



## Connecting for Life

*Midlands, Louth and Meath*

**Suicide Prevention Action Plan 2023 - 2024**



**MIDLANDS LOUTH MEATH COMMUNITY  
HEALTHCARE ORGANISATION**



National Office for  
Suicide Prevention

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

Please do not be alone. If you are worried about yourself or someone you know it is important to get help as soon as possible. Everyone needs help from time to time. In fact, asking for help is a sign of personal strength.

Your first point of contact is your local GP. If it is late in the evening or at the weekend, contact your local out of hour's doctor's service;

- Midlands MiDOC 1850 302 702
- Louth Meath NEDoc 1850 777 911.

**Emergency Departments:**

- Our Lady of Lourdes Hospital, Drogheda, Co. Louth.
- Our Lady's Hospital, Navan, Co. Meath.
- Midlands Regional Hospital Tullamore, Co. Offaly.
- Midlands Regional Hospital Mullingar, Co. Westmeath.
- Midlands Regional Hospital Portlaoise, Co. Laois.

Contact the Emergency Services on 999 or 112; Call the Samaritans 24 hour Freephone listening service on 116 123;

Visit [www.yourmentalhealth.ie](http://www.yourmentalhealth.ie) for information on mental health supports and services.

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## WELCOME AND OVERVIEW:

### Foreword from the Chief Officer of Midlands Louth Meath Community Healthcare Organisation (CHO):

I am pleased to introduce Phase 2 of *Connecting for Life Midlands Louth Meath Suicide Prevention Action Plan 2023-2024* and welcome its development in this region. This plan will provide a structure through which to sustain and continue to build on the existing suicide prevention initiatives and services that commenced or were supported throughout Phase 1 of *Connecting for Life Midlands Louth Meath: Suicide Prevention Action Plan 2018-2020*. The activities set out in Phase 2 of this plan will be reviewed and updated to take into account new and emerging developments identified in Midlands Louth Meath Community Healthcare Organisation over the next two years.

*Connecting for Life Midlands Louth Meath Suicide Prevention Action Plan 2022- 2024* has been designed to complement other national policies relevant to suicide prevention, mental health and wellbeing. It was developed in line with the specific objectives and actions set out in *Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2024*. It also reflects a number of the principles outlined in *Sharing the Vision, a Mental Health Policy for Everyone (2020)*, which focuses on the provision of recovery-focused integrated mental health services and approaches in Ireland.

The COVID-19 pandemic has presented many challenges and changes across health services and communities and it has been an extremely difficult and emotional time for many. Despite the additional demands it has placed on our communities, service users and staff, the focus on implementing *Connecting for Life* continues to remain strong. Suicide prevention will be a key priority, in particular, as we emerge from this pandemic. We will reflect on what we have experienced and learned and further accelerate our work to implement Phase 2 of *Connecting for Life Midlands Louth Meath: Suicide Prevention Action Plan 2023- 2024*.

I would like to extend my sincere thanks to everyone who contributed to the development of this plan and will now support its ongoing implementation.

**Carole Broadbank, Chief Officer Midlands Louth Meath CHO.**



## A few words from the Head of Mental Health Services, Midlands Louth Meath Community Healthcare Organisation (CHO)

Every death by suicide is a tragedy and the impact of suicide on families and communities is deep and prolonged. The range of risk factors for suicide is wide-ranging and complex and therefore actions to prevent suicide also need to be broad.

*Connecting for Life Midlands Louth Meath* (which spans the six counties of Laois, Offaly, Longford, Westmeath, Louth and Meath), has been developed to ensure our local actions and outcomes are aligned with and responsive to the national strategy whilst also being cognisant of local and regional needs.

While the HSE will lead on the implementation of *Connecting for Life Midlands Louth Meath*, Bi-County Local Implementation Groups will be set up to implement and deliver, in an integrated and co-ordinated way, on the commitments and actions of *Connecting for Life Midlands Louth Meath*.

I wish to express my appreciation to the members of these groups and look forward to all sectors, services and communities working together in a unified and focused way to reduce the loss of life to suicide within the counties of the Midlands and Louth/Meath.

*Dervila Eyres*, Head of Mental Health Services Midlands Louth Meath CHO.



## Section One:

### Background.

Ireland's National Suicide Prevention Strategy, Connecting for Life (CfL), was launched in June 2015 and the Implementation Plan for 2017-2020 was published in late 2017. In December 2019, the Department of Health supported an extension of CfL for a further five years, with official approval by Cabinet granted in November 2020. In preparation for this, the HSE National Office for Suicide Prevention (NOSP) was asked to lead the development of an implementation plan for 2020-2022. A second two year implementation plan will be developed for 2023-2024. To align with this the 10 local Action Plans, produced by each CHO area, have been updated to reflect the national implementation plan.

This process was informed by the **Interim Strategy Review of Connecting for Life 2015-2020**, in which a review of the national implementation of the CfL strategy to date was completed. One of the specific aims of the review was to identify longer-term strategic goals for CfL, beyond 2020, to assist ongoing implementation of a whole of government approach to suicide prevention in Ireland. The review concluded that the strategic vision of CfL and the seven strategic goals of CfL remain relevant beyond 2020 and that a more concentrated, intensive and consistent implementation of the strategy beyond 2020 is required.

Specifically, the review concluded that some progress was evident across all seven strategic goals, with good progress highlighted in stigma reduction, self-harm, public health communications, media monitoring, the development of local CfL action plans, early intervention services, the coronial process for suicide death registrations, GP prescribing behaviours (regarding benzodiazepines), amongst other strategic areas. However, some areas were highlighted as having limited progress made, including the need for:

- More co-ordinated delivery of suicide prevention training;
- Strategic planning around priority or vulnerable groups;
- Restricting access to means of suicide in public places; and
- Evaluating the cost-effectiveness of the strategy.

While the first cycle of CfL illustrated an effective example of whole of government working, (with 23 government departments working together with other statutory and non-statutory implementation partners), it is currently a case of much achieved, more to do at a national level and this is reflected in Midlands Louth Meath Community Health Organisation (MLM CHO).

The current Connecting for Life Midlands Louth Meath Action Plan was launched in 2018 and it was based on the same vision, goals, objectives and measurable outcomes as outlined in the National Strategy. The process for the preparation of the new Action Plan is shown in Section Three, and was aligned to the development of the National Connecting for Life Implementation Plan 2020 – 2022.

In CHO MLM progress has been made across the Community Organisation area with particular successes in relation to:

- Ongoing delivery of suicide awareness and prevention training
- Timely and coordinated responses in the aftermath of suspected suicide deaths, including provision of suicide bereavement support to individuals, families and communities.
- Communication campaigns to promote events such as World Suicide Prevention Day, World Mental Health Day and the Green Ribbon anti-stigma initiative with the aim of improving

awareness of services available, enhancing help seeking and reducing the stigma surrounding mental health.

- Development and implementation of the Co-ordinated Crisis Response Plan for the Traveller Community Guidance Framework outlining the process for a coordinated response after an attempted suicide, suspected suicide or unexpected death in 2 counties and development for the other 4 counties is in progress.
- Bereavement and postvention support was given to various settings such as schools, local authorities, and community and sports settings following a critical incident.
- The Suicide Bereavement Liaison Service, in conjunction with Pieta, has now been extended to include all of MLM and continues to support families and communities affected by suicide.
- Increased working relationships with An Garda Síochána have been established including the provision of information on local suicide bereavement services to bereaved family members and the upskilling of personnel.
- Ongoing delivery at Primary Care level of targeted initiatives and services for priority groups, i.e. Travellers, people experiencing homelessness, etc.
- Continued delivery of SAOR brief intervention training to public service providers.
- The 'Code of Practice on Suicide Prevention for Family Resource Centres' was implemented across MLM CHO.

There were however also areas of challenge in relation to the implementation of the local plans:

- Gathering of real time data to inform more effective and timely responses to suspected suicides
- Supporting high risk/priority groups effectively
- Managing the impact of the Covid 19 pandemic
- Raising awareness and engagement with the plan with CfL stakeholders and the wider public

## 1.1 Suicide and self-harm in Ireland.

The principal aim of CfL is to reduce suicide in Ireland, with a 10% reduction in suicide rates adopted as the minimum target of the strategy, a target set by the World Health Organisation (WHO). Given the complex and multifarious nature of risk factors for suicide, achieving this target will be challenging, and as the interim review of CfL highlighted, so too will be evidencing the contribution of CfL to any reductions observed.

**Table One (below) shows the number of suicide deaths for the period 2012 – 2021 and Figure 1 below illustrates the trends observed in suicide rates in Ireland over the period 2012-2021.**

Analysis of the crude standardised suicide rates indicates that there was a substantial increase in suicide rates observed during the recession years in 2009-2013, followed by successive decreases during the 2015-2018 period.

Data from the CSO is published in different stages:

1. Numbers of deaths are provided firstly based on year of registration – 'provisional'.
2. They are revised later, by year of occurrence – 'official'.
3. Finally they are revised later again, to include 'late registrations'.

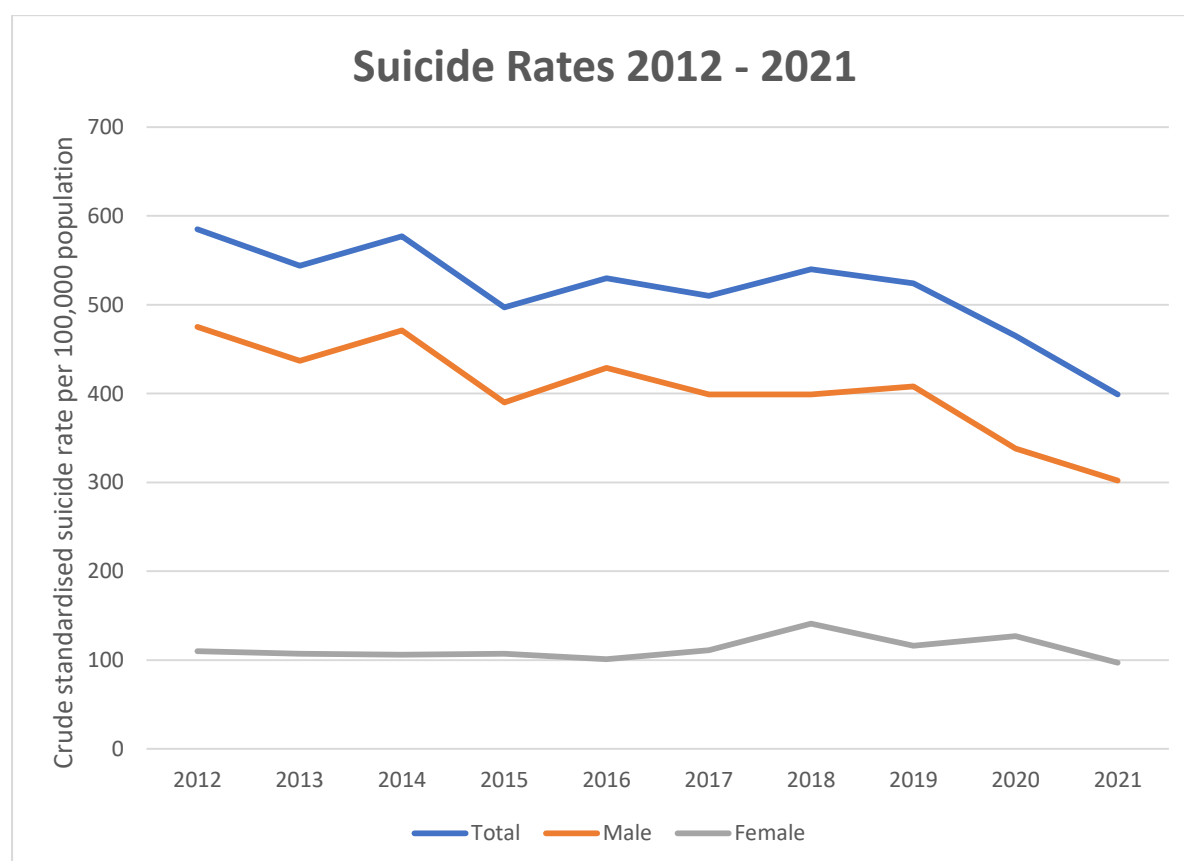
These numbers are not easily comparable across different years - at any given time, data for different years is at different stages



**Table 1: National Suicide data 2012 – 2021 (2021 data is provisional) (Data Source: CSO)**

Year	Number of suicide deaths	Male	Female	Type of Data
2021	399	302	97	'Provisional', year of registration, excluding late registered deaths.
2020	465	338	127	'Final', year of occurrence data, excluding late registered deaths.
2019	524	408	116	'Final', year of occurrence data, including late registered deaths.
2018	540	399	141	
2017	510	399	111	
2016	530	429	101	
2015	497	390	107	
2014	577	471	106	
2013	544	437	107	
2012	585	475	110	

**Figure 1: Crude standardised suicide rates per 100,000 of the population over the period 2012-2021 (2021 data is provisional). Data source: CSO (HSE NOSP)**



There are a number of issues with suicide data in Ireland as identified in the national strategy;

- Getting more timely data on suicides in Ireland and;
- Getting more accurate and comprehensive data on those that die by suicide.

In Ireland, suicide mortality data is collated and reported on by the Central Statistics Office (CSO). This data is gathered by allocating statistical codes to different causes of death, based on information included in official death certificates (CfL Research Advisory Group, 2015).

There are two types of suicide data currently reported by the CSO, year of registration (of death) data, and year of occurrence (of death) data. Year of occurrence data is more reliable and is used by the NOSP and government. There is a time lag of approximately two years in obtaining more reliable year of occurrence data from the CSO, making timely responses to suicide prevention and postvention difficult. The national Garda Data Sharing Protocol is currently being developed which will enable more accurate and timely data sharing.

In addition, current data on suicide has limited information about the people who have died by suicide, including mainly, county of death, manner of death, age and gender. While helpful and invaluable to directing current work on suicide prevention, it does not allow for identification of additional risk factors for suicide to guide policy and service responses. To help address this, NOSP in partnership with the Health Research Board (HRB) and Irish coroners have been collating death investigation and administrative data collected as part of the coronial process to provide a more in-depth overview of suicide in Ireland that is currently available through the vital statistics released by the CSO. <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/ipsds.html>

As illustrated in Table 2, the national rate of self-harm presentations peaked in 2010, followed by slight successive decreases up to 2013, with the rate then relatively consistent up to 2017. A 6% increase in self-harm hospital presentations was reported in 2018.

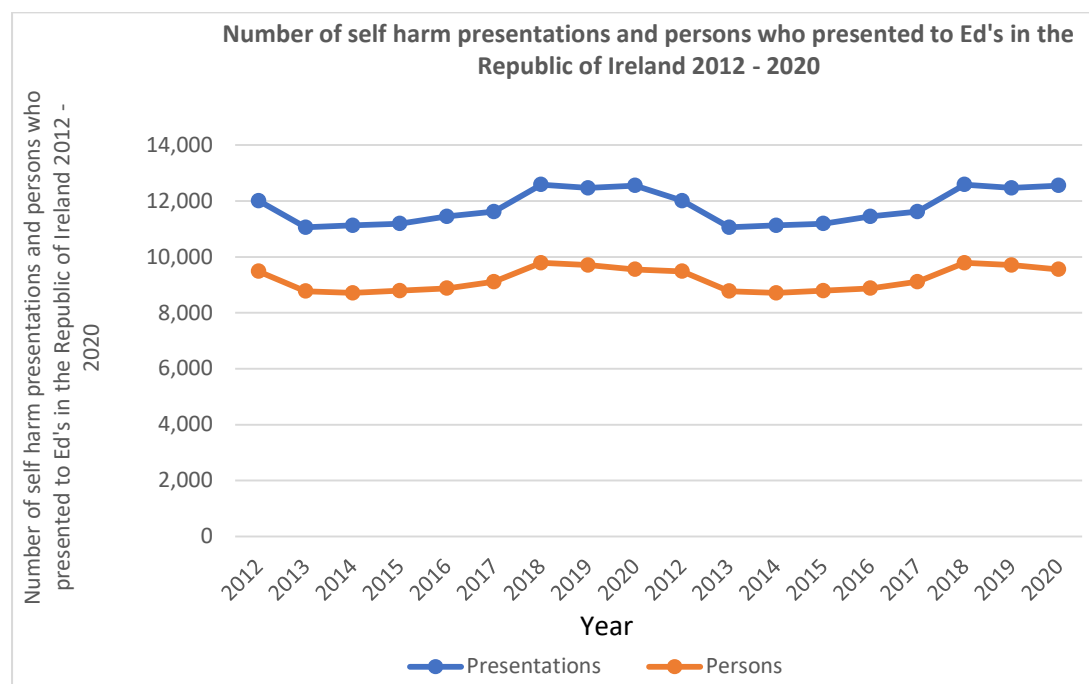
**Table 2: Number of self-harm presentations and persons who presented to ED's in the Republic of Ireland 2002-2020.** (2020 figures extrapolated to adjust for Hospitals not contributing data.

(Source: National Self-Harm Registry).

YEAR	PRESENTATIONS		PERSONS	
	Number	% difference	Number	% difference
2002	10,537	-	8,421	-
2003	11,204	+6%	8,805	+5%
2004	11,092	-1%	8,610	-2%
2005	10,789	-3%	8,594	-<1%
2006	10,688	-1%	8,218	-4%
2007	11,084	+4%	8,598	+5%
2008	11,700	+6%	9,218	+7%
2009	11,966	+2%	9,493	+3%
2010	12,337	+3%	9,887	+4%
2011	12,216	-1%	9,834	-<1%
2012	12,010	-2%	9,483	-4%
2013	11,061	-8%	8,772	-8%
2014	11,126	+<1%	8,708	-<1%
2015	11,189	+1%	8,791	+1%
2016	11,445	+2%	8,876	+1%
2017	11,620	+2%	9,114	+3%
2018	12,588	+8%	9,785	+7%
2019	12,465	-1%	9,705	-1%
2020	12,553	+1%	9,550	-2%

**Figure 2: Self-harm hospital presentations standardised per 100,000 of the population: 2012-2020**

Data source: National Self-Harm Registry.



**Figure 3: 2020 National Self-Harm Statistics at a Glance. Source: NSRF**



## 1.2: Priority Groups

**1.2.1 National Priority Groups.** In the national strategy there is an identified list of priority groups for suicide prevention activities. These groups are shown in Table 3 below.

**Table 3: National Priority Groups.**

<b>Health/mental health related groups.</b> People with mental health problems of all ages Those who have engaged in repeated acts of self-harm People with alcohol and drug problems and People with chronic physical health conditions	<b>Minority groups:</b> Members of the LGBTI+ community Members of the Traveller community People who are homeless People who come in contact with the criminal justice system (e.g. prisoners) People who have experienced domestic, clerical, institutional, sexual or physical abuse, Asylum seekers Refugees Migrants Sex workers
<b>Demographic cohorts:</b> Middle aged men and women, young people and economically disadvantaged people	
<b>Suicide related.</b> People bereaved by suicide	
<b>Occupational groups.</b> Healthcare professionals Professionals working in isolation, (e.g. veterinarians, farmers)	

## 1.3: Impact of Covid-19.

It is likely that the Covid-19 pandemic will impact on mental health, and this has been indicated in findings from the Covid-19 Psychological Response Consortium (C19PRC) study - a collaboration between researchers in Ireland, Spain and the United Kingdom. Initial findings from this study (which surveyed approximately 1,000 respondents in Ireland) reported that mental health problems are common; 41% of people reported feeling lonely, 23% reported clinically meaningful levels of depression, 20% reported clinically meaningful levels of anxiety, and 18% reported clinically meaningful levels of post-traumatic stress (Hyland and Daly, 2020).

The findings of the June 2021 research paper 'Predicting risk along the suicidality continuum: A longitudinal, nationally representative study of the Irish population during the COVID-19 pandemic' (Hyland et al), suggests that the COVID-19 pandemic may not be an exacerbating factor in suicidal behaviour; however, continued monitoring of the population over an extended period of time will be necessary.

The impact of Covid-19 on the work of CfL NGO partners has also been evident in monthly surveys conducted to track the effects of the public health emergency on their suicide prevention work. While it has been apparent that NGO partners have adapted effectively to the demands placed on them by Covid-19, there have been some concerns raised. Some issues reported in these surveys over the period April-June 2020 included:

- Clients facing issues at home such as domestic abuse;
- Increased alcohol and substance misuse;
- Restricted access to mental health and other health services;
- Not all clients having the capacity or means to engage in online mental health services;
- Cramped /overcrowded accommodation;
- Home-schooling a stressor both young people and parents;
- Stress for staff delivering mental health services remotely with limited peer support / supervision.

### **Impact of Covid 19 pandemic in MLM Community Healthcare Organisation.**

The Covid 19 pandemic impacted significantly on mental health improvement and suicide prevention efforts across CHO MLM as follows:

- Constraints on delivering suicide and self-harm prevention training in community and professional settings.
- Limited ability to provide postvention support to groups and organisations in cases of suspected suicide.
- Reduced access to supports and services, both face to face and online.
- Increase in mental health problems in the general population due to the pressures of the pandemic.
- Impact on access to mental health supports and services in some parts of the Community Healthcare Organisation.
- Increase in mental health problems in priority groups, particularly older people and members of the Traveller Community.
- Difficulty adapting to new working environments e.g. remote/online/re-deployment.
- Increased loneliness, isolation and loss of social connectedness.
- Increased demand for bereavement support services.
- ROSP and other HSE staff deployment to support the pandemic management.



**Laois/Offaly Service Provider representatives attending an 'Information Sharing & Networking' event: - Tullamore, Co. Offaly: 21<sup>st</sup> September, 2021.**

## Section Two:

# The Context for Connecting for Life Midlands Louth Meath Community Healthcare Organisation

### 2.1: National Policy Context

There are a number of national policies (and some legislation) which are relevant to suicide prevention, mental health and well-being. There are also other strategies which focus on specific CfL priority groups (for example Travellers, people who use drugs/alcohol or people who are homeless). This is important from an implementation perspective as it highlights a diverse range of policy instruments which can reinforce the objectives of CfL as it enters the next phase.

- **Sharing the Vision.** A Mental Health Policy for Everyone. Launched in June 2020, 'Sharing the Vision – A Mental Health Policy for Everyone' is the successor to 'A Vision for Change' that was launched in 2006. Sharing the Vision focuses on developing a broad based, whole system mental health policy for the whole of the population. The vision of the policy is to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual. This policy supports continued implementation of Connecting for Life and specifically states that the Department of Health will extend the timeframe and funding for CfL to 2024. Specific actions which overlap with CfL (and, in particular, this implementation plan) can be seen in the areas of: stigma reduction; mental health promotion; whole school wellbeing promotion; improved pathways of care; social prescribing; enhanced access to talk therapies, dual diagnosis; enhancement of the National Clinical Care Programme for the Assessment and Management of Patients Presenting to emergency departments following self-harm; the priority groups of homeless people, those in direct provision, travellers and prisoners; and better suicide data.
- **Sláintecare.** Sláintecare is Ireland's ten-year programme to transform the country's health and social care services. It is the roadmap for building a world-class health and social care service. The Sláintecare vision is to achieve a universal single-tier health and social care system where everyone has equal access to services based on need, and not ability to pay. Over time, everyone will be entitled to a comprehensive range of primary, acute and social care services. Sláintecare's aims are to improve patient and service user experience, improve clinician experience, lower costs, and achieve better outcomes.
- **HSE National Psychosocial Response to the Covid-19 pandemic.** This framework ensures that the critical psychosocial part of Ireland's response to the pandemic is promoted, supported and embedded within all Covid-19 responses. Psychosocial refers to the full spectrum of psychological, emotional, relationship, behavioural and cognitive experiences of people.
- **Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 – 2025.** The Healthy Ireland Strategic Action Plan 2021-2025 provides a clear roadmap of how to deliver good health, access to services, healthy environments, promote resilience and ensure that everyone can enjoy physical and mental, health and wellbeing, to their full potential. The plan builds on the work and progress made to date and focuses on the remaining years of the Healthy Ireland Framework from 2021-2025.
- **HSE Mental Health Promotion Plan – 'Stronger Together' 2022-2027.** This is a five year plan that includes a number of action areas focused on promoting positive mental health across the

population and among HSE staff. This is the first time the HSE has developed a plan solely focused on promoting positive mental health and the timing of the development of the Plan has never been more important in light of the impact of Covid-19 on the mental health and wellbeing of the population. The Plan takes a life course approach and includes actions of relevance to the general population as well as specific subgroups such as children, the working aged population, older people, mental health service users, their families and carers and other priority groups.

- **Developing a Community Response to Suicide.** Prepared by the NOSP, this guidance document is a resource to support those tasked with developing and implementing an Inter-Agency Community Response Plan (CRP) for incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion. It outlines the processes involved in preparing such plans, how they should be governed, led and when required and activated.

Others relevant plans are shown in Appendix 3.

## **2.2: Midlands Louth Meath Community Healthcare Organisation Context**

### **2.2.1 Local Policy Context.**

In addition to the national policies and strategies shown above, there are a number of Community Healthcare area plans that are relevant in the context of suicide prevention:

- Community Healthcare Organisation MLM CHO Mental Health Service Plan
- Healthy Counties Plans
- Local Healthy Ireland Plans (HSE HWB)
- Local and Regional Drug and Alcohol Task Force plans
- Children and Young Person's Services Committees Plans
- County Local and Economic and Community Plans
- County Community Development Committee Plans
- County Social Inclusion Community Activation Plans (SICAP)

### **2.2.2. Service Developments:**

#### **Sláintecare:**

In 2021, Sláintecare Healthy Ireland in the Department of Health, working with the HSE and local authorities and community agencies, launched the Sláintecare Healthy Communities Programme to provide increased health and wellbeing services to 19 communities across Ireland.

An evidenced based process identified local areas in which health and wellbeing risk factors are particularly concentrated and where particular initiatives will be delivered to help promote and improve the overall health and wellbeing of people living in those communities. These initiatives will be delivered through partnership working with a range of partners (HSE, local authorities and community groups) working together to provide dedicated services to build lasting improvements in health and wellbeing.

A core group of services have been established to support people's wellbeing within these communities, providing better access to the range of services needed to help improve and promote healthier lifestyle behaviours and to support mental health. These initiatives include:



- Stop Smoking Advisor & 'We can quit' support group
- Parenting Programmes
- Healthy Food Made Easy.
- Social Prescribing

Athlone Town, Longford Town and Longford rural (Caldragh, Cloodara & Cloonee) are the initial areas selected in CHO 8.

### **Mental Health Service Coordinator - Travellers**

Travellers are a priority group in the Connecting for Life 2022 - 2024 implementation plan. The All Ireland Traveller Health Study (2010) found a distinct parallel between mental health, suicide and social disintegration. Suicide in the Traveller community is six times higher than the general population and accounts for approximately 11% of all Traveller deaths.

A Mental Health service Co-ordinator for Travellers has been appointed in MLM CHO, and the role takes an interdepartmental approach to Traveller mental health collaborating with social inclusion, primary care, relevant statutory, community, voluntary and Traveller organisations. This involves working to ensure national and local structures for implementation are adequately supported to deliver the required processes and practices for mental health service improvement for Travellers.

### **Mental Health Service User Engagement**

Since the publication of the national policy 'A Vision for Change' (HSE, 2006) significant progress has been made in building the recovery capacity of services in Ireland. Important initiatives include Advancing Recovery Ireland (ARI), recovery education programmes, the introduction of recovery colleges and social prescribing, peer support working and the development of the Office of Mental Health Engagement and Recovery. Recovery-oriented services strive to include the voice of people using that service (users, family members, carers, supporters) in the design, delivery and evaluation of those services. It is now well recognised that 'systematic' change approaches using methods such as programme and project management need to be coupled with a strong focus on the people and cultural factors in order to increase the likelihood of success. Health Service leaders are placing strong emphasis on engaging with service users, communities and staff prioritising the people and cultural components of change.

The role of Area Lead for Mental Health Engagement (ALMHE) in Community Healthcare MLM reports to the Head of Service Mental Health and has a remit for working with people who use mental health services. A chief aim of engagement is to provide a safe space for people to share their views and preferences of mental health services and to use this information to influence service providers in the design, delivery and evaluation of services.

### **Addiction Services**

Guided by the National Strategy, 'Reducing Harm, Supporting Recovery', the Midlands Louth Meath CHO continues to progress actions to reduce the harm caused by substance misuse. Partnership between the MLM CHO, community and voluntary sectors continues to be key to achieving integrated, person-centred services that ensures people have a voice in their own treatment and rehabilitation care plan. From a prevention perspective, the MLM CHO will be seeking to provide



high quality drug and alcohol education in order to promote health and wellbeing and to reduce the levels of addiction in the area.

#### 2.2.4 Demographic information for Midlands Louth Meath CHO.

MLM CHO covers approximately 10,500 square kilometres in total, and takes in counties Laois, Offaly, Longford, Westmeath, Louth and Meath. It includes rural and commuter communities, each presenting different challenges for health service delivery. MLM CHO was established in 2015 as part of the HSE's reorganisation of the country's community health services. There are five divisions that make up the CHO portfolio: Mental Health Services, Primary Care Services, Disability Services, Older Persons Services and Health and Wellbeing. Acute hospital services in the CHO MLM region are provided by three different hospital groups: the Royal College of Surgeons in Ireland (RCSI) Hospitals Group, the Ireland East Group and the Dublin Midlands Hospitals Group.

The area has a population of 619,281 which represents a 4.5% increase from the 2011 census (Source: Census 2016). The population increase in most of the counties in the area was higher than the increase for Ireland as a whole (3.8%) for that period. Table Four shows the population by County in the Community Healthcare MLM area and the change from the 2011 census.

**Table 4: MLM CHO Population Change by County. Source Census 2016.**

County	Population 2011	Population 2016	Actual Change	% Change
Laois	80,559	84,697	4,138	5.1
Offaly	76,687	77,961	1,274	1.7
Longford	39,000	40,873	1,873	4.8
Westmeath	86,164	88,770	2,606	3.0
Louth	122,897	128,884	5,987	4.9
Meath	184,135	195,044	10,909	5.9
Total MLM CHO	592,388	619,281	26,787	4.5
Ireland	4,588,252	4,761,865	26,893	3.8

While the Midlands Louth Meath CHO has the 4th largest population nationally when compared to other CHO areas, it has the highest number of children and young people under the age of 18yrs. Table Five shows the population age profile of MLM CHO. The largest increase in Ireland's population is within the older age groups. The number of people aged 65 years and over has increased from 61,749 in 2011 to 74,534 in 2016 in MLM CHO, which is an overall increase of 21%. Of those aged 85 years and over there has been an increase of 924 people (14% increase). This increase in the older persons' population is an acknowledgment of improved health and greater longevity. It brings opportunities as well as presenting challenges by ensuring that health and social care services can be delivered at adequate levels and in an integrated manner to meet the needs of older people (CSO, 2016).

**Table 5: Population Age Profile for MLM CHO (Source CSO: Census 2016).**

Age Group	No. of People	Change from 2011 Census (No.)	Change from 2011 Census (%)
85+	7,487	924	14.1
80-84	9,110	1,207	15.3
75-79	13,159	1,617	14

<b>70-74</b>	19,362	4,366	29.1
<b>65-69</b>	25,416	4,671	22.5
<b>60-64</b>	29,428	3,259	12.5
<b>55-59</b>	33,900	3,810	12.7
<b>50-54</b>	39,238	4,862	14.1
<b>45-49</b>	44,408	4,554	11.4
<b>40-44</b>	48,300	3,164	7
<b>35-39</b>	50,650	1,745	3.6
<b>30-34</b>	44,908	-4,501	-9.1
<b>25-29</b>	34,028	-9,208	-21.3
<b>20-24</b>	31,616	-3,062	-8.8
<b>15-19</b>	41,058	4,529	12.4
<b>10-14</b>	47,221	4,331	10.1
<b>5-9</b>	52,713	5,473	11.6
<b>0-4</b>	47,279	-4,848	-9.3
<b>Total</b>	<b>619,281</b>	<b>26,893</b>	<b>4.5</b>

See Appendix 6 for data pertaining to population projections 2022-2024 by county, MLM CHO and Ireland.

In the Community Healthcare area 12.4% of the population, a total of 76,797 people were born overseas, and approximately 12.2% (75,982 people) of the population do not have English as their first language.

**Table 6: MLM CHO Ethnic Profile (Source: CSO Census 2016):**

<b>Ethnicity</b>	<b>No. of People/ %</b>	<b>% Change from 2011 census</b>
Irish	542,484/ 87.6	4.8
UK	11,147/ 1.8	-7.8
Polish	15,721/ 2.5	11.3
Lithuanian	9,011/ 1.5	6.6
Elsewhere in EU	15,961/ 2.6	27.6
Elsewhere in world	12,379/ 2.0	-26.8
Visitors/Not stated	12,578/ 2.0	20.5

**Table 7: Demographic information by MLM CHO Counties (Source: CSO Census 2016)**

<b>County</b>	<b>Population (No.)</b>	<b>Deprivation (Below average to extremely disadvantaged) %</b>	<b>Unemployed (%)</b>	<b>Age dependency (%)<sup>1</sup></b>	<b>Disabled %</b>
Laois	84,697	57.4	6.4	35.9	13.5
Offaly	77,961	63.8	6.7	36.3	14.3
Longford	40,873	68.6	8.1	37.5	14.5
Westmeath	88,770	55.2	6.7	35.1	13.4
Louth	128,884	57.6	6.9	35.5	13.9
Meath	195,044	43.1	4.8	35.7	11.6
<b>MLM CHO</b>	<b>619,281</b>	<b>54.2</b>	<b>6.2</b>	<b>35.8</b>	<b>13.1</b>

Notes.

1. Dependency ratios are used to give a useful indication of the age structure of a population with young (0-14) and old (65+) shown as a percentage of the population of working age (15-64).

### **MLM CHO Key Demographic Facts. Source: Census 2016**

- The combined proportion of young and old for the Community Healthcare MLM area overall (35.9%) is higher than that of Ireland (34.5%).
- The Community Healthcare MLM has a higher young population (CHO 23.9%, Ireland 21.1%) and lower old population (CHO 12.1%, Ireland 13.4%).
- Deprivation levels vary across the Community Healthcare area:
  - On the Deprivation Level – Health Population Index 54.2% of the population in the Community Healthcare area are below the average on this index. This is broken down across the HP index determinants as follows: Marginally below average: 28.8%, Disadvantaged: 17.2%, Very disadvantaged: 6.4% and Extremely disadvantaged: 1.8%.
  - Areas further from the Greater Dublin Region have relatively higher deprivation scores
  - There are rings of relative affluence around towns, with central areas of urban disadvantage
  - Meath, which is relatively affluent, also has areas of urban disadvantage
  - Louth shows pockets of urban disadvantage, and has high levels of unemployment and lone parent families
  - Longford shows evidence of disadvantage and rural depopulation, with high levels of economically dependent individuals and low levels of skills and education
- Within the area Longford (2.6%), Offaly (1.2%) and Westmeath (1.1%) have higher proportions of Irish Travellers in their area, when compared to the overall Community Healthcare area (0.9%) and the national rate (0.7%).

### **Other relevant national demographic information.**

**Life Expectancy and Health Status:** There is a strong link between poverty, socio-economic status and health. In 2020, 16.9% of children were 'At risk of poverty' (Central Statistics Office).

**Life expectancy at birth between the years 2000 and 2018.** Life expectancy in Ireland is now above the EU-28 average having increased by 2 years for women and 2.5 years for men since 2008: with women living to 84.1 years and men to 80.5 years in 2018. The EU-28 average life expectancy was 83.6 for women and 78.3 years for men in 2018: increasing by 1.3 and 2 years for women and men respectively since 2008.

**Health Inequalities.** The choices people make as individuals are likely to be determined by their social and economic circumstances, and it is important to look at interventions which can help the most vulnerable and deprived communities and address the wider structural determinants of health to help reduce health inequalities. There is a recognised link between deprivation and chronic illness.

**Homelessness.** Nationally, latest figures indicate that over 9,000 people are homeless, with more than a quarter of these being children (Department of Housing, Local Government and

Heritage 2022). The Community Healthcare area will continue to review care packages and health care needs of complex homeless clients and will continue to support development of a Hospital Discharge Protocols for homeless clients. The Homeless figure in Midlands Louth Meath CHO in September 2021 was 334. The breakdown was 91 in the Midlands and 243 in Louth Meath. (Source: Department of Housing, Local Government and Heritage; Homelessness Report, September, 2021.)

**Travellers and Roma.** The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011 (Central Statistics Office (a)). Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over.

There are 5,482 Travellers in the Community Healthcare area, 0.9% of the population (Health Atlas Finder, CSO Census 2016). In the rural towns Longford has the second highest number of Travellers (730) with Navan, Mullingar and Dundalk all having over 500 Travellers.

The estimated Roma population is between 3,000 and 5,000 (Department of Justice and Equality 2017).

**Demographic Cost Pressure.** In MLM CHO, increasing numbers of the community in the over 65 year's age group is leading to increased demand for Home Supports from the Community and Acute Hospital settings. 12 % of the population of the Community Healthcare area falls into this age group.

The Community Healthcare area delivers services and supports for people with a disability via a range of day, home support and residential service provision. Approximately 13.1% of the population of the area have stated they have a disability (Health Atlas Finder, CSO Census 2016). The demand for services for this cohort of the population continues to increase. The demand for placements for children who present with complex, challenging behaviours and for older clients who can no longer be cared for at home by ageing parents continues to grow, while resources to meet this demand are limited.

Chronic diseases are recognised as a major component of health service activity and expenditure as well as a major contributor to mortality and ill health. 38% of Irish people over 50 years have one chronic disease, 11% have two or more of eight chronic conditions and 65% of adults over 65 years have two or more chronic conditions. For all chronic conditions the prevalence is significantly higher in people with lower levels of education and in lower socio –economic. These factors pose a significant demand on health services due to the demographic increase in the Community Healthcare area coupled with the level deprivation (54.2% are below the average on the HP index).

### 2.3: Suicide and Self Harm in Midlands Louth Meath CHO:

The tables and graphs below provide a summary of suicide and self-harm data for MLM CHO by county of residence of the deceased. They are calculated using finalised year of occurrence data from the CSO, and population estimates for each county from the 2016 Census. Rates are crude rates per 100,000 population and all rates in these tables exclude late registered deaths.

**Table 8: MLM CHO three-year moving average suicide rates. (Data source: NOSP)**

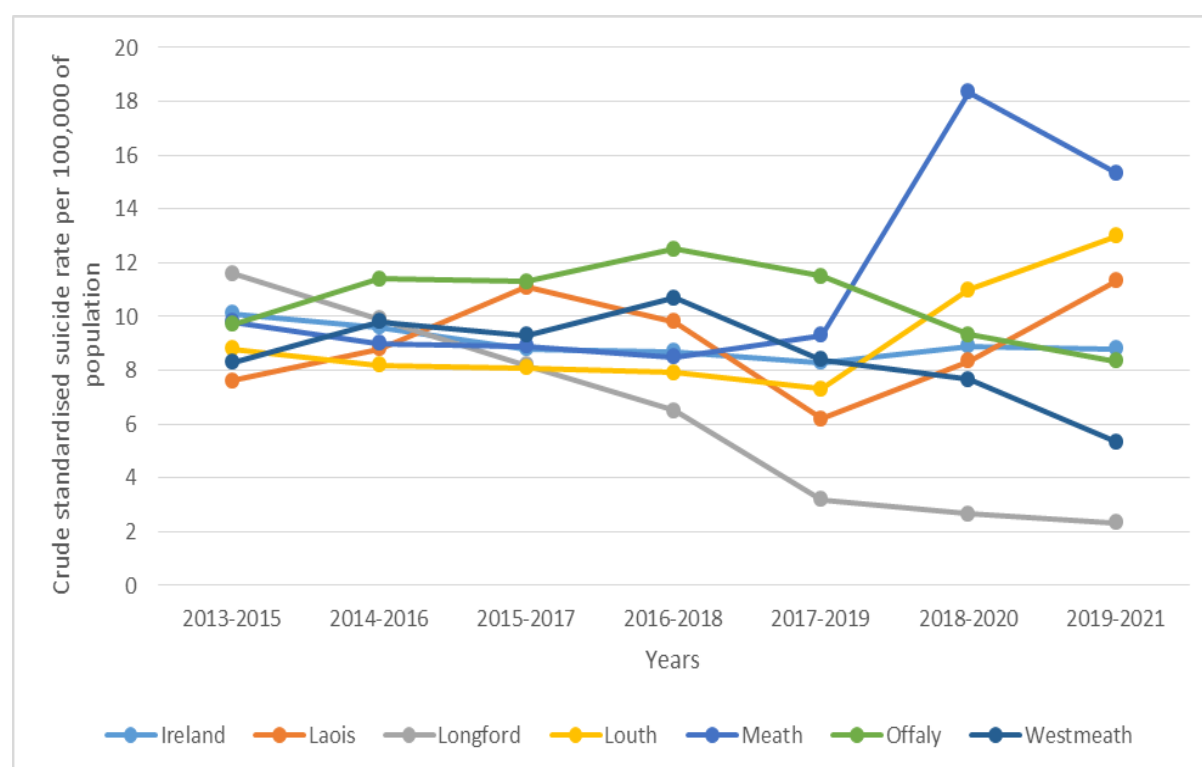
Area	2013/15	2014/16	2015/17	2016/18	2017/19	2018/20*	2019/21*
Ireland	10.1	9.6	8.8	8.7	8.3	8.9	8.8
Laois	7.6	8.8	11.1	9.8	6.2	8.33	11.33
Longford	11.6	9.9	8.2	6.5	3.2	2.67	2.33
Louth	8.8	8.2	8.1	7.9	7.3	11	13
Meath	9.8	9.0	9.0	8.9	9.3	18.33	15.33
Offaly	9.7	11.3	11.3	8.5	11.5	9.33	8.33
Westmeath	8.3	9.3	9.3	10.7	8.4	7.67	5.33

\* 2021 'Provisional' year of registration data, excluding late registered deaths.

\* 2020 'Final' year of registration data, excluding late registered death.

2013 – 2019 – 'Final' year of occurrence data, including late registered deaths.

**Figure 4. MLM CHO three-year moving average suicide rates 2013 - 2021. (Data Source: NOSP)**



Data for 2020 and 2021 is provisional and should be interpreted with caution.

**Table 9: MLM CHO self-harm hospital presentations per 100,000 population 2017 – 2019 by HSE Local Health Office. (Data Source: NSRF)**

		2017		2018		2019	
HSE Local Health Office		Persons	Rate per 100,000	Persons	Rate per 100,000	Persons	Rate per 100,000
Louth	Male	121	202	140	234	132	207
	Female	129	208	145	233	127	195
Meath	Male	123	142	142	163	132	136

	Female	172	187	189	211	186	189
Laois/Offaly	Male	120	159	125	165	123	151
	Female	176	238	163	217	200	247
Longford/Westmeath	Male	90	148	77	129	106	164
	Female	125	206	149	247	151	232
<b>CHO MLM</b>	<b>Male</b>	<b>454</b>	<b>160</b>	<b>484</b>	<b>178</b>	<b>493</b>	<b>174</b>
	<b>Female</b>	<b>602</b>	<b>209</b>	<b>646</b>	<b>225</b>	<b>664</b>	<b>227</b>

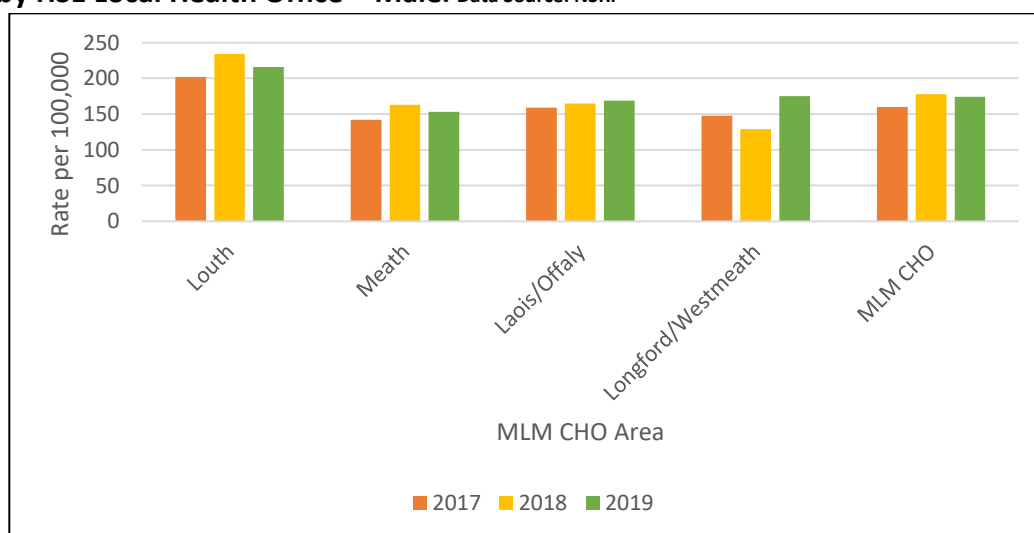
Across the region, drug overdose was the most common method of self-harm and self-cutting was the next most common method. Alcohol was involved in approximately 30% of self-harm presentations.

159 were repeat presentations, 76 male and 83 female. In Laois/Offaly, presentations were highest for males and females aged under 20 years (25% and 32% respectively). More than a quarter of self-harm presentations (29%; 117) involved individuals younger than 20 years of age.

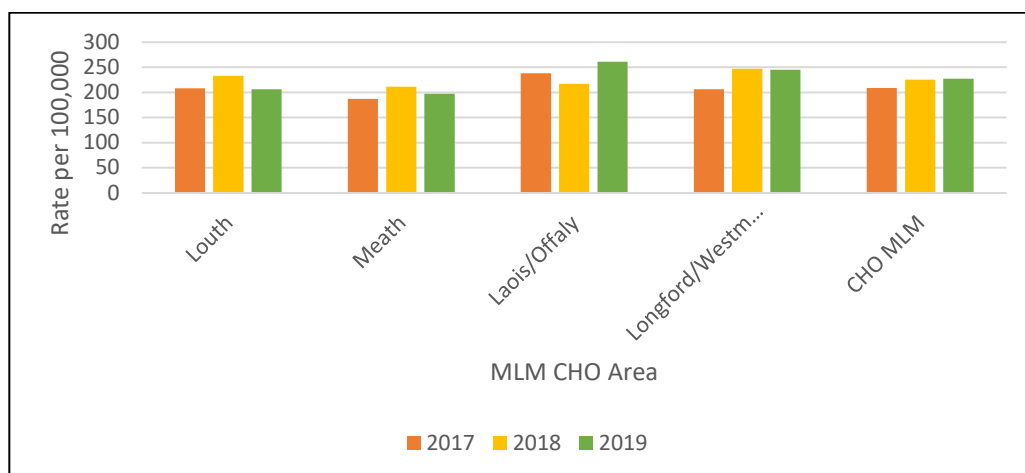
In Longford/Westmeath, there were 120 male and 198 female presentations. Presentations were highest for males aged 25- 34 years (32%) and females aged 45-54 years (22%). Almost one quarter of self-harm presentations (23%; 72) involved individuals aged 25-34 years.

In Louth/Meath, there were 330 male and 384 female presentations. Presentations were highest for males aged 25- 34 years (24%) and females aged under 20 years (26%). More than one fifth of self-harm presentations (22%; 158) involved individuals younger than 20 years of age.

**Figure 5: MLM CHO self-harm hospital presentations per 100,000 population 2017 – 2019 by HSE Local Health Office – Male.** Data Source: NSRF



**Figure 6: MLM CHO self-harm hospital presentations per 100,000 population 2017 – 2019 by HSE Local Health Office – Female.** Data Source: NSRF



## 2.4 Local Priority Groups.

MLM CHO has adopted the national Priority Groups which are used for Connecting for Life priority group actions. Some actions under Goal Three of this plan reflect the local identified needs of specific groups and these groups will continue to be monitored and responded to over the life of the plan.

## 2.5 Service Provision.

Throughout the Community Healthcare area a broad range of supports and services are targeted at the promotion of positive mental health, with a focus on recovery and addressing the needs of those experiencing mental health difficulties. Within the HSE these services fall primarily under the divisions of Mental Health, Primary Care including social inclusion services and addiction services, Health and Wellbeing, and the Acute Hospitals. In addition there are a considerable number of community and voluntary organisations that offer supports and services to a wide variety of client groups.



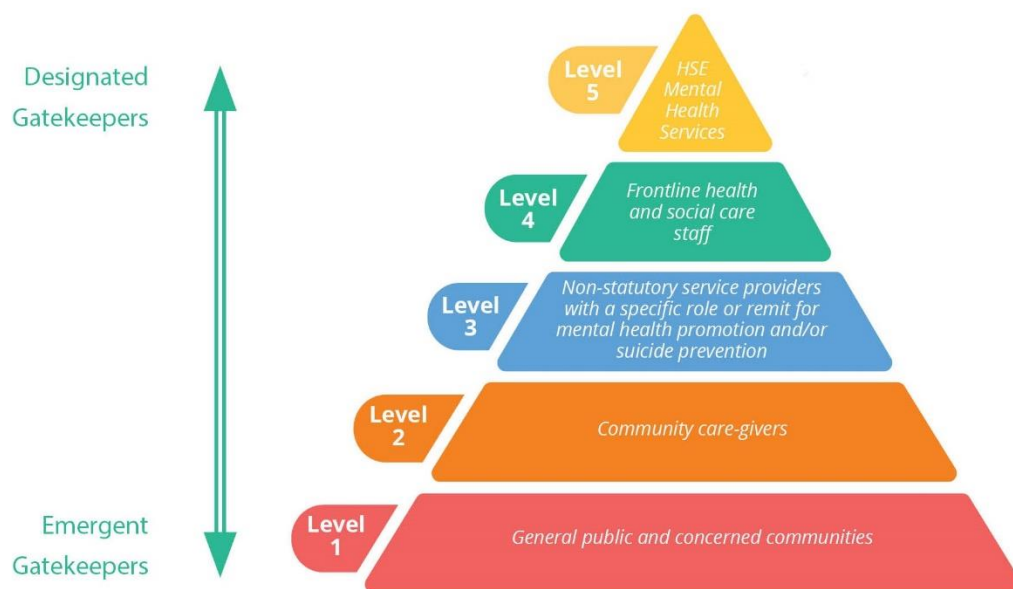
HSE Mental Health Services, HSE Psychology Service and the National Educational Psychological Service in conjunction with Shine, Pieta and Samaritans Ireland hosted a very successful Mental Health & Resilience and Community Information Evening in the Crowne Plaza Hotel, Dundalk, Co Louth on 19th January, 2023.

## 2.6 HSE National Office for Suicide Prevention (NOSP) Training Programmes

In line with the *HSE NOSP National Education and Training Plan*, a comprehensive suite of evidence-based suicide prevention, intervention and postvention training programmes is offered in CHO MLM. The aim of the training is to enhance awareness of and develop skills to respond to suicidal and self-harm behaviour. A HSE NOSP Quality Assurance Framework has also been developed to ensure the maintenance of a desired level of quality, consistency, and where required, standardisation of the programmes being provided.

Ultimately, everyone can make a difference in preventing suicide; the more people in the community who have suicide intervention training, the more likely it is that they will be able to identify someone who may be vulnerable and intervene to help keep them safe.

**Figure 7: National Strategic Framework for Suicide Prevention Training Stakeholder Groups.**



The training programmes available are:

- **LivingWorks START.** This online LivingWorks Start programme teaches participants to recognise when someone is thinking about suicide and how to connect them to help and support.
- **safeTALK.** safeTALK is an internationally recognised half-day training programme that supports participants to recognise and engage persons who might be having thoughts of suicide, and to connect them with community resources. The programme stresses safety while challenging taboos that inhibit open talk about suicide.
- **ASIST.** ASIST – Applied Suicide Intervention Skills Training is a 2 day skills based workshop that equips participants for an effective suicide intervention role. The emphasis is on first aid – helping a person who may be having thoughts of suicide stay safe and seek further help.
- **Understanding Self Harm.** Understanding Self-Harm is a 1 day training programme which works to reduce the stigma of self-harm, improve individual and care agencies' awareness and sensitivities to self-harm issues and promote effective care services for those who self-harm.
- **Community Suicide Bereavement Support Programme.** This two-hour presentation provides guidance for communities on supporting people bereaved through suicide.



- **Suicide Bereavement Support Programme.** The Bereavement Training Programme is a one day training programme which provides individuals with the skills and knowledge to support those bereaved through suicide.
- **STORM.** Skills Training on Risk Management (suicide prevention and self-harm mitigation) for HSE mental health service staff.

A regional training plan will be developed for each year of CfL implementation in MLM CHO (Action 3.1.5) with the following approximate yearly targets:

- 30 SafeTALK Trainings
- 6 ASIST Programmes
- 6 Understanding Self-Harm Workshops
- 4 Professional Suicide Bereavement Workshops

Licenses for LivingWorks START (online suicide prevention skills training programme) will continue to be issued on request and a focussed effort will be made to ensure that all training programmes will be targeted towards participants who come into contact with people vulnerable to suicide and self-harm and for those that are supporting the suicide bereaved.

**For access to any of the programmes listed above or for more information see link to the booking websites:**

**Midlands:** <https://bookwhen.com/suicidepreventiontrainingmidlands>

**Louth/Meath:** <https://bookwhen.com/suicidepreventiontraininglouthmeath>

## Section Three:

### Development of Connecting for Life Midlands Louth Meath Community Healthcare Organisation Action Plan 2023-2024

The development of the CfL MLM CHO 2023-2024 plan was led by the Resource Officers for Suicide Prevention (ROSPs) in the Community Healthcare area, supported by the Mental Health Management team, the National Office for Suicide Prevention and National Mental Health Operations.

The development of Connecting for Life MLM CHO, commenced in Autumn 2020, and was based on the principle of learning from the preparation and implementation of the first Community Healthcare area Connecting for Life Action Plan 2018 – 2020. The following were also taken into consideration:

- Alignment to other relevant national plans and policies e.g. Sharing the Vision, Sláintecare, and the National Psychosocial Plan.
- **Connecting for Life Interim Strategy Review.** Published in January 2019, the aim of this independent review was to assess progress in the implementation of the national strategy towards achieving the overall strategic objectives, to help identify what was working well, where the implementation challenges were, and to help in setting strategic priorities for the remaining period of the national strategy.
- **NOSP local CfL suicide prevention plan Self-Evaluation Project.** The aim of this project was to review implementation progress on the 17 local action plans, using a Best Practice self-evaluation checklist for suicide prevention at sub-national (regional/local) level prepared by Professor Stephen Platt, NHS Health Scotland. Under four headings; General Implementation Progress, Suicide Prevention actions, Local Plan Monitoring and Review and Suicide Prevention Awareness and Training, local plan stakeholders shared their feedback through a survey and focus groups. All of the feedback was collated and provided to all ROSPs from a shared learning perspective to support the new plan development.
- **NOSP local suicide prevention innovation project.** The aim of this project was to identify and showcase innovation in local suicide prevention. ROSPs were invited to submit projects and initiatives for selection for a national showcase. The Covid 19 global pandemic prevented the showcase element of the project, however those projects selected for the showcase were presented to the ROSP group for consideration for inclusion in the new local plans.
- **HSE NOSP National Education & Training Plan 2021-2022.** This Plan provides the HSE NOSP and HSE Resource Officers for Suicide Prevention with an overarching framework to support the coordination, quality assurance, monitoring and evaluation of education and training actions identified in *CfL*. This work will build the capacity of government departments, funded agencies, the HSE, community organisations, groups and individuals to identify and respond appropriately to people at risk of suicide and self-harm.
- Detailed review of the implementation progress of the actions in CfL MLM CHO 2018 - 2020 plan to inform the actions in CfL MLM CHO 2023-2024.

- Development of new draft actions for review by the HSE Management Teams of MH, H+WB, PC and other Action Leads as relevant having cognisance of the following:
  - Taking account of what worked well in the Community Healthcare area in the first plan, and what worked in other CHO action plans,
  - The evidence base for the action.
  - Minimising duplication of actions from other relevant plans
  - Exclusion of actions that can only be delivered at a national level. Where appropriate local actions aligned to the national action have been included in the plan.

The new plan is aligned in format and structure to the new National CfL implementation plan for the 2020 – 2022 period, which has been reviewed by the NOSP and National Mental Health Operations and approved by the MLM CHO Mental Health Management Team.

The Resource Officers for Suicide Prevention (ROSP) and the Learning Community of Practice (LCOP) were instrumental in the development of the approach to preparing the new CfL plans across the country, providing a platform and informed forum space for all ROSPs to discuss and agree a consistent process for the new plan development and supported by the NOSP and Mental Health operations nationally. This ensured the minimisation of duplication of effort, sharing of lessons learned and suggestion of draft actions for inclusion in the new plans.

Aligned to the seven national Connecting for Life Goals, CfL MLM CHO 2023-2024 has 44 actions that are led by a range of action leads as shown in Table 12 below.

Section Seven of the plan provides full details for each action.

**Table 10. Connecting for Life MLM CHO 2023-2024 Action Leads by National Goal.**

Nat Goal	HSE Care Group Led Actions								Total Actions
	MH	ROSP	H&WB	Trav Co-Ord	PC	Disability Services	Older Persons	Jointly led Actions	
1	0	7	1	0	0	0	0	1: PC/ROSP	9
2	1	2	1	0	0	0	0	1: FRC/ROSP	5
3	1	3	1	1	3	1	1	1: PC/MH 1: ROSP/ Trav Co-Ord/ Service User Engagement Officer	13
4	4	3	0	0	0	0	0	0	7
5	1	4	0	0	0	0	0	0	5
6	0	1	0	0	0	0	0	0	1
7	0	2	0	0	0			2: MH/ROSP	4
<b>Totals</b>	<b>7</b>	<b>22</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>6</b>	<b>44</b>

## Section Four:

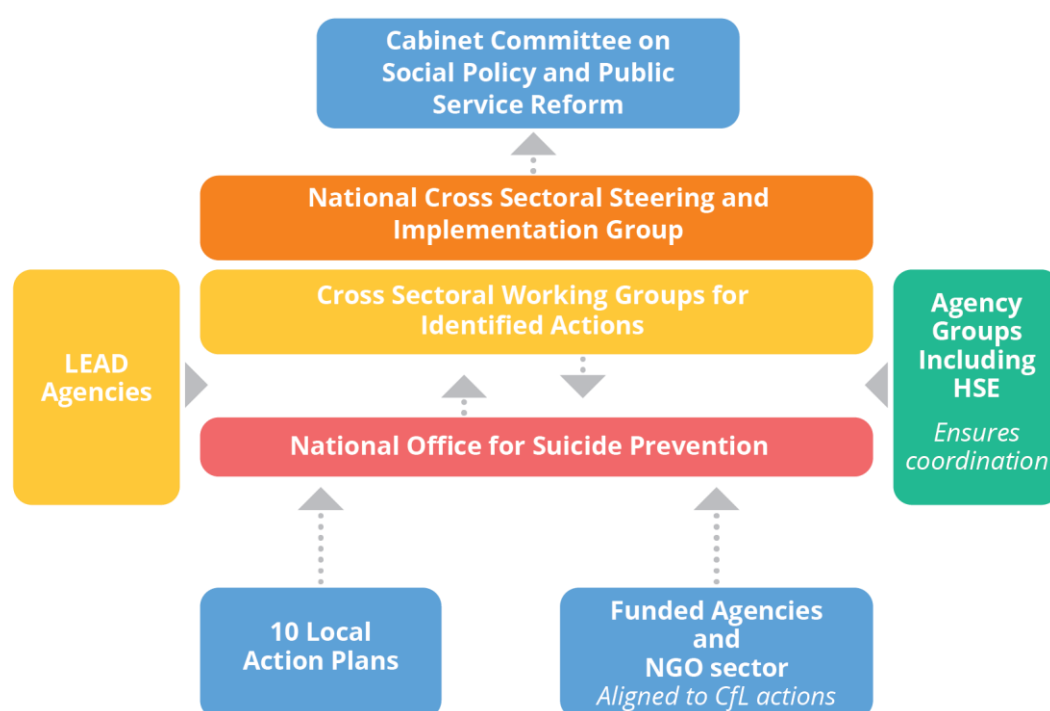
### Implementation Structures for Connecting for Life Midlands Louth Meath Community Healthcare Organisation 2022-2024

Nationally the implementation of Connecting for Life is supported by a set of tiered and interconnected structures, which have leadership representation across the policy and service system.

At the core of implementation is the HSE NOSP as the implementation team from a national policy perspective that coordinates and supports the activities of statutory and non-statutory partners. The HSE NOSP is connected to both top-down and bottom-up implementation structures as shown in the diagram below.

The work of the HSE NOSP is fundamental to the implementation of *CfL* through the ten local plans devised at CHO level, through the NGO sector and other funded projects. This approach to implementation ensures there is an ongoing feedback loop between what is happening locally and nationally.

**Figure 8: Overview of the National Connecting for Life implementation structures.**



The implementation of CfL MLM CHO 2018 - 2020 was overseen by the MLM CHO Senior Leadership Team, with responsibility for progressing, reporting and monitoring of all actions assigned to the Mental Health General Manager and the three MLM CHO Resource Officers for Suicide Prevention.

Taking the lessons learned from the implementation of CfL MLM CHO 2018 – 2020, and having cognisance of the actions contained in the new plan, the following structures will be established to support the implementation of CfL MLM CHO 2023-2024.

### **MLM CHO Overarching Senior Leadership Team**

The MLM CHO Senior Leadership Team provides an oversight role in the development and implementation of a number of policies in MLM CHO, including a three-year *Strategic Plan for HSE Mental Health Services, Sharing the Vision and Connecting for Life 2023-2024*. It will also oversee coordinating the delivery of any cross-cutting actions included in these policies.

### **Connecting for Life Implementation Steering Group**

The CfL Implementation Steering Group for CfL 2023-2024 is led by the HSE Mental Health Service in MLM CHO. Membership for this group is the General Managers from HSE Mental Health, Primary Care and Health & Wellbeing and the three CHO MLM HSE Resource Officers for Suicide Prevention. This group has overall accountability for the implementation of the local action plan. This includes driving, monitoring and reporting on activities, as well as identifying and seeking sources of funding through appropriate funding streams and reviewing the implementation process. Quarterly implementation progress reports will be submitted to the MLM CHO Senior Leadership Team.

### **Connecting for Life Implementation Working Groups.**

In addition to the CfL Implementation Steering Group, there are three bi-county Working Groups to support and inform actions that pertain to the community, including training, education, mental health promotion, communications, identifying and responding to emerging needs, collaborative initiatives and critical responses (if needed). Each Working Group will be Chaired by a General Manager from HSE Mental Health, Primary Care or Health & Wellbeing, and membership includes senior and middle management from service delivery agencies in the HSE, in other statutory bodies and in the community and voluntary sector, mental health service users, family/carers and priority group representatives and family members bereaved by suicide.

### **Task-orientated Working Groups:**

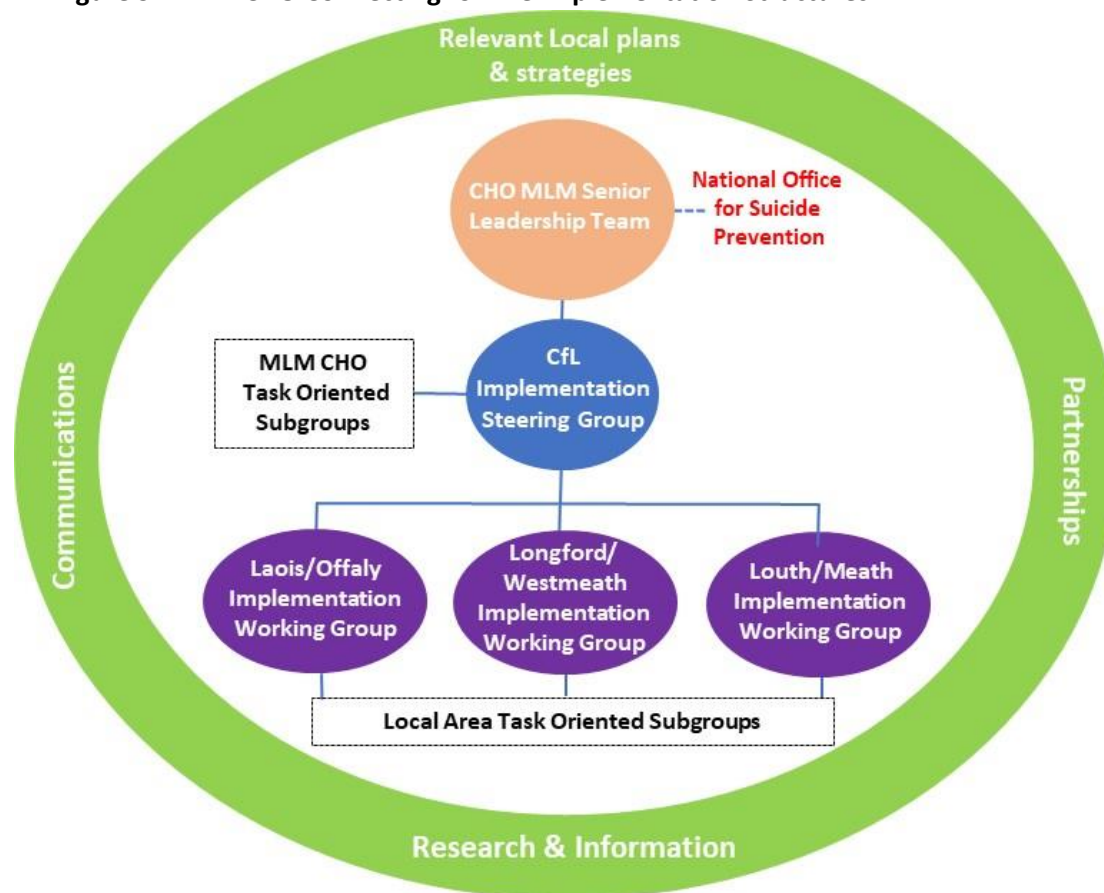
Specific task-orientated working groups will also be established as required to progress actions in the areas of mental health promotion, education and training, communication, development of community response plans, and as required.

MLM CHO Connecting for Life is a cross-sectoral interagency plan with commitment from all action leads to implement actions under their responsibility within the agreed time frames, supported by their partners and the local CfL implementation structures. The implementation of CfL MLM CHO is underpinned by the HSE core values of care, compassion, trust and learning, and the new plan will continue to be guided by the working principles set out below.

### **CHO MLM Connecting for Life Working Principles.**

- Acknowledge the lived experience of people affected by suicide and self-harm
- Shared responsibility
- Collaboration
- Partnership
- Parity of esteem
- Person centred
- Accountability
- Sustainability

**Figure 9: MLM CHO Connecting for Life Implementation Structures:**



### **The role of the HSE Resource Officer for Suicide Prevention (ROSP).**

The ROSP role is integral to all elements of suicide and self-harm prevention in the Community Healthcare area. It is a very broad and challenging role that encompasses the provision of support to communities and families after a suspected suicide, supporting the implementation of the Connecting for Life plan, linking with all relevant statutory, community and voluntary organisations on suicide and self-harm prevention issues, as well providing ROSP representation on a number of national committees and working groups.

ROSPs also lead on annual events linked to suicide prevention and mental health e.g. World Suicide Prevention Day, World Mental Health Week, as well as numerous local and regional events, providing guidance and support to community and voluntary organisations where appropriate.

The Community Healthcare ROSPs also play an active role in the national ROSP Learning Community of Practice, which provides a forum for shared support and learning.

## **Section Five:**

### **Monitoring and Evaluation**

At a national level, the implementation of Connecting for Life is monitored and reported on by the NOSP on a quarterly basis. The approach uses Implementation Monitoring Dashboards for all CfL action leads to use to report action implementation progress against the agreed milestones. HSE NOSP is working with an independent Evaluation Advisory Group (EAG) to plan for the evaluation of Connecting for Life.

The evaluation of Connecting for Life MLM CHO 2023-2024 is covered by Action 7.1.1 in Section 7 of this plan, which provides the key milestones and outputs by year for each action which will be used as the baseline for progress reporting.

A quarterly reporting template requesting a progress update on each action and next steps for the coming quarter from the action lead will be used.

A traffic light system using the colours Green for On Track, Orange for Needs Attention or Red for Off Track will be used. Action leads will be requested to highlight any 'Issues Arising' that may be hindering the implementation of CfL actions, which will be brought to the attention of the CfL Implementation Steering Group for discussion and resolution.

The progress reports will be reviewed by the Steering Group and shared with the MLM who will review and address identified risks and issues. Quarterly financial reports will be submitted to the NOSP by the Resource Officers of Suicide Prevention using the approved budget templates for NOSP funded training and specific CHO CfL initiatives.

As shown in Figure 9, the Steering Group and Local Implementation Working Groups may set up time limited/task orientated sub groups to manage the implementation of the Plan. These may be for a specific action, a group of actions or to address emerging issues or challenges related to CfL implementation. The sub groups will report progress into either the Steering Group or the Local Implementation Working Groups and this will be included in the general CfL Monitoring and Reporting process.

## Section Six:

### Communications Plan

The key to developing an understanding of Connecting for Life CHO MLM 2023-2024 at different levels, is effective communication of the plan, its purpose and implementation progress. This will help inform and support people, communities, teams and services who work to deliver on specific actions.

While significant communications work has already taken place during *CfL* at national and CHO level, an ongoing and responsive communications approach is required. This will ensure understanding and awareness of key developments and messages for existing and newer audiences during this implementation period. The responsibility to communicate effectively about *CfL* is with the HSE NOSPs, the HSE ROSPs and the Communications Manager in CHO MLM.

The aims of all communication initiatives associated with Connecting for Life MLM CHO are to:

- Promote and gain support for the development of CfL MLM CHO.
- Engage a wide range of stakeholders in the development of CfL MLM CHO to ensure high engagement and commitment.
- Give accurate and timely information about the project
- Ensure a consistent message with regard to aims and brand identity for CfL.

The communications plan provides a framework to manage and coordinate the wide variety of Communication processes that will support the implementation of the plan and covers:

- Communication objectives
- Target audiences
- Communication channels (primary/secondary, on/offline)
- Key messages
- Feedback loops
- Annual Communications calendar

The full Communication Plan is available from the ROSPs.



## Section Seven:

### Implementation Plan

As part of Connecting for Life MLM CHO 2023-2024, the HSE along with other statutory agencies and community and voluntary organisations have committed to leading on the actions in this plan. The plan also names key partners for each action whose role is to support implementation.

The role of each action lead includes:

- Assigning a CfL representative who will sit on the Local Implementation Working Group.
- Identifying quarterly milestones on an annual basis and reporting on these through the monitoring system.
- Ensuring that the actions are incorporated into the action lead's programme of work.
- Collaborating with the identified supporting partner(s).
- Identifying barriers or risks to implementation and highlighting these to the Local Implementation Working Groups and the Steering Group.

## GOAL ONE

Goal One of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing.

While there is a growing national dialogue around mental health and wellbeing, people in Ireland remain hesitant to talk openly about their own mental health, and misperceptions about suicidal behaviour persist. The language relating to suicide and mental health is often stigmatising or misleading. Inadequate or ill-informed media reporting can also add to this problem. Mental health problems are a major risk factor for suicide. By working with people and organisations across society, including the media, we can achieve a greater understanding of suicide and the factors that protect and improve our mental health and reduce stigma (Source: Connecting for Life, Ireland's National Strategy for Suicide Prevention 2015 – 2020 (extended to 2024)).

In CfL MLM CHO 2023-2024, there are 9 actions under Goal One led by:

- HSE MH Resource Officer for Suicide Prevention
- HSE Health and Wellbeing
- HSE Primary Care.

<b>National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing and associated protective and risk factors</b>		
<b>National Action 1.1.2: Develop and implement a national mental health and well-being promotion plan.</b> <b>Lead: HSE H&amp;W, DOH HI</b> <b>Partners: NOSP, HSE MH</b>		
<b>Local Action:</b> 1.1.2: Implement relevant actions in the HSE National Mental Health Promotion plan locally in MLM CHO. <b>Lead:</b> HSE H&W <b>Partners:</b> HSE MH, HSE MH (ROSP), CfL Steering and Local Implementation Working Groups		
<b>Purpose:</b> To provide guidance and direction to HSE and partner and funded organisations on the delivery of evidence based mental health and wellbeing actions.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024.		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Collaboration between HSE MH and HSE H&amp;W to support rollout of the plan</li><li>• Representation from HSE H&amp;W on CfL Oversight and Implementation Working Groups to support rollout</li></ul>		
<b>Overarching Milestone 2023:</b> Implementation of relevant actions in the HSE National Mental Health Promotion Plan in MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Assess National Plan with a view to developing local responses to identified actions.
	<b>Q3 2023</b>	Identify and engage key stakeholders and CfL partners to deliver on identified actions.
	<b>Q4 2023</b>	Review delivery to date, assess progress and plan for 2023 delivery.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Increased visibility, uptake and participation amongst the general public, priority groups and those working in health and social care of mental health promotion activities.		

<b>National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors</b>		
<b>National Action 1.1.3: Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services.</b>		
<b>Lead:</b> HSE MH		
<b>Partners:</b> HSE H&W, DOD, Non-statutory partners, NOSP		
<b>Local Action:</b> 1.1.3: Support the promotion of national mental health campaigns through the delivery of evidence, informed campaigns at local and regional level and ensure that campaign materials and resources for available services are accurate, relevant, and up to date.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Key Partners:</b> CfL Steering and Implementation Working Groups, Community and Voluntary Organisations, HSE Communications.		
<b>Purpose:</b> To promote mental health literacy in the general population and amongst priority groups, to improve awareness and knowledge of mental health including risk and protective factors and ensure timely access to accurate and relevant information on available supports and services.		
<b>Planned Start date and duration:</b> Q1 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
Inputs for 2023: <ul style="list-style-type: none"><li>• Collaboration with NOSP and HSE/NOSP Communications.</li><li>• Funding for development of signposting material/resources.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Increased awareness across the general population, priority groups and CfL partners of mental health promotion campaigns delivered nationally, regionally and locally, increased access to mental health related resources in all formats	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Maintain ongoing communication and distribution of mental health promotion literature, messages and campaigns and signposting to supports and services.
	<b>Q3 2023</b>	Support the celebration of World Suicide Prevention Day by all CfL partners and mental health networks in MLM CHO. -Participate in the Green Ribbon, Anti-Stigma Campaign with all partners, and ensure widespread distribution of resources.
	<b>Q4 2023</b>	Support the celebration of International Mental Health Week and World Mental Health Day by all CfL partners and mental health networks in MLM CHO.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Improved mental health literacy and awareness of available supports and services.		

<b>National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors</b>		
<b>National Action 1.1.4: Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns.</b>		
<b>Lead:</b> HSE PC		
<b>Partners:</b> HSE H&W, NOSP, DOH		
<b>Local Action:</b> 1.1.4. Develop and deliver campaigns and messaging that show the links between alcohol/drug misuse and suicidal behaviour.		
<b>Lead:</b> HSE PC; HSE MH (ROSP)		
<b>Partners:</b> HSE HWB, Cfl Steering and Local Implementation Working Groups; Substance Misuse Teams; Drug Task Forces, Community &Voluntary Sector drug and alcohol services.		
<b>Purpose:</b> To target those engaged in substance misuse, their families and those working in the sector, with messaging around the links between alcohol/drug use and mental health and suicidal behaviour.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b>		
<ul style="list-style-type: none"><li>• Collaboration with HSE Substance Misuse Teams including representation on Cfl Committees.</li><li>• Consultation with community based drug/alcohol services.</li><li>• Consultation with the Midlands and NE Drug + Alcohol Task Forces.</li><li>• Access to national information, resources and communication materials related to substance misuse and mental health.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Implementation of national drug and alcohol campaigns in MLM CHO with resultant awareness and knowledge.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	-Ensure drug/alcohol service representation on all Cfl Local Implementation Working Groups. -Disseminate information via initiatives and campaigns. -Increase collaboration between HSE MH and Substance Misuse Services.
	<b>Q3 2023</b>	Establish drug/alcohol/suicide prevention working group.
	<b>Q4 2023</b>	Develop Working Group Actions and plan for delivery.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Working group established, actions identified and ongoing collaboration on the rollout of national drug and alcohol campaigns.		

<b>National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors</b>		
<b>National Action 1.1.5: Promote Physical activity as a protective factor for mental health through the National Physical Activity Plan.</b>		
<b>Lead: DOH HI, DTTAS</b>		
<b>Partners: Non-statutory partners</b>		
<b>Local Action:</b> 1.1.5 Collaborate with relevant partners e.g. Social Prescribing Services, Healthy County Committees and Sports Partnerships to promote physical activity as a protective factor for mental health among the general population and in priority groups		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> HSE H&W, Healthy County Committees, Sports Partnerships and community sporting bodies.		
<b>Purpose:</b> To increase awareness of physical activity as a protective factor for mental health and to support services working in the area to promote the link and to signpost the relevant mental health supports and services.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Increased collaboration with Sports Partnerships in each county of MLM CHO.</li><li>Continued engagement between ROSP and Healthy County Committees and Social Prescribing Services</li><li>Dissemination of mental health promotion campaign materials to those providing/supporting physical activity among priority groups and in the general population as well.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Increased links between HSE MH and H&WB and those with a remit focused on providing physical activities within MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	-Seek/maintain ROSP representation on Healthy County and Social Prescribing Committees. -Seek representation on all CfL Implementation Working Groups from local Sports Partnerships.
	<b>Q3 2023</b>	Engage partnership from Sports Partnerships and sporting bodies in mental health promotion campaigns, e.g. WSPD and IMHW.
	<b>Q4 2023</b>	Review progress made in relation to promoting physical activity as a protective factor for mental health, which is the plan for 2023/2024.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>Increased support from HSE MH and HSE H&amp;WB for those engaged in physical activities.</li><li>Participation of sports bodies in mental health promotion and community engagement events.</li></ul>		

<b>National Objective 1.2: Increase awareness of available suicide prevention and mental health services.</b>		
<b>National Action 1.2.1: Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at YourMentalHealth.ie</b> <b>Lead: HSE MH</b> <b>Key Partners: NOSP</b>		
<b>Local Action:</b> 1.2.1 (a) Ensure all MLM CHO Mental Health supports and services are included in <a href="http://www.yourmentalhealth.ie">www.yourmentalhealth.ie</a> and promoted on the MLM CHO Connecting for Life website. <b>Lead:</b> HSE MH (ROSP) <b>Partners:</b> HSE MH, Connecting for Life Local Implementation Working Groups		
<b>Purpose:</b> This action will seek to ensure the signposting of the fullest possible range of mental health supports and services in MLM CHO.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Access to relevant information</li><li>• HSE MH (ROSP) time.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Details regarding all available and accessible supports within MLM CHO are included on yourmentalhealth.ie and promoted on the MLM CHO CfL website.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Ongoing review and update of yourmentalhealth.ie and MLM CHO website to ensure all available supports are included.
	<b>Q3 2023</b>	Ongoing review and update of yourmentalhealth.ie and MLM CHO website to ensure all available supports are included.
	<b>Q4 2023</b>	Ongoing review and update of yourmentalhealth.ie and MLM CHO website to ensure all available supports are included.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Yourmentalhealth.ie and MLM CHO CfL website contains up to date information regarding supports available within MLM CHO.		

<b>National Objective 1.2: Increase awareness of available suicide prevention and mental health services.</b>		
<b>National Action 1.2.2: Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.</b>		
<b>Local Action:</b> 1.2.2(a) Replicate national campaigns that promote suicide, self-harm and bereavement supports and services for priority groups and maintain all existing signposting resources with up to date and relevant information.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> HSE MH/HWB/PC, CfL Local Implementation Working Groups, HSE Communications, Community and Voluntary Organisations.		
<b>Purpose:</b> To ensure that all priority groups have access to accurate, relevant and up to date information on supports and services available in every county of MLM CHO.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024.		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Funding for reprinting and distribution.</li><li>Collaboration with service providers/priority groups.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Increased awareness regarding available services in all counties of MLM CHO and promotion of consistent messaging relating to supports among all stakeholders.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Ongoing review, update and dissemination of current resources/signposting material, i.e. Posters, Wallet Cards, etc.
	<b>Q3 2023</b>	Develop information document regarding referral pathways for professionals and general public.
	<b>Q4 2023</b>	Initiate and complete needs analysis among stakeholders for the production of additional materials.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>Improved awareness of supports and services among CfL stakeholders, service providers, the general public, and priority groups.</li></ul>		

National Objective 1.2: Increase awareness of available suicide prevention and mental health services.		
National Action 1.2.2: Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.		
Local Action: 1.2.2 (b) Develop a ‘pathways to care’ template for GP Practices.		
Lead: HSE MH (ROSP)		
Partners: HSE PC, HSE MH.		
Purpose: To increase awareness of local support services and appropriate referrals.		
Planned Start date and duration: Q2 2023- Q4 2024.		
Location: MLM CHO		
Inputs for 2023: ROSP and partner time, funding		
Overarching Milestone 2023:  Resource developed enabling GP practices to have up to date information regarding appropriate and relevant information on how to support patients who are at risk of suicide.	Q1 2023	
	Q2 2023	Review of current information available to GP practices and plan for the development of the localised information resource for GP practices.
	Q3 2023	Information resource developed and distributed to all GP practices within MLM CHO.
	Q4 2023	Ongoing review and update of information resource.
	Overarching Milestone 2024: To be determined.	
Outputs by end of 2023: Localised information resource/pathways to care template developed and distributed to all GP practices.		



<b>National Objective 1.3: Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups.</b>		
<b>National Action 1.3.1: Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.</b>		
<b>Lead:</b> NOSP		
<b>Key Partners:</b> HSE MH, Youth sector, Non-statutory partners		
<b>Local Action:</b> 1.3.1: Aligned to national campaigns, deliver stigma reduction, suicide prevention and positive mental health awareness raising events and initiatives across MLM CHO, e.g. Green Ribbon and local campaigns as appropriate.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> CfL Local Implementation Working Groups, HSE Communications and Community and Voluntary Organisations.		
<b>Purpose:</b> To increase dialogue around mental health and wellbeing and suicidal behaviour with the aim of reducing language that can be misleading and stigmatising.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Support from NOSP and HSE MH in relation to national campaigns</li><li>• Supply of Green Ribbon resources from SeeChange.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Ongoing development and delivery of reduced stigma campaigns through linkages with SeeChange Ambassadors and rollout of the national Green Ribbon Campaign.	<b>Q2 2023</b>	Ensure Service User representation on all CfL Local Implementation Working Groups. -Plan for delivery of the Green Ribbon Campaign in Q3
	<b>Q3 2023</b>	Deliver the Green Ribbon Campaign in collaboration with all CfL Partners across MLM CHO.
	<b>Q4 2023</b>	Review campaign delivery and plan for 2023.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Stigma reduction campaigns developed and delivered throughout MLM CHO.		

<b>National Objective 1.4: Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media.</b>		
<b>National Action 1.4.4: Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting.</b>		
<b>Lead:</b> NOSP		
<b>Key Partners:</b> -		
<b>Local Action:</b> 1.4.4: In collaboration with Headline and Samaritans, establish links with and support local and regional media organisations by providing updated information on media reporting such as the <i>Samaritans Media Reporting Guidelines for the Reporting of Suicide</i> .		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> HSE Communications, Headline, Samaritans, Local media.		
<b>Purpose:</b> To support local media to report accurately and responsibly on suicide and related matters, to encourage them to promote positive mental health, to reduce stigma and to signpost to the appropriate services.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b>		
<ul style="list-style-type: none"><li>Engagement with all online, print and broadcast media organisations.</li><li>Collaboration with Headline, Samaritans and NOSP</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Engagement with all local and regional media organisations and providing support and information.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Plan for media engagement events in Q3.
	<b>Q3 2023</b>	Engage with the media for WSPD and the Green Ribbon stigma reduction campaign.
	<b>Q4 2023</b>	Engage and collaborate with the media for World Mental Health Day (October).
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b>		
<ul style="list-style-type: none"><li>Improved collaboration with media partners</li><li>Improved access by local and regional media to information and resources associated with responsible reporting and messaging.</li></ul>		

## GOAL TWO

Goal Two of *Connecting for Life*, Ireland's national strategy to prevent suicide 2015-2020, aims to support local communities' capacity to prevent and respond to suicidal behaviour.

Well-structured and co-ordinated community-based initiatives can translate into protective benefits for families and individuals, which contribute to reduced risk of suicidal behaviour. An empowered community can respond to the needs of its members and protect them in difficult times and can sustain these positive effects over time. The work of and partnership formed amongst HSE Resource Officers for Suicide Prevention and non-statutory organisations is crucial in ensuring this goal is met (Source: *Connecting for Life*, Ireland's National Strategy for Suicide Prevention 2015 – 2020 (extended to 2024)).

In CfL MLM CHO 2023-2024, there are 5 actions under Goal Two led by:

- HSE Mental Health
- HSE MH Resource Officer for Suicide Prevention
- HSE Health and Wellbeing
- Family Resource Centres.

<b>National Objective 2.1: Improve the continuation of community level responses to suicide through planned multi-agency approaches.</b>		
<b>National Action 2.1.1: Implement consistent, multi-agency suicide prevention action plans to enhance communities’ capacity to respond to suicidal behaviour, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic &amp; Community Plans and Children &amp; Young People’s Services Committee’s (CYPSC) county plans.</b> <b>Lead: HSE MH</b> <b>Key Partners: DECLG, LA, HSE, CHOs, Acute Hospitals, Non-statutory partners, NOSP</b>		
<b>Local Action 2.1.1:</b> Implement, monitor and report on the delivery of <i>Connecting for Life Midlands Louth/Meath 2023-2024</i> and promote implementation through networking events and initiatives and through inter-agency working. <b>Lead:</b> HSE MH <b>Partners:</b> CfL Steering Group and Local Implementation Working Groups.		
<b>Purpose:</b> To ensure that the suicide prevention and mental health needs specific to the counties and communities in MLM CHO are identified so that appropriate responses can be developed and delivered.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Funding and resources within HSE MH</li><li>Engagement and collaboration with community partners and CfL stakeholders.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Development and implementation of actions in <i>CfL Midlands Louth/Meath</i> in partnership with CfL Steering and Local Implementation Working Groups.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	- Publish and launch <i>CfL Midlands Louth/Meath 2023-2024</i> -Establish CfL Local Implementation Working Groups.
	<b>Q3 2023</b>	-Coordinate ongoing quarterly meetings of <i>CfL Steering</i> and Local Implementation Working Groups ensuring progression of Actions. -Establish Action specific task orientated working groups as required.
	<b>Q4 2023</b>	-Coordinate ongoing quarterly meetings of <i>CfL Steering</i> and Local Implementation Working Groups ensuring progression of Actions. -Review CfL Midlands Louth/Meath and plan for 2024.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>CfL suicide prevention structures embedded and functioning in MLM CHO with clear and regular communications channels in place to ensure flow of information and capture implementation progress and learning.</li><li>Significant progress on Actions reported for 2023.</li></ul>		

<b>National Objective 2.2. Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sports Organisations).</b>		
<b>National Action: 2.2.1 Provide community-based organisations with guidelines and protocols on effective suicide prevention.</b>		
<b>Lead: NOSP</b>		
<b>Key Partners: Non-statutory partners</b>		
<b>Local Action: 2.2.1(a)</b> Build capacity within community based organisations, including FRCs, in MLM CHO with regard to suicide prevention and mental health promotion		
<b>Lead:</b> HSE MH (ROSP).		
<b>Partners:</b> FRCs; <i>CfL</i> Steering and Local Implementation Working Groups; Community & Voluntary Sector.		
<b>Purpose:</b> To provide best practice guidance around suicide prevention and mental health promotion for staff and volunteers in community based organisations and in the FRCs in MLM CHO.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Collaboration with community based organisations and groups, including FRC’s.</li><li>• Provision and dissemination of information, resources and guidance documents to community based organisations</li></ul>		
<b>Overarching Milestone 2023:</b>  Widespread delivery of resources, training and support to ensure all community based organisations, including FRC’s, are enabled to improve suicide prevention responses in their local areas.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Ensure that community based organisations have access to relevant guidance such as “Dealing with a person in suicidal distress” and ‘Suicide Prevention in the Community’ along with associated training and support
	<b>Q3 2023</b>	Ensure that community based organisations have access to relevant guidance documents along with associated training and support.
	<b>Q4 2023</b>	Ongoing engagement with community based groups and FRC’s to inform planning for future training, guidance and support.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>• Dissemination of “Suicide Prevention in the Community” and “Dealing with a person in suicidal distress” to a broad range of community based organisations in MLM CHO.</li><li>• Provision of relevant training, information, resources and guidance documents to community based organisation and groups.</li></ul>		

<b>National Objective 2.2. Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sports Organisations).</b>		
<b>National Action: 2.2.1 Provide community-based organisations with guidelines and protocols on effective suicide prevention.</b>		
<b>Lead: NOSP</b>		
<b>Key Partners: Non-statutory partners</b>		
<b>Local Action:</b> 2.2.1 (b) Build capacity within Family Resource Centres locally around Suicide Prevention and Mental Health Promotion, to include supporting the delivery of the ‘Suicide Prevention Code of Practice’ and the implementation of the framework ‘Building Resilient Communities’.		
<b>Lead:</b> National FRC Mental Health Promotion Project, HSE MH (ROSP)		
<b>Partners:</b> Family Resource Centres		
<b>Purpose:</b> To provide training, support and best practice guidance around suicide prevention and mental health promotion for staff and volunteers of FRCs nationally.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Collaboration with the National FRC Mental Health Promotion Project</li><li>• Dissemination of information, resources and guidance documents to community based organisations.</li></ul>		
<b>Milestones</b>		
Support implementation of the ‘Building Resilient Communities’ Framework and deliver Suicide Prevention Code of Practice training.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Engage with the National FRC Mental Health Promotion Project to plan for training delivery.
	<b>Q3 2023</b>	-Deliver training as identified in the framework, for example, bereavement supports/training.
	<b>Q4 2023</b>	Continue to deliver training and framework actions.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>• Suicide Prevention Code of Practice training being delivered to FRCs within MLM CHO.</li><li>• Support given to FRCs with regard to implementation of the Framework ‘Building Resilient Communities’.</li></ul>		

<b>National Objective 2.3 Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations.</b>		
<b>National Action: 2.3.2 Deliver training and awareness programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide.</b> <b>Lead: NOSP</b> <b>Key Partners: Non-statutory partners</b>		
<b>Local Action: 2.3.2</b> Aligned to the National Training Plan, provide access to suicide prevention, self-harm training and suicide bereavement to staff and volunteers across community-based organisations throughout MLM CHO. <b>Lead: HSE MH (ROSP)</b> <b>Partners: Cfl Local Implementation Working Groups, Community and Voluntary Organisations.</b>		
<b>Purpose:</b> To improve knowledge of risks and signs of suicide, positively shape attitudes regarding suicidal behaviour and increase confidence among those supporting people in crisis and onwards connection with services.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Development and delivery of training schedule involving access to funding, resources, materials and experienced trainers</li><li>Community engagement opportunities to promote training.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Availability of a suite of training, at different levels, in suicide, self-harm and bereavement for all community based groups and organisations within MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	- Continue delivery of online and face to face training programmes, LivingWorks Start, safeTALK, ASIST, USH and Bereavement Support programmes..
	<b>Q3 2023</b>	Ongoing general and targeted delivery of all awareness and skills training programmes.
	<b>Q4 2023</b>	Review training delivery for 2022 and develop training plan for 2023.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>Increased number of staff and volunteers in community based organisations trained in self-harm, suicide prevention and intervention, and bereavement support skills in MLM CHO.</li><li>Increased awareness amongst general public with regard to supporting those at risk of suicide.</li></ul>		

**National Objective 2.3** Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations.

**National Action: 2.3.3** Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups.

**Lead:** HSE H&W

**Key Partners:** HSE MH, DOH

**Local Action:** 2.3.3 Collaborate on the provision of a range of mental health promoting programmes and initiatives in community, health and education settings e.g. Stress Control, Engage, Mind Your Wellbeing, etc.

**Lead:** HSE H&W

**Partners:** HSE MH (ROSP), CfL Local Implementation Working Groups, Community & Voluntary Organisations and MHI.

**Purpose:** To support the rollout of a suite of mental health promotion programmes and initiatives to the general population, to priority groups and to those working in the area of mental health and suicide prevention.

**Planned Start date and duration:** Q2 2023 – Q4 2024

**Location:** MLM CHO.

**Inputs for 2023:**

- Engagement and collaboration with all partners to promote and deliver programmes.
- Funding for programme delivery.

**Milestones**

<b>Overarching Milestone 2023:</b>  Ongoing delivery of a suite of mental health promotion programmes through a range of providers for the broader population and priority groups.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Identify and catalogue all mental health promotion programmes available and disseminate this information to all partners.
	<b>Q3 2023</b>	Continue to promote all available programmes and plan for 2023.
	<b>Q4 2023</b>	Continue to promote all available programmes and plan for 2023.
	<b>Overarching Milestone 2024:</b> To be determined.	

**Outputs by end of 2023:**

- Ongoing delivery of standardised evidence based mental health promotion programmes in MLM CHO.
- Access to information on programmes available to the whole community and among priority groups



## GOAL THREE

Goal Three of *Connecting for Life*, Ireland's national strategy to prevent suicide, 2015-2020, aims to target approaches to reduce suicidal behaviour and improve mental health among priority groups.

While Ireland's overall suicide rate is among the lowest in the OECD, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour. These include young people aged 15-24, people with mental health problems of all ages, people with alcohol and drug problems, people bereaved by suicide and prisoners.

There are other groups with potentially increased vulnerability to suicidal behaviour where the research evidence is either less consistent or limited. These include asylum seekers, refugees, migrants, sex workers, and people with chronic illness or disability. Further research is required for these groups. These risk groups may change over time. While there is significant overlap between many of the groups, it is important to note that even within a group where there is increased risk, only a minority will engage in suicidal behaviour (Source: *Connecting for Life*, Ireland's National Strategy for Suicide Prevention 2015 – 2020 (extended to 2024)).

In CfL MLM CHO 2023-2024, there are 13 actions under Goal Three led by the following:

- HSE Mental Health
- HSE MH Resource Officer for Suicide Prevention
- HSE Health and Wellbeing
- HSE Primary Care
- HSE Disability Services
- HSE Older Persons
- HSE Traveller Mental Health Co-Ordinator
- HSE Service User Engagement

<b>National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>		
<b>National Action 3.1.2: Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.</b>		
<b>Lead:</b> NOSP, HSE: Acute Hospitals, PC,MH, IPS/ Garda Síochána, Non-statutory partners		
<b>Key Partners:</b> DAFM, DOH, DJE, DSP, DES, DCYA/TUSLA, DOD		
<b>Local Action:</b> 3.1.2 (a) Aligned to the national <i>Developing a Community Response to Suicide</i> - develop, publish and implement localised inter-agency Community Response Plans (CRPs) for incidents of suspected suicide.		
<b>Lead:</b> HSE MH		
<b>Partners:</b> HSE MH (ROSP), HSE MH, HSE PC, HSE Psychology, An Garda Síochána, SBLO, HSE Communications, Tusla, NEPS, and the C&V Sector.		
<b>Purpose:</b> To improve local interagency community responses and cooperation following incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Collaboration and support from HSE Divisions; An Garda Síochána; NEPS; Non-statutory and community based organisations for plan development and implementation</li><li>• Access to Garda Pulse data for MLM CHO area.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Localised CRPs for incidents of suspected suicide will be in development stage throughout MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Consult with all relevant stakeholders and review all relevant documentation.
	<b>Q3 2023</b>	Establish Regional CRP Project, with relevant and appropriate representation to develop the CRP.
	<b>Q4 2023</b>	Develop localised CRPs throughout MLM CHO and disseminate to relevant stakeholders.  Establish a CRP Lead and Core Team in each localised area.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Localised Community Response Plans are in place within MLM CHO.		

<b>National Objective 3.1</b> Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
<b>National Action: 3.1.2</b> Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents. <b>Lead:</b> NOSP, HSE: Acute Hospitals, PC,MH, IPS/ Garda Síochána, Non-statutory partners <b>Key Partners:</b> DAFM, DOH, DJE, DSP, DES, DCYA/TUSLA, DOD		
<b>Local Action:</b> 3.1.2 (b) Using the Guidance document: ‘Development of a Local Crisis Response Plan for the Traveller Community’ developed by Offaly Traveller Movement and HSE MH, and the national <i>Developing a Community Response to Suicide</i> , implement county-based crisis response plans for the Traveller Community. <b>Lead:</b> Mental Health Service Coordinator for Travellers <b>Partners:</b> HSE MH (ROSP), CHO MLM Traveller organisations		
<b>Purpose:</b> To improve local interagency community responses and responses following incidents of suspected suicide in the Traveller community, particularly where there is a risk of clusters and/or contagion.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Collaboration and support from HSE Divisions; Traveller organisations and Non-statutory and community based organisations for plan development and implementation.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Each county in CHO MLM will have an area based Traveller specific Community Response Plan in place.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Consult with all relevant stakeholders and review all relevant documentation.
	<b>Q3 2023</b>	Develop localised county-specific CRPs for the Traveller Community throughout CHO MLM and disseminate to relevant stakeholders.
	<b>Q4 2023</b>	Finalise county-specific Traveller Community CRPs and disseminate to relevant stakeholders.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> A Traveller Community Response Plan for each county is in place.		

<b>National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>		
<b>National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.</b>		
<b>Lead: HSE PC</b>		
<b>Key Partners: NOSP</b>		
<b>Local Action:</b> 3.1.3 (a) Support the delivery and development of targeted initiatives and services for priority groups at risk of suicide or self-harm.		
<b>Lead:</b> HSE PC		
<b>Partners:</b> HSE MH(ROSP); HSE MH; HSE H&W; HSE Disabilities Services, HSE Service for Older Persons; Alcohol/Drug Services; Traveller Projects; CYPSC; Social Prescribing Services; C&V Sector; Local Partnership Companies, <i>CfL</i> Oversight and Local Implementation Working Groups.		
<b>Purpose:</b> To ensure that there is continued delivery and development of targeted initiatives related to suicide prevention, self-harm and mental health promotion for those most vulnerable to suicide including young people, those engaged in substance misuse, Mental Health Service Users, Travellers, Asylum Seekers, Refugees and Migrants, LGBTI+ community; and that staff and volunteers working with such priority groups have access to relevant information and training programmes.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Funding and resources to provide suicide prevention, intervention and postvention training to staff and volunteers working with priority groups</li><li>Collaboration with <i>CfL</i> stakeholders to identify and prioritise specific priority group needs.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Targeted initiative, training, information and support delivered to staff and volunteers working with Mental Health Service Users, Traveller projects, LGBTI+ projects, Social Prescribing services, alcohol/drug services, mental health related community based services etc.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Ensure priority groups are represented on <i>CfL</i> implementation structures in MLM CHO.  -Identify suicide prevention training targets for priority group stakeholders.
	<b>Q3 2023</b>	Support the delivery of targeted services to priority groups and the development of new initiatives
	<b>Q4 2022</b>	Review the delivery of information, training and support in 2023 and plan for 2024.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>Staff and volunteers working with priority groups have received adequate information, training and support in relation to mental health and suicide prevention.</li></ul>		

<b>National Objective 3.1</b> Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
<b>National Action: 3.1.3</b> Develop and deliver targeted initiatives and services at Primary Care level for priority groups. <b>Lead:</b> HSE PC <b>Key Partners:</b> NOSP		
<b>Local Action:</b> 3.1.3 (b) Support young people experiencing parental mental health issues by implementing the WITH (Wellbeing in the Home) Programme. <b>Lead:</b> HSE MH (ROSP) <b>Partners:</b> Tusla, DATFs, HSE MH, HSE Addiction Services, CYPSC, CfL Local Implementation Working Groups, Community and Voluntary Organisations.		
<b>Purpose:</b> To provide supports for the estimated 20% of young people who are living with parental mental health issues.		
<b>Planned Start date and duration:</b> Q3 2023 – Q4 2024.		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> WITH resources and funding.		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  WITH resources available across CHO MLM.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	
	<b>Q3 2023</b>	WITH resource sourced and circulated appropriately throughout MLM CHO.
	<b>Q4 2023</b>	WITH Resource available across MLM CHO.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> WITH resources available across MLM CHO.		

<b>National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>		
<b>National Action 3.1.3: Develop and deliver targeted initiatives and services at Primary Care level for priority groups.</b>		
<b>Lead: HSE PC</b>		
<b>Key Partners: NOSP</b>		
<b>Local Action:</b> 3.1.3(c) Promote availability of suicide prevention, intervention and postvention training programmes across primary care services and networks.		
<b>Lead:</b> HSE Primary Care.		
<b>Partners:</b> HSE MH (ROSP)		
<b>Purpose:</b> To improve knowledge of risks and signs of suicide, positively shape attitudes and increase confidence in dealing with people in crisis and onward connecting with services.		
<b>Planned Start date and duration:</b> Q1 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Trainers</li><li>• Programme resources</li><li>• ROSP &amp; partner time</li></ul>		
<b>Overarching Milestone 2023:</b>  Increased capacity within staff working in primary care services to support individuals who may be experiencing suicidal ideation and those who have been bereaved by suicide.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Target Primary Care Services for delivery of online suicide prevention training programmes: LivingWorks Start and Bereavement Support Training; and delivery of face to face training programmes: safeTALK, ASIST, USH and Bereavement Support programmes.
	<b>Q3 2023</b>	Ongoing general and targeted delivery of all awareness and skills training programmes.
	<b>Q4 2023</b>	Ongoing general and targeted delivery of all awareness and skills training programmes.  Review delivery during 2023 and plan for 2024.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Increased numbers of primary care services staff engaged in suicide prevention, intervention and postvention training programmes.		

<b>National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>		
<b>National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.</b>		
<b>Lead: HSE PC</b>		
<b>Key Partners: NOSP</b>		
<b>Local Action:</b> 3.1.3(d) Promote availability of suicide prevention, intervention and postvention training programmes across disability services and networks.		
<b>Lead:</b> HSE Disability Services.		
<b>Partners:</b> HSE MH (ROSP)		
<b>Purpose:</b> To improve knowledge of risks and signs of suicide, positively shape attitudes and increase confidence in dealing with people in crisis and onward connecting with services.		
<b>Planned Start date and duration:</b> Q1 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Trainers</li><li>• Programme resources</li><li>• ROSP &amp; partner time</li></ul>		
<b>Overarching Milestone 2023:</b>  Increased capacity within staff working in disability services to support individuals who may be experiencing suicidal ideation and those who have been bereaved by suicide.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Target Disability Services for delivery of online suicide prevention training programmes: LivingWorks Start and Bereavement Support Training; and delivery of face to face training programmes: safeTALK, ASIST, USH and Bereavement Support programmes.
	<b>Q3 2023</b>	Ongoing general and targeted delivery of all awareness and skills training programmes.
	<b>Q4 2023</b>	Ongoing general and targeted delivery of all awareness and skills training programmes. Review delivery during 2023 and plan for 2024.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Increased numbers of disability services staff engaged in suicide prevention, intervention and postvention training programmes.		

<b>National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>		
<b>National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.</b>		
<b>Lead: HSE PC</b>		
<b>Key Partners: NOSP</b>		
<b>Local Action:</b> 3.1.3(e) Promote availability of suicide prevention, intervention and postvention training programmes across primary care services and networks.		
<b>Lead:</b> HSE Older Persons.		
<b>Partners:</b> HSE MH (ROSP)		
<b>Purpose:</b> To improve knowledge of risks and signs of suicide, positively shape attitudes and increase confidence in dealing with people in crisis and onward connecting with services.		
<b>Planned Start date and duration:</b> Q1 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Trainers</li><li>• Programme resources</li><li>• ROSP &amp; partner time</li></ul>		
<b>Overarching Milestone 2023:</b>  Increased capacity within staff working in Older Person services to support individuals who may be experiencing suicidal ideation and those who have been bereaved by suicide.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Target Older Person Services for delivery of online suicide prevention training programmes: LivingWorks Start and Bereavement Support Training; and delivery of face to face training programmes: safeTALK, ASIST, USH and Bereavement Support programmes.
	<b>Q3 2023</b>	Ongoing general and targeted delivery of all awareness and skills training programmes.
	<b>Q4 2023</b>	Ongoing general and targeted delivery of all awareness and skills training programmes. -Review delivery during 2023 and plan for 2024.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Increased numbers of Older Person services staff engaged in suicide prevention, intervention and postvention training programmes.		



**National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups**

**National Action 3.1.4: Evaluate as appropriate targeted initiatives and or services for priority groups**

**Lead: NOSP**

**Local Action 3.1.4:** Review and evaluate targeted initiatives related to suicide prevention and mental health for Travellers and Mental Health Service Users in MLM CHO.

**Lead:** HSE MH (ROSP), Traveller Mental Health Coordinator; HSE MH Service User Engagement Officer.

**Purpose:** To establish a baseline for targeted initiatives aimed at Travellers and Mental Health Service Users to develop and deliver new initiatives related to suicide prevention and mental health

**Planned start date and duration:** Q3 2023-Q3 2024

**Location:** MLM CHO.

**Inputs for 2023:**

- HSE MH (ROSP) collaboration with HSE Traveller Mental Health Coordinator and the Service User Engagement Officer.
- Traveller and Service User representation on *CfL* implementation structures.

**Milestones**

<b>Overarching Milestone 2023:</b>  Analysis undertaken of targeted initiatives available to Travellers and Mental Health Service Users within MLM CHO and plan to respond to identified gaps.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Establish a working group to assess targeted initiatives available to both priority groups.
	<b>Q3 2023</b>	Identify gaps in initiatives, services, and plan responses.
	<b>Q4 2023</b>	Development and implementation of appropriate responses and initiatives.
	<b>Overarching Milestone 2024:</b> To be determined.	

**Outputs by end of 2023:**

- Improved knowledge and information on existing initiatives and services, plan in place to respond to gaps

<b>National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>		
<b>National Action 3.1.5: Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.</b>		
<b>Lead:</b> NOSP		
<b>Key Partners:</b> HSE PC, HSE MH, Acute Hospitals		
<b>Local Action:</b> 3.1.5 Aligned to the National Education and Training Plan continue to deliver suicide, self-harm, and suicide bereavement support training to health and social care staff and primary care health providers throughout MLM CHO.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> NOSP, HSE MH, HSE PC, C+V Sector, CFL Local Implementation Working Groups.		
<b>Purpose:</b> To improve the skills and capacity of frontline health and social care professionals to support people at risk of suicide or self-harm.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Funding, resources and materials for training delivery</li><li>Support from NOSP</li><li>Support from <i>CfL</i> stakeholders.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Development of Regional Training & Education Plan outlining targets in relation to programme delivery and targeted audiences.  Ongoing provision of all training programmes, i.e. LivingWorks START training, safeTALK, ASIST and Understanding Self Harm and Bereavement Support training throughout MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	In line with Regional Training & Education Plan, target, promote and facilitate delivery of suicide prevention training programmes (online and face to face) to health, social care and primary care professionals.
	<b>Q3 2023</b>	Ongoing delivery of training in line with regional training targets.
	<b>Q4 2023</b>	Review training delivery in context of yearly targets.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>Increased number of staff in front line health and social care organisations trained and enabled to support people at risk of suicide or self-harm or those bereaved through suicide.</li><li>MLM CHO training targets and programme delivery in line with Regional Education &amp; Training Plan achieved, i.e. safeTALK (30), ASIST (6), Understanding Self-Harm (6), Professional Suicide Bereavement Support (4).</li></ul>		

<b>National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.</b>		
<b>National Action 3.1.6: Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector.</b>		
<b>Lead: HSE H&amp;W</b>		
<b>Key Partners: HSE MH, NOSP, Youth sector, Non-statutory partners</b>		
<b>Local Action:</b> 3.1.6 Support access and participation in mental health promotion programmes for priority groups, for young people and for staff working with these groups.		
<b>Lead:</b> HSE H&W		
<b>Partners:</b> HSE MH (ROSP), HSE MH; <i>CfL</i> Local Implementation Working Groups; CYPSC; C&V Sector; ETBs; Third Level Institutions, NEPS.		
<b>Purpose:</b> To improve awareness of positive mental health and wellbeing for young people and relevant professionals working in the Youth Sector		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Funding for programmes</li><li>Collaboration with all partners to promote programmes and identify participants</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Ongoing delivery of a suite of mental health promotion programmes within MLM CHO through a range of providers for priority groups including young people.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Identify and catalogue all mental health promotion programmes available within CHO MLM and to disseminate this information to all partners working with priority groups.
	<b>Q3 2023</b>	Review <i>CfL</i> priority groups and mental health promotion programmes availability and identify gaps.
	<b>Q4 2023</b>	Continue to promote all programmes through available networks and plan for 2024.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>Ongoing delivery of standardised, evidence based mental health promotion programmes.</li><li>Information on programmes available to priority groups accessible in a range of formats.</li></ul>		

<b>National Objective 3.2: Support, in relation to suicide prevention, the substance misuse strategy to address the high rate of alcohol and drug misuse.</b>		
<b>National Action 3.2.1: Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.</b>		
<b>Lead:</b> HSE PC		
<b>Key Partners:</b> HSE H&W, DOH		
<b>Local Action:</b> e.g. 3.2.1 Provide a range of alcohol and substance misuse prevention initiatives in community, health and education settings.		
<b>Lead:</b> HSE PC		
<b>Partners:</b> HSE MH, HSE MH (ROSP), HSE Addiction Services, DATFs, Community Drug & Alcohol services.		
<b>Purpose:</b> To provide evidence based interventions aimed at identifying those engaged in harmful substance & alcohol use and make appropriate referrals to specialist services.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Access to appropriate early intervention training</li><li>• Collaboration between substance misuse services and mental health services.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Increased levels of training for staff engaging with those involved in substance misuse including Brief Intervention, MECC, suicide prevention training, SAOR etc.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Complete an audit of substance misuse staff training needs.
	<b>Q3 2023</b>	Deliver training and enhance partnership working between HSE MH and drug/alcohol services.
	<b>Q4 2023</b>	Deliver training and enhance partnership working between HSE MH and drug/alcohol services
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>• Programmes identified and delivered to target groups.</li><li>• Increased knowledge around substance misuse for those working with priority groups</li></ul>		

**National Objective 3.3: Enhance the supports for young people with mental health problems or vulnerable to suicide.**

**National Action 3.3.3: Work with the HSE to develop national guidance for higher institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education.**

**Lead:** HEA

**Key Partners:** NOSP

**Local Action:** 3.3.3 Support third level institutions within MLM CHO to implement the National Student Mental Health and Suicide Prevention Framework to continue the delivery of suicide prevention training in third level institutions and engage third level staff in the development and implementation of CRPs.

**Lead:** HSE MH (ROSP)

**Partners:** Student Counselling Services in Third Level Institutions in MLM CHO.

**Purpose:** To ensure there is a multi-agency and collaborative response to suicide and postvention in third level institutions within MLM CHO.

**Planned Start date and duration:** Q2 2023 – Q4 2024

**Location:** MLM CHO.

**Inputs for 2023:**

- Continued engagement with staff in third level institutions including representation on CfL structures.
- Funding, resources and materials for training delivery.

**Milestones**

**Overarching Milestone 2023:**

Continued support of implementation of the National Student Mental Health and Suicide Prevention Framework and continued delivery of suicide prevention training within third level institutions in MLM CHO.

**Q1 2023**

**Q2 2023**

-Seek third level representation on CfL Implementation Working Groups.  
-Engage with 3<sup>rd</sup> level institutions to identify supports needed in the implementation of the national framework.

**Q3 2023**

Target third level professionals for the delivery of safeTALK, ASIST, USH and Bereavement Support.

**Q4 2023**

Ongoing support to third level institutions and delivery of relevant training programmes.

**Overarching Milestone 2024:**

To be determined.

**Outputs by end of 2023:**

- Engagement with all third level institutions within MLM CHO with regard to having suicide prevention and response plans in place.

<b>National Objective 3.3: Enhance the supports for young people with mental health problems or vulnerable to suicide.</b>		
<b>National Action 3.3.6: Deliver early intervention and psychological support service for young people at primary care level.</b>		
<b>Lead:</b> HSE PC		
<b>Key Partners:</b> HSE MH		
<b>Local Action:</b> Support the delivery of early intervention and psychological supports for young people throughout MLM CHO.		
<b>Lead:</b> HSE PC, HSE MH		
<b>Partners:</b> HE MH (ROSP), Jigsaw, CfL Steering and Local Implementation Working Groups Youth and Mental Health Support Services Partners, Jigsaw.		
<b>Purpose:</b> To enhance availability of and access to early intervention mental health supports for young people.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b>		
<ul style="list-style-type: none"><li>• Collaboration between HSE MH, HSE PC and services working with young people throughout the region.</li><li>• Appropriate representation on <i>CfL</i> Implementation structures.</li><li>• Continued representation by ROSP on CYPSC Youth Mental Health subgroups in MLM CHO.</li><li>• Support from NOSP and HSE MH at national level.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Appropriate early intervention services are in place for young people who require psychological support or more specialist services.	<b>Q1 2023</b>	-
	<b>Q2 2023</b>	- Ensure HSE MH, HSE PC and youth service providers are represented on <i>CfL</i> Implementation structures. -Review of referral pathway information in each county of MLM CHO. -Review of CYPSC youth mental health action plans.
	<b>Q3 2023</b>	-Maintain collaboration on the development and delivery of Jigsaw and similar services in MLM CHO.
	<b>Q4 2023</b>	-Ongoing support of the development and delivery of early intervention and psychological supports for young people.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b>		
<ul style="list-style-type: none"><li>• Appropriate early intervention services are in place for young people who require psychological support or more specialist services.</li></ul>		

## GOAL FOUR

Goal Four of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

A person vulnerable to suicidal behaviour requires easy access to a continuum of support in accordance with his or her needs at a particular time – from a sensitive response to a disclosure of distress to crisis management or appropriate referral, psychotherapeutic interventions or longer-term support. Transition points between services need to operate under widely understood protocols, ensuring the person is guided through a supportive network of assistance and that the work of statutory and non-statutory service providers enhance and complement each other. In some geographical areas there are clusters of services and supports for certain groups, while in other areas there are service gaps. What is more, the response to the person in distress may vary according to the type and location of the service. The foundations of a sustained approach to preventing and reducing suicide and (especially repeated) self-harm are consistently available services and integrated care pathways, across both statutory and non-statutory services (Source: *Connecting for Life*, Ireland's National Strategy for Suicide Prevention 2015 – 2020 (extended to 2024)).

In CfL MLM CHO 2023-2024, there are 7 actions under Goal Four led by:

- HSE Mental Health
- HSE MH Resource Officer for Suicide Prevention.

<b>National Objective 4.1: Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.</b>		
<b>National Action 4.1.1: Provide a co-ordinated, uniform and quality assured 24/7 service and deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.</b>		
<b>Lead: HSE MH</b>		
<b>Key Partners: HSE PC, Acute Hospitals, DECLG, Non-statutory partners</b>		
<b>Local Action:</b> 4.1.1(a) Informed by the national review of existing SCAN services and dependant on available resources, explore the feasibility of expanding the service to counties - Westmeath, Longford, Louth & Meath.		
<b>Lead:</b> HSE MH		
<b>Partners:</b> HSE MH (ROSP), NOSP, Cfl Steering and Local Implementation Working Groups		
<b>Purpose:</b> To provide enhanced supports at primary care level for people who are at risk of suicidal behaviour.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> Longford, Westmeath, Louth, and Meath.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Time and resources from HSE MH staff.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Analysis and feasibility study with regard to expansion of SCAN service completed.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Establish Project/Working Group to explore feasibility of extension of SCAN service.
	<b>Q3 2023</b>	Relevant Business Plan developed by Working Group.
	<b>Q4 2023</b>	Business plan submitted to relevant potential funding source.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Feasibility study completed and business plan submitted.		



**National Objective 4.1: Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.**

**National Action 4.1.1: Provide a co-ordinated, uniform and quality assured 24/7 service and deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.**

**Lead:** HSE MH

**Key Partners:** HSE PC, Acute Hospitals, DECLG, Non-statutory partners

**Local Action:** 4.1.1(b) Complete a service mapping exercise between HSE Mental Health Services, HSE Primary Care, and Hospital Groups to determine where improvements can be made to ensure safe transitions of care.

**Lead:** HSE MH

**Partners:** HSE MH (ROSP), HSE PC, Hospital Groups

**Purpose:** To improve transitions of care to minimise risk for people who are vulnerable to suicide.

**Planned Start date and duration:** Q3 2023 – Q3 2024

**Location:** MLM CHO.

**Inputs for 2023:**

Staff time and appropriate funding.

**Milestones**

<b>Overarching Milestone 2023:</b>  Service mapping exercise completed for consideration.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	
	<b>Q3 2023</b>	Establish a working group with relevant representatives to undertake service mapping exercise.
	<b>Q4 2023</b>	Mapping exercise completed identifying potential service improvement areas.
	<b>Overarching Milestone 2024:</b> To be determined.	

**Outputs by end of 2023:**

Areas for service improvement identified and plan in place to implement recommendations.

**National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.**

**National Action: 4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide.**

**Lead:** HSE MH

**Key Partners:** HSE Acute Hospitals

**Local Action:** 4.1.4 Conduct an audit of training requirements amongst all patient facing HSE Mental Health staff to ensure a uniform assessment approach for people who have engaged in self harm or are at risk of suicide is in place across the mental health services within MLM CHO.

**Lead:** HSE MH.

**Partners:** HSE MH (ROSP).

**Purpose:** To ensure a uniform assessment approach for all people who present to HSE Mental Health Services is in place.

**Planned Start date and duration:** Q2 2023 – Q4 2024

**Location:** MLM CHO.

**Inputs for 2023:**

- Staff time to conduct an audit.
- Funding for delivery of identified training programmes, i.e. STORM

**Milestones**

**Overarching Milestone 2023:**

Audit completed identifying training requirements for mental health service staff within MLM CHO.

**Q1 2023**

**Q2 2023**

Working group established to conduct audit of training requirements.

**Q3 2023**

Audit to identify training requirements of mental health staff completed.

**Q4 2023**

Required training programmes (i.e. STORM) identified, sourced and plan for delivery during 2024 in place.

**Overarching Milestone 2024:**

To be determined.

**Outputs by end of 2023:**

- Training requirements of mental health staff identified and delivery plan for 2024 in place.

**National Objective 4.1: Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.**

**National Action 4.1.5: Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments.**

**Lead:** HSE MH

**Key Partners:** HSE Acute Hospitals

**Local Action:** 4.1.5 (a) Implement the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to Emergency Departments

**Lead:** HSE MH

**Partners:** HSE MLM Group Hospitals

**Purpose:** To improve the assessment and management of all individuals who present to the ED following self-harm or with suicidal ideation. To reduce the rates of repeated self-harm and to improve access to appropriate interventions at times of personal crisis. To ensure rapid and timely safe linkage to appropriate follow up and next care. To optimise the experience of families and carers in trying to support those who self-harm.

**Planned Start date and duration:** Q2 2023 – Q4 2024

**Location:** MLM CHO.

**Inputs for 2023:**

- Training allocation and staff time.

**Milestones**

**Overarching Milestone 2023:**

Implementation of the HSE Clinical Care Programme for the Assessment and Management of patients presenting with self-harm in all ED depts. within MLM CHO.

**Q1 2023**

**Q2 2023**

Review of implementation status.

**Q3 2023**

Ongoing implementation of Clinical Care Programme in all ED Depts within MLM CHO.

**Q4 2023**

Ongoing implementation of Clinical Care Programme in all ED Depts within MLM CHO.

**Overarching Milestone 2024:**

To be determined.

**Outputs by end of 2023:**

All ED depts. within MLM CHO are implementing the HSE Clinical Care Programme for the Assessment and Management of patients presenting with self-harm.

<b>National Objective 4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.</b>		
<b>National Action: 4.3.1 Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide.</b>		
<b>Lead: HSE MH</b>		
<b>Key Partners: NOSP, Non-statutory partners</b>		
<b>Local Action:</b> 4.3.1(a) Deliver support to those bereaved by suicide via various levels, information and resources, additional supports and therapeutic interventions.		
<b>Lead:</b> HSE MH(ROSP)		
<b>Partners:</b> HSE MH; HSE PC; SBLO; <i>CfL</i> Steering and Local Implementation Working Groups, C&V Sector; Pieta SBLO and NOSP.		
<b>Purpose:</b> To ensure that individuals, families and communities bereaved by suicide have access to a broad range of timely, accessible and high-quality supports and services.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Continued partnership with Pieta/SBLO</li><li>Funding for publication of resources and materials</li><li>Delivery of bereavement support training.</li><li>Support from NOSP</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Ongoing delivery of suicide bereavement supports and services across MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	-Work with the SBLO to ensure timely postvention support is available to those bereaved by suicide. -Support all those working with people bereaved by suicide through relevant training and signposting information on available services.
	<b>Q3 2023</b>	-Work with the SBLO to ensure timely postvention support is available to those bereaved by suicide. -Support all those working with people bereaved by suicide through relevant training and signposting information on available services.
	<b>Q4 2023</b>	-Work with the SBLO to ensure timely postvention support is available to those bereaved by suicide. - Support all those working with people bereaved by suicide through relevant training and signposting information on available services.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> All Individuals, families and communities bereaved by suicide within MLM CHO have access to relevant and appropriate suicide bereavement supports and services.		

<b>National Objective 4.3: Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.</b>		
<b>National Action 4.3.1: Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide.</b>		
<b>Lead: HSE MH</b>		
<b>Key Partners: NOSP, Non-statutory partners</b>		
<b>Local Action:</b> 4.3.1(b) Work with staff in MLM CHO Hospitals to provide suicide prevention and bereavement support information (folders) to each of the clinical areas in the hospital. In conjunction with this, Professional Suicide Bereavement support training will be offered to appropriate staff in the hospital.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> Medical Social Workers, End of Life Care Co-ordinators, HSE MLM Group Hospitals.		
<b>Purpose:</b> To ensure that hospital nursing and allied staff have ready access to the information required to enable them to intervene and provide support and signposting if they encounter someone who is at risk of suicide and people who have been bereaved through suicide.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b>		
<ul style="list-style-type: none"><li>Liaison with relevant staff from each of the HSE MLM Groups Hospitals.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  All Hospital staff will have access to relevant information enabling them to support individuals at risk of suicide or who have been bereaved through suicide.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Contact made with all HSE MLM Hospitals to assess information and training needs.
	<b>Q3 2023</b>	Relevant information and training as identified is provided.
	<b>Q4 2023</b>	Ongoing provision of information and training as required.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Hospital staff in all HSE MLM Group Hospitals have access to bereavement support information and training.		

<b>National Objective 4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.</b>		
<b>National Action: 4.3.1 Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide.</b>		
<b>Lead: HSE MH</b>		
<b>Key Partners: NOSP, Non-statutory partners</b>		
<b>Local Action: 4.3.1(c):</b> Develop a guidance document for mental health service staff on supporting the families of service users who have been bereaved by suicide.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> HSE MH, HSE MH, Service User Engagement Officer, Mental health service users and families/carers.		
<b>Purpose:</b> To deliver timely, clinically effective, standardised and safe support for families and carers following the suspected suicide of a mental health service user.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Staff and service user time</li><li>• Funding for publication of guidance document.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Guidance document for mental health service staff developed and in use.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Establish Working Group to develop the guidance document
	<b>Q3 2023</b>	Develop guidance document
	<b>Q4 2023</b>	Document complete and available for use.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Guidance document for mental health service staff on supporting the families of service users who have been bereaved by suicide in place and disseminated appropriately.		

## GOAL FIVE

Goal Five of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to ensure safe and high-quality services for people vulnerable to suicide.

Supporting people through a time of distress can be difficult work; therefore, agencies need to have good-practice guidelines, clear care protocols, and appropriate training and supervision mechanisms. By ensuring the quality and standard of both statutory and funded non-statutory health and social care services and strong governance and accountability structures, service users and providers are protected and the professionalism and safety of the service response are enhanced. All services must promote an ambition for recovery, restoring the individual's independence built on self-worth and self-belief (Source: Connecting for Life, Ireland's National Strategy for Suicide Prevention 2015 – 2020 (extended to 2024)).

In CfL MLM CHO 2023-2024, there are 5 actions under Goal Five, led by:

- HSE Mental Health
- HSE MH Resource Officer for Suicide Prevention.

<b>National Objective 5.1: Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.</b>		
<b>National Action 5.1.1: Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure.</b>		
<b>Lead: NOSP</b>		
<b>Key Partners: Non-statutory partners</b>		
<b>Local Action:</b> 5.1.1 Support all community based organisations and groups who are engaged in suicide prevention, intervention and postvention activities in relation to the provision of best practice and quality standardised levels of service.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> HSE MH, CfL Steering and Local Implementation Working Groups, NGOs.		
<b>Purpose:</b> To ensure a high level and consistency of service provision and greater collaboration and integration with NGOs working in the area of mental health and suicide prevention		
<b>Planned Start date and duration:</b> Q1 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Collaboration with community based organisations</li><li>• Access to information, resources and training</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Increased support, resources and information available to community based groups and organisations within MLM CHO to enable delivery of best practice in suicide prevention, intervention and postvention.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Dissemination of updated ‘Suicide Prevention in the Community’ resource booklet and ‘Dealing with a person in suicidal distress’ guidance document to all community organisations and groups.
	<b>Q3 2023</b>	Ongoing delivery of signposting material and guidance documents.
	<b>Q4 2023</b>	Support the alignment of goals and actions set out in CfL with service level agreement (SLA) and other service arrangements with funded organisations working in the area of mental health and suicide prevention.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> All community based organisations and groups are supported to provide a high quality and best practice service.		



<b>National Objective 5.1: Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.</b>		
<b>National Action 5.1.3: Provide support and resources for the implementation of the Department’s curriculum and programmes in the promotion of well-being in the school community. Facilitate access to appropriate mental health and suicide prevention training for teachers e.g. through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise, as appropriate, with Government agencies.</b> <b>Lead:</b> DES <b>Key Partners:</b> HSE H&W		
<b>Local Action:</b> 5.1.3 Target teaching/school staff in relation to participation in suicide prevention, self-harm awareness and bereavement training. <b>Lead:</b> HSE MH (ROSP) <b>Partners:</b> Education Centres, DES Schools, ETB’s, CfL Local Implementation Working Groups.		
<b>Purpose:</b> To ensure that all school staff are equipped to respond to students in distress.		
<b>Planned Start date and duration:</b> Q1 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>Engagement with all Schools within MLM CHO.</li><li>Provision of training programmes, materials and relevant resources.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Increased access and participation in suicide prevention, self-harm and postvention training programmes among school staff within MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Review previous access to training by school staff.  Develop a communication campaign to target all school staff in MLM CHO.
	<b>Q3 2023</b>	Delivery of relevant training as required to school staff.
	<b>Q4 2023</b>	Ongoing delivery of training.
	<b>Overarching Milestone 2024:</b> To be determined.	
	<b>Outputs by end of 2023:</b> <ul style="list-style-type: none"><li>Increased awareness and capacity within teaching/school staff to respond to students in distress.</li></ul>	

**National Objective 5.1: Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.**

**National Action 5.1.5: Disseminate information on effective suicide prevention responses through the development and promotion of repositories of evidence-based tools, resources, guidelines and protocols.**

**Lead:** NOSP, DJE

**Key Partners:** -

**Local Action:** 5.1.5 Disseminate information on effective suicide prevention, intervention and postvention responses and promote relevant resources, tools, guidelines and protocols

**Lead:** HSE MH (ROSP)

**Partners:** *CfL* Steering and Local Implementation Working Groups, NOSP.

**Purpose:** To enhance and improve knowledge and awareness among professionals and organisations working in areas related to mental health and suicide provision.

**Planned Start date and duration:** Q1 2023 – Q4 2024

**Location:** MLM CHO.

**Inputs for 2023:**

- Access to guidelines, resources, tools and protocols.
- Support from NOSP.

**Milestones**

**Overarching Milestone 2023:**

Widespread dissemination of accurate, up to date information and resources to all *CfL* stakeholders and associated networks within MLM CHO.

**Q1 2023**

**Q2 2023**

Distribute relevant resources on an ongoing basis e.g. guidance documents and protocols developed by NOSP/ROSP; CSO briefing documents; NSRF research publications etc.

**Q3 2023**

Distribute relevant resources on an ongoing basis.

**Q4 2023**

Distribute relevant resources on an ongoing basis.

**Overarching Milestone 2024:**

To be determined.

**Outputs by end of 2023:**

Comprehensive and varied repository of resources available to all *CfL* stakeholders through the HSE Resource Officers.

**National Objective 5.2: Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services.**

**National Action 5.2.3: Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those known to the mental health service) and develop responsive practice models.**

**Lead:** HSE MH

**Key Partners:** -

**Local Action 5.2.3:** Implement a system of regular review of incidents and trends within MH services with the aim of identifying potential service improvements in relation to suicide and suicidal behaviour.

**Lead:** HSE MH

**Partners:** -

**Purpose:** Development of shared learning in relation to incidents and trends relevant to suicide risk across mental health services in order to highlight areas of potential improvement and prevent future incidents of self-harm and suicide.

**Planned Start date and duration:** Q1 2023 – Q4 2024

**Location:** MLM CHO.

**Inputs for 2023:** Staff time and expertise

**Milestones**

<b>Overarching Milestone 2023:</b>  Ongoing system of regular incident reviews in place.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Ongoing incident reviews carried out and learning shared with regard to potential service improvements.
	<b>Q3 2023</b>	Ongoing incident reviews carried out and learning shared with regard to potential service improvements.
	<b>Q4 2023</b>	Ongoing incident reviews carried out and learning shared with regard to potential service improvements.
	<b>Overarching Milestone 2024:</b> To be determined.	

**Outputs by end of 2023:**

System of regular incident reviews and shared learning with regard to potential service improvements in place.

**National Objective 5.4: Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention within the National Training Plan.**

**National Action 5.4.2: Deliver training in suicide prevention to staff in government departments and agencies likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.**

**Lead:** DAFM, DOH/HSE DJE/IPS, DSP, DES, DCYA/TUSLA DOD, DECLG, Local Authorities

**Key Partners:** NOSP

**Local Action:** 5.4.2: Deliver suicide awareness and prevention training to frontline staff in targeted statutory agencies.

**Lead:** HSE MH (ROSP)

**Partners:** NOSP, Statutory agencies including An Garda Síochána, Tusla, Local Authorities, Department of Social Protection, etc.

**Purpose:** To support statutory agency frontline staff who during the course of their work may encounter people likely to be at risk of suicide or self-harm.

**Planned Start date and duration:** Q1 2023 – Q4 2024

**Location:** MLM CHO.

**Inputs for 2023:**

- Inclusion of statutory agency staff in Regional Education & Training Plan.
- Delivery of training programmes.
- Funding of material and resources.

**Milestones**

<b>Overarching Milestone 2023:</b>  Relevant and appropriate training programmes delivered to Government Agencies e.g. Dept. of Social Protection; Dept. of Finance; Dept. of Health; Tusla; Local Authorities etc.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	-Review of training needs of statutory agency staff and plan for provision of required training. -Ongoing provision of relevant training, i.e. LivingWorks Start, safeTALK, ASIST, Understanding Self Harm and Suicide Bereavement Support programmes
	<b>Q3 2023</b>	Ongoing provision of relevant training.
	<b>Q4 2023</b>	-Ongoing provision of relevant training. -Review of yearly targets and plan for 2023.
	<b>Overarching Milestone 2024:</b> To be determined.	

**Outputs by end of 2023:**

Statutory agency staff will have availed of relevant suicide prevention, self and bereavement support training.

## GOAL SIX

Goal Six of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to reduce and restrict access to means of suicidal behaviour.

Restricting, where practicable, access to means of suicidal behaviour has been consistently shown to be effective in reducing suicidal behaviour across countries and settings. Implementation of strategies to restrict means can occur at national level, via legislation and regulations, and at local level, for example by improving safety at locations where people frequently attempt or complete suicide. This also includes exploring additional interventions for the most frequently used methods of suicide within the Irish context (Source: *Connecting for Life, Ireland's National Strategy for Suicide Prevention 2015 – 2020 (extended to 2024)*).

In CfL MLM CHO 2023-2024, there is one action under Goal Six, led by the ROSPs.

<b>National Objective 6.2: Reduce access to highly lethal methods used in suicidal behaviour.</b>		
<b>National Action 6.2.1: Local Authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.</b>		
<b>Lead:</b> LA		
<b>Key partners:</b> DECLG, NOSP		
<b>Local Action:</b> 6.2.1 Using local evidence, work with relevant organisations to identify and map high risk locations and introduce preventative measures and additional supports at these locations.		
<b>Lead:</b> HSE (MH ROSP)		
<b>Partners:</b> Local Authorities, An Garda Síochána, HSE NOSP, other relevant Emergency Responders and Samaritans.		
<b>Purpose:</b> To increase public health measures to reduce suicide in high risk locations and to increase the opportunity for appropriate interventions.		
<b>Planned Start date and duration:</b> Q3 2022 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Access to real time data on deaths by suspected suicide within MLM CHO.</li><li>• LA representation on <i>CfL</i> Steering and Local Implementation Working Groups</li><li>• Development and availability of appropriate signage.</li><li>• Provision of funding.</li><li>• Support from NOSP.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Preventative signage with relevant support details in place at identified locations.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	-Ensure LA representation on <i>CfL</i> structures. -Build links with Samaritans for collaboration on signage. -Plan for increased measures in high risk locations throughout the region
	<b>Q3 2023</b>	Continue planning and implementation for increased measures in high risk locations throughout the region.
	<b>Q4 2023</b>	Continue implementation of preventative measures.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Evidence of effective steps to restrict access to identified locations being implemented.		

## GOAL SEVEN

Goal Seven of *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, aims to improve surveillance, evaluation and high quality research relating to suicidal behaviour.

Responsive, cost-efficient and effective suicide prevention services depend on the widespread availability of robust data – data on the types of services and interventions that are effective in reducing or preventing suicidal behaviour, on the groups most vulnerable to suicidal behaviour; on trends in suicidal behaviour in the country; and on key risk and protective factors. Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, having real-time and better integrated data surveillance systems for suicidal behaviour as well as accelerating the transfer of research findings into practice are fundamental to the success of *Connecting for Life* and other suicide prevention policies and practices (Source: *Connecting for Life*, Ireland's National Strategy for Suicide Prevention 2015 – 2020 (extended to 2024)).

In CfL MLM CHO 2023-2024, there are 4 actions under Goal Seven, led by:

- HSE Mental Health
- HSE MH Resource Officer for Suicide Prevention.

<b>National Objective 7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life.</b>		
<b>National Action 7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of Connecting for Life; disseminate findings and share lessons learned with programme practitioners and partners.</b>		
<b>Lead:</b> NOSP		
<b>Key partners:</b> -		
<b>Local Action:</b> 7.1.1 Develop and implement a local CfL implementation and evaluation framework and annual reviews of actions progress.		
<b>Lead:</b> HSE MH, HSE MH (ROSP).		
<b>Partners:</b> Connecting for Life Steering and Local Implementation Working Groups.		
<b>Purpose:</b> To monitor and report on implementation of the action plan to ensure effective and meaningful learning to influence future CfL activities and initiatives.		
<b>Planned Start date and duration:</b> Q1 2022 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> <ul style="list-style-type: none"><li>• Access to relevant data.</li><li>• Development of monitoring and the implementation of the framework.</li><li>• Collaboration with NOSP and National Suicide Research Foundation.</li></ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Monitor and review implementation of actions within the Action Plan so as to inform future activities under CfL.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	- Develop implementation and monitoring framework. -Ongoing review and monitoring of all actions and the implementation process.
	<b>Q3 2023</b>	Ongoing review and monitoring of all Actions and implementation process.
	<b>Q4 2023</b>	Complete annual review of implementation of action plan and disseminate findings and learnings.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Informed data available so as to advise and influence future CfL activities within CHO MLM.		



<b>National Objective 7.2: Improve access to timely and high quality data on suicide and self-harm.</b>		
<b>National Action 7.2.2: Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.</b>		
<b>Lead:</b> HSE MH		
<b>Key partners:</b> -		
<b>Local Action:</b> 7.2.2 (a) Collate all available information on suspected suicide deaths and suicidal behaviour, including for priority groups.		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> NOSP, Pieta SBLO and the National Suicide Research Foundation.		
<b>Purpose:</b> To ensure effective and meaningful learning from reviews of suspected suicide deaths within mental health services and the community and to better understand trends in suicide and suicidal behaviour in health service settings and in other settings and populations so as to inform future prevention efforts.		
<b>Planned Start date and duration:</b> Q2 2023 – Q4 2024.		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> Development of data collation and analysis systems.		
<b>Overarching Milestone 2023:</b>  Utilise quarterly and annual data collation and analysis systems for both CHO MLM and NOSP to assess new and emerging needs.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	Establish Working Group with a view to the collation of relevant data, develop templates, etc.
	<b>Q3 2023</b>	Commence collection of data for analysis in relation to emerging needs, priority groups, etc.
	<b>Q4 2023</b>	Review yearly data analysis with regard to planning for 2023 identified needs response.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> The provision of more effective and timely responses to new and emerging issues across the MLM CHO.		

<b>National Objective 7.2 Improve access to timely and high quality data on suicide and self-harm.</b>		
<b>National Action 7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.</b>		
<b>Lead:</b> HSE MH		
<b>Key partners:</b> -		
<b>Local Action:</b> 7.2.2 (b) Implement a real-time suicide and self-harm surveillance system in MLM CHO.		
<b>Lead:</b> HSE MH (ROSP), HSE MH.		
<b>Partners:</b> NOSP, SBLO, National Suicide Research Foundation.		
<b>Purpose:</b> To ensure that there is accurate, real time suicide data in MLM CHO by implementing a new real time surveillance system.		
<b>Planned Start date and duration:</b> Q3 2023 – Q4 2024		
<b>Location:</b> MLM CHO.		
<b>Inputs for 2023:</b> Availability of funding for implementation of surveillance system.		
<b>Overarching Milestone 2023:</b>  Business case submitted for provision of real-time suicide surveillance system.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	
	<b>Q3 2023</b>	Establish working group to assess need and prepare business case for funding of establishment of a real-time suicide surveillance system.
	<b>Q4 2023</b>	Progress funding source.
	<b>Overarching Milestone 2024:</b> To be determined.	
<b>Outputs by end of 2023:</b> Need for real-time suicide surveillance system established and business case submitted.		

<b>National Objective 7.4:</b> Develop a national research and evaluation plan that supports innovation and is aimed at early identification of suicide risk, assessment, intervention and prevention		
<b>National Action 7.4.4:</b> Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups		
<b>Lead:</b> NOSP		
<b>Key partners:</b> Third Level Institutions		
<b>Local Action 7.4.4:</b> Engage with NOSP and the ROSP Learning Community of Practice (LCOP) to ensure identification and replication of innovative and good practice approaches to suicide prevention in CHO MLM		
<b>Lead:</b> HSE MH (ROSP)		
<b>Partners:</b> HSE MH; NOSP; <i>CfL</i> Steering and Local Implementation Working Groups.		
<b>Purpose:</b> To ensure that innovative approaches to suicide prevention are shared with all those working in the area to achieve a population wide impact		
<b>Planned start date and duration:</b> Q1 2023-Q4 2024		
<b>Location:</b> MLM CHO		
<b>Inputs for 2023:</b>		
<ul style="list-style-type: none"> <li>• HSE MH (ROSP) participation in the LCOP.</li> <li>• HSE MH (ROSP) representation on relevant national working groups</li> <li>• Support from NOSP</li> </ul>		
<b>Milestones</b>		
<b>Overarching Milestone 2023:</b>  Increased capacity to implement innovative approaches to suicide prevention in MLM CHO.	<b>Q1 2023</b>	
	<b>Q2 2023</b>	-ROSPs participate in ROSP LCOP. -Represent MLM CHO on relevant local, regional and national working groups. -Develop and replicate innovative approaches to suicide prevention in MLM CHO
	<b>Q3 2023</b>	-ROSPs participate in ROSP LCOP. -Represent MLM CHO on relevant local, regional and national working groups. -Develop and replicate innovative approaches to suicide prevention in MLM CHO.
	<b>Q4 2023</b>	-Plan new approaches for 2023
		<b>Overarching Milestone 2024:</b> To be determined.
<b>Outputs by end of 2023:</b> Recommended approaches for increased innovation and good practice in suicide prevention in MLM CHO in place.		

## Section Eight: Appendices

### List of Appendices:

1. Glossary of Terms
2. Abbreviations
3. Other relevant national plans and strategies
4. Implementation Group Membership.
5. National CfL Actions not included in this plan

## Appendix 1. Glossary of Terms

**Borderline Personality Disorder (BPD):** BPD is best understood as a disorder of mood and interpersonal function (how a person interacts with others)

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

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

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

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

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

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

**Non-statutory/non-governmental organisations (NGO's) and community organisations:** Community, voluntary and non-statutory services, organisations and groups

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

**People/groups that are vulnerable to self-harm:** People/groups that are more susceptible than other people/groups to the possibility of self-harm

**People/groups vulnerable to suicide:** People/groups that experience more of the risk factors for suicide

**Postvention:** Postvention or responding to suicide refers to the response, or intervention, to support relatives, friends and communities after someone dies by suicide

**Reducing suicide/reducing self-harm:** Reducing suicide, or self-harm means lowering the number of deaths by suicide or the number of self-harm incidents

**Resilience:** Resilience is the ability to cope with adverse or challenging circumstances

**Risk and protective factors:** In general, risk factors increase the likelihood that suicidal behaviour will develop, whereas protective factors reduce this likelihood.

**Self-harm:** Self-harm describes the various methods by which people harm themselves. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all self-harm Service users: Persons who use the mental health services.

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

**Social Prescribing:** Social Prescribing refers to the process of accessing non-medical interventions; it is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing.

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

**Suicidal behaviour:** Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself.

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

**Suicide cluster:** A suicide cluster refers to a number of unexpected suicide or attempted suicides that occur closer together in space and time than one would normally expect in any given community.

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

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

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

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

## Appendix 2. Abbreviations

AMHS: Adult Mental Health Services

ASIST: Applied Suicide Intervention Skills Training

CAMHS: Child and Adolescent Mental Health Services

CAMS: Collaborative Assessment and Management of Suicidality

CBT: Cognitive Behavioural Therapy

CYPSC: Children and Young Person's Services Committee

DATFs: Drug and Alcohol Task Force

DBT: Dialectical Behavioural Therapy

DECLG: Department of the Environment, Community and Local Government

DES: Department of Education and Skills

DJE: Department of Justice and Equality

DOH HI: Department of Health Healthy Ireland

DSP: Department of Social Protection

ED: Emergency Department

ETB: Education and Training Board

FRC: Family resource Centre

GAA: Gaelic Athletic Association

GP: General Practitioners

HRB: Health Research Board

HSE H&W: Health Service Executive Health and Wellbeing

HSE MH (ROSP): Health Service Executive Mental Health Resource officer for Suicide Prevention

HSE MH: Health Service Executive Mental Health

HSE NOSP: Health Service Executive, National Office for Suicide Prevention

HSE PC: Health Service Executive Primary Care

HSE PMO: Health Service Executive Project Management Office

HSE: AMHMT: Area Mental Health Management Team

HSE: Health Service Executive

HUGG: Healing Untold Grief Groups

ICGP: Irish College of General Practitioners

LA: Local Authority

LCDC: Local Community Development Company

LECP: Local Economic and Community Plan

LGBTQI+: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex

NEPS: National Educational Psychological Service

NGO: Non-Governmental Organisation

NSRF: National Suicide Research Foundation

SBLO: Suicide Bereavement Liaison Officer

SICAP: Social Inclusion and Community Activation Programme

WITH: Wellbeing in the Home Programme

WRAP: Wellness Recovery Action Plan Programme



### Appendix 3. Other relevant national plans and strategies.

- Connecting for Life Implementation Plan 2020 – 2022  
<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/cfl-implementation-plan-dec-2020.pdf>
- Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025 (28) <https://www.drugsandalcohol.ie/27603/1/Reducing-Harm-Supporting-Recovery-2017-2025.pdf>
- The National Traveller and Roma Inclusion Strategy 2017-2021  
<http://justice.ie/en/JELR/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf/Files/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf>
- NOSP Suicide Prevention Education and Training Plan  
<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/education-and-training-plan-v3.pdf>
- Stronger Together: The HSE Mental Health Promotion Plan 2022-2027  
<https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/mental-health-and-wellbeing/hse-mental-health-promotion-plan.pdf>

#### Appendix 4. Connecting for Life Structure Membership:

CHO MLM HSE Senior Leadership Team	Chief Officer, Head of Finance, Head of Older Persons, Communications Manager, Head of Disabilities, Head of Mental Health, Head of Quality, Safety & Service Improvement, Head of Health & Wellbeing, Head of Primary Care, Business Managers x 2.
Regional Implementation Steering Group	General Manager, CHO 8 MLM Mental Health Services General Manager, CHO 8 MLM Primary Care Services General Manager, CHO 8 Health & Wellbeing Resource Officer for Suicide Prevention, Laois/Offaly Resource Officer for Suicide Prevention, Longford/Westmeath. Resource Officer for Suicide Prevention, Louth Meath.
Local Implementation Working Groups x Bi-County:	HSE GM (Chair), ROSP, HSE Care Group representatives, Local reps such as: TUSLA, An Garda Siochana, Local Authorities, Pieta, Partnership Companies, education sector, etc.

## Appendix 5. National Cfl Actions not included in this plan

### GOAL ONE

**National Goal 1: To improve the nation's understanding and attitude to suicidal behaviour, mental health and wellbeing.**

**National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors.**

National Action: 1.1.1 Measure how people currently understand suicidal behaviour, mental health and wellbeing and set targets for improved understanding.

Lead: NOSP

Key Partners: DOH

1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups.

Lead: HSE MH

Key Partners: NOSP, Non-statutory partners

1.4.1 Engage with online platforms to encourage best practice in reporting around suicidal behaviour, so as to encourage a safer online environment in this area.

Lead: DCENR

Key Partners: NOSP, Non-statutory partners

1.4.2 Broadcasting Authority of Ireland will apply and monitor its Code of Programme Standards including Principle 3 - Protection from Harm, which references self-harm and suicide, so as to ensure responsible coverage around these issues in the broadcast media.

Lead: DCENR

Key Partners: Broadcasting Authority of Ireland

1.4.3 The Press Council will amend its code of practice to include a principle on responsible reporting of suicide.

Lead: Press Council of Ireland

Key Partners: -

### GOAL TWO

**National Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.**

**National Objective 2.1 Improve the continuation of community level responses to suicide through planned multi-agency approaches.**

2.3.1 Develop a training plan for community based training (as part of the National Training Plan) building on the Review of Training completed by NOSP in 2014.

Lead: NOSP

Key Partners: Non-statutory partners

### GOAL THREE.

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

**National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.**

3.1.1 Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk of suicide or self-harm. See Appendix 8 for

<p>exact wording on this action by each government department and agency. Lead: DAFM, DOH, DJE, DSP, DCYA/TUSLA, DECLG, DOD, DTTAS Key Partners: IPS, Garda Siochana, NEWS, ISC, NOSP</p>
<p>3.1.4 Evaluate as appropriate targeted initiatives and or services for priority groups. Lead: NOSP Key Partners: -</p>
<p>3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education. Lead: DES Key Partners: TUSLA, HSE H&amp;W, NOSP</p>
<p>3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and for the management of critical incidents. Lead: DES Key Partners: TUSLA, HSE H&amp;W, NOSP</p>
<p>3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying. Lead: DES Key Partners: HSE H&amp;W, NOSP</p>
<p>3.3.5 Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle; and encourage schools to deliver an SPHE programme (including RSE and mental health awareness) at Senior Cycle. Lead: DES Key Partners: HSE H&amp;W, DCYA/TUSLA, DOH HI</p>
<p>3.3.7 Deliver early intervention and psychological support service for young people at secondary care level; including CAMHS. Lead: HSE MH Key Partners: -</p>

## GOAL FOUR

<p><b>National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.</b></p>
<p><b>National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.</b></p>
<p>4.1.3 Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under Probation services in the community. The Irish prison service and the HSE National Forensic Mental Health Service will complete an agreed memorandum of understanding on improved links through the NFMHS Prison In-Reach Service and the Probation service will engage with the HSE on maintaining and developing access to community psychiatric service. Lead: DJE Key Partners: IPS, Probation Service, HSE MH</p>
<p>4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments. Lead: HSE MH Key Partners: HSE Acute Hospitals</p>
<p>4.3.2 Commission and evaluate bereavement support services. Lead: NOSP Key Partners: HSE PC, CHOs</p>

## GOAL FIVE

<b>National Goal 5: To ensure safe and high quality services for people vulnerable to suicidal behaviour.</b>
<b>National Objective 5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.</b>
<p>National Action: 5.1.1 Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure.</p> <p>Lead: NOSP</p> <p>Key Partners: Non-statutory partners</p>
<p>5.1.2 Continue to promote a whole-school approach to student guidance/ counselling within each post-primary school.</p> <p>Lead: DES</p> <p>Key Partners: TUSLA, HSE H&amp;W, NOSP</p>
<p>5.1.4. Conduct a statutory consultation process and (in the context of wider policy development on the regulation of health &amp; social care professionals) decide on the feasibility of designating by regulation the profession(s) of counsellor and psychotherapist.</p> <p>Lead: DOH</p> <p>Key Partners: -</p>
<p>5.1.5 Disseminate information on effective suicide prevention responses through the development and promotion of repositories of evidence-based tools, resources, guidelines and protocols.</p> <p>Lead: NOSP, DJE</p> <p>Key Partners: -</p>
<p>5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services.</p> <p>Lead: HSE MH</p> <p>Key Partners: HSE PC, Acute Hospitals</p>
<p>5.2.2 Strengthen the data systems to report and learn from investigations and reviews on child protection and deaths of children in care in order to review the profile of need and requisite service response to vulnerable young people who are in the care of the state or known to TUSLA.</p> <p>Lead: DCYA/TUSLA</p> <p>Key Partners: -</p>
<p>5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those known to the mental health service) and develop responsive practice models.</p> <p>Lead: HSE MH</p> <p>Key Partners: -</p>
<p>5.3.1 Through the Death in Custody/Suicide Prevention Group in each prison, identify lessons learned, oversee the implementation of the corrective action plan, and carry out periodic audits.</p> <p>Lead: DJE</p> <p>Key Partners: Chaired by Senior Governor in each prison.</p>
<p>National Action: 5.3.2 Ensure compliance with the relevant policies through regular audit and implementation of audit recommendations.</p> <p>Lead: DJE</p> <p>Key Partners: IPS</p>
<p>5.3.3 Implement the IPS Prisoner Release Policy, to ensure care, treatment and information is provided, including identifying the appropriate mental health services in each area for those leaving prison. This will include appropriate links with the community mental health services.</p> <p>Lead: DJE</p> <p>Key Partners: HSE MH, HSE PC</p>

5.4.3 Support professional regulatory bodies to develop and deliver accredited competency based education on suicide prevention to health professionals. Lead: DOH Key Partners: A range of professional bodies
National Action 5.4.4 Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions. Lead: Academic Oversight Structures Key Partners: -
National Action 5.4.5 Support the National Clinical Effectiveness Agenda and implement national clinical guidelines in line with NCEC requirements. Lead: DOH Key Partners: HSE MH, NOSP

## GOAL SIX

<b>National Goal 6: To reduce and restrict access to means of suicidal behaviour.</b>
<b>National Objective 6.1 Reduce access to frequently used drugs for intentional drug overdose.</b>
National Action 6.1.1 Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs. Lead: DOH Key partners: -
6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems. Lead: DOH Key partners: -
6.2.3 Ensure that access to ligature points in cells is minimised and that this issue is given ongoing attention, particularly in the planning of all new prisons. Lead: DJE Key partners: IPS

## GOAL SEVEN.

<b>National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.</b>
<b>National Objective 7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life.</b>
7.2.1 Develop capacity for observation and information gathering on those at risk or vulnerable to suicide and self-harm, this includes children/young people in the child welfare/protection sector and places of detention, including prisons. Lead: DJE, DCYA/TUSLA Key partners: IPS, Coroners' Offices (in context of the recording of deaths), CSO, NSRF
National Action 7.2.3 Collect, analyse and disseminate high quality data on suicide and self-harm and ensure adequate access to, and understanding of the data among those working in suicide prevention across all sectors. Lead: NOSP Key partners: DOH, NSRF, DJE/IPS, DCYA/TUSLA
7.3.1 The Justice and Health sectors will engage with the Coroners, Garda Síochána, NOSP, CSO and research bodies in relation to deaths in custody, and recording of deaths by suicide and open verdicts, to further refine the basis of suicide statistics. Lead: DJE

Key partners: DOH, NOSP, Coroners' Offices, Garda Siochana, CSO, Research Bodies
<p>7.4.1 Support research on risk and protective factors for suicidal behaviour in groups with an increased risk (or potential increased risk) of suicide behaviour (see Strategic Goal 3)</p> <p>Lead: NOSP</p> <p>Key partners: DOH</p>
<p>7.4.2 Support the co-ordination and streamlining of research completed by third-level institutions.</p> <p>Lead: HEA</p> <p>Key partners: NOSP</p>
<p>7.4.3 Develop working partnerships with centres of expertise to support evaluation and research, knowledge transfer and implementation support between researchers, policy makers and service providers.</p> <p>Lead: NOSP</p> <p>Key partners: -</p>
<p>7.4.4. Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups.</p> <p>Lead: NOSP</p> <p>Key partners: Third Level Institutions</p>

## Appendix 6. Population Age Profiles:

Population Age Profile Projections 2022 – 2024 for MLM CHO (Source CSO: Census 2016).

Age Group	Population 2022	Population 2023	Population 2024	% change 2022 - 2024
85+	9,852	10,278	10,752	9.14
80-84	11,131	11,838	12,572	12.94
75-79	18,556	19,511	20,441	10.16
70-74	24,568	25,277	25,845	5.2
65-69	29,676	30,308	31,162	5.01
60-64	34,536	35,555	36,712	6.3
55-59	40,197	41,349	42,227	5.05
50-54	45,938	47,079	48,154	4.82
45-49	49,568	50,104	50,851	2.59
40-44	53,667	54,108	53,931	.49
35-39	47,346	45,878	44,806	-5.36
30-34	39,519	40,186	41,317	4.55
25-29	39,464	42,182	44,587	12.98
20-24	44,373	45,449	46,670	5.18
15-19	48,437	50,070	51,622	6.58
10-14	54,917	54,617	53,930	-1.8
5-9	48,296	47,324	46,436	-3.85
0-4	42,824	42,612	42,524	-0.7
<b>Total</b>	<b>682,865</b>	<b>693,725</b>	<b>704,539</b>	<b>3.17</b>

### Census populations and inter-censal change by county, MLM CHO and Ireland, 2016 and 2022

(Preliminary Census Data for 2022)

Name Population	2016 Population	2022 Population	Actual Change	% change
County Louth	128,884	139,100	10,216	7.9
County Meath	195,044	220,296	25,252	12.9
County Laois	84,697	91,657	6,960	8.2
County Longford	40,873	46,634	5,761	14.1
County Offaly	77,961	82,668	4,707	6.0
County Westmeath	88,770	95,840	7,070	8.0
total*	616,229	676,195	59,966	9.7
Midlands Louth Meath CHO (8)*	619,281	679,195	59,914	9.7
Ireland	4,761,865	5,123,536	361,671	7.6

\*Midlands Louth CHO does not match exactly with the six counties so some figure may differ. Source: CSO

There is a projected population decrease in the younger age groups (0-4, 5-9 and 10-14yrs). The age groups with the greatest project growth are 25-29, 75-79, 80-84 and 85+yrs. This shows that the MLM CHO population is ageing overall.