

# **Our Community; Our Conversation**



# contents

## SECTION A

<b>1. Forewards</b>	
1.1 Foreword from National Office for Suicide Prevention	03
1.2 Foreword from the Mayor and Cathaoirleach	04
<b>2. Introduction: Changing the conversation</b>	07
<b>3. Background to integrated plan for suicide prevention</b>	
3.1 Definitions and information in relation to suicide	08
3.2 Suicide and self-harm in Ireland and in Kilkenny	10
3.3 Policy context (ReachOut National Strategy)	15
<b>4. Process involved in developing the plan</b>	
4.1 Approach to developing the county Kilkenny plan	19
4.2 Link to other local Plans	22
4.3 Ensuring implementation	23

## SECTION B

<b>5. Priority areas and key objectives</b>	24
<b>6. Priority areas of work and actions</b>	
6.1 Prevention actions	26
6.2 Intervention actions	33
6.3 Postvention actions	38
6.4 Implementation actions	40
<b>7. Monitoring implementation and reporting</b>	43
<b>Appendix:</b> Consultation meetings and participants involved	44
<b>Acknowledgements</b>	48





## 1.1 Foreword from National Office for Suicide Prevention

I welcome the launch of Our Community; Our Conversation, County Kilkenny Plan for Suicide Prevention 2014 to 2018.

The strength of the Plan lies in the information it gives and reflects the views of the community and the determination of the people of Kilkenny to take action to reduce the numbers of loss of life by suicide.

In 2013, the evidence tells us that suicide rates can be reduced. We have an improved understanding of the interventions and services that are effective in both promoting population well-being and supporting people in crisis. The general public recognise the devastating effect of suicide on families and communities. We, working together as a community must reassert our effort to address this significant public health concern and build the resilience and connectedness of everyone in Irish society.

**Gerry Raleigh**

CEO National Office for Suicide Prevention (NOSP)





## 1.2 Foreword from the Mayor and Cathaoirleach

As civic leaders within our community we would like to welcome the development of this important plan. This is the first time that organisations, individuals, urban and rural communities have come together to collaboratively tackle the issue of suicide - an issue that sadly has impacted on us all in some way.

We recognise that much needs to be done to resource mental health services and the many voluntary organisations who work with people who are in crisis and their families. This is something that we as policymakers must prioritise. Yet we are consistently overwhelmed by the incredible community spirit that exists in Kilkenny City and County. It is this spirit of energy and commitment that will strengthen our collective resilience into the future.

Communication is key to success. We need to make available through every outlet available, the information that people who are in crisis need to seek help. Because of stigma many people will

not approach a family member so the availability of this information particularly in rural areas is vital. This plan reflects that need to communicate.

For all those who have participated in the process of developing the County Suicide Prevention Plan, we commend you. But now the important work begins and we would like to wish the County Suicide Prevention Forum all the very best in overseeing the Plan's implementation and urge everyone to play their part in ensuring its success.

**Martin Brett**

Mayor of Kilkenny 2013 - 14

**Pat Dunphy**

Cathaoirleach, Kilkenny County Council 2013 - 14





## 2. Introduction

---

### Changing the conversation

It is understandable that many conversations about suicide are tinged with despair, or hopelessness. Suicide is something that naturally evokes fear in human beings and increases our anxiety. Sometimes, just the sound of the word can be unsettling and make us uncomfortable. Some people think that we have made progress in Ireland just because we can talk about the issue. While conversations about suicide may represent progress on some levels, the ways in which we talk about suicide are very, very important. Community conversations about suicide must be forward facing, while acknowledging our individual and collective pain following the loss of loved ones. We must ask what will help ourselves, our friends, neighbours, the young people in our community, the older people, people experiencing mental health difficulties? Surely, hopeful conversations based on a shared understanding of our culture and the society in which we live can have the power to help us all move towards an integrated vision and plan for suicide prevention that can make a real positive impact on our day to day lives in the communities we live in.

In the past 5 years, over 50 people have taken their own life across county Kilkenny, many of those coming from rural parts of the county. Hundreds more have engaged in self-harm and thousands have experienced mental health difficulties. Behind these numbers there is a lot of individual and collective hurt. In developing this plan we have met with local communities across the county and heard many personal stories of heartbreak and pain. We also encountered enormous positive energy, community spirit and a willingness to come together to address the issue of suicide in a collective way. We are hopeful that this plan can harness that energy in a meaningful and effective way. In the past there has been criticism that suicide prevention efforts have been shaped by a desire “to do something” in the absence of evidence of effectiveness (Walsh, D, 2008). This plan is founded on an evidence base complemented by the stated needs of local communities. Evidence alone is meaningless if the social context, needs and potential of local people are not taken into account. Most importantly of all, the people who helped us develop this plan are asked to work together to translate the plan into actions that make a real difference in the lives of everyone in county Kilkenny and beyond who is going through a tough time, for whatever reason.

Together as communities we have significant resources to be able to respond and provide support to each other. Responses are also required at county and national level, but we can all play our part locally as neighbours, friends, family, and volunteers in the many community, sporting, arts organisations and groups in county Kilkenny.



## 3. Background to integrated plan for suicide prevention

### 3.1 Definitions and information in relation to suicide

#### Self-harm

The various methods by which people harm themselves, including self-cutting and taking overdoses. Varying degrees of suicide 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.

#### Mental health promotion

Mental health promotion is an approach characterized by a positive view of mental health, rather than emphasizing mental illness or deficits, which aims to engage with people and empower them to improve population health (WHO, 2004).

#### Suicidal behaviour

The spectrum of activities related to suicide including suicidal thinking, self-harming behaviours not aimed at causing death and suicide attempts (Commonwealth Department of Health and Aged Care, Australia, 1999).

#### Suicide

A conscious or deliberate act that ends ones' life when an individual is attempting to solve a problem that is perceived as unsolvable by any other means (Commonwealth Department of Health and Aged Care, LIFE Strategy, Australia, 1999).

#### Suicide prevention

The science and practice of identifying and reducing the impact of risk factors associated with suicidal behaviour and of identifying and promoting factors that protect against engaging in suicidal behaviour.

*\* There is some debate about the definition and use of the terms attempted suicide, parasuicide, deliberate self-harm, self-harm and non-fatal suicidal behaviour. These terms are sometimes used inter-changeably but self-harm is the preferred term in this action plan.*





### 3.2 Suicide and self-harm behaviour in Ireland and in Kilkenny

#### Where does our information come from?

The responsibility for publishing mortality data in Ireland lies with the Central Statistics Office (CSO). These data are made available on an annual basis (see [www.cso.ie](http://www.cso.ie)). Deaths by suicide are categorised within “death by external causes”, along with deaths by accident, homicide and undetermined cause. Sources of information used by the CSO to inform classification include the Medical Cause of Death Certificate, the Coroner’s certificate and Form 104, a statistical form which is completed by An Garda Síochána following an inquest. The CSO makes two mortality data sets available:

- by ‘year of occurrence’ (official data)
- by ‘year of registration’ (or provisional data).

#### Suicide rates and numbers

Data by year of occurrence is the official data, and refers to deaths that occurred in that calendar year. At the time of publication, 2010 is the most recent year for which data by year of occurrence is available and it is reported that 495 suicide deaths occurred in Ireland in that year – 90 female and 405 male. This compares with 552 deaths by suicide in 2009 and 506 in 2008. In those same years there were 8, 10 and 9 suicides reported for county Kilkenny. Table 1 below presents this information along with the relevant ‘rates per 100,000 population’.

Table 1 National Suicide Rate by ‘Year of Occurrence’

	National	
	Number of suicides	Rates per 100,000
2010	495	11.1
2009	552	12.4
2008	506	11.4

While the numbers and rates reported above for 2008 – 2010 suggest fairly stable suicide rates the provisional figures available for 2011 would suggest that we may be experiencing an increase in suicide which would, unfortunately, be in keeping with perception based on day to day accounts and experiences across local communities. The provisional number of suicides nationally for 2011 is 525 and for county Kilkenny the number is 13.

Taking a longer term view, suicide rates have increased in Ireland in recent decades in line with significant social and economic change. This reflects changes during both the economic growth years of the ‘celtic tiger’ times, as well the more recent economic downturn. Figure 1 below shows that from a low base rate in the 1980s our rates are now generally above 10 per 100,000 population. One possible way of understanding this is that the dynamic of social and economic change has led to the increase in suicide which underlines the nature of suicide as a social, not medical, problem that we all have a role to play in preventing (NSRF, 2013). In particular, this plan takes account of issues that impact on rural populations like social exclusion by emphasizing community-based actions and looking beyond formal health service provision towards new and emerging challenges impacting rural Ireland as outlined by Dr Kathy Walsh such as increasing unemployment and the withdrawal of key public services (Walsh K, 2010).

Figure 1 Irish suicide rates over time

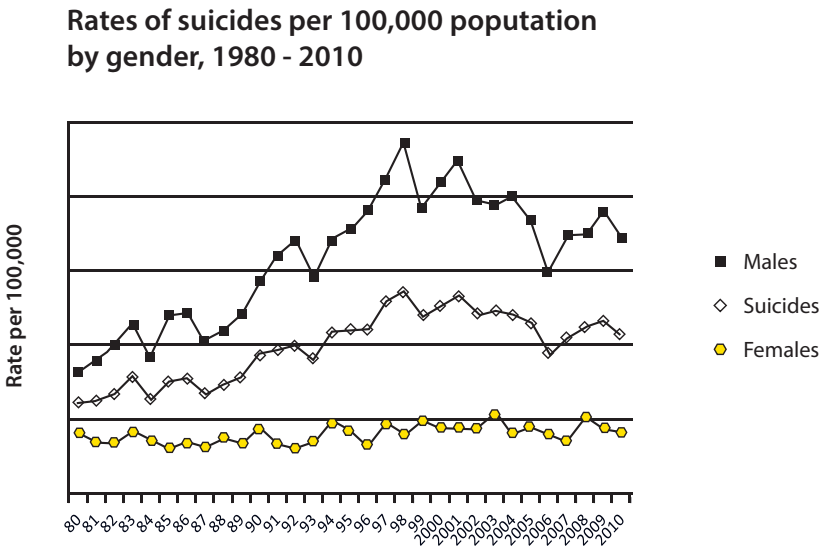
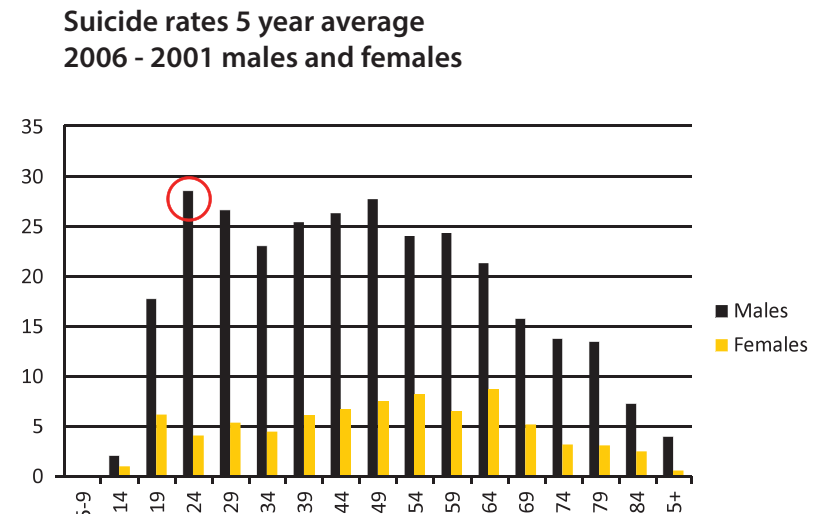


Figure 2 Suicide rates by age and gender





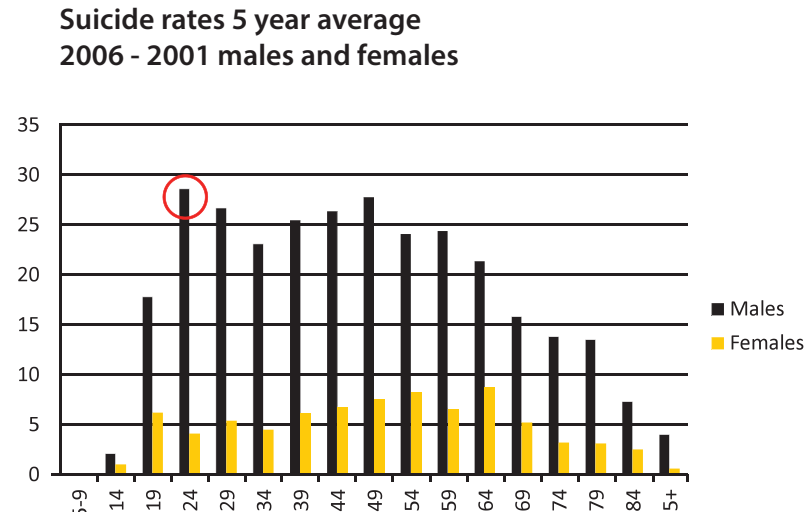
### Suicide rates by age and gender

While from a public health perspective, significantly more deaths in Ireland are due to heart disease and various cancers than suicide, recent changes in patterns of death by suicide have seen an increase in suicide among our younger population. In particular, there is concern regarding young male suicide rates. Figure 2 highlights the rates of suicide by 5-year age groups and by gender showing that young men in their early 20s are the single highest risk group for completed suicide in Ireland and prevention efforts must be focused on the ways in which we can reach that population cohort in particular.

### Self-harm in Ireland

In Ireland we have a relatively unique data system that records all hospital attendances for self-harm. The National Registry of Deliberate Self-Harm, run by the National Suicide Research Foundation, produces annual accounts of trends and patterns in self-harm presentations to all Irish hospitals and their data again highlights the importance of focus on younger people in our prevention efforts. The highest rates are recorded among females aged between 15 and 19 and the highest rates among young males are between aged 20 and 24. Young men in the 20-24 age range account for a rate of over 600 per 100,000 population and this is the same age group with the highest rate for completed suicide. **In Kilkenny alone, there were 354 presentations to St Luke's Hospital related to self-harm in 2011.** This compares with 325 presentations in 2010 representing an increase of 6.2%.

Figure 3 Self harm rates by age and gender







### 3.3 Policy Context (ReachOut National Strategy)

#### Lifeline Kilkenny – Suicide prevention plan: Approach and rationale

##### What's the problem?

##### Economic Context

At a global level, an economic crisis is being experienced. The World Health Organisation recently acknowledged that *“the economic crisis is expected to produce secondary mental health effects that may increase suicide and alcohol death rates”* (W.H.O., 2011). Within Ireland the negative impact of the economic recession has been particularly acute with devastating personal impact for many, especially many of our young people whose futures are filled with uncertainty. This plan takes account of these very real and stark economic circumstances, acknowledging the financial stresses of rising household bills, mortgages, negative equity and other difficult situations that many people in Ireland are struggling to cope with at this time.

##### Rural Ireland

This plan has also been prepared against the background of considerable changes in the social landscape of rural Ireland. A 2010 report by Dr Kathy Walsh highlights poverty and social exclusion as emerging challenges associated within a changing demographic structure. With an aging population and continued outward migration among the young, social challenges are increasing in rural areas. As Dr. Walsh describes *“rural disadvantage and exclusion are generally less visible and more dispersed than urban disadvantage. They are as a consequence difficult to measure. The stigma of being disadvantaged in rural areas (only one among many) makes it more unlikely for people to self-identify in a rural area. There is also an element of denial of the existence of rural poverty and exclusion”* (Walsh, K. p10, 2010). To combat this sometimes-hidden disadvantage, this plan seeks to encourage positive community conversations and inclusion in practical ways.

##### Impact of Suicide

The impact following a death by suicide is felt throughout communities, profoundly affecting many people beyond the family and friends of the person who died. Collectively, we try to make sense of these unpredictable and tragic deaths when, on the outside at least, many of those who die by suicide seem to have been “in good form” and, especially following the suicide of a young person, we hear stories about how he or she “had so much going for him (or her)”. The impact on families immediately after a suicide is often devastating and many want to know “what could we have done, why didn't we know how to help?”

The community sector in the county, led by Lifeline, recognises that through effective local collaboration suicide and its associated impact can be reduced and prevented and this is in keeping with a recent World Health Organisation report, *Public Health Action for the Prevention of Suicide*, which states that “suicide is largely preventable” (2012). Furthermore, by developing a shared plan for suicide prevention across the county, the incidence of related behaviour, including self-harm, can also be reduced (ReachOut National Strategy, 2005). Sadly, it is further recognised that suicide deaths will still occur. Therefore, the response to the bereaved



is of the utmost importance in order to ensure the negative effects of suicide bereavement are minimised and also to reduce the likelihood of any imitative suicide behaviour among peers – something of increased concern in recent years. Indeed, the potential for so-called “suicide clusters” appears to be a characteristic of contemporary Irish culture and society (Malone K, 2013) underlining the particular importance of a joined up community-wide response to this problem.

### The Approach

Using a **community based holistic approach** it is proposed that a suicide prevention plan for county Kilkenny addresses the following key areas:

- Environmental factors related to public mental health
- Known risk factors for suicidal behaviour and
- Our response to suicide, which should be compassionate, considered and consistent

Recent research recommends community-based approaches to suicide prevention because multi-level, multi-partners combine to get a synergy effect to work on the ground i.e. locally, which is where most suicides happen. Community based approaches vary in form, are understood by a wide range of stakeholders and are often more sustainable and responsive. Such approaches have been proven to be very effective in other studies e.g. Germany, where suicides in one region decreased by 24% over two years and nationally by 15.4% (Hegerl U, Althaus D, Schmidtke A, Niklewski G, 2006).

It is also proposed that emphasis is placed on the structures required to oversee the successful implementation of this plan in the short, medium and long term. Built into these structures should be a mechanism for the objective review of progress in plan implementation.

### Rationale

The rationale behind the proposed approach is that death by suicide is relatively unpredictable. What we know about suicide in Ireland is based on the following sources:

- Community experience and narrative
- Central Statistics Office data
- Stand-alone research studies

Taking each of the sources above, we know that:

- There is increasing openness in Ireland to tackling the problem of suicide and a growing acceptance that “suicide prevention is everyone’s business”
- We have a particular challenge in relation to male suicide (outnumbering female suicide by 4 to 1) and in relation to young male suicide in particular (our highest rates are now among 20 to 24 year old men)

- While stand-alone research is suggesting that there is an increase in health service utilisation prior to death by suicide, the majority of people who take their own lives have not received a formal psychiatric diagnosis (e.g. The First Report of the Suicide Support and Information System, National Suicide Research Foundation, 2012 which reported that just under 1 in 3 people who had died by suicide had received a diagnosis from mental health services)
- At the same time, *all deaths by suicide occur in the context of the communities in which we all live*. A wide range of suicide prevention activity at a community level augmented by targeted activity to support those most at risk e.g. Travellers, alcohol and drug misusers – in collaboration with mental health services – is the most logical approach to tackling the problem of suicide in a meaningful and concerted way
- Rural communities, in particular, are deeply impacted by the experience of suicide across Ireland in the context of increasing poverty and social exclusion, but, equally, such communities are open and willing to respond in meaningful ways to support each other through emerging challenges





## 4. Process involved in developing the plan

### 4.1 Approach to developing the County Kilkenny plan

Effective suicide prevention implementation, in any jurisdiction, is dependent on meaningful, participatory consultation and engagement (NSRF, 2013) with all those concerned about the problem. A successful suicide prevention plan for county Kilkenny will depend on the wider community contributing in a positive way to the development of the plan so that there is a genuine sense of shared ownership throughout the implementation phase.

This five year action plan for Suicide Prevention in County Kilkenny has been developed in direct consultation with local communities and organisations, local service providers, i.e. those with county and local remits, and key organisations with responsibility for mental health. A list of all public consultation locations and participating organisations is given in the Appendix. From the outset, there was a commitment to meaningful public consultation and participatory approaches to developing a comprehensive plan for County Kilkenny. This approach continued right through to the finalising of the plan.

Public consultations took place in four locations, i.e. Callan, Mooncoin, Urlingford and Kilkenny city. Members of the public were invited to attend through the use of wide-spread media advertising, including parish newsletters, local radio and word of mouth through local organisations. The aim of hosting public meetings was to facilitate local people in engaging in the process, by hearing their priorities and providing the opportunity to those people with direct experience of suicide to inform the development of the plan. The overall goal of this work was to develop appropriate responses to the needs identified by those who know best what is needed locally.

Interactive consultation meetings were held with service providers, which had in attendance over 60 organisations, ranging from schools, sports organisations, local authority officials, health professionals and community and voluntary organisations.

In framing the design of the planning process, it was recognised that the issue of youth mental health and suicide among young people required specific focus. A dedicated youth consultation was also conducted with input from over thirty young people at a weekend event called 'Speak Out, Be Heard', which was facilitated by youth mental health service *ReachOut.com*.







Interviews were held with General Practitioners, Primary Care Team, the Coroners’ office, Arts office of Kilkenny County Council, Arts organisations and the Sports Partnership to explore, and seek agreement around, meaningful and practical collaboration.

This commitment to using a local public consultation approach is what makes this plan highly relevant to the lives of people living in county Kilkenny. It also deepens people’s understanding of the wide-ranging issues related to suicide and makes for a more sustainable work plan by involving all those concerned with suicide prevention.

4.2 Link to other local plans

As already mentioned, this plan for County Kilkenny is linked directly to *ReachOut – A National Strategy for Action on Suicide Prevention, 2005-2014*. This plan takes a similar approach to the national strategy by focusing on a population based approach and a targeted approach across the three levels of prevention, intervention and postvention. In addition and importantly, this plan also attempts to link to other valuable local plans such as follows:

- Kilkenny 2002 - 2012 A Strategy for Economic, Social and Cultural Development
- County Kilkenny Leader Partnership Local Development Plan<sup>1</sup>
- County Kilkenny Recreation and Sports Partnership Development Plan
- Ossory Youth Strategic Plan 2013 - 17
- Community Based Drugs Initiative
- County Kilkenny Age Friendly Strategy

4.3 Ensuring implementation

As part of the process of developing the plan, two facilitated meetings were held with interested parties to explore the establishment of the most appropriate structures for implementation, as this can differ greatly from county to county. As a result of these meetings, it was agreed that implementation of the plan would be co-ordinated by a newly established County Kilkenny Suicide Prevention Forum (the Implementation Group). This committee is made up of members who are concerned with and working in the broad area of mental health. Lifeline will act as administrative co-ordinator and support to the CIG. The CIG will meet quarterly with a specific focus on ensuring the implementation of actions in the Suicide Prevention Plan for County Kilkenny. The plan will be monitored and reported upon quarterly to the County Development Board and annually to a public meeting (see overview in section six.)



Lorna Corrigan, *The Circle Painting*. KCAT (Kilkenny Collective for Arts Talent), Callan County Kilkenny

<sup>1</sup> Local and Community Development Plan and Rural Development Plan.



# 5. Priority areas and key objectives

Strategic Area	Rationale	Key Objectives
Prevention	Most suicides occur within our communities and not within health service or other institutional settings, so population based primary prevention offers the best opportunity to reduce rates of suicidal behaviour in the population	<ul style="list-style-type: none"><li>Engage the whole population in this action plan</li><li>Improve the mental health of the population and encourage help-seeking behaviour so that problems do not escalate</li><li>Utilise existing settings and make them 'health promoting'</li><li>Create a conversation and greater awareness about suicide prevention and of the supports available in all areas of the county</li></ul>
Intervention	While suicide remains difficult to predict and prevent we do have good knowledge of certain risk factors and can identify some population groups known to be at increased risk and in need of support	<ul style="list-style-type: none"><li>Ensure high risk groups are supported in practical ways by agreeing actions and by working with them in partnership</li><li>Ensure services and supports are working together in ways that make it easier for people to get the support they need, when they need it – all services</li><li>Ensure routine psycho-social support for anyone who engages in self-harm, e.g. support from crisis nurse</li></ul>
Postvention	In the area of suicide postvention, one of the most important, and most tangible things we can do, is respond in a caring and supportive way in the days, weeks, months and years after someone has taken their own life	<ul style="list-style-type: none"><li>Ensure bereavement support services are routinely available, standardised and age-appropriate across county Kilkenny</li><li>Work with pathologists, coroners, Gardaí, undertakers and all of those involved in an 'official' capacity in the immediate aftermath of a death by suicide, to enhance services</li><li>Ensure both media and community conversations in the aftermath of death by suicide are motivated towards supporting the bereaved and ensuring anyone vulnerable or upset is given hope and practical support</li></ul>
Implementation	The rationale for including dedicated actions in the area of implementation are straightforward, i.e. to ensure policy is translated into action	<ul style="list-style-type: none"><li>Agree and establish implementation structures to oversee the implementation of the actions in this plan</li></ul>





## 6. Priority area of work and actions<sup>2</sup>

### 6.1 Prevention

In GAA clubs and community centres across county Kilkenny, the public consultation meetings guiding this plan had a definite focus on the ways in which we talk about suicide. In order to get into serious and constructive conversations about suicide prevention it was necessary to ‘break the ice’. This experience translates to the process ahead of implementing a suicide prevention plan over the coming years. The activity must be guided by a shared language and a shared sense of what is possible. How do we make this real? The **planning and implementation of public messaging campaigns and the provision of spaces and places where communities can discuss suicide prevention activity**, will be key to implementing a successful suicide prevention plan. A key ally in this will be the **local media**. Strong, positive partnerships already exist and it will be important to maintain those healthy partnerships with the **local radio and print media** producers, broadcasters and journalists who, as members of the local community, care deeply about this issue.

While it is important to begin our planning at the level of public conversations, this plan also acknowledges **the key role of the family** as the context and setting in which mental health difficulties sometimes unravel but also as the setting in which **people can get the most meaningful support**. By supporting families and family services, we can fast-track support to people who are going through tough times – this applies right across the age spectrum. Sometimes this support can begin by acknowledging the importance of family and home life and providing positive mental health information to families. Moving beyond home and family life, **the local community as a setting is fundamental to our responses to suicide**. In a cultural sense, community remains strong in Ireland and this is particularly true of rural Ireland. It is important that we tap into community as a positive resource in improving mental health and preventing suicidal behaviour. Very practical recommendations were made on how to make the best of community resources in the consultations guiding this plan. One example includes an idea to **transport young people from more rural areas in county Kilkenny to avail of youth clubs and services in bigger towns**. In addition, this plan recommends the development of local identifiable ‘Hubs’ in key locations in the county so that mental health and suicide

prevention information and resources can be accessed easily and locally but also to facilitate the building of relevant expertise and voluntary resources in local areas. These ‘hubs’ should form a self-supporting network across the county to ensure collaboration and the sharing of resources.

Health promotion is a term widely used but not always well understood. This plan is committed to adopting a positive mental health promotion approach and one way this might translate into action is by **working with the local Arts Office and arts organisations to develop programmes that will allow people to raise awareness of mental health through creative writing or arts projects** for example.

In the area of primary prevention, the settings where many of us spend our time from day to day are very important in the context of suicide prevention. Therefore, partnerships and cooperation with **schools, colleges, workplaces and sports clubs** will be integral to this plan being successful. Such partnership also extends to church and religious groups that remain a centrally important part of the social fibre in Ireland. This partnership approach can be built from pilot initiatives that **demonstrate practical positive change through focused activity**. In one public evening consultation, for example, it was suggested that **World Mental Health Day** is marked every year in the local secondary school through the provision of positive mental health awareness materials. Such simple actions can be easily implemented and can become part of the ‘suicide prevention calendar’ in county Kilkenny. Such a practical approach can also be adopted in workplace settings and by sports clubs. **The success of this plan will depend to a large extent on building partnerships and linkages to other key development plans, that can make practical actions possible.**

In the course of our consultation many alternative, whole-population strategies and techniques that can support positive mental health were discussed and the potential of alternative approaches should be closely examined as this plan is implemented. From **yoga and dog-walking** to well established **training programmes such as ASIST**, there are many things that can support positive mental health and this plan adopts a broad-based approach to achieving improved public mental health in Kilkenny over the coming years.

Finally, in relation to primary prevention, this plan has a strong focus on young people. Indeed young people were central to the consultation process both as a feature of the discussion in the public meetings and also as the leaders of a dedicated youth consultation day. This plan is founded on a belief that **real, positive social change can only take place if we work together across generations in a spirit of hope, respect and a shared understanding of our communities and our culture.**



6.1 Prevention

Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
6.1.1 Public discourse, including the media	Develop and deliver a positive public mental health awareness campaign, using, for example, bus shelter posters and posters in schools and libraries using messages such as “it’s ok not to be ok” – branded with the action plan name and logo	Link Up	Lifeline Implementation Group Kilkenny Local Authorities Kilkenny Post Primary Schools Churches	2014 -16	Improved public mental health awareness as measured by a community survey pre and post campaign
	Strengthen parenting programmes and the provision of information to parents in relation to mental health information and conversation	FRCs			
	As part of the public awareness campaign, encourage local public figures to talk openly about mental health at public meetings, on local radio, on camera and in print media	Lifeline and County Implementation Group	KCLR 96fm Kilkenny People Kilkenny Reporter	2015	5 annual public meetings, 10 media pieces
	As part of the public awareness campaign, formalise a media partnership with KCLR, Kilkenny People and the Kilkenny Reporter to create and report positive messages in relation to suicide prevention and mental health promotion (using Samaritans Media Guidelines)	Lifeline and Samaritans	KCLR 96fm Kilkenny People Kilkenny Reporter	2014	Regular quality media reports
	Working with local media, organise an annual training event highlighting the mental health promotion potential of social media utilising the IASP Resources Guide for Social Media	Lifeline and County Implementation Group	IASP, HSE SRO Ossory Youth Foroige	2014-18	Target attendance at annual event = 20 x 5 = 100 in total between 2014 and 2018
	Organise an Annual Lifeline Seminar to mark World Suicide Prevention Day (Sept 10th)	Lifeline and County Implementation Group	Lions Club Link Up Samaritans GROW	2014-18	Target Attendance at seminar = 50 X 5 = 250
6.1.2 Community and voluntary organisations	Promote and distribute the new directory of available supports and resources through these Hubs and ensure online for ease of updating, e.g. through Lifeline’s website and provide emergency service numbers from the directory in credit card size leaflets	Lifeline	Link Up and Samaritans	2014-18	Directory made widely available
	Promote the merits and available options around volunteering for mental health organisations and services through a coordinated volunteering promotion campaign	Link- Up, HSE, CandV Forum	Lifeline IG	2015	20 new volunteers recruited

Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
	Develop a template with existing community services for the establishment of local Hubs to provide information and promote awareness of suicide prevention and mental health resources. HUBS will be identifiable contact organisations in each area who agree to take on this role. Hubs should be widely promoted	Lifeline and local partner	Local Organisation to take on role	2014-16	4 Hubs established and evaluated for effectiveness
	Deliver ‘Wellness Workshops’ in rural and urban settings in collaboration with Suicide or Survive (SoS) each year	SoS Lifeline IG	FRC’s/Local Stakeholders	2014-18	5 wellness workshops delivered to over 100 people over 5 years
	Support the implementation of innovative collaborative actions across communities e.g. pilot the use of Urlingford youth services by young people from more rural neighbouring communities. Consider other locations after the pilot initiative	Lifeline with Millennium Family Resource Centre	Local organisations	2014 - 18	4 new collaborative initiatives delivered and evaluated
6.1.3 Education (Early/ Primary /Post Primary /Third Level)	Mark World Mental Health Day in schools – pilot in Callan	Lifeline	Callan secondary school – Coláiste Éamann Rís	2014	Callan initiative completed and evaluated
	Ensure that Well Being in Post Primary Schools document is available to all schools	Lifeline, NEPS	SRO	2014	Clear guidance available for all schools in the county
	Investigate the feasibility of delivering a ‘Roots of Empathy’ class room project in County Kilkenny – urban or rural	Kilkenny County Childcare Committee	CKLP, Kilkenny Education Centre, FRC’s, Kilkenny County Council	2014-16	Roots of Empathy Programme delivered in two locations
	Investigate the feasibility of delivering ‘Preparing for Life’ programmes /projects in County Kilkenny (based on north Dublin model)	Kilkenny County Childcare Committee	CKLP, Kilkenny Education Centre, FRC’s, Kilkenny County Council	2014-16	Feasibility study conducted and concluded
	Promote the work of Samaritans in schools in county Kilkenny specifically in relation to positive mental health talks	Samaritans, Kilkenny Education Centre	Local schools	2014 - 18	Positive mental health talks in 6 schools in the county each year



Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
	Promote the counselling and pastoral care supports available at Third Level each year during Fresher's Week using the 'Please Talk' on-campus awareness platform, see PleaseTalk.org	NUIM Kilkenny Campus USI and CCSI, PleaseTalk	Lifeline IG Samaritans	2014 - 18	Ensure Kilkenny campus is online and active
	Engage transition year students with mental health and suicide prevention projects for the annual Young Social Innovators showcase	Lifeline IG	Young Social Innovators	2015	2 projects from Kilkenny schools each year
	Promote the delivery of drug and alcohol awareness programmes in-incorporating positive mental health to sixth class students and other young age groups in secondary schools	CBDI	CBS in City and County	2015 - 16	6 programmes delivered
	Deliver workshops (one urban/one rural) on LGBT/diversity issues to increase understanding. Promote cultural awareness with an emphasis on celebrating difference	Lifeline IG	BeLonG To and GLEN	2015 - 16	Deliver 2 workshops. Target 40 people
	Encourage schools to nominate a mental health coordinator / team in each school who would be tasked with knowing about available support services and resources for students and staff	Kilkenny Education Centre	CBS in City and County	2015-16	2 schools piloted and evaluated
	Pilot a mental health module (such as 'Mind Out') into the curriculum through relevant subjects e.g. CSPE, in one rural and one urban secondary school as per the HSE and Dept of Education Guidelines document (2013)	Kilkenny Education Centre	CBS in City and County	2016-18	2 modules delivered
6.1.4 Sports clubs and organisations	Detail and then promote courses available to coaches, mentors and volunteers within sports clubs and organisations in suicide prevention and the promotion of positive mental health	KRSP	Suicide Resource Office (SRO)	Annually target different clubs	20 places taken up by sports organisations
	Include directly in County Sports and Recreation Strategy references and actions related to mental health and suicide prevention (cross check of local plans)	KRSP	Lifeline IG	2014 (commenced 2013)	3 actions included in KRSP plan
	Work with Sports Organisations' Code of Ethics in relation to suicide prevention awareness and access to supports across a number of key local sporting organisations and clubs. Pilot initiative first	KRSP	Lifeline IG/ Sporting organisations	2014 - 15	10 initiatives completed





Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
	Promote access to sports activities for young people from ethnic minorities including the Traveller community	KRSP	KTCM/Ethnic Minority Representative Orgs/sports orgs	2014 - 18	Quantify increase in participation by minority groups
6.1.5 Employment and workplace	Support the business community, FAS, DSP and VEC in the provision of information regarding mental health support services to people accessing employment services and work placements – including using available social media resources	Kilkenny Job Club	Solas (FAS), VEC, DSP, Chamber of Commerce/ business community	2015 - 16	Document the provision of information by agencies
	Promote awareness in the work-place of positive mental health including anti-bullying practices and creating positive work spaces	KCASES, Solas FAS, KCEB	Lifeline IG Samaritans Link Up	2017	Document the promotion of initiatives by agencies
	Encourage employers and employment agencies to take up training options in relation to mental health and suicide prevention and develop a suicide prevention plan in the workplace (using Guidance document)	Lifeline	Chamber of Commerce HSE SRO, local stakeholders	2015 - 16	Attendance at 4 training programmes targeting 4 employers per year
6.1.6 Health promotion through The Arts	The Arts are already understood as a core contributor to positive mental health. Collaboration with arts organisations will raise awareness of positive mental health through appropriate programmes within their work	KK Co Co Arts Office	KCAT; Community Arts Project; Asouli (I Forum); Barnstorm and other disciplines	2014 - 18	Increased profile of mental health in the Arts
	A specific contribution will be made through two creative writing initiatives; one for young people and one for adults focusing on positive mental health	KK Co Co Arts Office	VEC Creative Writing Groups	2014 - 18	2 creative workshops offered and taken up by 20 people
	A second specific contribution will be made through an arts office initiative aimed at young people. Young people will access this programme through schools and other local youth initiatives	KK Co Co Arts Office	Schools/ Education Centre	2014 - 18	30 young people engaged
	Awareness and promotion of positive mental health through the arts will take place within World Suicide Awareness Week in September each year	KK Co Co Arts Office Link Up	Lifeline IG Samaritans GROW/SHINE/ Integration Forum	2014 - 18	Visible Arts involvement in September each year

Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
	Promote Samaritans collaboration with Smashing Times Theatre group involving schools in the county	Samaritans	Smashing Times, local schools	2014 - 18	Annual mental health promotion event in schools through drama
6.1.7 Young People  (Involve young people in design and decisions in relation to all youth responses)	Involve youth organisations in more rural parts of Kilkenny by networking the youth organisations in the county around the issue of suicide prevention	Ossory Youth/ Foroige	Lifeline IG	2014-18	Ensure 2 collaborative initiatives per annum
	Support the creation of alternative spaces for young people e.g. youth café's, arts events, youth and sports clubs	Ossory Youth/ Foroige	Youth Services	2014-18	4 new spaces created /enhanced
	Encourage and facilitate mental health peer support programmes, informally and formally through urban and rural based youth services building on existing programme availability including web-based material e.g. reachout.com	Lifeline IG	Ossory Youth /Foroige	2016	Deliver 2 programmes aimed at 20 people

6.2 Intervention

In this suicide prevention plan, actions in the area of intervention are not confined to specialist services. The wider community also has a role when it comes to crisis intervention by, for example, having **protocols in place for dealing with crisis situations**. However, many of the actions related to intervention do target specific services within and outside of the health sector. Within the health sector, there is a growing awareness that **primary care services, particularly GPs, represent a key source of and gateway to (as appropriate) psycho-social support when responding to a crisis**. Many of the actions in this plan highlight the importance of working with primary care health workers to ensure they are equipped and resourced in meeting mental health need in the community. This plan also encourages the development of new and innovative services. An example of such a service on the ground is the **Jigsaw model of youth mental health service provision**. This approach to the provision of “well-developed community-based mental health services” is advocated by the World Health Organisation as an effective strategy in reducing suicide rates (World Health Organisation, p. 12, 2011). While Jigsaw provides dedicated early intervention services for young people aged 12 to 25, ReachOut.com supports the same age group and shares the same values in relation to youth mental health and provide support online. As the Internet is now the single most-preferred





source of mental health information and support among young people it will be vitally important to highlight and signpost safe and responsible online resources like ReachOut.com (UCD and Headstrong, *My World*, 2012).

While a range of services in the community contribute to intervention, it is understandable that the focus in this area will often be on mental health services. In this plan, a lot of attention is paid to **improving access to mental health services** for everyone who needs them. The **role of Link-Up as a positive network that encourages collaboration** is also highlighted in this plan, reflecting the constructive approach adopted in developing the actions in this plan. Of course, service provision in county Kilkenny is not perfect and the issue of further **resourcing 'out of hours' supports** and making people aware of the services that do exist was identified in the consultation process.

**Gardaí** and the prison service also have a role to play in intervention. The Gardaí, in particular, are **often the first responders when suicidal behaviour occurs** or when the risk of suicidal behaviour becomes known. The Gardaí also have a role to play in the area of bereavement support and responding supportively when suicide occurs.

While there is much that is unknown when it comes to suicide, there is also a certain amount of knowledge available that relates to at-risk groups and specific risk factors. Building on both the evidence base and on the consultation meetings across the county, this plan identifies the **Traveller community, the Lesbian, Gay, Bi-sexual and Transgender (LGBT) community, young men and older people** as population groups that should be specifically supported in relation to mental health need. The evidence base underlines the importance of these groups in the context of suicide prevention plans, when we consider the particular nature of the suicide problem – among Travellers for example, over 65% of suicides occur among those under 30 years of age (Walker, p.75, 2008; All-Ireland Traveller Health Study, 2010). The comparable figure for the general population is 34%. The focus in implementing the actions related to marginalised groups will be towards culturally appropriate, inclusive responses that don't reinforce or maintain separateness but build bridges and learning, across communities and across generations.

Specific risk factors identified in the context of intervention in this plan include **alcohol and drug abuse, self-harm, the experience of abuse and unemployment**. The risk attached to these issues is not fixed and changes from time to time and place to place. These were the factors specifically highlighted in the development of this plan and the actions aimed at addressing them encourage existing services to work closely together to provide the best possible service to anyone experiencing mental health problems related to these risk factors. A number of these risk factors remain the subject of ongoing public debate, for example, the levels of alcohol-related harm in Ireland is particularly relevant as highlighted by Alcohol Action Ireland's recent *Community Harm Study* (Alcohol Action Ireland, 2011). All of these issues, individually and collectively, are tough issues to deal with but it is vitally important that they are highlighted in this plan and that actions are implemented aimed at tackling the most serious issues currently facing the community across county Kilkenny.



6.2 Intervention: Priority areas of work and actions

Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
6.2.1 Community	Provide local organisations with templates to assist them with developing local protocols for dealing with crisis situations e.g. Family Resource Centres, Sports Clubs and Schools	Lifeline	Local Orgs, HSE SRO	2014 - 16	Protocols developed in at least 20 organisations
	Work collaboratively to develop a resourced community based low cost/no cost counselling service that is available to the general public, targeted and promoted through primary care services	LARC/Good Shepherd/ FRC's	Lifeline IG	2014 - 15	Increase in availability of low cost counselling
6.2.2 Front-line Health Services	Provide up to date literature in health service waiting rooms on mental health and suicide prevention	Lifeline IG	HSE SRO	2014	Literature widely distributed/ awareness raised
	Advocate to Improve access to and availability of child psychiatry services as appropriate in consultation with HSE services	Lifeline IG	HSE DOP	2014 - 15	Reduced waiting times for CAMHS services
	With the support of the Primary Care Coordinator, promote ongoing training among trainee and practicing GP's within the County in mental health and suicide prevention such as STORM and awareness among GP's locally of suicide prevention resources within the community	Lifeline IG, Primary Care Coordinator	SRO	2014 - 15	Increased awareness and training of GPs in the county
	Adopt a protocol in partnership with A & E to ensure that up to date information and 24/7 contact details of relevant support services are available to staff at A & E for people presenting in crisis or distress	Lifeline IG HSE at St. Luke's Hospital	Lifeline IG	Ongoing	Support for staff to help with people in crisis
6.2.3 At risk groups including young men	Specifically tailor awareness-raising and training programmes for at risk groups and those that work with them e.g. drug-users, Travellers, Men's sheds, ethnic minorities, gay men	Integration Forum, KTCM	ITM GLEN Drugs TF MDN	2014 - 15	Minimum of 5 training programmes delivered
	Provide and promote attendance at training on the needs and issues associated with certain at-risk groups including Travellers and the LGBT community – for Health Service Staff	BeLonGTo/Out for the Weekend	Lifeline IG	2014 - 15	2 workshops run

Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
6.2.4 Older people	Promote Samaritans training workshops on listening skills for travellers	Samaritans	Lifeline IG	2014 - 18	At least one workshop per year delivered
	Develop and deliver educational programmes on the relationship between alcohol, drugs and mental health – especially for at risk groups	CBDI	Foroige KTCN, IF, MDN	2014 - 16	10 programmes delivered
	Create informal spaces for open dialogue between minority/Traveller groups and relevant services including Gardaí, mental health services and primary care services	Integration Forum, KTCM	Lifeline IG/ Community Policing	2014 - 16	Create open space x 3 times
	Develop support responses for the mental health needs of homeless people when requested	Homeless Action Team	Samaritans GROW	2014 - 18	On request: document
	Promote through posters, radio and on-line media use of Men's Sheds, Family Resource Centres, Young Men's Groups and alternative approaches to socialising like the 'Hello Sunday morning' movement	Link Up	MDM FRC Local Orgs	2014 - 18	Ensure 4 – 6 promotions carried out
	Collaborate with the County Kilkenny Age Friendly Strategy Actions and with the Older People's Forum to integrate and include suicide prevention initiatives in their annual works programmes over the lifetime of this plan	Lifeline IG Older People's Forum	Kilkenny Co Council/ Age Friendly Strategy	2014 - 18	Identify clear actions in Age Friendly strategy document
	Ensure that GPs are aware of services such as the SHIP programme (self-harm intervention programme) and keep up to date information in their clinics	SRO	Lifeline IG	2014 - 18	Information distributed to all GPs
	Ensure support and resources for AandE staff responding to self-harm in St Luke's Hospital	Link Up, SRO	Lifeline IG	2016 - 17	Relevant posts in place with sufficient training and support
	Continue to support the collection of data for the national register of deliberate self-harm	Link Up	Link Up, SRO	2014 - 18	Data gathered and available



6.3 Postvention

Postvention is a term that was developed to describe supportive activities in response to a death by suicide aimed at both alleviating the pain experienced by those left behind and also to minimise the risk of further suicidal behaviour in the family, among friends or in the wider community. The pain caused by death by suicide is felt across many in the community and therefore the response should be comprehensive and inclusive. At the same time, our actions must be motivated towards support for the family and close friends of those who have died. There are a number of **practical actions** that can be implemented in the area of postvention. These actions include **crisis response plans** being in place in education, community and work settings. Other practical actions involve collaboration with the media, **bereavement support organisations**, and close working relationships with the local coroner.

6.3 Postvention: Priority areas of work and actions

Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
6.3.1 Community	Work with relevant stakeholders to develop local protocols and ensure that 'Well Being in Post Primary Schools' document is available for postvention supports at schools and community/youth and sports clubs	Lifeline	Local orgs NOSP/NEPS	2014 - 16	20 organisations with protocols in place
6.3.2 Bereavement support services	Develop community-wide networks of volunteers as 'first-responders' to offer support following death by suicide	Lifeline IG	All members	2014 - 15	20 trained volunteers
6.3.3 County Coroner's Office	Create awareness of and widely promote existing bereavement support services in both rural and urban areas. This should include support and information for parents of young people who have lost friends to suicide	Kilkenny Bereavement Support Services (KBSS)	Lifeline IG	2014 - 18	3 campaigns completed
	Promote and deliver appropriate remembrance events like those organised by Console and Pieta House (e.g. 'Darkness into Light') to be organised each year in Kilkenny	DIL Local Committee /Console	Pieta House Console Lifeline IG	2014 - 18	2 remembrance events per year
	Work to improve facilities for those arriving for Coroner's Inquest. Investigate an alternative more sensitive venue for the holding of inquests	Coroner's Office /Court Services	Lifeline IG	2014 - 16	Improved settings for inquests





6.4 Implementation

it has been agreed that implementation of this plan will be co-ordinated by Lifeline Kilkenny in conjunction with Link-Up, which is a membership forum that represents all organisations who are concerned with and working in the area of mental health. Specifically, Lifeline will convene an implementation group (IG) to take the lead on this plan and its actions. The following actions acknowledge the importance and support required for the effective implementation and monitoring of this plan.

6.4 Implementation: Priority areas of work and actions

Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
6.4.1 Implementa- tion Supports	Support the development of a county-wide Implementation Group for this plan. Provide support and facilitation when required	Lifeline	All partners	2014 - 18 (commenced 2013)	Effective IG ensuring implementation
	Put a formal evaluation system and plan in place for the duration of the plan	Lifeline	All Partners (3rd Level Institute)	2014	On-going evaluation feedback
	Pursue and support the development of a south-east network of co-ordinators	Lifeline	SRO, Other Counties	2014	Effective South East network established
	Develop an online calendar of mental health-related events and activities that people can access by building the calendar into an existing user-friendly online platform such as Lifeline Kilkenny's website	Lifeline	Link Up	2014 - 15	Relevant, timely information provided
	Ensure suicide prevention actions included in all key development plans named in this document	Lifeline	All partners	2014 - 15	Cross linkages established
6.4.2 Training and capacity building	Carry out audit of training delivered to date and organise new training schedule. Roll out in all key locations – rural and urban e.g. Safe-Talk, ASIST, Peer-Support, Diversity. Use a variety of creative approaches to deliver training. Pilot rural initiatives in Mooncoin and Urlingford first and assess impact	Lifeline	All partners	2014	Training brochure available

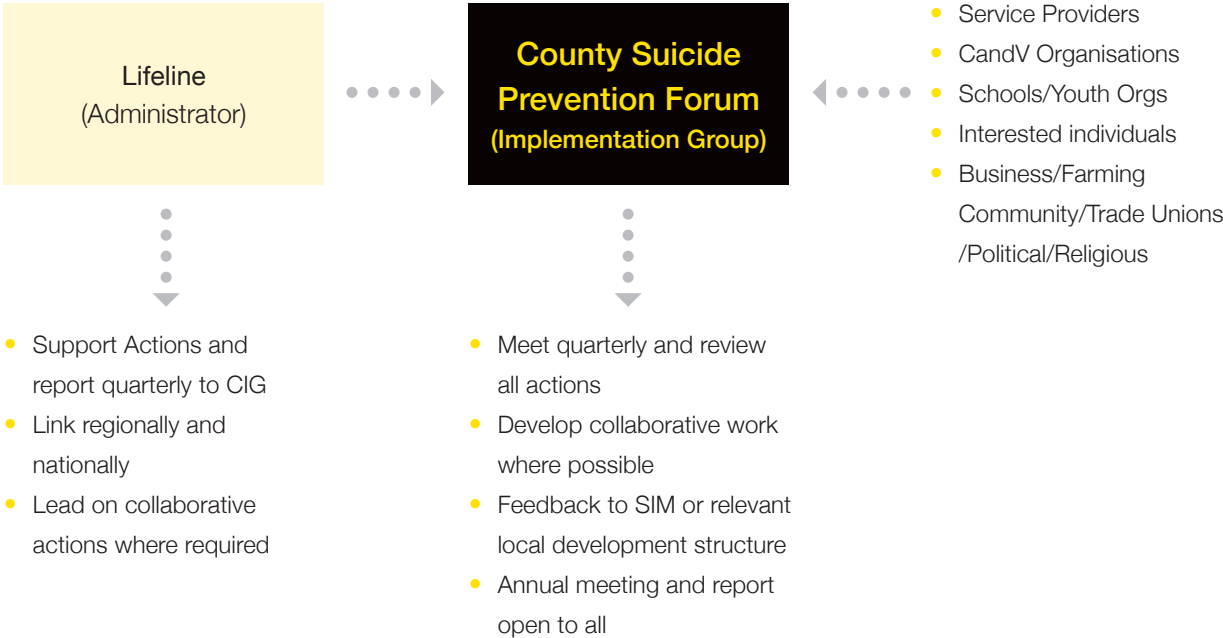
Priority Area	Actions	Lead Organisation	With the support of	Time-frame	Expected outputs /outcomes
	In particular, target the following for training programmes: <ul style="list-style-type: none"><li>Youth organisations and services: Leaders, workers and volunteers</li><li>Third level college students and teachers</li><li>Post-primary educators</li><li>Gardaí, First responders and Primary Care Teams</li><li>Local Media and Journalists</li><li>County Coroner's Office</li><li>Employers</li></ul>	Lifeline IG	Schools, Colleges, Kilkenny Education Centre Youth services, FRCs Sports Organisations Front line services Chamber	2014 - 18	Training delivered and targeted. Quantify the attendance and targeting of each programme
6.4.3 Further research and development	Conduct a feasibility study into the development of a Jigsaw type model of Youth Mental Health Service delivery for County Kilkenny	Lifeline	KCASES /Link Up /HSE	2014 - 15	Feasibility study completed





## 7. Monitoring implementation and reporting

Organisations and individuals with relevant experience, expertise and interest were invited to become a member of the County Kilkenny Suicide Prevention Implementation Group (IG) and a provisional grouping was agreed at a meeting in May 2013 with a view to finalising the structure and agreeing officer roles before the end of 2013. The County Implementation Group will meet quarterly, will agree annual work-plans and provide an annual report which will be made widely available. Lifeline will act as administrator to the County Implementation Group.





# APPENDIX I

## Public Planning Meetings

Public Planning meetings were held in Callan, Mooncoin, Urlingford and Kilkenny – all of which were open to the general public. In addition to individuals and families from local communities attending meetings, the following organisations also participated across County Kilkenny:

**Organisations**

Samaritans Carlow and Kilkenny, GROW, Kilkenny Bereavement Support Services, SHINE, Kilkenny Rape Crisis Centre, Aware, Pieta House, Men’s Development Network, Macra na Feirme, Irish Farmers Association, HSE, Link Up, KCASES, Kilkenny Job Club, Kilkenny Integration Forum, Kilkenny Traveller Development Organisations (KTCM), Fr McGrath Centre, Newpark Close Family Resource Centre, Mill Family Resource Centre (Urlingford), Droichead Family Resouce Centre (Callan), Loughboy Area Resource Centre Counselling Service (LARC), Primary and Post Primary Schools, County Kilkenny LEADER Partnership (CKLP), Kilkenny Gardai, Kilkenny People Newspaper, Elected members of Kilkenny County Council and Borough Council.

Other Planning Meetings:	Kilkenny County Council Arts Office and Arts Organisations:
<ul style="list-style-type: none"><li>• Youth Groups: Foroige, Ossory Youth, Comhairle na nOg</li><li>• Kilkenny Recreation and Sports Partnership</li><li>• PCT Ayrefield Medical Centre Kilkenny</li><li>• Tim Kiely County Coroner</li><li>• Link Up</li><li>• Regional Suicide Resource Office HSE (South)</li><li>• Kilkenny County Childcare Committee (KCCC)</li></ul>	<ul style="list-style-type: none"><li>• Kilkenny County Council Arts Office</li><li>• Barnstorm Theatre Company</li><li>• County Library services</li><li>• Expressive Arts Ireland</li><li>• Watergate Theatre</li><li>• Devious Theatre Company</li></ul>







World Suicide Prevention Day event at City Hall, 10th September 2013

## References

- All-Ireland Traveller Health Study. UCD, 2010
- Behaviour and Attitudes: Alcohol Related Harm in the Community. National Quantitative Research September, 2011. Prepared for: Alcohol Action Ireland: the National Charity for Alcohol Related Issues
- Central Statistics Office Data 2013
- Local Development Social Inclusion Programme: More Than a Phase - Resource Guide for Inclusion of Young Lesbian, Gay, Bisexual, Transgendered (LGBT) learners. Pobal 2006
- First report of the Suicide Support and Implementation Study, National Suicide Research Foundation, 2012. McAuliffe C et al
- LIFE Strategy, Australia. Commonwealth Department of Health and Aged Care, Australia, 1999
- Psychological Medicine by Hegerl U, Althaus D, Schmidtke A, Niklewski G. (2006)
- Rural Poverty and Social Exclusion on the Island of Ireland – Context, Policies and Challenges by Dr. Kathy Walsh, KW Research and Associates Ltd. Scoping Paper prepared for the Pobal All-Island Conference “New Ideas, New Directions” in the Boyne Valley Hotel, Drogheda, Co. Louth. October 2010
- Suicide among the Irish Traveller community 2000–2006 by Mary-Rose Walker, B.Soc.Sc., N.Q.S.W., M.Litt. Wicklow County Council 2008
- Suicide, attempted suicide and attempted suicide in Ireland and elsewhere, Health Research Board Overview Series (7), HEALTH Research Board, Dublin 2008. Walsh, D
- Suicide in Ireland 2003-2008, UCD/St Vincent’s Hospital 2013, Malone, K
- World Health Organisation. Promoting Mental Health: concepts, emerging evidence, practice, WHO, Geneva, 2004
- World Health Organisation: Impact of Economic Crisis on Mental Health. WHO Europe Office 2011
- World Health Organisation: Public Health Actions for Everyone. WHO Europe Office 2012



# Acknowledgements

This plan could not have been developed without the support of Kilkenny County Development Board, Mairead Rohan and all at County Kilkenny LEADER Partnership, the board and staff of Ossory Youth, Kilkenny Local Authorities, ESB Electric AID, Kilkenny Lions Club, Ó lá go lá and all of the participants and organisations who gave so generously of their time to attend and participate in the planning meetings. Lifeline would like to extend a heartfelt thanks to our steering committee; Padraig McMorrow, Martin Matthews, Mary Walsh, Ruth Butler, Elinor Mountain, Vered Zur, Millie Ryan, Gill Leo, Stephanie Cummins, Liz Campbell, Ann Marie Lawlor, and this plan's implementation group, David Gray for guidance and support, Mary Mescall and the Board of Ossory Youth to Aoife Fitzpatrick of KCASES for her work on the youth planning meeting and Mary Butler, Arts Officer for facilitating the arts meeting. Thank you to Jonny Dowling for fundraising. We remember and are grateful to the late Joan Power RIP for her work with Lifeline.

Planning work and the writing of the plan was carried out between October 2012 and April 2013, facilitated by Maria Power of Community Consultants and Derek Chambers with the support of Malcolm Noonan, Lifeline Project Worker. Sean McCarthy and his team at the HSE Suicide Resource Office (South) gave unwavering support throughout this process. The Lifeline Forum is most grateful to the Kilkenny People Newspaper, Sean Keane and editor Brian Keyes, to the staff of KCLR96fm and the Kilkenny Reporter and Kilkenny Community Radio for their support and ongoing sensitive handling of mental health and the issue of suicide. To the Heritage Council and other organisations that provided venues for our meetings, we thank you sincerely.

Finally we would like to thank most sincerely Church and spiritual leaders, public representatives, organisations and individuals who have contributed to this plan and to suicide prevention in our community. Through a sense of common purpose we have achieved so much together, this will inspire us with the work ahead.

### Vincent Butler

Chairperson  
Lifeline Kilkenny Suicide Prevention Forum  
September 2013

### Lifeline

c/o Ossory Youth, Desart Hall  
New Street, Kilkenny  
t. 056 7761200  
e. [info@lifeline-kilkenny.org](mailto:info@lifeline-kilkenny.org)  
w. [www.lifeline-kilkenny.org](http://www.lifeline-kilkenny.org)

### Image Captions

Page 18: Reviewing the Actions, July 2013 at the offices of the Heritage Council, Kilkenny  
Pages 20 - 21: Planning meeting at the offices of the Heritage Council, Kilkenny

### Design and Print Management

Tom Feehan at dynamite, kilkenny, 056 7728797, [www.dynamite.ie](http://www.dynamite.ie)

Printed in Ireland













