Aligned with yourmentalhealth.ie, ensure the availability of bereavement support information.	ROSP	HSE MH, HSE Communications

National 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 up skilling for practitioners.

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

National Objective	National Action	Local Action	Lead Organisation	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 assessment approach to respond to suicidal behaviour across mental health services.	5.2.1 Collaborate with HSE MHD to explore, identify and implement a uniform assessment approach across mental health services.	HSE MH	HSE PC, Acute Hospitals
	5.2.3 Trained investigators to be made available within Cork Mental Health Service to carry out system and service reviews in line with HSE policy.	5.2.3 Ensure that trained investigators are available to carry out system and service reviews in line with HSE policy.	HSE MH	–
5.3 Reduce and prevent suicidal behaviour in the criminal justice system.	5.3.3 Implement the IPS prisoner release policy, to ensure care, treatment and information is provided, including identifying the appropriate mental health services in each area for those leaving prison. This will include links with the community mental health services.	5.3.3 Assess and identify the needs of prisoners in relation to mental health supports and services.	Probation Service, Prison Service, ROSP	Community and Voluntary organisations, HSE Social Inclusion

<p>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.</p>	<p>5.4.1 Develop a National training plan, building on the NOSP Review of Training.</p>	<p>5.4.1(a) In line with the National Training Plan, provide on-going awareness and skills training for Emergency Department staff and mental health professionals in general hospital settings on the assessment and management of self-harm patients.</p>	<p>ROSP, HSE MH</p>	<p>HSE Director of Nursing, NSRF, HSE PC TUSLA</p>
		<p>5.4.1(b) In line with the National Training Plan deliver training to health and social care practitioners.</p>	<p>ROSP, HSE MH</p>	<p>HSE Director of Nursing, NSRF, HSE PC TUSLA, Drug and Alcohol Services CAMHS</p>
	<p>5.4.2 Deliver training in suicide prevention to staff in government departments and agencies that are likely to come into contact with people who are vulnerable to/ at risk of suicidal behaviour.</p>	<p>5.4.2 Aligned to the National Training Plan, 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.</p>	<p>HSE PC, TUSLA, ROSP</p>	<p>CAMHS, HSE Drug and Alcohol Services, CCC, Gardaí, religious groups, Coroner Service, Community and Voluntary organisations, NSRF</p>

National 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	Local Action	Lead Organisation	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) Set up a Rivers sub group of key stakeholders to learn from national and international practice to prevent access to named locations of concern.	Cork City Council, Cork County Council	HSE MH, NSRF
		6.2.1(b) Conduct an audit to determine high risk locations for incidents of suicide in the city, river and coastlines. Build in preventative infrastructure such as lighting, signage and barriers.	Cork City Council, Cork County Council	HSE MH, Coroner, Gardaí, ROSP
		6.2.1(c) Promote and display crisis supports in Cork City e.g. public service vehicles, and other public areas where supported.	Cork City Council, Cork County Council	Emergency Services, HSE Communications, HSE MH, 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 Cork, informed by local ligature audits.	HSE MH	Acute Hospitals

National 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 would prove beneficial for Cork.

Goal 7: Improve surveillance evaluation and high quality research relating to suicidal behaviour.				
National Objective	National Action	Local Action	Lead Organisation	Partners
7.1 Evaluate the effectiveness and cost effectiveness of <i>Connecting for Life</i>	7.1.1 Conduct proportionate evaluations of all major activities conducted under aegis of <i>Connecting for Life</i> ; 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 Cork Implementation Steering Group	ROSP, NSRF
	7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of <i>Connecting for Life</i> .	7.2.2 Use available data sources proactively to capture important information about suicide and suicidal behaviour in Cork to guide service improvement.	HSE MH	NSRF, Gardaí, Coroner
7.4 Develop a national research and evaluation plan that supports innovation aimed at early identification of suicide risk, assessment, intervention and prevention.	7.4.1 Support research on risk and protective factors for suicidal behaviour in groups with an increased risk (or potential increased risk) of suicidal behaviour.	7.4.1(a) To support the Involvement of young people in research concerning young people mental health solutions and services.	NSRF, youth services, Comhairle na nÓg	Community and Voluntary Organisations, Child Care Committees
		7.4.1(b) Conduct research into the vulnerabilities of people with high rates of non-fatal, repetitive self-harm behaviour with a focus on risk of completed suicide.	HRB, NSRF	ROSP, NOSP

	7.4.1(c) Develop a mechanism for service providers to learn from the personal stories of people who experience serious mental health difficulties, e.g. through a qualitative research project on lived experience of mental health problems with HSE Mental Health service users.	Community mental health organisations, HSE MH	Cork Implementation Steering Group, Community and Voluntary organisations
	7.4.1(d) Review and evaluate the development of the 'Open Dialogue' service model in West Cork mental health services with a view to expansion across Cork City and County.	HSE MH	Service user groups, families of service users





5

Implementation of *Connecting for Life Cork*



5.1 Implementation Structures and Roles

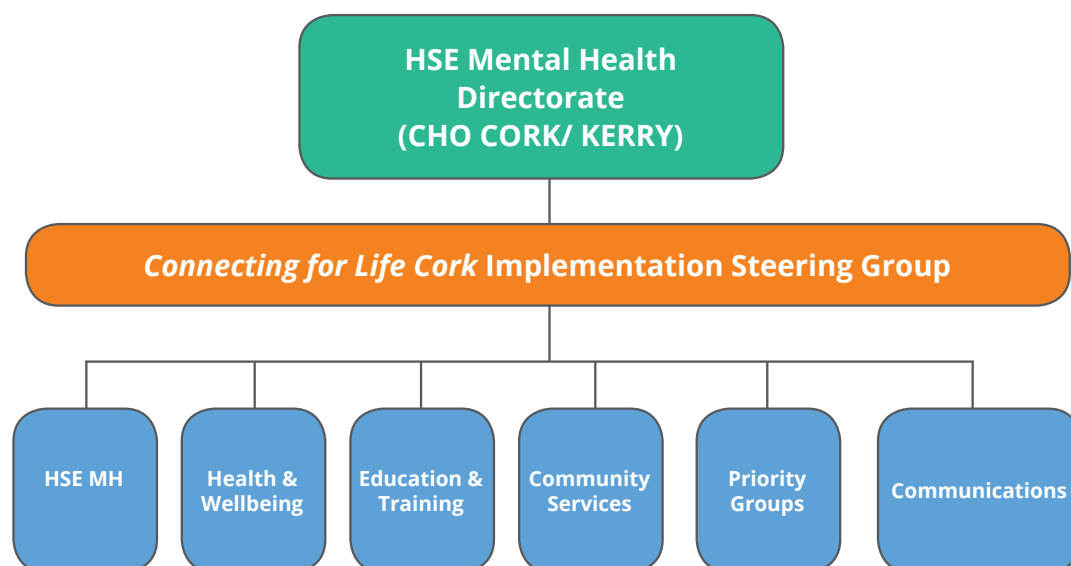
A cross-sectoral *Connecting for Life Cork* Implementation Steering Group has responsibility for ensuring *Connecting for Life Cork* is implemented. This will be led by the Mental Health team of the HSE Community Health Organisation Cork, Kerry, supported by the HSE Resource Officers for Suicide Prevention.

Annual work plans will be prepared, the first of which will be agreed in Quarter Three of 2017. The action plans will highlight the priorities for the year from the four year plan.

From 2018, the annual work plans will report on progress in implementing actions in the previous calendar year. The work plans for 2018, 2019 and 2020 will be finalised by January 31st each year.

There are a range of important functions that will operate in parallel in the implementation of *Connecting for Life Cork*, as we will work with the LCDC and CYPSC local plans. The Implementation Steering Group will appoint smaller sub-groups with expertise, experience and capacity to deliver on their assigned action.

Implementation of *Connecting for Life Cork*



5.1.1 Implementation Steering Group

The development of a cross-sectoral Implementation Steering Group (ISG) supported by six working groups is outlined above. Each working group will be responsible for the management of their respective *Connecting for Life Cork* actions, and implementing them within the agreed timeframe and meeting the required quality parameters. This will ensure a focused approach to implementing the action plan with specific annual outputs and outcomes. Aligned to this, annual work plans will be developed and agreed upon by each working group. These work plans will focus contributions from key agencies and highlight the priority actions for each year. The Chair of each working group will sit on the ISG.

Connecting for Life Cork is a live, dynamic and flexible action plan and the ISG will ensure that account is taken of any emerging needs and trends in the county throughout the life of the plan. The implementation structures are flexible and open to change in order to accommodate these needs.

Oversight of the action plan and its implementation will be provided by the HSE Mental Health Directorate and Community Health Organisation Cork and Kerry, who have overall responsibility for support, development and implementation of county wide suicide prevention plans in Cork and Kerry. Day to day co-ordination of the action plan and delivery will be under the direction of the HSE Resource Officers for Suicide Prevention in Cork. Resources will be sought for an additional supports for the implementation of the *Connecting for Life Cork* where needed.

5.1.2 Monitoring and Evaluation

The ISG will be responsible for the implementation of the *Connecting for Life Cork*. Progress and issues will be reported to the ISG by the Chairs of each individual working group. The National Office for Suicide Prevention has developed a national monitoring and evaluating system for the local action plans, and this will inform the continuous progress monitoring and evaluation of *Connecting for Life Cork*. In addition, an internal annual review and evaluation will be conducted by the *Connecting for Life Cork* ISG.

5.1.3 Communicating *Connecting for Life Cork*

Communications relating to the implementation of *Connecting for Life Cork* will be the responsibility of the ISG, supported by the NOSP and HSE Communications where required. Clear communication between the many stakeholders involved in this action plan is vital. To coordinate and assist effective communications between stakeholders, a Communications Plan will be developed to ensure appropriate management.

5.1.4 Resourcing *Connecting for Life Cork*

Implementing the multi-faceted actions outlined in *Connecting for Life Cork* will involve the use of existing resources and an improved level of cooperation within Cork HSE services, statutory and non-statutory agencies and the Community and Voluntary sector, thus supporting the whole community approach.

Overall implementation is the responsibility of many organisations, and during the development stages of this action plan, agreement was reached between these organisations regarding clear, defined roles and commitment to resources where required. Key partners were identified and tasked with supporting specific actions.

Concluding Remarks

Connecting for Life Cork is the result of the collaborative effort of the Cork community, and without this effort, the formation of this action plan would not have been possible. It is with sincere gratitude that our thanks are extended to all members of the community, and we urge you to keep in mind that this action plan is a product of community involvement. *Connecting for Life Cork* aims to give back to the community in providing a structured system of support with the aim of reducing suicide and self-harm rates across Cork City and County. By connecting and pooling our resources and community spirit, we can achieve this goal - our goal.



Appendices



Appendix 1: Abbreviations

A&E/ED	Accident and Emergency/Emergency Department
AVFC	A Vision for Change
BSG	Bereavement Support Group
CAMHS	Child and Adolescent Mental Health Services
CBDI	Community Based Drugs Initiative
CBT	Cognitive Behavioural Therapy
CCCoCo	Cork City and County Councils
CfL	Connecting for Life
CHO 4	Community Health Organisation Area 4 (Cork and Kerry)
CIT	Cork Institute of Technology
CLDATF	Cork Local Drug and Alcohol Task Force
CSO	Central Statistics Office
CWD	Community Work Department HSE
CYPSC	Children and Young People's Service Committee
DBT	Dialectal Behavioural Therapy
DES	Department of Education and Skills
DoH	Department of Health
ETB	Education and Training Board (Cork)
FAI	Football Association of Ireland
FRC	Family Resource Centre
GAA	Gaelic Athletic Association
GLEN	Gay and Lesbian Equality Network
GP	General Practitioner
HI	Healthy Ireland
HRB	Health Research Board
HPU	Health Promotion Unit
HSE	Health Service Executive
HSE H&W	Health and Wellbeing
HSE MH	Mental Health Services
HSE PC	Primary Care
HSE THU	Traveller Health Unit
IC	Implementation Committee
ID	Intellectual Disability
IRFU	Irish Rugby Football Union
ISG	Implementation Steering Group
KPI	Key Performance Indicator
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex

LINC	Lesbians in Cork
MABS	Money Advice and Budgeting Service
NEPS	National Educational Psychological Service
NGO	Non-Governmental Organisation
NOSP	National Office for Suicide Prevention
NSHRI	National Self-Harm Registry Ireland
NSRF	National Suicide Research Foundation
PCC	Primary Care Centre
PCT	Primary Care Team
ROSP	Resource Officer for Suicide Prevention
SIU	Social Inclusion Unit
SPAP	Suicide Prevention Action Plan
SPSG	Suicide Prevention Steering Group (Cork)
SRO	Suicide Resource Office
SSIS	Suicide Support and Information System
TCHW	Traveller Community Health Workers
Tusla	The National Child and Family Agency
UCC	University College Cork
WHO	World Health Organisation
YAM	Youth Aware of Mental Health Programme
YMCA	Young Men's Catholic Association
YWIW	Youth Work Ireland Waterford

Appendix 2: Definition of Key Terms

Families/friends/communities bereaved by suicide

People who are directly or indirectly affected 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, delivered through specialist mental health teams from childhood through to old age.

Incidence of self-harm/self-harm rates

Managed by the National Suicide Research Foundation, a national registry exists for self-harm presentations to Emergency Departments in General Hospitals.

Mental health and wellbeing

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 conditions that affect mental health and have a profound 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 organisations, services and groups.

People/groups vulnerable to suicide

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

People at acute risk of suicide/self-harm

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

People/groups 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 comprised of GPs, Public Health Nurses, Occupational Therapists, Physiotherapists, other HSE staff and community representatives.

Priority groups

In *Connecting for Life* and *Connecting for Life Cork*, priority groups refer to the population groups identified as vulnerable to suicide in Ireland. Other population groups may emerge as particularly vulnerable to suicide throughout the implementation of the action plan.

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 reducing 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. Sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all self-harm.

Service user

A person who utilises 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. Related issues include low incomes, poor housing, high-crime environments and family problems.

Stigma reduction

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 action plan, the term suicidal behaviour also refers to 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 identifying the smaller number of people who are vulnerable to suicide/self-harm and formulating 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 – Community Consultation Questions

The following questions and discussion points guided the public meetings:

Question one: – *How can we work together to reduce suicides and self-harm in Cork City and County while building awareness as a whole community approach to mental health and suicide?*

Supporting Questions:

- What builds community awareness and what brings it down?
- What needs to be done to reduce suicide rates and self-harm in Cork City and County?
- What supports and services are needed?

Question two: – *How can vulnerable people such as young people, older people, men who are more 'at risk' of suicide and self-harm be supported within their community*

Supporting Questions:

- What are the risk factors?
- Why are there more risk factors for people 'at risk'?
- What are the protective factors?
- What needs to be done to enhance the protective factors and reduce the risk factors?
- What supports and services are needed to make this happen?

Question three: – *in your opinion how best can we engage families, individuals, and communities bereaved through suicide to ensure best possible support at this stressful time?*

Supporting Questions

- How can families be supported and helped to move through a healing process?
- How can communities where a suicide has happened be supported?
- What do you think would help prevent suicide?
- What supports and services are needed to make this happen?

Question four: - *What can be done to highlight Crisis numbers and awareness structurally in the city and county?*

- How can we promote numbers?
- Is there good places where we can be more visible?
- Where in the city can this have more impact?

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