



Connecting for Life

Waterford

Waterford City & County Suicide Prevention Action Plan 2017 – 2020



National Office for
Suicide Prevention

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

There is a range of services available in the area of suicide prevention, as well as support in the aftermath of a suicide. People, who feel they are in crisis, for whatever reason, need to know they are not alone. Help, advice and support is available.

- Your first point of contact is your local G.P. If it is late in the evening or at the weekend, contact CAREDOC on **1850 334 999**
- Go to the Emergency Department in University Hospital Waterford
- Contact the Emergency Services on **999** or **112**
- Call the Samaritans 24 hour Freephone listening service on **116 123**
- For more information on supports and services visit
www.yourmentalhealth.ie

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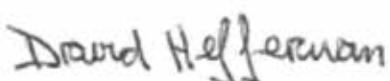
Foreword by David Heffernan

General Manager for HSE Mental Health Services (CHO 5)

Suicide is a significant community health problem that has a devastating effect on individuals, families and entire communities. Waterford City and County are no different than the rest of Ireland in terms of the impact suicide has had on a huge number of people. *Connecting for Life Waterford* is an excellent example of people in the community taking responsibility and coming together to develop a clear, collaborative and joined up response to an issue that is uppermost in people's minds across the entire City and County.

This action plan for suicide prevention was created using a community development approach with a focus on inclusion, building trust and working together to achieve the best possible outcomes for all concerned. Waterford City has had a suicide prevention plan in place since 2007 and the people of Waterford City and County are well versed in the promotion of positive mental health. They are also inherently resilient and continually come together when faced with adversity. The public discourse about suicide, self harm and mental health has been ongoing for some time and will continue to inform effective responses and best practice as this plan is implemented.

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



Acknowledgements

In acknowledgement of the work that has gone into the development of this plan, special thanks are given to:

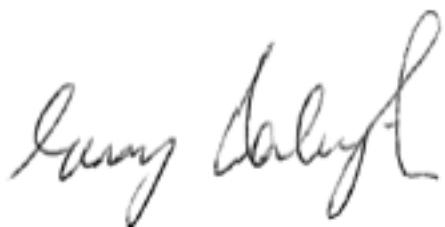
- The people of Waterford City and County who so willingly took time to share their thoughts and ideas on suicide prevention and mental health throughout the public consultation process
- All of the local organisations across the City and County who hosted meetings, provided venues and more importantly, supported those who attended each of the consultations
- Volunteers from community and voluntary organisations who facilitated the focus groups
- Staff and volunteers from services across the whole of Waterford City and County who dedicated time and effort to contribute to the plan and who have committed to delivering actions in the plan
- Each and every member of the Social Inclusion Measures Working Group and the Waterford Suicide Prevention Interagency Working Group who have been totally committed and worked tirelessly from the outset, see Appendix 1 for a list of members
- Waterford City and County Council and Waterford Area Partnership for providing meeting space and administrative support
- The National Office for Suicide Prevention (NOSP) and the Regional Suicide Resource Office who coordinated the development of the plan
- Dr. Maria Power from Community Consultants, who facilitated the public consultations in the County, completed the review of the plan in the City and consolidated all of this work into *Connecting for Life Waterford*

A Word from Gerry Raleigh

Director of the National Office for Suicide Prevention

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

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



The Comeragh Mountains. Photo Credit: Patrick Kenealy

Introduction

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

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

While meeting with communities across Waterford City and County, we heard first hand people's experience of the pain and hurt they feel when a loved one dies by suicide. We also heard of the enormous levels of resilience and positive energy of people to respond to and support others in difficult times. Communities across the City and County have come together to address the issue of suicide and mental health concerns in a collective and meaningful way. This plan takes account of the significant social and economic changes impacting Ireland in the

Introduction

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

It is important that this local action plan is read and understood in the context of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide 2015 – 2020. All of the actions in *Connecting for Life Waterford* are aligned to the national strategic goals, the national objectives and the national actions. However, while the local action plan and the national strategy are aligned, a number of actions contained in the national strategy will not have elicited local actions during the consultation process, and some national actions will not be delivered at local level.

There are key values underpinning the development and implementation of this plan and these are:

- The importance of collaboration between services and sectors to maximise impact and increase the level of resources focused on suicide prevention work. This includes an emphasis on working cooperatively, sharing knowledge and responding collectively to complex situations. The Suicide Prevention Interagency Working Group is a committee that brings with it dynamism, different perspectives and challenges in the pursuit of shared goals.
- There is an acknowledgement of the need to advocate for change, for new services and for attention to be paid to specific groups, in addition to steering the effective implementation of *Connecting for Life Waterford*.
- There is a firm commitment to equity of access for all those who need services regardless of background, socio-economic status, geographic location or nationality.

An explanation of key terms and a list of abbreviations are given in Appendices 2 and 3 respectively.



Reginald's Tower. Photo Credit: Noel Browne.

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Context for Suicide Prevention
in Ireland and Waterford

1.1 National and Local Policy Context

In the past in Ireland, suicide was a crime under common law and was treated harshly and without benevolence. It was condemned by both Catholic and Protestant churches. Thankfully suicide in Ireland was decriminalised in 1993 and since then there has been a more open dialogue about suicide and its impact. The benefits of open dialogue include a greater understanding of the contributory factors that can lead to suicide and there is now more compassion and empathy for those who attempt suicide; die by suicide or are impacted by suicide. As time has progressed our society has become more open to acknowledging the pain, distress and trauma associated with suicide, attempted suicide and self-harm and there is a deepening desire to join forces to reduce or prevent them. The following landmark developments have contributed to a more cohesive and proactive approach to understanding and addressing suicide:

- **1995:** A National Task Force on Suicide was established
- **1998:** The Final Report of the National Task Force on Suicide called for the appointment of Regional Resource Officers for Suicide Prevention
- **2001:** A study entitled '*Suicide in Ireland: A National Study*' highlighted the high rates of suicide among young men and reported that 49% of those who died were known to have visited their GP within the year prior to death
- **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 (NOSP) was established
- **2007:** The HSE National Office for Suicide Prevention launched the *Your Mental Health* public awareness campaign
- **2012:** The National Suicide Research Foundation (NSRF) published the *First Report of the Suicide Support and Information System (SSIS)* which highlighted that 81% of those who died had been in contact with their GP or a mental health service in the year prior to death
- **2015:** *Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2020* was published, calling for the development and implementation of local County suicide prevention plans
- **2015-2017:** The development of local suicide prevention action plans in response to *Connecting for Life*

Suicide rates rose steadily from 9.2 per 100,000 population in 1993 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 although rates remain unacceptably high at over 11 per 100,000 population each year. In numbers, and therefore in human lives, this translates as approximately 500 deaths by suicide in Ireland each year. A recent study by Corcoran et al (2015) (2) notes that rates may have been decreasing until the onset of the economic recession in 2008 and the impact of this recession in Ireland. Section 1.3 explores the data in relation to suicide and self-harm in more detail.

In this context, suicide prevention work in Ireland has focused on two broad strands:

- Improving mental health and help-seeking behaviour in the general population
- Targeting people at increased risk of suicidal behaviour

The reason behind this approach is that suicide can be highly unpredictable but it can also be associated with ongoing, long-term mental health difficulties and other common risk factors.

1.1.1 National Context

Connecting for Life Waterford does not stand alone; the plan is intrinsically linked to and complements other important related strategies listed below:

Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 – 2020 (3)

Connecting for Life is the national strategy to reduce suicide in Ireland over the period 2015 – 2020. It sets out the Irish Government's vision for suicide prevention, the expected outcomes over the five years and the actions that will be taken to prevent suicide and self-harm in Ireland. The strategy follows on from *Reach Out: the 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 has 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. *Connecting for Life* takes account of the changed landscape in Ireland in relation to mental health and suicide and it provides a comprehensive, cross-

sectoral, practical plan that can make a positive difference to the lives of people from all population groups in Ireland. The successful implementation of *Connecting for Life* nationally will be underpinned by clear and practical local plans such as *Connecting for Life Waterford*.

A Vision for Change: Report of the Expert Group on Mental Health Policy (4)

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' (Government of Ireland, 2006:15). *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 adopts a broad approach, acknowledging 'that there is a range of factors which can influence mental health, including physical, psychological, social, cultural and economic' (2006:15). AVFC is a vital policy document that was utilised in the development of *Connecting for Life* nationally.

The publication of AVFC occurred less than one year after the launch of *Reach Out: The 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 developed in the most part through the National Office for Suicide Prevention (NOSP) under the banner of suicide prevention.

Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People 2014 – 2020 (5)

A Government policy framework for improved outcomes for children and young people contains a vision for Ireland to be 'the best small country in which to grow up and raise a family'. This 2014 framework is highly relevant to suicide prevention policy for young people. There are 5 outcomes identified in the framework and Outcome 1 identifies the goal that 'children and young people are active and healthy, with positive physical and mental wellbeing'. In addition, 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. Aim 1.2 focuses in particular on 'good mental health' with references to increasing mental health literacy. This strategy informs key actions in *Connecting for Life Waterford*.

Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 – 2025 (6)

Healthy Ireland is the 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 integral theme within the policy and it is framed in a way that reflects broad based public health and the more targeted approaches 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' (2013:5). Importantly, two of the three key performance indicators for wellbeing in *Healthy Ireland* are a decrease in self-harm and a reduction in suicide rates.

All-Ireland Traveller Health Study: Our Geels (7)

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

1.1.2 Local Context

In addition to important national strategies, there are key pieces of local policy and research that informed the development of *Connecting for Life Waterford*. Below is a review of the plans and strategies that relate to suicide prevention work in Waterford.

One Waterford: Local, Economic & Community Plan 2015 - 2020 (8)

The Local, Economic & Community Plan 2015 – 2020 (LECP) for Waterford contains two components;

- A local economic component to guide the economic development role of Waterford City and County Council
- A community development component to promote local and community development in Waterford

The plan places an emphasis on ensuring that local communities are strong, engaged and working together and on Waterford residents having an excellent quality of life. The plan also has a clear focus on social inclusion and marginalised communities, with a specific objective and operational structure dedicated to mental health. ‘The Healthy Waterford initiative operating on a whole County basis has the objective of reducing health inequalities and promoting local leadership for health whilst also providing an oversight role on mental health and suicide prevention. Delivery on such key quality of life determinants are important elements of the Waterford Community Plan’ (LECP 2015 – 2020).

BUILDING STRONGER COMMUNITIES - WATERFORD LECP	
Key LECP Action Areas	Key Relevant Structures
Stronger Futures	Waterford Children & Young People's Services Committee, Family Resource Centres, Waterford Childcare Committee, Waterford Education & Training Board (Youth), Youth Services Providers
Connections between Services and People	HSE, SICAP, LEADER, Waterford Children & Young People's Services Committee, Waterford Public Participation Network
Stronger Participation of all Waterford Communities	Traveller Inter Agency Group (TIG), County Integration Forum, Waterford Disability Network, SICAP, Waterford Age Friendly Alliance, Waterford Public Participation Network
Stronger, Safer, Healthier Waterford	Joint Policing Committee, LDTF, Waterford Restorative Practice Network, Community Resilience Network, Health & Wellbeing Forum, Healthy Waterford, Waterford Sports Partnership, HSE Mental Health, HSE Suicide Resource Office, Waterford Age Friendly Alliance

Figure 1: Waterford LECP Action Areas and Structures

Waterford Children and Young People's Plan 2015 – 2018 (9)

The work of Waterford Children and Young People's Services Committee (CYPSC) relates to the five national outcomes for children. They state that children will be:

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

The plan makes specific recommendations in relation to mental and emotional health, and highlights the increasing numbers of children and young people presenting with emotional and early stage mental health problems. These problems include anxiety, acting out, acting in, substance misuse on foot of emotional problems, bullying, suicide ideation, low self-esteem and the impact of negative peer groups. The lack of early identification of issues and problems, gaps in services and the provision of supports at this level were also cited as factors that led to increasing problems for children and young people. The gaps in services are seen in terms of early supports or interventions, prevention and resilience building supports, additional capacity of universal services to contribute to countering emotional difficulties, individual, group-based and family based therapies and interventions. Another clear gap noted was the length of time on waiting lists to access services when mental health problems have become more serious. The lack of services, it was suggested, is more acute in the rural parts of the County.

The CYPSC Plan calls for a focus to be placed on early interventions and prevention in respect of emotional and mental health for children and young people. It states that universal services should be empowered and supported (in terms of early identification skills, access to counselling and information on services) to play a greater role in prevention, as well as creating stronger links to supports including the Child and Adolescent Mental Health Services (CAMHS). Given that the CYPSC has a particular focus on vulnerable young people in Waterford, collaboration with *Connecting for Life* will be crucial.

Reflecting the Challenge: An Action Plan for the Prevention of Suicide in Waterford City 2008 (10)

This plan is based on consultation work and research on suicide that originally took place in Waterford City in 2007. The plan identified four key thematic action areas in relation to Suicide Prevention;

- Building Resilience at Community Level (5 local actions identified)
- Developing Crisis Intervention Services (5 local actions identified)
- Services and Supports for Survivors (3 local actions identified)
- Enhancing Supports for Individuals, Families and Communities (5 actions identified)

As part of the review of this first suicide prevention plan it was noted that significant progress had been made across all actions identified, although it was agreed that greater attention could be given to more targeted work. *Connecting for Life Waterford* strengthens and builds on these actions and makes them more **specific, measurable, accountable, realistic and time-bound (SMART)**.

The Rainbow Report: LGBTI Health Needs and Experiences and Health Sector Responses (11)

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

Social Inclusion Community Activation Programme (SICAP) under Waterford Area Partnership (12)

Waterford Area Partnership (WAP) is the sponsor organisation with responsibility for delivering the Social Inclusion Community Activation Programme across Waterford City and County. This programme is focused on three main goals, and these are:

GOAL 1:
Community Engagement

GOAL 2:
Education and Development Supports

GOAL 3:
Youth Employment and Enterprise

Waterford Area Partnership played an active role in the delivery of the first action plan for suicide prevention in Waterford City. WAP as a member of the working group had responsibility for overseeing implementation, sourcing and hosting additional funding for actions and employing a part-time worker to coordinate implementation of actions. Under the new SICAP programme 2016 – 2018, WAP has dedicated resources to give to the coordination and implementation of actions in *Connecting for Life Waterford* and see a direct link between suicide prevention, positive mental health, well-being and social inclusion, particularly in terms of the inclusion of those most marginalised groups i.e. Travellers, people with a disability and LGBTI. WAP has significant experience of engaging and working with marginalised communities; this will complement and assist with the delivery of actions in *Connecting for Life Waterford*.

Healthy Waterford Action Plan 2015 – 2018 (13)

This four-year plan has been developed to deliver and meet Waterford's objectives as a member of the World Health Organisation's European Healthy Cities Network. The plan has two main objectives;

- To reduce health inequalities
- To improve leadership for health

The Healthy Waterford Action Plan is committed to five goals:

1. Support people to be healthy throughout their lives
2. Address major public health challenges
3. Strengthen people-centred health systems and support participatory governance for health where people play a more direct role in decision making
4. Create resilient communities and supportive environments that allow communities to respond well to challenges and provide opportunities for its members to live healthy lives
5. Support local leadership for health and recognition of the importance of health in social and economic development among stakeholders in Waterford

Both this plan and *Connecting for Life Waterford* complement and strengthen each other with a direct focus on suicide prevention and positive mental health.

Waterford Sports Partnership Strategy 2014 – 2017: Waterford - Active People, Active Place (14)

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

WSP aims to support the increase in participation in sport and physical activity of the people of Waterford and has priority target groups which include young people, older adults, people with a disability, women, teenage girls and disadvantaged groups. In addition to physical activities that relate to health and well-being, collaborative actions with WSP will help to increase awareness and build capacity of groups, organisations and local people to respond confidently to vulnerable groups and individuals.

Waterford Age-Friendly Strategy 2014 (15)

An age friendly Waterford will benefit everyone in the community, not just the older people. Safe, friendly communities with good facilities are good places for children, young people and families of all ages. Ireland's National Age Friendly City and Counties programme (www.agefriendlyireland.ie) is part of a worldwide initiative that aims to make sure that as we age, we can all have a real say in what happens in our own lives, what happens in the areas in which we live, enjoy good health, excellent

services, live in a safe environment, and participate fully in everything that is going on in our communities.

Age friendly refers to a place where all of us as we age can:

1. Lead healthier and active lives for longer
2. Stay living in our own homes and communities
3. Get to where we need to go, when we need to
4. Be enabled by the built and social environment
5. Feel and be safe at home and out and about
6. Have the information we need to live full lives
7. Be truly valued and respected
8. Participate in social, economic and public life
9. Continue to learn, develop and work

Older people have an important role in the community, their vulnerability in later life to mental health concerns and isolation especially those living in rural areas, must be addressed. It is vital that *Connecting for Life Waterford* acknowledges and proactively includes the needs of older people.

South East Strategy to Address Adolescent Substance Misuse (16)

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

Figure 2: Four Tier Model of Service Delivery for Intervention

There is significant evidence that highlights links between mental health concerns (including suicidal ideation) and the misuse of substances such as drugs and alcohol. The National Working Group¹ recommended a four-tier model of service delivery and is accepted by many service providers as the best model for intervention. The model recommended in the working group report is described in Figure 2.

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

1.1.3 Evidence for Suicide Prevention

In 2014, the National Office for Suicide Prevention commissioned the Health Research Board (17) to examine the evidence base for suicide prevention. The purpose of this examination was to establish what works in relation to suicide prevention interventions and what interventions reduce suicidal behaviour including suicidal ideation, self-harm, suicide attempts and suicide.

The interventions deemed to be effective in the reduction of suicidal behaviour are;

- Restricting or reducing access to means
- Cognitive Behavioural Therapy and Dialectic Behavioural Therapy
- The provision of suicide prevention interventions within Emergency Departments warrants further exploration
- Web based interventions particularly in the current technological climate need more research
- Screening and gate-keeping were seen as effective albeit when followed by referral to behavioural interventions

Overall, the review found that the evidence on suicide prevention interventions available is limited. This does not suggest that interventions are ineffective, but that there is in fact little proof of their effect. To prove an intervention works it needs to be tested. In addition, the NOSP examined the research on knowledge and awareness interventions and found that a number of these interventions also show promise and are worth exploring.

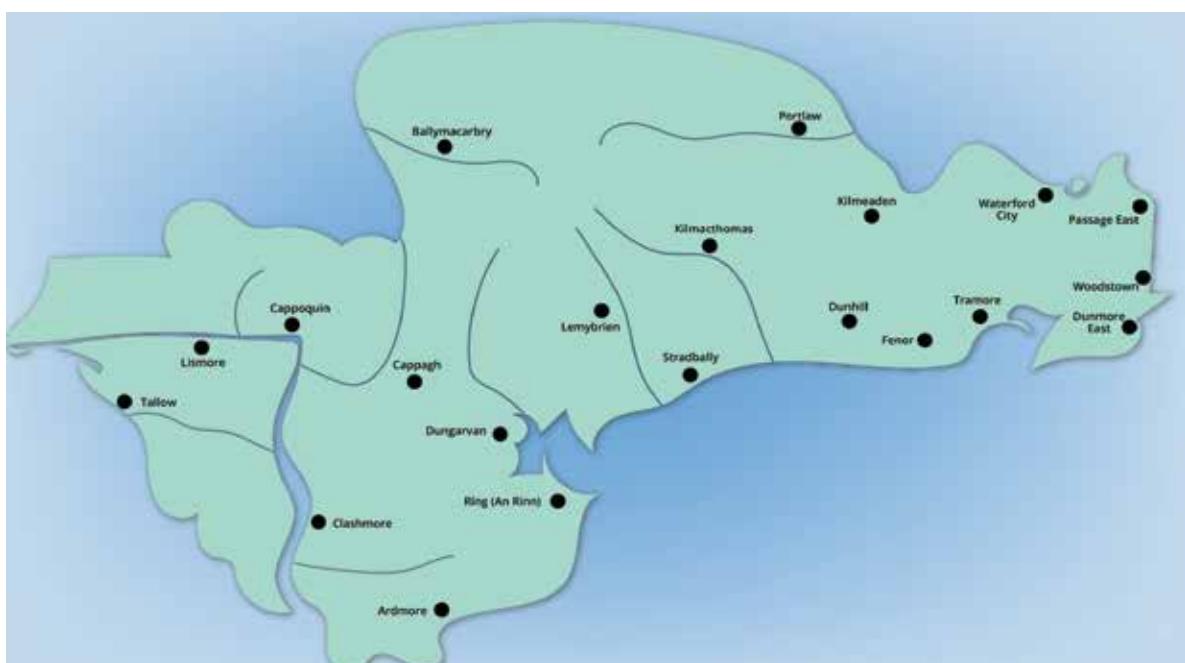
¹ Report of the national working group on the treatment of those under 18 years old presenting to treatment services with serious drug problems in the South East.

1.2 Area Profile of Waterford City & County

Waterford is located on the South East Coast of Ireland. It is designated as a Gateway City within the National Development Plan and as a Gateway to the South East, and along with Kilkenny and Carlow, it is one of the Hub Centres within the National Spatial Strategy. The City is generally viewed as the capital city of the South East and covers an area of 4,157 hectares.

The most recent collated Census figures from 2016 show that Waterford City and County has a total population of 116,401 (City 48,369; County 68,032) an increase of almost 2.3% since 2011. Under the Local Government Reform Act 2014, the two separate local authority areas of City and County were amalgamated into one administrative area. This new area comprises five electoral areas (see Appendix 4 for more details). Three of these areas: Waterford City East, Waterford City South and Tramore/Waterford City West form the Waterford Metropolitan District, while the other two electoral areas: Dungarvan/Lismore and Comeragh are designated rural. Approximately 50,000 people live in the City and suburbs with a further 70,000 people living within 80 kilometres of the City, which includes some small areas straddling South Kilkenny. Therefore it is important to note that almost 58.5% of the Waterford population lives across a large rural area in Waterford County, which by its very nature will require due attention and consideration of community organisation and the availability of services and supports to rural communities and families.

The map below highlights the key areas and towns located in Waterford



In Waterford, the percentage of fixed place job workers in manufacturing is 30%, compared to approximately 10% in other cities. This directly correlates to the reliance of the City on manufacturing and the subsequent impact of the closure and reduction of manufacturing industries from 2008-2012 on the City's employment base. In addition, the relatively low levels of people engaged in commerce reflect the lower level of retail and business sector growth in the City to date.

However, the City and County are responding robustly with clearly defined tourism and business development plans focused on future opportunities, examples include the Viking Triangle in the city linked to the Ancient East Tourism Trail and the development of a 46km Greenway in the County.

1.3 Data in relation to Suicide and Self-Harm in Ireland and Waterford

1.3.1 Suicide Rates

Statistics in relation to suicide are gathered by the Central Statistics Office (CSO) (18) and are made available annually. The graph and table below relate to both Waterford City and County. Data in relation to death by suicide is shown per 100,000 of the population on an annual basis and also on a three year average basis.

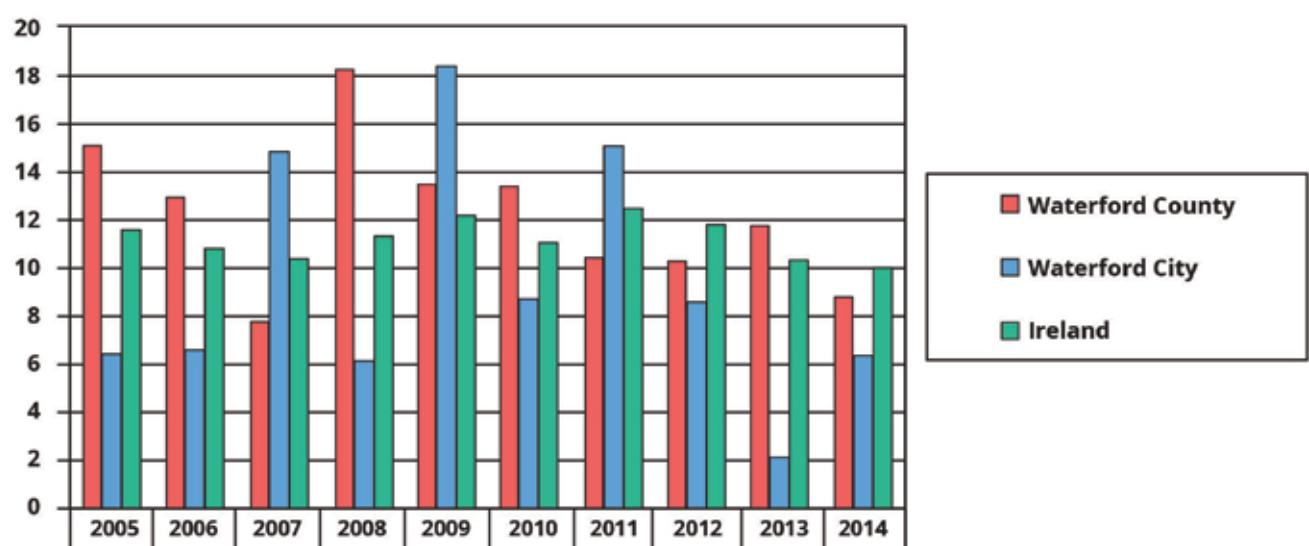


Figure 3: Waterford City and County Suicide Rate per 100,000 of population 2004 to 2014

The above graph shows that the number of deaths by suicide is usually significantly higher in Waterford County than in Waterford City. Latest figures (2014) show that suicide rates in the City are below the national average, with the City making significant progress in reducing the figures since 2011.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Waterford County	15	12.9	7.8	18.2	13.5	13.4	10.4	10.3	11.8	8.8
Waterford City	6.4	6.6	14.8	6.2	18.4	8.7	15.1	8.6	2.1	6.4
National Rate	11.6	10.8	10.5	11.4	12.2	11.1	12.5	11.8	10.3	10.0

Figure 4: Rates of death by suicide per 100,000 of population annually 2005 – 2014

Waterford and Ireland Suicide Rates per 100,000 population (3 year averages)

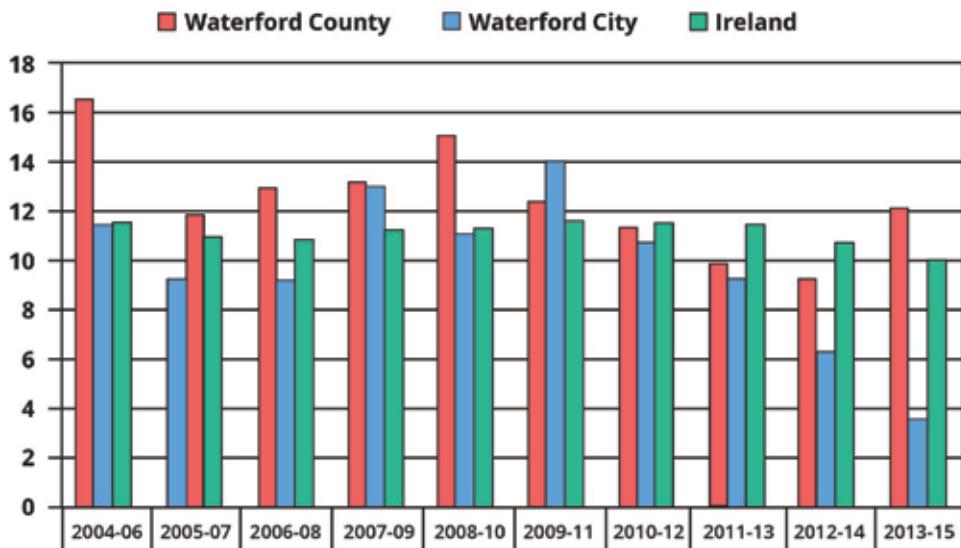


Figure 5: Three year moving averages for suicide in Waterford City and County compared to the State for 2004 - 2015 per 100,000 of population

The above three year moving averages confirm that the County has higher suicide rates than the City in all years, except in the three year period 2009 to 2011. (Data for 2015 is provisional).

1.3.2 Self-Harm Data

Statistics at a glance for 2015

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

Information on self-harm has been collected by the National Self-Harm Registry Ireland (NSHRI) in hospital Emergency Departments since 2002. In 2015, there were 356 presentations by 350 residents and 6 non residents of Waterford to hospital following self-harm. The 356 presentations involved 255 persons (123 male and 132 female), approximately 12% of presentations in the South East in 2015 were due to repeat acts.

	<15 yrs	15-19 yrs	20-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55 yrs +	Total
Male	<10	32	17	34	29	21	<15	151
Female	18	47	31	19	<15	24	<10	158

Figure 6: Number of Presentations by Age and Gender

The table above details the European age-standardised rate (EASR) of self-harm in Waterford. The male rate of self-harm in Waterford in 2015 was 202 per 100,000, while the female rate was 223 per 100,000.

Method of Self Harm

In Waterford, drug overdose was the most common method of self-harm, involved in 71% (220) of presentations. Alcohol was involved in 30% (92) of presentations. Self-cutting was the only other common method, involved in 24% (73) of presentations. There were 20 presentations (7%) involving attempted hanging, 11 presentations (4%) involving attempted drowning, while fewer than 10 presentations involved poisoning.

A list of available Services and Supports in Waterford is given in Appendix 5



Dungarvan Harbour. Photo Credit: Patrick Kenealy.

2

Development of
Connecting for Life Waterford

2.1 Background

The development of *Connecting for Life Waterford* took place over several stages as the City and County were not amalgamated administratively at the time the work was initiated. The first stage described below was the widespread consultation in the County with service providers and the public in relation to potential responses to suicide prevention. The second stage built on the work carried out in the City that commenced in 2007 and which had already successfully delivered a number of actions. Stage three was the collation of both plans into one consolidated plan, *Connecting for Life Waterford*; this final stage was carried out by Tracy Nugent, the Resource Officer for Suicide Prevention (ROSP) with the assistance of Dr. Maria Power and Derek Chambers from Community Consultants.

Stage 1: The Social Inclusion Measures Working Group (SIMWG) of Waterford County Development Board engaged Community Consultants Ltd to conduct several public consultations and carry out focused interviews on suicide prevention with key stakeholders, in order to develop a document that could be incorporated into a Waterford City and County Suicide Prevention Action Plan. Public consultations were carried out in three main locations in County Waterford: Dungarvan, Tallow and Tramore, where over 200 people attended and deliberated over what was needed for County Waterford to respond robustly to suicide and to consider suicide prevention interventions. The actions identified in *Connecting for Life Waterford* are a consolidation of these inputs from local people, young and old, male and female, living and working in communities who shared their experiences and knowledge about suicide, suicide prevention and mental health.

One to one consultations were carried out with representatives of the IFA/Teagasc, the LGBTI Community, County Waterford Community Based Drugs Initiative, Traveller Support Groups and Focus Ireland. In addition, relevant data was incorporated from the Older People's Forum consultation work. An extensive targeted consultation was carried out with young people and involved Waterford and South Tipperary Community Youth Service, Foroige and Comhairle na nÓg. Direct consultations that were specifically designed for young people took place in Dungarvan, where two meetings were held, and in schools in Tramore and Lismore; the consultations with young people were facilitated by Inspire Ireland¹. Foroige ran a specific youth consultation session in Lismore to gather additional input from young people living in the surrounding rural areas. All

¹ Inspire Ireland is a not for profit organisation with a mission to improve the mental health and well-being of Irish young people.

public meetings, targeted consultations and interviews were very well attended, highly participative and informative, indicating a high level of interest, concern and desire to see effective responses put in place for suicide prevention in County Waterford.

Stage 2: Waterford City has had an Action Plan for Suicide Prevention in place since 2007, this is called *Reflecting the Challenge*. This action plan was overseen by a Suicide Prevention Interagency Working Group (SPIWG) chaired by the Regional Suicide Resource Office. The plan was developed following a series of open public consultation meetings as well as interviews with a wide range of service providers who identified key priorities in relation to suicide prevention. The main emphasis of the work within the City concentrated on;

- Building resilience at a community level
- Developing crisis intervention services
- Services and supports for survivors
- Enhancing supports for individuals, families and communities.

In 2015, in advance of the development of *Connecting for Life Waterford*, the existing Action Plan was reviewed and evaluated by key stakeholders in the City and by the Interagency Working Group. This review confirmed the priorities for the future, amendments were made and there was the inclusion of new priorities aligned to *Connecting for Life*.

Stage 3: *Putting People First: An Action Programme for Effective Local Government*, published in October 2012, set out government policy on local government and included significant changes including the amalgamation of Waterford City and County Councils and the establishment of metropolitan and municipal districts. The administrative areas of Waterford City and County were fully amalgamated in 2014. As a result of this merger, it was agreed by the Social Inclusion Measures Working Group in the County and the Suicide Prevention Interagency Working Group in the City to consolidate the two action plans for suicide prevention into one strategy namely *Connecting for Life Waterford*. The final stage of developing *Connecting for Life Waterford* took place in 2016 using the national strategic goals in *Connecting for Life* as a guiding framework.

2.2 Methodologies

2.2.1 Overview of the Planning Process

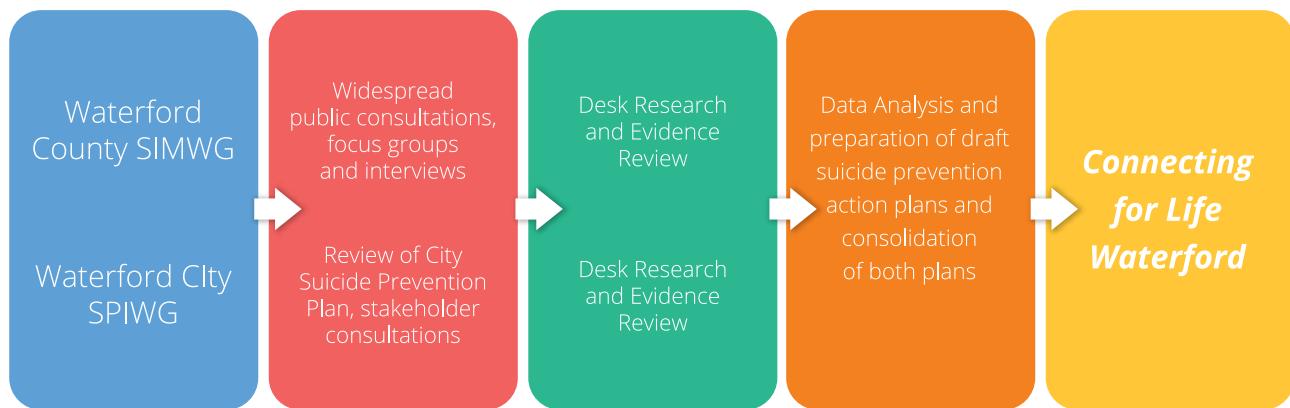


Figure 7: Steps taken in the development of Connecting for Life Waterford

2.2.2 Public Consultations

Open public consultations were held in:

- Dungarvan
- Tallow
- Tramore
- Waterford City

Over 400 people attended these meetings across the City and County. In the City, local organisations were invited to public meetings collectively. Organisations based in Ballybeg, Larchville/Lisduggan, Sacred Heart, Ferrybank and St. John's Park all took part. Their input informed the development and agreement of priority actions for Waterford City and County pertinent to suicide prevention.

2.2.3 Focus Groups & Stakeholder Consultations

As mentioned previously, one to one consultations were carried out with representatives of: Waterford County Council, IFA/Teagasc, the LGBTI Community, County Waterford Community Based Drugs Initiative, the National Learning Network, members of the South East Regional Family Support Network, Traveller Support Groups, Focus Ireland and relevant data was incorporated from the consultation with older people. In addition, extensive targeted consultations were carried out with young people; 150 young people

participated and this involved Waterford and South Tipperary Community Youth Service, Foroige and Comhairle na nÓg. Consultations with young people took place in Dungarvan, Tramore and Lismore and were facilitated by Inspire Ireland.

Subsequently, one to one interviews were held with representatives of; HSE Mental Health Services, Waterford Area Partnership, the Regional Suicide Resource Office and Waterford Children and Young People's Services Committee.

2.2.4 Written Submissions

Written submissions were invited at Stage 1 and Stage 2 of the planning process. Waterford County Council coordinated the submissions from the County and Waterford Area Partnership coordinated submissions from the City, submissions were reviewed and the contributions were taken on board.

2.2.5 Literature Review

A literature review was carried out to determine the current national and local evidence base for suicide prevention to support the development of this plan. A list of all documents reviewed is given in Appendix 6 and a summary review of the relevant strategies is given in Section 1.



Sean Kelly Tour of Waterford. Photo Credit: Patrick Kenealy

3

Priority Groups, Risk
and Protective Factors

3.1 Risk Factors Associated with Suicidal Behaviour

There is a limit to the amount of information that is routinely collected about the circumstances of people who take their own life, or indeed from any cause of death. What we know 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.

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

Figure 8: Individual, socio-cultural and situational risk factors (19)

For a more in-depth understanding of the factors associated with suicide research studies such as the *Suicide Support and Information System (SSIS)* operated by the National Suicide Research Foundation are relied upon/used. The first report of the SSIS in 2012 (19), based on over 300 consecutive deaths by suicide in County Cork, revealed the following information which shines a light on a number of characteristics of people who died by suicide.

- **Previous suicidal behaviour**

45% of deaths by suicide had a history of self-harm. Of those, 52% had engaged in self harm in the 12 months prior to suicide, 24% in the previous week, and 12% in the previous 24 hours

- **Psychiatric diagnosis**

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

- **Drugs and alcohol**

51.7% had misused alcohol and/or drugs in the year prior to death, the majority of those misusing alcohol (78.1%)

- **Employment and occupation**

40.6% were in paid employment, 33.1 % were unemployed, 11.4% were retired, 6.8% were full time students, 5% had a long term disability and 3.1% were homemakers. Among those in employment or full-time education, 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%)

- **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

- **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

In addition to the information collated as part of the SSIS, it is important to note that the national *Connecting for Life* strategy, data from the registry of self-harm and other research findings profile certain groups of the population with an increased risk of suicidal behaviour. Among these groups are;

- People with mental health problems of all ages
- People with alcohol and drug problems
- People bereaved by suicide
- Members of the LGBTI and Traveller communities
- People who are homeless
- Healthcare professionals
- Prisoners

3.2 Protective Factors

Promoting interventions that are known to increase resilience and wellbeing is equally as important and deserves as much attention as reducing risk factors in suicide prevention. The World Health Organisation (2012) (20) highlights three key themes in relation to protective factors and these are: strong personal relationships, the existence of religious or spiritual beliefs and a lifestyle practice of positive coping strategies and wellbeing.

More practically, mental health promotion activities that have demonstrated promise at both individual and population levels are reflected in the current national #littlethings public mental health campaign. The #littlethings campaign is a broad based social marketing campaign that was developed by the NOSP to disseminate three key messages; It's okay not to be okay, there are little things that you can do for yourself and for others and help is at hand specifically at www.yourmentalhealth.ie and the Samaritans Freephone 116 123.

#littlethings includes tips on diet, alcohol use, sleep, physical activity, joining group activities and staying connected to friends and family. It is an integrated public awareness campaign promoting protective factors in mental health and suicide prevention:

- **Boost your mood with healthy food**

Good food is essential to make sure your mind and body work properly. Remind yourself to eat a healthy balanced diet, and feel the difference

- **Drink less and great nights become great mornings**

Alcohol can make it harder for us to cope with day to day stresses. Drinking less alcohol will have a positive impact on your health and wellbeing; a great night can be followed by a good morning

- **8 hours sleep makes the other 16 easier**

We all feel better after a good sleep and even better if we do it regularly. Get the 7 or 8 hours that we all need

- **The more you move the better your mood**

Keeping active is a great way to protect both your health and your mood, even a quick walk every day will make a difference to how you feel

- **Do things with others, there's strength in numbers**

Doing things with others is proven to have a positive impact on how we feel, book that class, join that group or sign up for that team

- **Problems feel smaller when you share them**

Talking to someone about what's troubling you can make a big difference to how you feel. Confide in someone you trust, it will do you good or call Samaritans for a listening ear

- **If a friend seems distant catch up with them**

It's easy to lose touch, remind yourself to catch up with friends and family for a good old chat

- **Lending an ear is lending a hand**

Being there for people and offering a listening ear when they need to talk, will make a big difference, for them and for you

- **Add friends to your tea**

The only thing better than a cup of tea, is a cup of tea with friends



Since its inception the #littlethings campaign has had widespread promotion in Waterford City and County. A number of organisations have partnered with HSE Mental Health and pledged their support for the campaign. These agencies are using #littlethings campaign messages in their everyday work to promote positive mental health in Waterford. The agencies involved include Waterford City and County Council, Waterford Childcare Committee, Waterford Sports Partnership, Waterford and South Tipperary Community Youth Service, Beat 102/103, WLR FM, Waterford GAA, Sanofi Waterford, Cartamundi Waterford, Waterford and South East Samaritans, Waterford Lions Club and Waterford Chamber of Commerce.

3.3 Priority Groups

Connecting for Life lists priority groups for whom there is evidence of increased risk of suicidal behaviour. The priority groups at a national level for 2016/17 are;

- Mental health service users
- Young people
- Travellers
- LGBTI community, with a particular focus on young people
- People who are homeless or at risk of same
- Victims of domestic violence
- Health professionals

In Waterford, additional priority groups that were highlighted throughout the consultation process, and groups that were named when reviewing the literature include;

- Those engaged in repeated self-harm
- Older adults
- Non Irish Nationals including Refugees and Asylum Seekers
- Unemployed
- People with disabilities
- Those involved in substance misuse, particularly adolescents
- People living in rural isolation
- People living in marginalised communities

Priority groups may change and new priority groups might emerge during the lifetime of the plan based on a number of factors including social, health and economic developments within Waterford. *Connecting for Life Waterford* will be responsive to emerging needs throughout the implementation of the plan.



Spraoi Fireworks. Photo Credit: Noel Browne.

4

Connecting for Life Waterford
Strategic Goals, Objectives
and Actions



Connecting for Life Waterford

VISION

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

GOALS

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

OUTCOMES

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

STRATEGIC GOAL 1: To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

This goal is aimed at the whole population of Waterford where people understand what is meant by the terms suicidal behaviour, mental health and wellbeing.

Goal 1 includes actions that promote positive mental health and wellbeing, that reduce stigma and increase social inclusion and that improve the public's knowledge around accessing information and support in Waterford City and County.

National Objective	CfL Waterford Action	Output	Lead	Partners
1.1 Improve population wide understanding of suicidal behaviour, mental health and wellbeing and associated risk and protective factors	<p>1.1.1 Measure how people currently understand suicidal behaviour, mental health and wellbeing and set targets for improved understanding</p> <p>1.1.2 Develop and implement a national mental health and wellbeing promotion plan</p> <p>1.1.3 Deliver coordinated communication campaigns (such as #littlethings 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 supports</p>	<p>Host conferences/seminars, a memorial service and wellbeing workshops in both the City and the County annually</p> <p>Relevant actions from the national plan implemented in Waterford</p>	ROSP	Samaritans, Lions Club, SOS, WCCC, Healthy Waterford, HSE H&WB, Local Media, GAA, C&V Sector, WAP
	<p>1.1.1 Improve understanding of suicidal behaviour, mental health and wellbeing by supporting and promoting awareness events such as the annual Conference on Suicide Prevention and Positive Mental Health, memorial services in the City and County and positive mental health and wellbeing workshops</p>	<p>Regular positive mental health campaigns delivered throughout Waterford City and County</p>	HSE H&W	HSE MH, ROSP, Healthy Waterford, C&V Sector, WAP

		HSE Substance Misuse Team, HSE Comms.
	ROSP	HSE H&W, HSE PC, PPN, Local Media, CYPSC, Tusla
1.1.4 Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns	1.1.4 Raise awareness of the link between alcohol/drug misuse and suicidal behaviour within local agencies by incorporating this issue into all information and training materials and campaigns	Resources and materials assessed, updated and disseminated to ensure inclusion of information on alcohol/drug misuse as a risk factor for suicidal behaviour
	1.2 Increase awareness of available suicide prevention and mental health services	ROSP to engage with PCTs and liaise with organisations working in the area of mental health to disseminate information on services and supports
	1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at www.yourmentalhealth.ie	Information on support services regarding priority groups will be distributed at appropriate events such as training, relevant service provider/user events and community events
	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	At least one campaign delivered throughout Waterford each year
	1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups	ROSP, C&V Sector, MH, Shine, Waterford Link Up, HSE Substance Misuse, Youth Services, THU, WAP
1.1.4 Raise awareness of the link between alcohol/drug misuse and suicidal behaviour within local agencies by incorporating this issue into all information and training materials and campaigns	1.2.1 Update, maintain and promote access to information on events, supports, services and referral pathways on www.yourmentalhealth.ie and www.connectingforlifewaterford.ie	1.2.2 Deliver nationally coordinated targeted campaigns alongside local initiatives to improve awareness of support services among priority groups
1.2 Increase awareness of available suicide prevention and mental health services	1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups	1.3.1 Deliver national campaigns locally and implement local campaigns aimed at reducing stigma attached to suicide and mental health e.g. #littlethings and the Green Ribbon campaign
1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups		1.3.1a Deliver national campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups

<p>HSE MH, LCDC, PPN, WAP through SICAP, CYPSC</p>	<p>HSE PC</p>	<p>Delivery of annual anti-discrimination /cultural awareness workshop and training, aimed at service providers</p>	<p>Waterford News & Star, The Munster Express, Waterford Today, Dungarvan Leader and Observer, WLR FM and Beat 102/103</p>
<p>1.3.1b Encourage all organisations to develop clear pathways for inclusion of people vulnerable to suicidal behaviour in their services and promote an ethos of inclusion by all services and organisations by raising awareness of the discrimination faced by members of priority groups</p>	<p>1.4.4 Engage with local media to ensure implementation of national media guidelines for reporting on suicide and debating related issues (broadcast, print and online media)</p>	<p>One media engagement forum held each year, continuous involvement of the media in positive mental health initiatives in the City and County</p>	<p>HSE Comms., Samaritans, ROSP</p>
<p>1.4.4 Monitor media reporting of suicide and engage with media in relation to adherence to guidelines on media reporting</p>	<p>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</p>		

STRATEGIC GOAL 2: To support local communities' capacity to prevent and respond to suicidal behaviour

The consultation process throughout Waterford showed the community cohesion that already exists and it showed the willingness of people to engage in conversations and initiatives to respond to suicidal behaviour.

The actions under this goal build on that community commitment and will strengthen resilience in communities in Waterford City and County.

National Objective	National Action	CfL Waterford Action	Output	Lead	Partners
2.1 Improve the continuation of community level responses to suicide through planned, multi-agency approaches	2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviour, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic and Community Plans and Children and Young Peoples Services Committees' (CYPSC) county plans	2.1.1 Implement, monitor and report on the delivery of <i>Connecting for Life Waterford</i>	Regular ISG meetings to monitor and review implementation and report progress to HSE MHD and NOSP	HSE MH, ROSP	NOSP, HSE PC, HSE H&W, Acute Hospitals, NOSP, WCCC, Tusla, CYPSC, C&V Sector, WAP

<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) (21)</p> <p>2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention</p> <p>2.2.1a Support community-based organisations including FRCs in relation to existing guidelines, protocols and training associated with suicide prevention e.g. the Code of Practice for Suicide Prevention for FRCs</p> <p>2.2.1b Promote awareness of existing mental health and suicide prevention services and referral pathways to community-based organisations across the City and County</p>	<p>ROSP</p> <p>FRCs, Youth Orgs., C&V Sector, WAP, HSE PC</p> <p>Co-facilitation of annual FRC Code of Practice Training, active support and guidance provided to community-based organisations</p> <p>HSE PC, CYPSC, GPS, FRCs, WAP</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 Education 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>2.3.2 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>ROSP</p> <p>Service information provided on an ongoing basis through training, events and information requests</p> <p>A minimum of ten training programmes delivered each year across the City and County for community-based organisations. These will include safeTALK, ASIST, Understanding Self Harm and STORM and any new programmes offered in the National Training Plan</p> <p>ROSP</p> <p>WAP, WCCC, PPN, HSE H&W, C&V Sector, ISG</p>
<p>2.3.1 Support greater access to suicide prevention/self-harm training by ensuring that the National Training Plan is implemented at local level and by having up to date training information available to all partners and networks.</p> <p>Promote training through www.connectingforlifewaterford.ie and www.yourmentalhealth.ie</p> <p>2.3.2 Provide suicide prevention and self-harm training in line with the National Training Plan to frontline workers and volunteers in community, voluntary and statutory organisations that work with priority groups in Waterford</p>	<p>Approximately one thousand frontline staff, volunteers and community members to avail locally of training options within the National Training Plan in CHO 5 each year, regional trainings to be delivered in Waterford</p> <p>ROSP</p> <p>WAP, WCCC, PPN, C&V Sector, ISG, HSE Divisions</p>

<p>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</p> <p>2.3.3a Deliver a broad range of mental health promotion programmes in community, health and education settings in Waterford</p> <p>2.3.3b Develop and distribute materials and resources that promote the merits of volunteering for mental health related services and community-based organisations in order to build awareness, support and capacity</p> <p>2.3.3c Liaise with the private sector to encourage proactive suicide prevention initiatives in the workplace and provide relevant information to state agencies and others such as WWETB, WCCC, IBEC and the Chamber of Commerce</p>	<p>Determine the baseline of current mental health promotion programmes available in Waterford to inform future needs and priorities</p> <p>Materials and resources developed and widely distributed, baseline determined for volunteer involvement in mental health programmes and initiatives in Waterford</p> <p>Two work-place/business initiatives developed and delivered to the private sector and state agencies each year</p>	<p>HSE H&WB</p> <p> SG</p> <p>ROSP</p> <p>IBEC, Chamber of Commerce, State Agencies, Local businesses</p>

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

This goal addresses the needs of priority groups in Waterford.

In Waterford the unique needs of various priority groups were highlighted during the consultation including; young people, Travellers, the LGBTI community, one parent families, non Irish nationals and those living in rural isolation.

National Objective	CfL Waterford Action	Output	Lead	Partners
3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups	<p>3.1.1 Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk of suicide or self-harm</p> <p>3.1.1a Collaborate with local organisations and request specific inclusion of suicide prevention actions in related strategies; e.g. Sports Partnership, County Ageing Strategy, Healthy Waterford, CYPSC and Substance Misuse Strategy</p> <p>3.1.1b Collaborate with the IFA and the Local Development Companies to develop activities aimed at responding to rural concerns</p>	<p>Agreement for the inclusion of suicide and self-harm prevention policy and practice in relevant local strategies</p> <p>One collaborative action focused on those at increased risk due to rural isolation agreed, delivered and evaluated</p>	LSG	IFA, Macra na Feirme, WAP, WLP, ROSP
	<p>3.1.2 Develop and implement a range of agency and inter-agency operational protocols for sharing information and for working with young people to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents</p> <p>3.1.2 Ensure local implementation of national interagency protocols including the development and implementation of a Critical Incident Response Protocol for Waterford City and County to manage and respond to critical incidents</p>	<p>Critical incident response plan available to enable agencies to collaborate and respond in the case of a critical incident</p>	HSE MH, NOSP	Tusla, CYPSC, NEPS, Schools, HSE PC, ROSP, Gardai, Coroner, WCCC

<p>3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups</p> <p>3.1.3a Develop and maintain targeted initiatives at Primary Care level in Waterford for priority groups including the ongoing delivery of SCAN and SHIP and the potential roll out of a Social Prescribing initiative in Waterford City and County</p> <p>3.1.3b Advocate for the development and support of a centre which provides for low-threshold mental health services seven days a week in the City and advocate for a similar service to be located in the County</p> <p>3.1.3c</p> <p>3.1.4 Evaluate as appropriate targeted initiatives and services at Primary Care level for priority groups</p> <p>3.1.4a Promote the evaluation of targeted initiatives and services provided at Primary Care level in Waterford</p> <p>3.1.4b Write a report which summarises and highlights the key concerns of service provider organisations in relation to suicide prevention and mental health with their client groups</p> <p>3.1.5 Provide and sustain training to health and social care professionals including frontline mental health service staff and primary care health providers. This training will improve recognition of and response to suicide risk and suicidal behaviour among people vulnerable to suicide</p>	<p>HSE PC</p> <p>Availability of SCAN, SHIP and Social Prescribing in Waterford quantified and new targets established where necessary</p> <p>Shine</p> <p>Analysis of current provision and exploration of service expansion to inform the case for the proposed services</p> <p>ISG with Service Providers</p> <p>Evaluation of current targeted initiatives carried out, similar to 2015 SHIP evaluation</p> <p>ISG with Service Providers</p> <p>Consult and produce a report with findings and recommendations for service provision to priority groups</p> <p>ISG with Service Providers</p> <p>Training and information delivered to a minimum of six staff groups per annum</p>	<p>ROSP; HSE SIU, HSE MH, Tusla, HSE H&W</p>
<p>3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups</p> <p>3.1.3a Develop and maintain targeted initiatives at Primary Care level in Waterford for priority groups including the ongoing delivery of SCAN and SHIP and the potential roll out of a Social Prescribing initiative in Waterford City and County</p> <p>3.1.3b Advocate for the development and support of a centre which provides for low-threshold mental health services seven days a week in the City and advocate for a similar service to be located in the County</p> <p>3.1.3c</p> <p>3.1.4 Evaluate as appropriate targeted initiatives and services at Primary Care level for priority groups</p> <p>3.1.4a Promote the evaluation of targeted initiatives and services provided at Primary Care level in Waterford</p> <p>3.1.4b Write a report which summarises and highlights the key concerns of service provider organisations in relation to suicide prevention and mental health with their client groups</p> <p>3.1.5 Align to the National Training Plan, deliver skills based training and information to frontline workers, social care, mental health and primary care staff i.e. ASIST and STORM training</p>	<p>HSE PC</p> <p>Availability of SCAN, SHIP and Social Prescribing in Waterford quantified and new targets established where necessary</p> <p>Shine</p> <p>Analysis of current provision and exploration of service expansion to inform the case for the proposed services</p> <p>ISG with Service Providers</p> <p>Evaluation of current targeted initiatives carried out, similar to 2015 SHIP evaluation</p> <p>ISG with Service Providers</p> <p>Consult and produce a report with findings and recommendations for service provision to priority groups</p> <p>ISG with Service Providers</p> <p>Training and information delivered to a minimum of six staff groups per annum</p>	<p>ROSP</p>

<p>3.2 Support in relation to suicide prevention, the Substance Misuse Strategy to address the high rate of alcohol and drug misuse (22)</p> <p>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</p> <p>3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide (23)</p>	<p>3.2.1 Support the roll out of programmes aimed at early intervention and prevention of substance misuse including early referral to community-based and Outreach Drugs projects</p> <p>3.3.1 Encourage and support the use of school related suicide prevention materials (23) through the School Principals' Networks and CYPSC. Explore the enhancement of this action at the CHO 5 Oversight Group in order to devise collaborative and regional responses</p> <p>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</p>	<p>HSE PC</p> <p>Baseline determined for drug education and awareness in schools, community settings and within substance misuse services and future targets set</p> <p>ISG, Schools</p> <p>Suicide prevention programmes delivered on an ongoing basis in schools and colleges throughout the lifetime of the plan</p> <p>CYPSC, HSE MH, HSE H&W, ROSP, ETB, WAP</p> <p>3.3.2 Support and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and for the management of critical incidents</p> <p>DES</p> <p>Critical incident management plans and student support structures and critical incident response protocols in place</p>	
			<p>Schools, WWETB, WCFE, WIT, HSE MH, HSE H&W, ROSP, HSE PC, NEPS</p>

		ISG, Schools, HSE MH, HSE H&WB, ROSP, C&V Orgs, WAP
DES	Guidelines and protocols relating to wellbeing available to schools and support provided	HSE PC
	3.3.5 Support schools to deliver approved and accredited health and wellbeing programmes within the curriculum to include mental health awareness and suicide prevention	Baseline determined and targets set in relation to the uptake of the SHIP service by young people aged 16 and over
	3.3.6 Encourage and support the delivery of the SHIP service to those aged 16 and over and promote the integrated delivery of same through Squashy Couch Adolescent Health Service	Baseline determined and needs identified in relation to appropriate access to secondary mental health services by young people
	3.3.7 Deliver early intervention and psychological support services for young people at secondary care level, including CAMHS	HSE MH
		HSE PC, CYPSC
		HSE MH

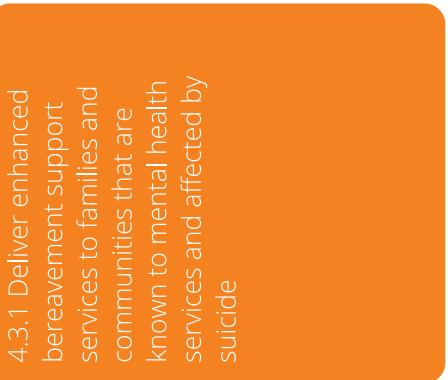
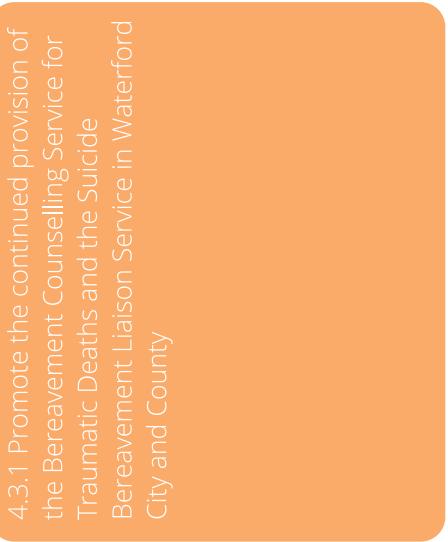
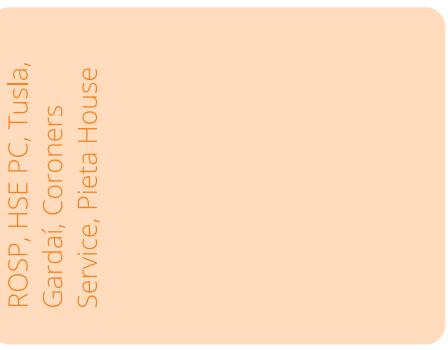
STRATEGIC GOAL 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

While developing the actions under this goal the prevailing issue in communities was the disparity between services in Waterford City and Waterford County.

Services in the County often tend to be outreach or satellite offerings of City services thus limiting accessibility by those in more rural parts of the County.

National Objective	CfL Waterford Action	Output	Lead	Partners
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour	<p>4.1.1 Provide a coordinated, uniform and quality assured 24/7 service and deliver pathways of care from primary to secondary mental health services for all those in need of specialist mental health services</p> <p>4.1.2 Provide a coordinated, uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties</p> <p>4.1.3 Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under probation services in the community</p>	<p>Assessment of current service availability in Waterford carried out</p> <p>National dual diagnosis Model of Care implemented at local level in Waterford</p> <p>DJE projects and funded agencies have access to training, information and referral pathways to services for priority groups through the Regional Suicide Resource Office</p>	HSE MH	HSE PC, Acute Hospitals, C&V Sector
			ROSP	HSE MH, Probation Service, WSTCYS, Treo Portlairge, Ucasadh Project, WAP

<p>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</p> <p>4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to Emergency Departments</p> <p>4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide</p>	<p>4.1.4 Collaborate with HSE MHD to explore, identify and implement a uniform assessment approach for those engaged in self-harm across all health services</p> <p>4.1.5 Continue the rollout of the HSE Clinical Self Harm Assessment Programme in the Emergency Department of UHW for self-harm presentations</p> <p>4.2.1 Deliver accessible, uniform, evidence based psychological interventions, including counselling, for mental health problems at both primary and secondary care levels</p> <p>4.2.1a Promote and review the availability of services such as SHIP, CIPC, SCAN, Addiction Counselling, Bereavement Counselling for Traumatic Deaths, CBT, DBT and other appropriate community-based services</p> <p>4.2.1b Ensure the continued development and roll out of both SCAN and SHIP in Waterford through Primary Care</p>	<p>HSE MH</p> <p>HSE PC, Acute Hospitals</p>	<p>Uniform assessment approach for those engaged in self-harm implemented across health services</p> <p>Consistent and effective service available for those presenting to the Emergency Department for suicidal behaviour</p> <p>Explore current access to HSE specialist services and appropriate community-based services to determine needs and barriers</p> <p>Continued provision of and access to SHIP and SCAN intervention services for those at increased risk of suicidal behaviour across all Primary Care Teams</p>
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ROSP, HSE PC, Tusla,
Gardaí, Coroners
Service, Pieta House

HSE MH

4.3.1 Promote the continued provision of the Bereavement Counselling Service for Traumatic Deaths and the Suicide Bereavement Liaison Service in Waterford City and County

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 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide

STRATEGIC GOAL 5: To ensure safe and high quality services for people vulnerable to suicide

This goal relates to quality and standards in service delivery.

The importance of information, training and models of good practice are key issues under Goal 5, particularly when responding to the needs of young people.

National Objective	National Action	CfL Waterford Action	Output	Lead	Partners
5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention	<p>5.1.1 Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations and implement the standards through an appropriate structure</p> <p>5.1.2 Continue to promote a whole school approach to student guidance and counselling within each post primary school</p>	<p>5.1.1 Work with regional and national teams to ensure standards and models of good practice in relation to suicide prevention are recorded, published and widely disseminated</p> <p>5.1.2 Promote a whole school approach to positive mental health promotion and to guidance counselling across all schools in Waterford</p>	<p>Dissemination of information on models of good practice to organisations working in the field of suicide prevention in Waterford through the Regional Suicide Resource Office</p>	<p>NOSP</p>	<p>ROSP, HSE MH, C&V Sector, WAP</p>

<p>Schools, HSE PC</p>	<p>All secondary schools regularly informed of upcoming training through the Regional Suicide Resource Office database</p>	<p>ROSP</p>	
<p>5.1.3 Engage with the schools in Waterford City and County to promote and deliver suicide prevention and self-harm training aligned to the National Training Plan and use the training as an opportunity to disseminate information on services and referral pathways for students</p>	<p>Facilitate access to appropriate mental health and suicide prevention training for teachers, e.g. through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise, as appropriate, with Government agencies</p>	<p>HSE MH</p>	<p>Uniform procedures when responding to suicidal behaviour within mental health settings implemented</p>
<p>5.1.3 Provide support and resources for the implementation of the Department's curriculum and programmes in the promotion of wellbeing in the school community.</p> <p>Facilitate access to appropriate mental health and suicide prevention training for teachers, e.g. through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise, as appropriate, with Government agencies</p>	<p>5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services</p>	<p>HSE PC, Acute Hospitals</p>	<p>5.2.1 Collaborate with HSE MHD to identify and implement uniform procedures when responding to suicidal behaviour within Mental Health settings</p>
<p>5.2 Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services</p>			

<p>5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those known to the mental health service) and develop responsive practice models</p>	<p>5.2.3 Continue to complete a system/services review after every incident of suicidal behaviour within Mental Health Services in Waterford and respond accordingly in line with HSE policy</p>	<p>HSE MH, GPs, ROSP</p> <p>Systems/services review completed after incidents of suicidal behaviour in HSE Mental Health Services by the Quality and Safety Executive Committee.</p> <p>Recommendations for service improvements made</p>
<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>5.4.2 Deliver training in suicide prevention to staff in government agencies who are likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour</p>	<p>ROS P</p> <p>National Training Strategy programmes available to frontline services (See actions 2.3.1, 2.3.2, 3.1.5, and 5.1.3)</p> <p>Government agencies directly targeted to participate in all open training facilitated by the Regional Suicide Resource Office</p>
<p>5.4.3 Continue to complete a system/services review after every incident of suicidal behaviour within Mental Health Services in Waterford and respond accordingly in line with HSE policy</p>	<p>5.4.1 Implement the National Training Plan in Waterford across all frontline services in the community, voluntary and statutory sectors</p>	<p>ROS P</p> <p>IFA, Teagasc, Probation, DSP, DCYA, WCCC, Tusla</p>
	<p>5.4.2a Aligned to the National Training Plan, deliver suicide prevention and self-harm training to staff in the IFA/Teagasc, Probation and Welfare, the Department of Social Protection, the Department of Children and Youth Affairs and Waterford Council who may come into contact with vulnerable individuals and groups</p> <p>5.4.2b Support Tusla to continue the delivery of safeTALK training to all Tusla staff in Waterford City and County</p>	<p>ROS P</p> <p>Tusla Training and Development</p> <p>Four safeTALK trainings delivered by Tusla Training and Development Department each year</p>

<p>5.4.4 Work with WIT, WCFE and WWETB to include safeTALK, ASIST and Understanding Self Harm in the curriculum of undergraduate programmes such as Nursing and Social Care</p>	<p>Three safeTALK, two ASIST and two Understanding Self Harm trainings delivered each year in WIT, other third level institutions approached to replicate WIT system</p>	<p>ROSP</p> <p>WIT, WCFE, WWETB, NOSP</p>
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STRATEGIC GOAL 6: To reduce and restrict access to means of suicidal behaviour

There is evidence to support that reducing and restricting access to means can impact suicidal behaviour, like most Irish counties substance misuse in Waterford is an issue that can be addressed under this goal.

Access to locations where people may be at risk, such as waterways, can also be explored in the context of this goal.

National Objective	National Action	GfL Waterford Action	Output	Lead	Partners
6.1 Reduce access to frequently used drugs in intentional drug overdose	6.1.1 Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs (Selective Serotonin Reuptake Inhibitors)	6.1.1 Encourage the use of prescribing guidelines for medicines commonly used in overdose and the adherence to legislation regarding paracetamol based products	Information on resources and alternatives to prescribing made available to GPs	ISG	Pharmacies, Substance Misuse Team, HSE MH, GPs
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 Implement measures where practical, to restrict access to identified hot spots where there is an increased risk of suicidal behaviour in the City and County, particularly on bridges and on/near waterways	Bridges and waterways in Waterford City and County made safer for people vulnerable to suicidal behaviour	WCCC	Waterford City River Rescue, Waterford Marine Search and Rescue, ROSP
	6.2.2 Implement a strategy to improve environmental safety with the HSE mental health services (e.g. ligature audits)	6.2.2 Monitor and improve the environmental safety within HSE Mental Health Services as informed by ligature audits	Compliance with Mental Health Services safety standards and audits	HSE MH	Acute Hospitals

STRATEGIC GOAL 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

STRATEGIC GOAL 7: To improve surveillance, evaluation and high quality research

Finally, Goal 7 looks at surveillance and evaluation. It is vital that *Connecting for Life Waterford* is monitored and evaluated on an ongoing basis; the learning from effective implementation in Waterford will influence the response to suicidal behaviour long into the future.

National Objective	National Action	Output	Lead	Partners
7.1 Evaluate the effectiveness and cost effectiveness of <i>Connecting for Life</i>	<p>7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of <i>Connecting for Life</i>, disseminate findings and share lessons learned with programme practitioners and partners</p> <p>7.1.1a Carry out an annual review of <i>Connecting for Life Waterford</i> including the effectiveness of delivery structures, processes and operations</p> <p>7.1.1b Promote and participate in the development of a broad-based representative Implementation Steering Group that reports to HSE Mental Health and to the LCDC on progress of the actions within <i>Connecting for Life Waterford</i></p> <p>7.1.1c Support and participate in the development of a CHO 5 Oversight Group for the implementation of <i>Connecting for Life</i></p>	<p>Annual reviews and progress reports completed and made available</p> <p>Quarterly reports provided and collated by an effective representative sub group</p> <p>Attend and feed back to the ISG on Oversight Group meetings (two per annum)</p>	ROSP	HSE NOSP, ISG, WAP
7.2 Improve access to timely and high-quality data on suicide and self-harm	7.2.2 Collate and report on incidences of suicide through current and expanded health surveillance systems over the life time of <i>Connecting for Life</i>	Annual report on relevant suicide and self-harm data available for Waterford	HSE MH	ROSP, NSRF, Coroner, Gardai



The Mahon Falls. Photo Credit: Patrick Kenealy

5

Implementation and Monitoring

5.1 Implementation Structure

Connecting for Life Waterford is closely aligned to the Local Economic and Community Plan (LECP) for Waterford. The LECP is the responsibility of the Local Community Development Committee (LCDC) and the Implementation Steering Group of *Connecting for Life* also sits within the Waterford LCDC structure. One of the key LECP Action Areas is “a Stronger, Safer, Healthier Waterford” and *Connecting for Life Waterford* is an integral part of this action area. It is apparent, however, that the other key action areas are also very relevant when responding to suicide and self-harm and promoting positive mental health.

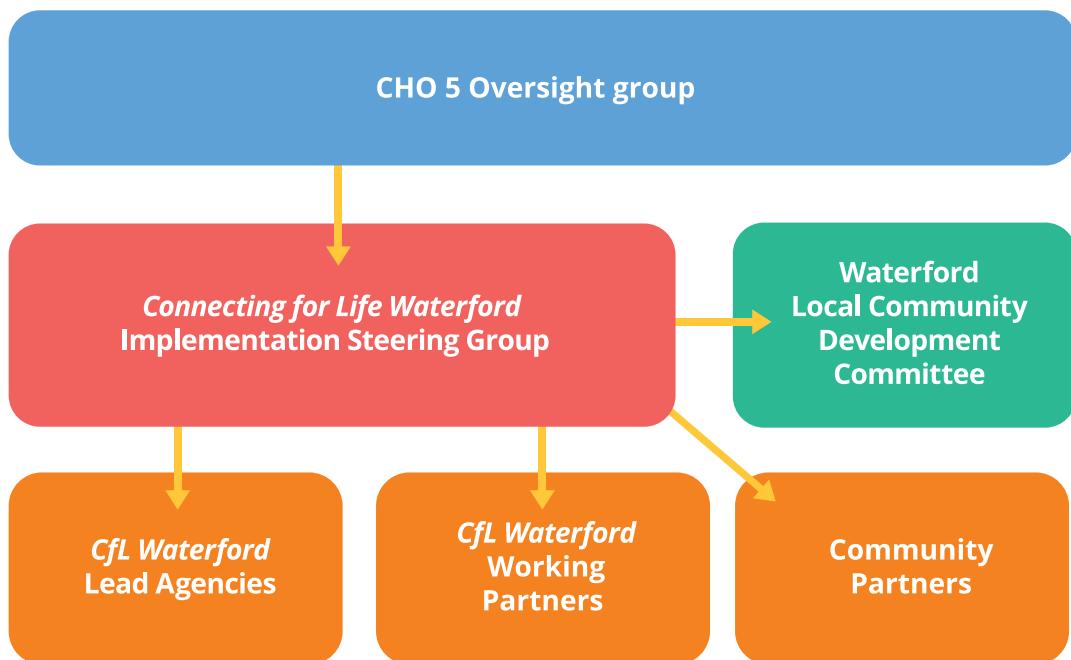
The key relevant structures include the CYPSC, FRCs, the ETB, the PPN, WAP and WSP and all of these structures are either directly involved in the implementation of *Connecting for Life Waterford* or they participated in the planning and consultation process. These linkages are further evidence that for *Connecting for Life Waterford* to be successful, a whole of society approach is required.

The responsibility for ensuring both the development and implementation of the plan lies with the Health Service Executive Mental Health Division of Community Health Organisation 5 (CHO 5). An oversight group for monitoring implementation in the five counties of CHO 5 will be established, this group will be the link with the HSE National Mental Health Division and NOSP.

A cross-sectoral Implementation Steering Group (ISG) has responsibility for ensuring the actions in *Connecting for Life Waterford* are implemented. The group will also seek and manage any additional funds to support implementation of agreed actions in the plan where required.

The ISG will report to HSE Mental Health Division (CHO 5) and to the Waterford Local Community Development Committee (LCDC).

Membership of the *Connecting for Life Waterford* Implementation Steering Group includes the HSE Resource Officer for Suicide Prevention, senior and middle management from key service delivery agencies (statutory and NGO), service users, family representation and community representation.



5.2 Monitoring and Evaluation

The National Office for Suicide Prevention has developed a system for the monitoring and evaluation of local suicide prevention action plans aligned to the national strategy monitoring and evaluation process. *Connecting for Life Waterford* will be guided by annual work plans that will be monitored on a quarterly basis. Progress reports will be provided by the individual agencies that have responsibility for leading specific actions relevant to that time period. A regular report will be provided to the LCDC and to HSE Mental Health at CHO level on the implementation of the plan and this report will be available to all relevant organisations and agencies.

5.3 Promoting and Resourcing Actions

The actions in *Connecting for Life Waterford* are broad and varied. Responsibility for the implementation of the actions in *Connecting for Life Waterford* lies with a range of lead organisations including the HSE. Alongside each lead agency there are numerous partners who have agreed to contribute to the implementation of the plan. In certain situations additional resources may be required and securing those resources will be a task for the ISG. Many actions in *Connecting for Life Waterford* relate to collaboration and multi-agency work, this should in turn result in improved use of resources and a more efficient way of working.



Waterford Walls, Joe Caslin. Photo Credit: EmagineMedia

Appendices



Appendix 1

- Resource Officer for Suicide Prevention CHO 5: Tracy Nugent

MEMBERS OF THE WATERFORD CITY AND COUNTY SUICIDE PREVENTION INTERAGENCY WORKING GROUP

- Darryl Barry, Waterford Marine Search & Rescue
- Inspector Anthony Dineen, Waterford Gardaí
- Esther Doyle, Irish Association of Guidance Counsellors
- Michelle Gallagher, Waterford Area Partnership
- Fran Gleeson, Waterford Area Partnership
- Joe Gough, Waterford Youth Committee
- David Hearne, Waterford Marine Search & Rescue
- Maria Lindell, Waterford Area Partnership (Social Inclusion Community Activation Programme)
- Sean McCarthy, HSE Resource Officer for Suicide Prevention
- Eamonn Meaney, Waterford Community Forum and Aware
- Maire Morrissey, Squashy Couch Waterford
- Ann O'Farrell, St. John's Pastoral Centre
- Phil Ryan, Waterford Community Forum
- Mary Weldon, HSE Suicide Resource Office
- Anne Woodworth, Waterford and South East Samaritans

THE SOCIAL INCLUSION MEASURES WORKING GROUP INVOLVED IN THE PLAN DEVELOPMENT

- Ann Barron, Waterford & South East Samaritans
- Andrea Bourke, Probation and Welfare Service
- Councillor Liam Brazil, , Waterford County Council
- Eoghan Burke, County Waterford Comhairle Na nÓg
- Gerry Clarke, Director of Nursing, HSE Mental Health Services
- Rena Cody, Social Inclusion Officer, Waterford City & County Council
- Frank Curran, Director of Services, Waterford County Council
- Inspector Anthony Dineen, Waterford Garda Division
- April Duff, County Waterford Comhairle Na nÓg
- Joan Elsted, Irish Association of Guidance Counsellors
- Martin Fitzgerald, Waterford & Wexford Education and Training Board

- Monica Gilligan, Foroige Youth Service
- Billy Grace, Job Bridge Intern, Waterford City & County Council
- Seán McCarthy, HSE Resource Officer for Suicide Prevention
- Dr. Eoin Maughan, General Medical Practitioner & County Coroner Service
- Rev. James Mulhall, Bishop's Nominee, Church of Ireland
- Ann O'Farrell, Bishop's Nominee, Catholic Church
- Julie O'Halloran, County Waterford Community Forum
- Dr. Joseph O'Keeffe, General Medical Practitioner & Coroner Service
- Eoin O'Neill, Waterford and South Tipperary Community Youth Service
- Michael Quinn, Director of Services, Waterford County Council
- Anne Woodworth, Social Inclusion Forum

Appendix 2: Explanation of Key Terms

Families/friends/communities bereaved by suicide

People who have been impacted, directly or indirectly when someone has died by suicide

HSE Mental Health Services

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

Incidence of self-harm/self-harm rates

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

Mental health and wellbeing

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

Mental health problems

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

Mental health promotion

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

Mental health service user

A person that uses the mental health services

Non-statutory and community organisations

Community, voluntary and non-government agencies, services and organisations

People/groups vulnerable to suicide

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

People at acute risk of suicide/self-harm

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

Primary Care services

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

Priority groups

In *Connecting for Life* the National Strategy and *Connecting for Life Waterford*, priority groups refer to the population groups identified as vulnerable to suicide in Ireland over the lifetime of the Strategy

Protective and risk factors

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

Reducing suicide/reducing self-harm

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

Resilience

Resilience is the ability to cope with adverse or challenging circumstances

Responding to a suicide attempt

A response or intervention to support someone who attempts suicide

Responding when someone has died by suicide/postvention

Responding to suicide refers to the response or intervention to support relatives, friends and communities after someone dies by suicide, otherwise known as postvention

Self-harm

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

Social exclusion

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

Stigma reduction

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

Suicide/die by suicide

Suicide is death resulting from an intentional self-inflicted act

Suicide attempt/attempted suicide/someone who has attempted suicide

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

Suicidal behaviour

Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself, for the purpose of this plan, the term suicidal behaviour also refers to self-harm

Suicide prevention

Suicide prevention aims to diminish the risk and rates of suicide, it may not be possible to eliminate the risk of suicide entirely but it is possible to reduce this risk

Targeted approach

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

Whole-population approach

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

Appendix 3: Abbreviations

A&E/ED	Accident and Emergency/Emergency Department
AREA 5	Waterford, Wexford, Carlow, Kilkenny and South Tipperary,
AVFC	A Vision for Change
BSG	Bereavement Support Group
CAMHS	Child and Adolescent Mental Health Services
CAREDOC	Out of hours Doctor service
CBDI	Community Based Drugs Initiative
CBT	Cognitive Behavioural Therapy
CfL	Connecting for Life
CHO 5	Community Health Organisation Area 5 (Waterford, Wexford, Carlow, Kilkenny and South Tipperary)
CIC	Citizens' Information Centre
C&V	Community and Voluntary
CSO	Central Statistics Office
CWG	Consultation Working Group
CYPSC	Children and Young People's Services Committee
DAg	Department of Agriculture
DBT	Dialectal Behavioural Therapy
DES	Department of Education and Skills
DoH	Department of Health
DSP	Department of Social Protection
FRC	Family Resource Centre
GP	General Practitioner
HAT	Homeless Action Team
HI	Healthy Ireland
HRB	Health Research Board
HPU	Health Promotion Unit
HSE	Health Service Executive
HSE H&W	HSE Health and Wellbeing
HSE MH	HSE Mental Health
HSE PC	HSE Primary Care
HSE THU	HSE Traveller Health Unit
IBEC	Irish Business & Employers Confederation
IC	Implementation Committee
ID	Intellectual Disability
ISG	Implementation Steering Group
IFA	Irish Farmers' Association
KPI	Key Performance Indicator
LCDC	Local Community Development Committee
LECP	Local Economic and Community Plan
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex

MABS	Money Advice and Budgeting Service
MHI	Mental Health Ireland
MSA	Men's Shed Association
NEPS	National Educational Psychology Service
NGO	Non-Governmental Organisation
NOSP	National Office for Suicide Prevention
NSHRI	National Self Harm Registry Ireland
NSRF	National Suicide Research Foundation
PCC	Primary Care Centre
PCRS	Primary Care Reimbursement Service
PCT	Primary Care Team
PPN	Public Participation Network
ROSP	Resource Officer for Suicide Prevention
SCAN	Suicide Crisis Assessment Nursing Service
SERDATF	South East Regional Drug and Alcohol Task Force
SERFSN	South East Regional Family Support Network
SHIP	Self Harm Intervention Programme
SICAP	Social Integration and Community Activation Programme
SIMWG	Social Inclusion Measures Working Group
SIN	Social Inclusion Network
SIU	Social Inclusion Unit
SMART	Specific, Measurable, Attainable, Realistic and Timely
SMT	Substance Misuse Team
SOS	Suicide or Survive
SPAP	Suicide Prevention Action Plan
SPIWG	Suicide Prevention Interagency Working Group
SPPG	Suicide Prevention Planning Group
SRO	Suicide Resource Office
SSIS	Suicide Support and Information System
TCHW	Traveller Community Health Workers
Tusla	The National Child and Family Agency
WAP (SICAP)	Waterford Area Partnership (Social Inclusion Community Activation Programme)
WWETB	Waterford & Wexford Education and Training Board
WCCC	Waterford City and County Council
WCFE	Waterford College of Further Education
WHO	World Health Organisation
WIT	Waterford Institute of Technology
WLP	Waterford Leader Partnership
WRAP	Wellness and Recovery Action Plan
WSP	Waterford Sports Partnership
WSTCYS	Waterford and South Tipperary Community Youth Service
YWIW	Youth Work Ireland Waterford

Appendix 4: Waterford City & County Area Profile

Census (2016)¹ shows the population of Waterford at 116,401. This consisted of 57,779 (49.6%) males and 58,622 (50.4%) females. Waterford's population makes it the 15th most populated County in the State, based on 26 counties.

The total population of children aged 0-17 years in Waterford was 28,908 in 2011. Of this, children aged four and under accounted for 7.6% of the County's population. Children and young people aged 5-12 years totalled 11.3% and those aged 13-17 accounted for 6.5% for the total County population in 2011. The Sacred Heart area has a high young dependency rate of 39% as does Ballybeg-Kilbarry area with 27.9%. Young people are a high risk group for both suicide and self-harm, particularly young men between the ages of 20 and 24 and young women between the age of 15 and 19².

Profile of Municipal Districts

Comeragh: Comeragh is the largest geographical Electoral Area in Waterford stretching from Portlaw and Kilmeaden in the east to Kilmacthomas and the Comeragh mountains in the north.

Dungarvan-Lismore: The Dungarvan - Lismore Electoral Area covers 782sq/km and encompasses the towns of Dungarvan, Lismore, Tallow and Cappoquin.

Tramore and Waterford City West: The Tramore & Waterford City West Electoral Area covers the western outlying areas of Waterford City, Butlerstown and south to Tramore.

Waterford City East: The Waterford City East Electoral Area stretches from Ardkeen and the Dunmore Road east to Cheekpoint, Passage East and Dunmore.

Waterford City South: Waterford City South Electoral Area covers most of Waterford City Centre and southwards.

RAPID Areas

RAPID is a cross-departmental government initiative that focuses on Revitalising Areas through Planning, Investment and Development. The designation of RAPID status to three areas of the city in 2001 namely Ballybeg, Larchville/Lisduggan and sections of the Inner City and the expansion of RAPID status to specific areas within the Sacred Heart area in 2008, highlight that these areas are a priority for investment and development. These areas continue to be a priority today.

¹ CSO 2016 Data are preliminary results only at the time of writing this plan.
² National Suicide Research Foundation (2013).

Under-Investment in the County

Waterford CYPSC research (9) revealed, across both survey and focus group/interviews, that Waterford County has an under-resourced community development infrastructure. This has also been confirmed in the past by the County Development Board and successive Social Inclusion Measures reports. This gap is seen in the relative lack of family resource centres and community development groups across the County and results in socially inclusive community development work on the ground being limited and constrained. This in turn affects communities' capacity to respond to key concerns including suicide prevention. Community development offers a means of strengthening communities, developing responses and supports locally and remains a key need in the County. There are many service providers and community organisations in County Waterford that will testify to the County's underinvestment in community development.

This can be noted from a range of perspectives and here is a sample:

- There are no core funded Community Development Projects existing independently in the County.
- There are no core funded Family Resource Centres in the whole County.
- CYPSC research states that the youth affairs expenditure in Waterford City is the highest in the state at €112 per young person; in contrast, expenditure in the County area is the 4th lowest in the state per County area at just €8 per young person, 15 times less than that seen in the City.
- Rural Waterford is considered to be under provided for in terms of children's services and other primary health care services, e.g. mental health, addiction, etc. The research established that youth work funding in rural Waterford is a small fraction of that seen in the City and is one of the lowest per capita of young person seen nationally. The research also found that, (using the former County and City boundaries), 61% of children and young people aged 0 to 19 live in the County area of Waterford. This accounted in 2011 for 19,459 persons. Rural isolation is seen as a particular issue for children and young families, including single parent families.
- Lack of investment in rural transport results in poor access to services, education and employment, often by those in lower socio-economic groupings, and the majority of which tend to be located in urban areas.
- The increase in the number of unemployed in rural Co. Waterford was 192% compared to 114% for the city (2006 – 2011)³

3 Teagasc Report 2014

4 Community Consultants Ltd. February 2014

In relation to mental health services the following was noted in the County suicide prevention consultation report⁴:

Access to Services and Crisis Intervention

Most funded public services are based in the City of Waterford, access to services causes a high level of anxiety and stress for people living in the County. This is particularly acute in relation to: people living in rural areas and not having transport, those living in isolated places and not having any information, and those people who are at risk and do not have the capacity or financial means to travel to the City. In addition, services in the City are not available 24/7, leading to situations where families do not know where to go or what to do, particularly in crisis situations. Often what is required immediately, prior to any specialised service, is a high-quality listening and counselling service which is currently not available in the County.

As mentioned above, funded community development and family resource centres are limited in County Waterford and therefore the capacity of local communities to develop robust local responses is under-developed which results in individuals and families being almost solely reliant on state services – often located in the city. The strategic question is whether to enhance transport options to the City or enhance public service provision and capacity in the County?

Isolation

County Waterford is a predominantly rural County, there were many examples of people, particularly farmers and older people, working and living alone, with little interaction, social activities or access to communities or services. Suicide is of high concern for such vulnerable groups and specific attention is required to develop a rural strategy that responds adequately and sensitively.

Appendix 5: Support Services

Organisation	WATERFORD Contact	Other contact details
AWARE Provides emotional & practical support to those affected by depression	Beat the Blues Schools Talk supportmail@aware.ie	1890 80 48 48 01 6617211 www.aware.ie info@aware.ie
Barnardos Bereavement counselling for children and young people, specialist bereavement project workers who will work with children from across the country	Ballybeg Dungarvan 051 844140 058 45331 info@ballybeg.barnardos.ie info@dungarvan.barnardos.ie	Bereavement Helpline Mon-Fri 10am to12noon bereavement@barnardos.ie www.barnardos.ie 01 4732110
BeLonG To Youth Services Lesbian, Gay, Bisexual & Transgendered (LGBT) organisation for young people 14-23	LGBT Helpline 1890 929 539	01 6814821 www.belongto.org info@belongto.org
Bereavement Counselling Service for Traumatic Deaths ages 16+	Coordinated by the Regional Suicide Resource Office 051 874013	Referrals from doctors and other health professionals
Suicide Bereavement Support Group 2 nd Tues of every month, 7.30pm	St John's Pastoral Centre Contact the Regional Suicide Resource Office 051 874013	
Bereavement Support for Adults 18+, self-referral and professional referral	St John's Pastoral Centre John's Hill, Waterford Mon –Thursday 9 am to1 pm Friday 9 am to12.30 pm 051 858772 familyministryoffice@eircom.net	
Bodywhys Provides support to people affected by eating disorders	Mon, Wed, Sun 7.30 to 9.30 pm Tues, Thurs, Fri 10.30 am to12.30 pm Helpline: 1890 20 04 44 Text "SUPPORT" to 53305	www.bodywhys.ie alex@bodywhys.ie
Caredoc Doctor service from 6pm -8am	1850 334 999	
Childline Free listening service for people up to the age of 18	ISPCC Helpline 051 595895 1800 66 66 66	01 6767960 www.childline.ie Text 'talk' 'bully' or 'help' 50101
Citizen's Information Centre Public service information on entitlements	Lower Yellow Road Merchant's Quay Dungarvan 0761 076580 0761 076560 0761 076550	0761 07 4000 www.citizensinformation.ie
Comhar HSE National Counselling Service Counselling service for adults who have experienced trauma and abuse in childhood	Regional Office Freephone 051 852122 1800 234 118 comhar@hse.ie	Connect Helpline Wed – Sun 6 pm to10 pm 1800 477 477 www.connectcounselling.ie
Counselling in Primary Care Referral made by GP or Primary Care Team for medical card holders aged 18+	Information only 051 359088	
Drugs, Alcohol, HIV, Sexual Health & Hepatitis Helpline – HSE		Mon-Fri 9.30 am to 5.30 pm 1800 459 459 www.hse.ie/go/drugshivhelpline helpline@hse.ie

Organisation	WATERFORD Contact	Other contact details
Family Resource Centres (FRC) provide services/supports/counselling to local communities	St Herblain Park 051 306728 St Brigid's Family & Community Centre 37 Lower Yellow Road Waterford 051 375261 stbrigidsfco@eircom.net	
Farm and Rural Stress Helpline		6 pm to 10 pm 1800 742 645 farmandruralstress@hse.ie
Foroige Youth Organisation	Regional Youth Officer Waterford/South Tipp 086 2316302 Gail.Osullivan@foroige.ie	info@foroige.ie
GROW Nurtures mental health, personal growth, prevention & recovery from mental illness	056 7761624 southeastregion@grow.ie	1890 474 474 www.grow.ie info@grow.ie
Health Service Executive (HSE) Provides health and social services to people living in Ireland	University Hospital Waterford 051 848000 Local Health Office 051 842811 Child Psychology 051 842881 Drop in clinic Wed 9.30am to 12.30 Child & Adolescent MHS 051 842146 Mental Health Service 051 840000 Community Mental Health Centre Brook House 051 354804 Lismore Day Centre 058 54716 ACCEPT Addiction Service 051 842790 Substance Misuse Team 051 848658	HSE INFOLINE 1850 24 1850 For information on health services from Mon-Sat 8am to 8pm www.hse.ie infoline1@hse.ie
Irish Association of Counselling & Psychotherapy Publishes national register of accredited members		01 2300061 www.irish-counselling.ie
Jigsaw, mental health support for 12 – 25 year olds National Centre for Youth Mental Health		01 4727010 www.jigsaw.ie info@jigsaw.ie
Mental Health Ireland Promotes positive mental health and supports persons/families with a mental illness	Linda Thorpe 087 8353925 linda@mentalhealthireland.ie	01 2841166 info@mentalhealthireland.ie www.mentalhealthireland.ie
Mental Health Support & Information Service Information service for the general public regarding their own mental health or that of a relative/friend		Mon-Fri 01 249 3333 info@stpatsmail.com www.stpatrick.ie

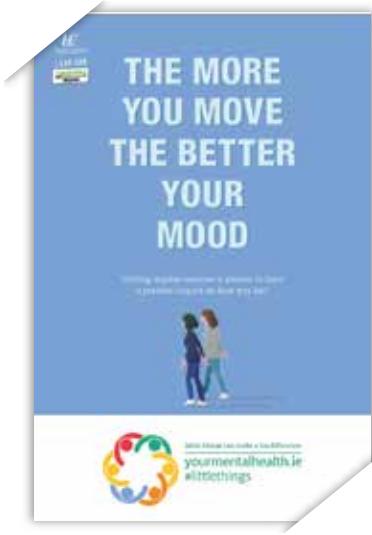
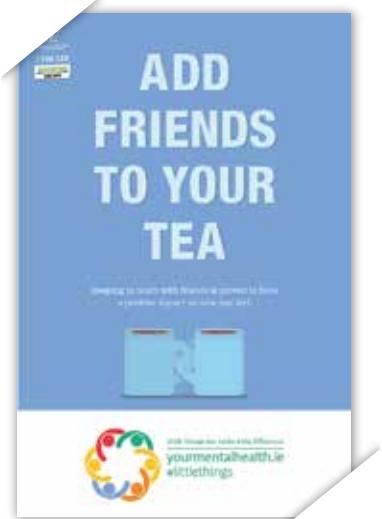
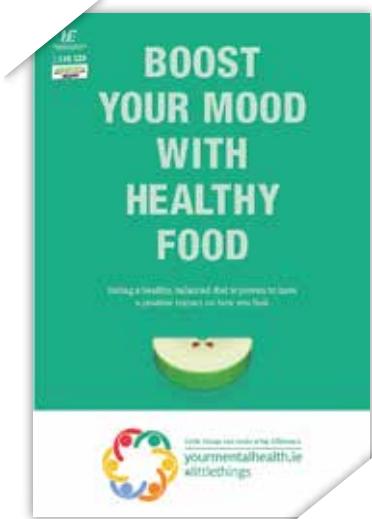
Organisation	WATERFORD Contact	Other contact details
Money Advice and Budgeting Service (MABS) Women's refuge, domestic violence	Waterford 0761 072050 waterford@mabs.ie West Waterford 0761 07 2770 dungarvan@mabs.ie	National Helpline 0761 07 2000 www.mabs.ie
Oasis Reliable information for parents about supporting young people's mental health & well being	051 370367 24 hour helpline 1800 264 364	Support and information (drop in or by appointment) & counselling
Parents Confidential helpline		www.ReachOutParents.com
Parentline Centre for the prevention of self-harm and suicide		01 8787230 1890 927 277
Pieta House Assessing patients presenting to ED with mental health issues	20 Waterside Waterford City 051 858510 24 hour helpline 1800 247 247	www.pieta.ie mary@pieta.ie Roscrea, Tipperary 0505 22568
Rainbows Peer support programme to assist children/young people and adults grieving a death/separation	Usually located in school settings and in parish and pastoral centres	www.rainbowsireland.ie ask@rainbowsireland.ie 01 4734175
Reach Out Web-based service to help young people through tough times		www.reachout.com general@reachout.com 01 764 5666
Rehabcare Mental health promotion project for young people incorporating the National Learning Network which provides a range of flexible training programmes and support services for people who need specialist support	Waterford@nlm.ie	www.rehabcare.ie info@rehabcare.ie 01 2057200
Samaritans A confidential 24 hour emotional support service for people who are feeling distress or despair	Waterford & the South East 16 Beau Street Waterford 051 872114	jo@samaritans.org www.samaritans.org Free phone 116 123
SCAN Suicide Crisis Assessment Nurse		Provides a speedy response from a mental health nurse to GPs
Senior Helpline A confidential listening service for older people	Lines open 10am to10pm 365 days LoCall 1850 44 04 44	www.thirdageireland.ie/senior-helpline
Shine National organisation addressing the needs of all those affected by enduring mental illness	Jessica Statham Martin Matthews Tel: southeast@shine.ie Shinediscovery@shine.ie	Email Support: phil@shineonline.ie www.shineonline.ie info@shineonline.ie

Organisation	WATERFORD Contact	Other contact details
SHIP (Self-Harm Intervention Programme) This service is accessed by referral only, counselling for people aged 16+ who are experiencing suicidal ideation/self-harm	Telephone enquiries 051 359017	
SpunOut Interactive website with health information for young people		www.spunout.ie info@spunout.ie
Squashy Couch Health and information project for 14-19 year olds, counselling service available	34 The Mall, Waterford 051 859000	
St Brigid's Family & Community Centre Teen Between Counselling, a specialised listening and helping service geared to helping 12 – 18 year olds cope with their parents separation or divorce, self-referral and professional referral	37 Lower Yellow Road Waterford 051 375261	
Suicide or Survive Wellness Workshops and WRAP (Wellness Recovery Action Plan) training, programmes in the SE Region		1890 577 577 or 01 2722158 info@suicideorsurvive.ie www.suicideorsurvive.ie
Transgender Equality Network Ireland (TENI) National transgender organisation		01 8733575 www.teni.ie office@teni.ie
The Men's Development Network Counselling Service, support for men	30 O'Connell St Waterford 051 844260	www.mensdevelopmentnetwork.ie men@mens-network.net
Waterford Rape and Sexual Abuse Centre	2A Waterside, Waterford 051 873362 Freephone 1800 296 296 Email: info@waterfordsac.ie www.waterfordsac.ie	
Waterford & South Tipperary Community Youth Service (WSTCYS) Offers a wide range of special services including youth information centres and project	Edmund Rice Youth and Community Multiplex, Manor St, Waterford 051 872710 christina@wstcys.ie www.wstcys.ie	
Woman's Aid		Freephone Helpline 1800 341 900 info@womensaid.ie www.womensaid.ie
Websites www.turntome.org www.mymind.org www.hse.ie/eng/services/list/3/carerssupport	www.nosp.ie www.menssheds.ie http://headspaceireland.ie	www.yourmentalhealth.ie www.ifightdepression.com http://www.3ts.ie

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**For further information on
*Connecting for Life Waterford***

Contact

The Regional Suicide Resource Office,
Front Block, St. Patrick's Hospital, John's Hill, Waterford
Tel: 051 874013
www.connectingforlifewaterford.ie