Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Connecting for Life

National Office for Suicide Prevention

Report from the Practice Improvement Advisory Group

November 2014.

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Table 1 Membership of the Practice Improvement Advisory Group

Name	Organisation
Patricia Gilheaney (Chair)	Mental Health Commission
Ciaran Austin	Console
Kieran Brady	Pieta House
Margaret Brennan	HSE Quality and Patient Safety in Mental Health Directorate
Catherine Brogan	Samaritans
Dr Justin Brophy	HSE Mental Health Services
Michael Byrne	HSE Psychology
Bernie Carroll	NOSP
Aisling Culhane	Psychiatric Nurses Association
Eithne Cusack	HSE
Dr Brendan Doody	HSE Mental Health Services
Joseph Duffy	Headstrong
Cathal Kearney	The Family Centre
Susan Kenny	NOSP
Paula Lawlor	Suicide Or Survive/CBT Therapist
Derek McDonnell	South County Dublin Partnership
Fenella Murphy	ReachOut.com
Anne Sheridan	HSE

Section 1: Practice Improvement Advisory Group

As part of the development of the new suicide prevention strategy a Practice Improvement Advisory Group was established to make recommendations to the Strategic Planning Oversight Group on the areas of practice and supporting actions that need to be incorporated in the new framework.

1.1 Remit of the Practice Improvement Advisory Group

- Identify and agree the development of core practices relating to suicide prevention in Ireland – as far as they have been developed under 'Reach Out' – that can be incorporated into the future work of NOSP and the new strategy.
- Identify core areas of practice relating to policy, training, guidance, pilot programmes and monitoring/ evaluation.
- Make recommendations as to how NOSP could best facilitate improvements in core suicide prevention practice through the strategy including through use of the Plan, Do, Study and Act model.

1.2 The practice of suicide prevention

Reach Out defines suicide prevention in the following way:

> Suicide prevention is the 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[1].

As the factors leading to someone taking their own life are complex, the practice of suicide prevention is broad: it encompasses population- and community-based approaches to prevention, targeted interventions for people at risk of suicide and the provision of therapeutic supports and interventions. Suicide is often at the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. The scope of practice encompasses local community and voluntary groups, right through to national statutory and non-statutory health and social services. Suicide prevention practice refers to:[2]

- Translating the 'science' of suicide prevention and public health into action
- Broad prevention and early intervention programmes and interventions that improve the mental health of the population and specific groups
- The standards, therapeutic practices, protocols, systems and strategies that agencies and practitioners need to implement to ensure safe practice in supporting people 'at risk' of suicide
- Using evidence based interventions to help the most vulnerable improve their health and lives

1.3 Work of the Practice Advisory Group

The group met four times. This document outlines the recommendations from the group to the Strategic Planning Oversight Group pertaining to actions that would support improvements in suicide prevention practice during the timeframe of the new strategy.

The work of the group examined the practice of suicide prevention across three domains of suicide prevention: prevention (to include health promotion and community approaches), intervention and postvention. The work of the group examined what actions should be taken at a national, community and service-delivery level to improve the practice of suicide prevention.

The group did not examine cross-department, communication or research actions, as these areas were addressed by other advisory groups working on the development of the new strategy, namely the policy, communications and research advisory groups. However, the Practice Advisory Group made recommendations to these groups during the course of their work.

In considering its recommendations for the Strategic Planning Oversight Group, the practice group examined the internal NOSP review of *'Reach Out'* and a brief review of the evidence by the National Suicide Research Foundation. It also drew on the professional knowledge and expertise of the group members. The group also considered the outputs that related to practice improvement from the public engagement process for the new strategy.

[1] Reach Out Irish National Strategy for Action on Suicide Prevention 2005-2014, http://www.nosp.ie/reach_out.pdf

[2] Adapted from CDC, What is Public Health Practice, as defined by the Public Health Practice Council, 2007.

In making its recommendations, the group recognised that they would need to be cross-referenced against the review of the evidence base for suicide prevention by the HRB, which would also inform the new strategy. . It was important to recognise, however, that the scope of the HRB report was focused solely on evidence-based interventions and its findings may not reflect some areas of suicide prevention practice.

Section 2: Recommendations for improving national practice in suicide prevention for the new suicide prevention strategy

2.1 Scope of the Practice Improvement Group document

The group devised its recommendations for action across four domains of practice, each of which would support an improvement in the safe delivery of services and programmes:

Domain 1: National approaches to supporting good practice.
Domain 2: Building community capacity to respond to and reduce suicide.
Domain 3: Providing a continuum of safe and quality care across primary care and specialist services.
Domain 4: Targeted approaches to suicide prevention practice for priority population groups.

Each domain includes a number of recommendations for actions related to practice within that domain area.

In devising its recommendations for the different practice domains, the group outlined the aim, the proposed national outcome and the rationale for each domain. Each practice domain was subdivided into recommendations that would support the implementation of the overall aim and outcome of the domain. A proposed timeframe and the lead agent for responsibility for implementation were provided.

The implementation of the actions recommended within each domain would need to be underpinned by national strategic objectives within the strategy, focused on communication, policy, education and research.

In compiling its recommendations relating to practice, the group recommends that over the timeframe of the new strategy, implementation will need to address the following:

- Development and implementation of national standards for practice in the area of suicide, to apply both to the statutory and non-statutory sectors.

- Implementation of clinical guidance and protocols across health service settings for people at risk of self-harm and suicide, including the development of an early warning system for people at risk of suicide at point of contact.

- A quality improvement system for organisations funded under the strategy, focusing on the reduction of risk factors.

- Development of accredited, skills-based education on suicide prevention with professional regulatory bodies for health professionals.

- An examination of how existing models of care - particularly in relation to service provision - can be integrated and scaled up, e.g.:
    - Access to HSE primary care psychological services
    - Access to Psychological Services Ireland (APSI)
    - Bereavement support
    - Counselling in Primary Care (CIPC)
    - Suicide Crisis Assessment Nurse (SCAN)

- Focus on national consistency of service provision.

- Services identified as being the lead agent for delivering on actions need to be held accountable by robust governance structures under the new strategy. Programmes resourced under the new strategy should be evaluated and the impacts and outcomes of the real effect of suicide prevention practice measured.

The group proposes that the following principles of good practice be reflected in the final strategy:

- Shared responsibility
- Evidence led
- Consultation and partnership
- Person centred
- Accountability
- Sustainability
- Demonstration of a consideration of the potential for doing harm
- Acknowledge the lived experience of people touched by suicide
- Accessible, i.e. in plain English

Section 3: Summary of domains of practice

Domain 1: National approaches to supporting good practice
Domain 2: Building community capacity to respond to and reduce suicide
Domain 3: Providing a continuum of safe and quality care across primary care and specialist services
Domain 4: Targeted approaches to suicide prevention practice for priority population groups

Table 2 Summary of domains of practice

Domain	Areas	Recommendations
Domain 1: National approaches to supporting good practice	**Area 1.1**: Improving standards in care provided to persons across services.	**1.1.1.** Implement national standards for services providing support to people at risk of suicide or engaging in self-harm.
	Area 1.2: Building the mental health of the population.	**1.2.1**. Develop and disseminate national guidance to support good practice in mental health promotion across key community settings. **1.2.2.** Develop national guidelines that support evidence-based mental health promotion for practitioners as it relates to the actions within the strategy.
	Area 1.3: Approaches to reducing access to means.	**1.3.1.** Develop and monitor the implementation of a national action plan focused on reducing access to means in the following areas: • Reducing suicide and attempted suicide at geographical hotspots by implementing interventions around modifications and sign-posting of services and environment e.g. barriers • A reduction in the common means of death by suicide. • Medication prescription practices.

Domain	Areas	Recommendations
Domain 2: Building community capacity to respond to and reduce suicide	**Area 2.1**: Building the protective factors against suicide.	**2.1.1**. Prevention programmes resourced under the strategy should demonstrate impact on building protective factors and reducing risk factors for suicide.
	Area 2.2: Education and training.	**2.2.1.** Implement an awareness training programme that improves the helping and sign-posting skills of the first points of contact in the community. **2.2.2.** Work with strategic partners to build and deliver on existing suicide training programmes to support the intervention skills of first responders and those from frontline services. Key priority target groups will include: Health and Social Care staff within TUSLA –the Child & Family Agency Frontline responders from Department of Justice (DoJ) Department of Education and Skills (DES) personnel working directly with young people.
	Area 2.3: Supporting community-based organisations to deliver work in the area of suicide prevention.	**2.2.3.** Develop and implement a standardised national training programme to up-skill staff responding to bereaved families and communities in the aftermath of a suicide.

Domain	Areas	Recommendations
		2.3.1. Many community organisations including workplaces, sporting organisations, family resource centres and third-level organisations have the potential to deliver work in this area. Suicide prevention may not be a core function of these organisations but their work may help to target priority groups or build the response to suicide at a community level. Disseminate more widely current national guidance to support work by community organisations through national organisations and communities.
	Area 2.4: Responding to suicide.	**2.4.1.** Implement national, standardised, evidence-informed plans for responding to suicide-related deaths at a Community Health Organisation (CHO) level. These plans need to include critical incidents such as 'murder suicides' and 'suicide clusters' – Such plans need to be based on local needs and services. **2.4.2.** Review and evaluate the extent of existing suicide bereavement service provision nationwide to inform further development and integration of services addressing the needs of people bereaved by suicide.

Domain	Areas	Recommendations
Domain 3: Providing a continuum of safe and quality care across primary care and specialist services	**Area 3.1**: Primary care.	**3.1.1.** Increase access to support services at primary care level, e.g. relationship-building skills (so as to engage service users), risk management and/or how to work therapeutically with common mental health presentations. **3.1.2.** Implement national standards for services providing intervention services to people at risk of suicide or of engaging in self-harm. **3.1.3.** Provide training for primary care staff. **3.1.4.** Provide crisis services at primary care level**.** **3.1.5.** Early intervention of mental health problems at primary care level.
	Area 3.2: Secondary services, including emergency departments and mental health services.	**3.2.1.** Develop and implement Early Warning Score (EWS) for suicide risk in emergency departments. **3.2.2.** Enhance responses to and interaction with families who:

Domain	Areas	Recommendations
		• Have experienced a bereavement by suicide • Have a family member in critical care as a result of a suicide attempt • Have heard that a family member is being cared for within the health services as a result of a suicide attempt. **3.2.3.** Complete a review and implement recommendations for improving systems, protocols and practices associated with crisis referrals, risk assessment and discharge and post-discharge care within mental health services. **3.2.4.** Provide suicide risk assessment and management training for frontline mental health and alcohol and drug services staff. **3.2.5**. Develop protocols for seeking consent and involving supportive family members / significant others in the treatment, discharge planning and follow-up post-acute care provision. These protocols will be implemented across the different levels of the healthcare system related to suicide prevention.

Domain	Areas	Recommendations
		3.2.6. Improve access to psychotherapeutic interventions across primary and secondary services that have been shown to be effective in reducing the risk of self-harm and suicide (e.g. DBT & CBT). **3.2.7.** Further develop and implement standardised systems of audit, investigation and routine reporting (including to the bereaved family) following deaths by suicide of service users in contact with mental health services. This will be completed in conjunction with the Mental Health Commission. **3.2.8.** Develop, implement and monitor national standards and protocols for the follow-up of service users discharged from primary care following a suicide attempt or mental health presentation, including persons discharged from emergency departments. **3.2.9.** Develop and implement care pathways and care bundles for people accessing mental health services with presentations linked to self-harm and suicide.

Domain	Areas	Recommendations
Domain 4: Targeted approaches to suicide prevention practice for priority population groups	**Area 4.1:** Targeted approaches for priority populations.	**4.1.1**. Promote help-seeking among priority groups. **4.1.2.** Implement and measure the impact of approaches used to reduce suicide among marginalised and priority groups, to support evidence-based practice models to be disseminated in this area.
	Area 4.2: Services working with and engaging young people and families.	**4.2.1.** Develop and implement national standards and guidance for services providing therapeutic interventions for young people who are engaged in self-harm, who are bereaved through suicide and who are at risk of suicide.

Section 4: Domains of practice in detail

Domain One: National approaches to supporting good practice in suicide prevention

Area 1.1: Improving standards in care provided to people across services

Aim: **Good practice in suicide prevention in care/health services**
Outcome: **Care services that demonstrate safe practice in the area of suicide prevention**

Table 3 Improving standards in care provided to people across services

DOMAIN: National approaches to supporting good practice			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
1.1.1. Implement standards of care across statutory and non-statutory services providing intervention to people at risk of suicide or support to people who have been bereaved through suicide (to include helplines, HSE funded counselling services, e.g. APSI, CIPC, HSE Primary Care Psychology Services, Pieta House, Console, online services and alcohol and drug services). These standards must include services supporting those aged under 18 years and should be in line with Children First legislation. Develop a national system that will monitor the implementation of standards. The implementation of national standards should be monitored and regulated by an existing independent regulatory body.	Year one.	NOSP.	Improved and consistent standards of care for those at risk of suicide.

Area 1.2: Building the mental health of the population

Aim: **To build the wellbeing of the population**
Outcome: **Improved levels of mental health and resilience in the population**

Table 4 Building the mental health of the population

Area: Building the mental health of the population			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
1.2.1. Develop national guidance to support good practice in mental health promotion across key community settings: • Schools • Health services • Local economic & community plans. **1.2.2.** Develop national guidance that supports evidence-based mental health promotion for practitioners as it relates to the actions within the strategy.	Year two.	Department of Health and HSE Health and Wellbeing Division.	Guidance in place. Practitioners have guidance to assist the implementation of mental health promotion activities.

Area 1.3: Approaches to reducing access to means

Aim: **To reduce the incidence of suicide**
Outcome: **Lower suicide levels**

Table 5 Approaches to reducing access to means

Area: Approaches to reducing access to means			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
1.3.1. Develop and monitor the implementation of a national action plan focused on reducing access to means in the following areas: • Reducing suicide and attempted suicide at geographical hotspots by implementing interventions around modifications and sign-posting of services and environment e.g. barriers. • A reduction in the common means of death by suicide. • Medication prescription practices.	Commence in year one and continue throughout the lifespan of the strategy.	Department Of Health & DECLG.	Reduction in deaths of suicide by common means in Ireland.

Domain 2: Building community capacity to respond to and reduce suicide

Area 2.1: Building the protective factors against suicide

Aim: **Support for communities in responding to suicide**
Outcome: **Reduced suicide rates through sustained, community-based actions**

Table 6 Building the protective factors against suicide

DOMAIN: Building community capacity to respond to and reduce suicide			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
2.1.1. Prevention programmes resourced under the strategy should demonstrate impact on building protective factors and reducing risk factors for suicide.	Commencing in year one and continuing throughout the lifetime of the strategy.	NOSP.	Funding is outcome focussed.

Area 2.2: Education and training

Table 7 Education and training

DOMAIN: Building community capacity to respond to and reduce suicide			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
2.2.1. Implement an awareness training programme that improves the helping and sign-posting skills of the first points of contact in the community. **2.2.2.** Work with strategic partners to build and deliver on existing suicide training programmes to support the intervention skills of first responders and those from frontline services. Key priority target groups will include: • Health and social care staff within TUSLA – the Child & Family Agency • Frontline responders from the Department of Justice (DoJ) • Department of Education and Skills (DES) personnel working directly with young people. **2.2.3.** Develop and implement a standardised national training programme to up-skill staff responding to bereaved families and communities in the aftermath of a suicide.	Commencing in year one and continuing throughout the lifetime of the strategy.	NOSP overall co-ordination, in collaboration with strategic partners.	Measurable reduction in the rate of suicide in communities due to: • Informed contact people/organisations • Improved local interventions. For 'first point of contact' organisations/people - measurable improvement in their knowledge and information base. Measurable improvement in interventions skills of 'first responders' in communities.

Area 2.3: Supporting community based organisations to deliver work in the area of suicide prevention

Table 8 Supporting community based organisations to deliver work in the area of suicide prevention

DOMAIN: Building community capacity to respond to and reduce suicide			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
2.3.1. Support community-based organisations to deliver work in the area of suicide prevention[3]. Many community organisations including workplaces, sporting organisations, family resource centres and third-level organisations have the potential to deliver work in this area. Suicide prevention may not be a core function of these organisations but their work may help target priority groups or build the response to suicide at a community level. Current national guidance to support work by community organisations needs to be disseminated more widely through national organisations and communities.	Commencing in year one and continuing throughout the lifetime of the strategy.	NOSP.	Sustained suicide prevention practice in a range of community-based organisations.

[3] Suicide Prevention in the Community: A Practical Guide.

Area 2.4: Responding to suicide

Table 9 Responding to suicide

DOMAIN: Building community capacity to respond to and reduce suicide			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
2.4.1. Implement national, standardised, evidence-informed plans for responding to suicide-related deaths at a Community Health Organisation (CHO) level. These plans need to include critical incidents such as 'murder suicides' and 'suicide clusters' – Such plans need to be based on local needs and services.	Commencing in year one and continuing throughout the lifetime of the strategy.	NOSP overall co-ordination, in collaboration with strategic partners.	Improved coordination and access to support services for people bereaved and impacted by suicide-related deaths at a community level. Reduction in suicide contagion in communities in the aftermath of a suicide, due to evidence based, co-ordinated community responses to the needs of families and communities.
2.4.2. Review and evaluate the extent of existing suicide bereavement service provision nationwide to inform further development and integration of services addressing the needs of people bereaved by suicide.	Year two.		Evidence-informed bereavement support services will be available throughout Ireland.

Domain 3: Providing a continuum of safe and quality care across primary care and specialist services

Area 3.1: Primary care

Primary care plays a central role in the provision of healthcare services in Ireland, involving not only access to GPs but also to a broad range of community-based services including nursing, social work, chiropodists, midwives, physiotherapists, occupational therapists, speech and language therapists, child health care, dental care and ophthalmic care services.

Aim: **Provision of a seamless, safe and quality suicide prevention service across primary care settings**
Outcome: **Primary care services that can significantly reduce the incidence of suicide**

Table 10 Primary care

AREA: Primary care			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
3.1.1. Increase access to and availability of evidence-based supports and services at a primary care level to reduce the level of risk of suicide within the population. These supports include: CIPC, helplines, online support, crisis intervention service, bereavement support services, self-help. **3.1.2.** Implement standards of care for primary care based statutory and non-statutory services providing intervention to people at risk of suicide or who have been bereaved through suicide (to include helplines, HSE-funded counselling services, e.g. APSI, CIPC, HSE Primary Care Psychology Services, Pieta House, Console, online services, primary care teams and alcohol and drug services	Commencing in year one and continuing throughout the lifetime of the strategy	HSE Primary Care, NGO sector.	Increased availability of evidence-based mental health supports at primary care level. Immediate access to care for people who are in crisis. Suicide prevention is a core component of primary care services. Primary care staff have the awareness, information, skills, competencies and systems to undertake their role in suicide prevention.

AREA: Primary care			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
services). linked to recommendations 1.1 **3.1.3.** Prioritise suicide prevention training of frontline primary care services, including general practice staff.			
3.1.4. Implement a national model of good practice for crisis response services based at a primary care level, e.g. SCAN, ASPI, HSE Primary Care Psychology Services and CIPC.	Ongoing.	HSE Primary Care & Mental Health Division.	Model for delivery of crisis services in place.
3.1.5. Develop a primary care based early intervention programme focused on mental health problems, with a particular focus on anxiety and depression. The programme will focus on the target population groups and events that may lead to depression and anxiety.	2016.	HSE Primary Care, ICGP and Mental Health Division, H&W Division, NGO partners.	Early intervention in mental health problems at primary care level.

Area 3.2: Secondary services, including emergency departments and mental health services

Aim: **Provision of a seamless, safe and quality suicide prevention service across secondary services including emergency departments and mental health services**

Outcome: **Acute services that significantly reduce the incidence of suicide**

Table 11 Secondary services, including emergency departments and mental health services

AREA: Secondary services including, emergency departments and mental health services			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
3.2.1. Develop and implement Early Warning Score (EWS) for suicide risk in emergency departments.			Reduction in repeat admissions.
3.2.2. Enhance responses to and interaction with families who: • Have experienced bereavement by suicide • Have a family member in critical care as a result of a suicide attempt • Have heard that a family member is being cared for within the health services as a result of a suicide attempt.			Staff responding in the aftermath of suicide will be adequately equipped to respond to the needs of families bereaved by suicide.
3.2.3. Complete a review and implement recommendations for improving systems, protocols and practices associated with crisis referrals, risk assessment and discharge and post-discharge care within mental health services.			
3.2.4. Provide suicide risk assessment and management training for frontline mental health and alcohol and drug services staff.			Staff have the awareness, information, skills, competencies and systems to undertake their role in suicide

AREA: Secondary services including, emergency departments and mental health services			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
			prevention.
3.2.5. Develop protocols for seeking consent and involving supportive family members / significant others in the care, treatment, discharge planning and follow-up post-acute care provision. These protocols will be implemented across the different levels of the healthcare system related to suicide prevention.			Measurable improvement in family involvement.
3.2.6. Improve access to psychotherapeutic interventions across primary and secondary services that have been shown to be effective in reducing risk of self-harm and suicide (e.g. DBT & CBT).			
3.2.7. Further develop and implement standardised systems of audit, investigation and routine reporting (including to the bereaved family) following deaths by suicide of service users in contact with mental health services. This will be completed in conjunction with the Mental Health Commission. **3.2.8.** Develop, implement and monitor national standards and protocols for the follow-up care of service users discharged from primary care following a suicide attempt or mental health presentation, including persons discharged from emergency departments.			Improved understanding of suicidal behaviour and suicides in the mental health services (due improved data systems and shared learning). Better outcomes for patients discharged to primary care (due to follow-up by specialist services).

AREA: Secondary services including, emergency departments and mental health services			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
3.2.9. Develop and implement care pathways and care bundles for people accessing mental health services with presentations linked to self-harm and suicide.			

Domain 4: Targeted approaches to suicide prevention practice for priority population groups

Area 4.1 Targeted approaches for priority population groups

Aim: **To intervene in known priority population groups to reduce the incidence of suicide**
Outcome: **Reduced incidence of suicide in targeted population groups**

Table 12 Targeted approaches for priority population groups

AREA: Targeted approaches for priority population groups			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
4.1.1. Promote help-seeking among priority groups by: • Increasing the promotion of available services • Improving knowledge of referral pathways among target groups • Increasing awareness, knowledge and capacity among service providers of the needs of marginalised	Ongoing.	HSE Social Inclusion, NGOs working with marginalised groups and priority groups.	Priority groups are more aware of and make more use of available services and supports.

AREA: Targeted approaches for priority population groups			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
groups around their mental health needs.			
4.1.2. Implement and measure the impact of approaches used to reduce suicide among marginalised and priority groups, to support evidence-based practice models to be disseminated in this area.			Increased knowledge of successful approaches for priority groups.

Area 4.2: Services working with and engaging young people and families

Aim: Focused approach to reducing suicide by young people
Outcome: Reduced levels of suicide by young people

Table 13 Services working with and engaging young people and families

AREA: Services working with & engaging young people and families			
Recommendations	**Timeframe for implementation**	**Lead agent**	**Outcome**
4.2.1. Develop and implement national standards and guidance for services providing therapeutic interventions for young people who are engaged in self-harm, who are bereaved through suicide and who are at risk of suicide.	Commencing in year one and continuing throughout the lifetime of the strategy.	TUSLA DCYA HSE.	

Appendices

Abbreviations

APSI	Access to Psychological Services Ireland
CBT	Cognitive Behavioural Therapy
CIPC	Counselling in Primary Care
DBT	Dialectical Behavioural Therapy
DCYA	Department of Children & Youth Affairs
DECLG	Department of Environment, Community & Local Government
DES	Department of Education & Skills
DoJ	Department of Justice
H & W	Health & Wellbeing
HRB	Health Research Board
HSE	Health Service Executive
ICGP	Irish College of General Practitioners
NGO	Non governmental organisation
NOSP	National Office for Suicide Prevention
NSRF	National Suicide Research Foundation
SCAN	Suicide Crisis Assessment Nurse