Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Connecting for Life

National Office for Suicide Prevention
Implementing Reach Out - Internal Assessment

Learning to inform the new national strategy for suicide prevention

January 2014

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Preface

This document presents the National Office for Suicide Prevention's (NOSP) internal assessment of progress and learning under Reach Out. It was carried out to inform the new national strategy for suicide prevention, to ensure that the lessons learned by NOSP in implementing the previous strategy could be considered in formulating the new strategy.

Reach Out covered the years from 2005 through to 2014. This assessment was carried out in the final year of that time period. I took up my position as Director of NOSP during 2013, when much of the progress had been achieved. While I was responsible for leading this assessment, credit for many of the achievements listed is due to former and current NOSP staff together with partner agencies, all of whom worked tirelessly during the previous years towards reaching the Reach Out vision. That vision was of a society that values all members, understands mental illness and supports those who are going through difficult times in an effective and caring way. Although there is significant work to be completed, it is clear that the Ireland of 2014 has moved closer to that vision than the Ireland of 2005.

The recommendations in this assessment are based on the learning from implementation. They should help in the formulation of the new strategy to bring us closer to achievement of that original vision and to the ultimate goal then and now - which is a reduction in the numbers of people engaging in suicidal behaviour.

Finally, I would like to extend my sincere thanks to all involved in conducting this assessment of *Reach Out*.

Gerry Raleigh
Director
National Office for Suicide Prevention

I Internal Assessment of Implementing Reach Out

The National Office for Suicide Prevention (NOSP), as the agency charged with the implementation of Reach Out, reports annually through its annual general report and carries out ongoing internal assessment of the progress of Reach Out actions and initiatives. NOSP reviewed this progress in advance of the planning process for the new national strategy for suicide prevention.

NOSP's review of progress is one contribution to the development of the forthcoming strategy. It is intended to complement a number of other elements of the strategy development process.

The Strategic Planning Oversight Group, charged with the development of the strategy, and the Expert Advisory Groups (sub-groups) will commission external research, consider clinical practice, commission a review of national and international policy, produce an epidemiology of suicide in Ireland over the course of Reach Out, review training and consult widely and engage with a broad range of internal and external stakeholders. The membership of the Strategic Planning Oversight Group and the advisory groups is as follows:

3Ts
Alcohol Action Ireland
Aware
Belong To
Bodywhys
Carer Engagement Representative
Console
Cycle Against Suicide
Department of Children & Youth Affairs
Department of Education and Skills
Department of Health
Gaelic Athletic Association (GAA)
GENIO
GLEN
Headstrong
HRB
HSE Clinical Programmes
HSE Communications Department
HSE Health & Well Being
HSE Mental Health Division (Psychiatry and Psychology)
HSE Nursing Midwifery Planning and Development Units
HSE Primary Care
HSE Public Health
HSE Quality and Patient Safety
HSE Resource Officers for Suicide Prevention
HSE Social Inclusion
Institute of Public Health
Irish Association of Suicidology
Irish College of General Practitioners (ICGP)
Irish College of Psychiatry
Irish Society for the Prevention of Cruelty to Children (ISPCC)
Living Links
Men's Health Research Group IT Carlow
Mental Health Commission
Mental Health Ireland
Mental Health Reform
MOJO / South County Dublin Partnership
National Suicide Research Foundation (NSRF)
Pieta House
Psychiatric Nurses Association
Queen's University, Belfast
ReachOut.com
Rehab Group
Samaritans
See Change
SpunOut .ie
Suicide or Survive
The Family Centre, Castlebar

II Background

Reach Out (2005 to 2014) was the first Irish national strategy for suicide prevention and represented a coordinated, strategic response to suicide. It adopts a broad approach, necessitating a multi-agency strategy. It did not set targets for the reduction of incidence of suicide. This broad based approach was consistent with research, WHO guidelines and other national strategies at the time of its development. In total, there were 96 actions in Reach Out, many of which were major

undertakings in their own right, involving major research projects or entire subsidiary strategies. These actions fell within the remits of over 80 named agencies and departments. This does not include the large numbers of organisations funded by NOSP to deliver many of the actions. A total of 34 organisations (mainly voluntary organisations), were funded by NOSP in 2013 alone. Note: a range of local organisations were also funded under the NOSP Community Fund.

- Alcohol Action
- BelongTo
- Community Creations Limited
- Console
- Curam Clainne
- Cycle against Suicide
- DBT / Endeavour Project
- Dodder Valley - Mojo Project
- Donegal Health Promotion
- Exchange House / Tribli
- GAA
- GLEN
- GROW / HSE Midlands
- HeadsUp (Rehabcare)
- Health Promotion Sligo
- HSE Funded Progs / NOSP Comm Fund (various)
- Inspire Ireland
- Institute of Technology Carlow
- Irish Association of Suicidology (IAS)
- Irish College of General Practitioners
- Irish Men's Sheds
- ISPCC (Childline)
- Men's Development Network
- MyMind
- National Suicide Research Foundation
- National Youth Council of Ireland
- Pieta House
- Samaritans
- Shine / Headline
- Suicide or Survive (SOS)
- Teenline
- Turn2Me
- Westport FRC
- Young Social Innovators (YSI)

Reach Out recognised the necessity of targeting those at increased risk and those using the health services but also indicated the need to "focus prevention efforts beyond traditional health service settings". The strategy included a clear, phased implementation plan and named deliverables; it did not have an overall evaluation framework setting out outcomes or a plan for implementation. This was not unusual for plans at that time.

NOSP was established in 2005 to drive and co-ordinate the implementation of Reach Out. The objectives of NOSP are part of the HSE Mental Health Division Service Plan. The present emphasis in NOSP is on funding, partnering, co-ordinating, leading, advising and supporting activities and agencies operating in the field of suicide prevention.

In the years since Reach Out was developed, the suicide prevention operating environment has changed: The organisation of the HSE has changed, new agencies have emerged and NOSP has increased in size.

Furthermore, Irish society has changed significantly. The major changes include unemployment and financial debt arising from the economic recession, the bringing to public light of historic institutional abuse cases and the introduction and rapid spread of social media. These changes are not reflected in the actions set out in Reach Out; however, they resulted in the need for additional actions to be included, for example a focus on unemployed men and work with the Department of Social Protection.

III Summary of Achievements

Demonstrable progress has been made in relation to all the aims of Reach Out. Substantial progress has been made in many of the actions, many actions have been completed and all actions have seen some activity. Of particular note are:

(a) Supporting individuals, families and communities

- ***Increased support for local and national groups and organisations*** to respond at all levels: prevention, intervention and postvention. The funding for this stream of activity has been increased from €2,923,793 in 2011 to €5,871,021 in 2013.
- ***Expansion of telephone crisis and support lines*** and active listening services, including immediate response for callers in distress, enhanced technical capacity of the telephone lines to provide constant monitoring, and enhanced signposting to the most appropriate services.
- ***A range of counselling services*** including crisis, bereavement and online counselling and other supports provided by statutory and non-statutory organisations.
- ***Development of a range of web-based information*** and support, including YourMentalHealth.ie and online platforms for young people.
- ***Increased targeting of groups potentially at higher risk*** of suicide, often in collaboration with the communities involved, including LGBT groups, Travellers and those impacted by the economic crisis.
- ***A wide range of regional initiatives and services*** established, piloted and developed by the SPROs and regional groups.

(b) Improved service delivery

- ***Wide availability and uptake of suicide-prevention training***, including more than 30,000 people trained in ASIST and 20,000 trained in SafeTALK in communities across Ireland, co-ordinated by the Suicide Prevention Resource Officers (SPROs).
- ***Innovative practices introduced,*** including SCAN (Suicide Crisis Assessment Nursing service), a mental health fast track assessment initiative delivered in partnership with GPs; National Dialectical Behavioural Therapy Programme (DBT); and Cognitive Behaviour Therapy programmes (CBT).
- ***Increased guidance and standardisation of approach for service delivery***, through development and dissemination of guidelines and protocols to communities and families, schools, sports clubs and workplaces, among others.

(c) Building evidence and monitoring suicidal behaviour

- ***Improved knowledge and evidence base*** relating to suicide risk and prevention and deliberate self-harm. The learning from the range of research and the data systems in the national research programme impacts on policy and services, for example, research on supports for families and communities bereaved through suicide.
- ***The National Registry of Deliberate Self-Harm*** population monitoring for hospital treated self-harm, is well established and recognised, monitoring trends and contributing to research, policy and practice through regular reports from the registry.
- ***Maintained strong links with international research organisations***

(d) Improving awareness and understanding

- ***Increased awareness-raising*** through media campaigns and social media, encouraging a new social dialogue about mental health and suicide, contributing to changing attitudes and behaviour, and reducing stigma. Examples include: "Let Someone Know", "PleaseTALK" and the pending "LittleThings" campaign.
- ***Improved reporting of suicide in the media***, updating of media guidelines and working with partner organisations to ensure that the media portrays suicide in a responsible and accurate way.

Support for suicide prevention and the work carried out by NOSP has increased over the years of the strategy, as demonstrated through significant increase in the financial investment in the office over recent years. This has resulted in an increased staffing level and increase in the rate of delivery of 'Reach Out' actions.

The advisory role of the NOSP has also developed to support new clinical developments, e.g. SCAN, CBT and the development of *National Guidelines for the Assessment and Management of Patients Presenting to Irish Emergency Departments following self-harm*. This evolution of NOSP's role has improved planning and integration of suicide prevention services and supports.

IV Learning from the Implementation of Reach Out

Learning from the implementation of Reach Out relevant to the development of the new strategy is presented according to the headings below:

1. Governance Structures
2. Planning and Implementing in a Multi-Agency Environment
3. Administrative Location
4. Information Systems and Evaluation Framework
5. Identification of Related Policies and Definition of Parameters
6. Regional Structures, Plans and Posts
7. Research
8. Services and Care Pathways for Suicide Prevention
9. Guidelines and Materials
10. Pilots and Integration
11. Communications and Campaigns

12. Training
13. Increased Stakeholder Engagement
14. Funding and Resources

1. Governance Structures

Reach Out was a very broad-based, all-encompassing strategy. It required a wide range of Government departments and national and local agencies to deliver a range of changes, plans, reviews and services.

If the multi-agency approach remains, the experience of NOSP in delivering Reach Out indicates that a high-level oversight structure would support and facilitate delivery. The oversight for the new strategy for suicide prevention could involve the following:

- A high-level group on suicide prevention
- An interdepartmental group on suicide prevention, and/or
- Governmental oversight through a cabinet committee.

Recommendation

- Establish a high-level governance structure to provide oversight for the new strategy.

2. Planning and Implementing in a Multi-Agency Environment

NOSP have engaged with all sectors and have worked with the vast majority of partners named in the document to support the delivery of Reach Out. The experience of delivering Reach Out indicates that cross-departmental or agency structures and more formalised agreements with agencies are required for the implementation of the new strategy.

These structures would perform a different and separate function to the oversight role (above).

If the new strategy for suicide prevention continues to indicate a strong multi-agency approach, then NOSP will also needs to rebalance its role more towards leading, co-ordinating, informing and evidence provision, tracking and monitoring. This role will require adequate resourcing, competencies and systems, along with the authority necessary to influence, support, report on and lead a wide range of initiatives.

NOSP could provide executive support to the planning and implementation structures. This would include briefing on research and evidence. While key agencies would provide updates relating to their areas of responsibility within the new strategy, NOSP would have responsibility for the more holistic tracking, monitoring and recalibration of the strategy. This would be undertaken through an evaluation framework developed in parallel with the new strategy (see 3 below).

Supportive partnerships working towards suicide prevention have increased significantly across the HSE and this will need to continue. This includes areas such as clinical governance, finance, HR, research and communication. NOSP is increasingly well placed within the Mental Health Division to deliver on its future role. However, the HSE could further formalise internal collaboration for strategy delivery.

In this regard the following were identified for collaborative planning in the development of the new strategy:

- Primary Care and Mental Health Divisions on actions relating to: mental health and suicide prevention within primary care, development of services for school aged children/young people, fast track referrals to secondary mental health services and development of the ICGP training programme.
- Mental Health Division on actions relating to: common standard pre-discharge protocols, a uniform level of service for school aged children/young people, the delivery of Community Mental Health Teams, suicide prevention training at different levels for staff.
- Mental Health Division in the development of services for DSH, SCAN, CBT and aligning tracking and monitoring systems.
- Health and Wellbeing Division, on the broad availability of mental health promotion and particularly in cross-cutting work with: Schools/Youthreach, youth, sports organisations and those impacted by the economic environment.
- Addiction Services, to continue to strengthen the integrated approach to substance misuse, mental health and suicide prevention through: assessments, treatment models, referral pathways and training. To continue to take account of the actions in the National Substance Misuse Strategy.
- National Clinical Care Programmes, including the programme for self-harm in accident and emergency.
- Social Inclusion, including target groups and brief interventions.

Recommendations

- Formalise structures and mechanisms for planning and delivery with all bodies with responsibility for delivering the new strategy: HSE divisions, departments, agencies and community and voluntary organisations.
- Co-ordinate and link with overlapping and intersecting HSE strategies, including the National Substance Misuse Strategy.
- Recalibrate the role of NOSP in line with the requirements for the new strategy.
- Strengthen collaboration with the some HSE areas including: Social Inclusion and Addiction Services.

3. Administrative Location

Where NOSP is situated is not primarily an issue for this assessment or the planning processes; however, the experience of NOSP to date is that to a large extent its positioning within Mental Health has been positive for delivering Reach Out. International research evidence demonstrates a very substantial relationship between mental health issues and suicide prevention. Suicide prevention also requires NOSP to have a role in intervention and postvention; being placed within the Mental Health Division supports these elements of the role and ensures that the work of the mental health services and suicide prevention work are appropriately aligned.

However, given the broad areas of policy and practice and the number of agencies and departments involved in suicide prevention (see 1. and 2. above) and NOSP's position as an office within the Mental Health Division in the HSE, a case could also be made for clarifying NOSP's remit both within the HSE and with other agencies or for establishing NOSP with a more independent structure.

Recommendations

- Some consideration should be given to the appropriate executive structure on completion of the new strategy.

4. Information Systems and Evaluation Framework

The international evidence is clear that it is very difficult to reach firm conclusions about what works in suicide prevention. There are a wide range of variables at work and how they interact with each other is not well understood. This makes it particularly important to gather and analyse the evidence available in relation to what works through the Irish initiatives.

A broad-based, multi-agency approach makes it more challenging to track changes, measure and gather evidence. Therefore there is scope to improve the information systems and develop a central, integrated information management system for the new strategy.

Reach Out did not have an emphasis on outcomes or a comprehensive evaluation framework and this made it more difficult to compile evidence for the effectiveness of different strands of the strategy. Information systems, evidence and evaluation should be strengthened at the next stage.

Recommendations

- Ensure that the new strategy includes a comprehensive evaluation framework, with an emphasis on outcomes and indicators, that can support evaluation of initiatives and strands within the new strategy.
- Ensure data relating to the activities, e.g. counselling, telephone support, training, websites (which are delivered across a range of agencies) are collated to support the evaluation of the new strategy.
- Make a digest of evaluations (particularly of NOSP supported initiatives) available.
- Implement information systems appropriate for NOSPs role.

5. Identification of Related Policies and Definition of Parameters

A broad range of policies impact on suicide prevention; it would be beneficial if the new strategy identified the key policy areas and included specific objectives relating to informing, co-ordinating and leading these policies.

Reach Out set very broad parameters in terms of what was to be included under suicide prevention work. While there was a clear logic for this, there was also potential for stretching of resources and dissipation of effort. The experience from implementing Reach Out, the available evidence and the resources available will need to be considered in establishing the parameters for the new strategy. This will require defining more closely the relationship between population based/universal approaches, including mental health promotion, and more focussed suicide prevention initiatives. In this context, it will be a priority to ensure that the new strategy supports those most likely to encounter suicidal behaviour so that they are enabled to respond more effectively.

Co-ordinating and linking with other strategies that have overlapping or intersecting aims and goals, such as Healthy Ireland and a Vision for Change, will clearly be important.

Recommendations

- Review the key policy areas for suicide prevention.
- Clearly delineate NOSP's role in relation to policy development.
- Define more clearly and establish the parameters and relationship between population-based/universal approaches, including mental health awareness, and more focussed suicide prevention initiatives.

6. Regional Structures, Plans and Posts

Regional structures and delivery have been cited in other countries as key to the delivery of a suicide prevention strategy, for example in Scotland. Reach Out did not set out a regional structure or the need for regional plans. Therefore there are different approaches to planning and a number of different regional structures around the country.

Reach Out stated that the Suicide Prevention Resource Officers (SPROs) *"will be key to local and regional implementation"* and that their work would be guided by the national office. Although it noted a movement towards standardised service provision and specified some tasks for the SPROs, the role definition was not comprehensive.

There are ten SPROs across the country. They have been appointed over time (many prior to Reach Out) and due to the HSE staffing embargo, vacancies were not replaced and staffing gaps were not filled. It is expected that by early 2014 six SPROs will be within the Mental Health Division and four will be within the Health and Wellbeing Division. Further SPRO posts are expected in 2014.

An internal survey of roles carried out in August 2013 demonstrated considerable variance in strategic alignment, responsibilities, grading (V up to grade VIII), reporting alignment and geographical positioning across all ten roles. While all SPRO roles include mental health promotion, for some it is an extensive part of their remit. SPROs are not evenly spread across the country and geographic areas of responsibility do not fully align with HSE regions.

SPROs have worked closely with NOSP on a range of projects and are recognised by NOSP as critically important to delivering suicide prevention and mental health initiatives at regional level.

If regional implementation is an integral part of the new strategy, then a number of issues will need to be addressed:

- The development of regional plans, guided by the new strategy, based on a common template, with objectives built into HSE regional service plans.
- Consideration of regional structures, noting the local government and other structures in place and the lack of alignment between organisations structure, and the SPRO posts, with the potential for further alignment with the new strategy.

Consideration could be given to placing SPROs within the Mental Health Division, aligning them with NOSP and ensuring consistent delivery of the new strategy across the country. This would also enable SPROs to work within Mental Health teams, which would allow them to access intervention and postvention services. This would mean that they would be well placed to activate a speedy response to critical incidence, ensure clinical oversight, develop and support services and test models.

Recommendations

- Plan the regional approach to the implementation of the new strategy including, regional plans, staffing, structures and monitoring framework.
- Consider reporting relationships through the Mental Health Division and inclusion of staff in the Mental Health management teams.
- Assign further posts where there are geographical gaps and to take a more standardised approach in aligning areas of responsibility with HSE regions.

7. Research

Reach Out was based on the international and national research evidence relating to suicide prevention available prior to 2005. It will be important that the shifts in international evidence and practice are identified and shared with all stakeholders as part of the development of the new strategy. This includes potential new target groups such as homeless people and asylum seekers and changes in methods and means of self-harm and suicide. This will help to inform best use of resources and to establish consensus among stakeholders at the planning and implementation stages.

There is evidence that research is informing practice. For example, the self-harm specialist nurses in hospital emergency departments, the implementation of cognitive and dialectical behaviour therapy and the working group to reduce the availability of benzodiazepines. Strong links are maintained with international research organisations in the field.

NOSP has resourced and supported a range of research under Reach Out. Much of this research has been carried out by the NSRF - the primary research organisation working with NOSP. The current NSRF research plan runs until the end of 2014. A new research plan to direct all research will be required for the new strategy. This plan could also consider information systems, dissemination of research and evidence and the governance structure for the research commissioned under the new strategy. An underlying issue for all research will be the reliability, timeliness and consistency of data relating to suicides. The new strategy will need to continue to address this issue.

Recommendations

- Commission a review of relevant research for the new strategy.
- Review the population groups (e.g. socially excluded) and target groups (e.g. asylum seekers, homeless people) for the new strategy.
- Consider the adaptation of the SSIS for wider scale application.
- Continue to support and make use of the learning from the National Registry of Deliberate Self Harm.
- Establish the significance of different suicide methods and sites.
- Formulate a comprehensive research strategy, including a dissemination strategy and governance structure, as part of the new strategy.

8. Services and Care Pathways for Suicide Prevention

As suicide prevention and intervention is within the remit of many departments and provided through a range of HSE Divisions and statutory and voluntary organisations, it is particularly important to (a) agree common standards and (b) scope out the role of the organisations and divisions involved and explore how together they can provide more consistent services and

integrated care pathways across the country (see 2 above – Planning and Implementing in a Multi-Agency Environment). Providing pathways will require an analysis of the service gaps and a more even spread of services and supports. Care pathways also have implications for directing the work of voluntary organisations, for example, through commissioning and for the allocation of funding.

Recommendations

- Scope out the roles of the sectors and organisations, map current provision and inform the development of consistent and integrated service pathways across the country.
- Implement the National Clinical Care Programme for self-harm in emergency departments.
- Ensure the funding strategy supports coherent and cohesive service pathways.
- Specifically consider how suicide prevention is included in care pathways in the addiction services.
- Develop service standards and accreditation and evaluate their implementation.
- To embed actions under HSE service plans as relevant.

9. Guidelines and Materials

NOSP and partner agencies have produced a wide range of guidelines and materials. The guidelines include: *A National Code of Practice for Family Resource Centres, Suicide in the Community – A Practical Guide*, *Deliberate Self Harm in Young People*, *People Living with a Suicidal Person, Well Being in Post Primary Schools: Guidelines for Mental Health Promotion and Suicide Prevention, Workplace Guidelines, The National Quality Standards for Responding to Suicides and Suicide Clusters.* There is further scope for making the guidelines and materials more easily available through a central point of access. This work is underway as part of the brief for the new website and should be prioritised with the new strategy.

Recommendations

- Ensure guidelines and materials are disseminated and available.

10. Pilots and Integration

Reach Out has resulted in a number of national and local pilot initiatives. Many are establishing innovative methods and are exemplars of best practice: SCAN, National Dialectical Behavioural Therapy Programme, Suicide Support and Information System. However, there are challenges to sustainability, scaling up and integration. Therefore, there is further scope for systematically evaluating pilots (and planning based on the outcome) but also for considering their potential for scaling up and integration before they are initiated.

Given the scale of the work undertaken in Reach Out and the number of partner organisations, there is also further scope for building suicide prevention into other services and plans. This includes, training (for example ASIST and SafeTalk), management of protocols along with clinical management. In this way, for example, agencies would take responsibility for suicide prevention training, but through NOSP-approved programmes.

Recommendations

- Establish clear pathways for accessing and scaling up successful pilots.

- Devolve self-sustaining suicide prevention activities into other HSE Divisions and agencies.
- Facilitate this process by the development and provision of a range of resources (such as critical incidence procedures), policies, guidelines and training.

11. Communications and Campaigns

There have been a range of suicide prevention and mental health awareness campaigns under Reach Out. A Communications Advisory Group was established prior to the planning process for the new strategy to develop a new communication strategy for 2014, focused on suicide prevention and developing existing social marketing campaigns. The new communications strategy builds on the experience of delivering awareness campaigns and includes information, a media and social marketing awareness campaign and media monitoring. It also delivers web-based information on services, i.e. signposting to services across the country, which is key to finalising the delivery of many of the actions in Reach Out. Therefore it is important to prioritise this strategy and integrate the work of the Communications Advisory Group into the new strategy.

Recommendation

- Integrate the Communications Strategy, including the information portal, signposting to services and media monitoring, into the new strategy.

12. Training

Reach Out stipulated the development of a national training programme as a priority action. A very wide range of programmes are available. These programmes include standardised training programmes (ASIST and SafeTALK), which are available in all HSE regions and are mainly organised by the SPROs and funded by NOSP. Although there are targeted programmes (e.g. ICGP e-learning modules on suicide prevention), the majority of programmes are very broad based and aimed at the general population or key people working in the community. Given the range and scale of the programmes, the high number of participants (20,000 people have been trained in safeTALK and 30,000 have been trained in ASIST alone) and the resources invested in training, NOSP intends to commission a separate training review to inform the new strategy. A thorough analysis of the training available and the different levels of training need would support a more focussed strategy for training within the new strategy.

Recommendations

- Integrate the outcomes from the training needs analysis and a focussed training strategy into the new Framework.
- Ensure an emphasis on staff and stakeholders most in contact with those at increased risk.

13. Increased Stakeholder Engagement

NOSP partnered, supported and/or funded the vast majority of agencies working with minority or target groups identified in Reach Out. However, there could be a renewed or an increased focus on some areas, for example, sexual and domestic violence and the broadening number of faith communities, asylum seekers and homeless people.

Recommendations

- Expand engagement with the faith communities, agencies addressing sexual and domestic violence, homelessness organisations, asylum seekers and agencies working with disadvantaged communities.
- Include engagement and networking strategies as part of the new strategy.

14. Funding and Resources

As with many new structures, it took some time for NOSP to get fully established. Budget and staffing numbers increased over recent years and this has facilitated the implementation of Reach Out. The staffing complement in NOSP increased from 3.5 in 2010 to 4.5 in 2012 and 6 by 2013.

The national economic crisis occurred over the course of Reach Out and the funding environment changed radically. Government spending reductions impacted on the resourcing of statutory and voluntary agencies relevant to the delivery of Reach Out.

NOSP funds a wide range of organisations to deliver projects aligned with Reach Out. The funding is managed through SLAs between NOSP and the relevant NGOs. This funding has increased year on year. In 2013, a total of €5,871,021 was allocated by NOSP to 34 projects. Of the €5, 871, 021, almost one fifth (€1,098,000 (18.7%)) was related to research projects.

The new Framework will need to take account of the impact of spending reductions on the agencies involved. The financial reporting systems will need to continue to be developed in line with the growth in the budget and to take account of the complexity of the work involved.

Recommendations

- Build adequate resourcing, including staffing and financial resources, into the new strategy.
- Take account of the multi-agency and cross-departmental nature of the work in the resourcing of NOSP.
- Continue to develop finance systems in line with the NOSP budget.

V. Recommendations from the Implementation of Reach Out

Area	Recommendations from the Implementation of Reach Out
1. Governance Structures	• Establish an inter-departmental or inter-agency governance structure with responsibility for oversight of the new strategy. • Establish an advisory group under the new strategy, similar to Reach Out.
2. Planning and Implementing in a Multi-Agency Environment	• Formalise mechanisms for planning and reporting with all bodies with responsibility for delivering the new strategy: HSE divisions, departments, agencies and community and voluntary organisations. • Co-ordinate and link with overlapping and intersecting HSE strategies, including the National Substance Misuse Strategy. • Strengthen collaboration with the some HSE areas including Social Inclusion and Addiction Services. • The national office will require adequate resourcing, competencies, systems, along with the authority necessary to influence, report on and lead a wide range of other agencies.
3. Administrative Location	• Some consideration should be given to the appropriate executive structure on completion of the new strategy.
4. Information Systems and Evaluation Framework	• Ensure that the new strategy includes a comprehensive evaluation framework, with an emphasis on outcomes and indicators that can support the evaluation of initiatives and strands within the new strategy. • Ensure statistics relating to the activities, e.g. counselling, telephone support, training, websites (which are delivered across a range of agencies), are collated to support the evaluation of the new strategy. • Make a digest of evaluations (particularly of NOSP supported initiatives) available. • Implement information systems appropriate for NOSP's role.
5. Identification of Related Policies and Definition of Parameters	• Review relevant policy and clearly delineate NOSP's policy role in co-ordinating and leading on a 'whole government approach'. • Define more clearly and establish the parameters and relationship between population-based/universal approaches, including mental health awareness and more focussed suicide prevention initiatives.

Area	Recommendations from the Implementation of Reach Out
6. Regional Structures, Plans and Posts	• Plan the regional approach to the implementation of the new strategy including regional plans, staffing, structures, monitoring framework. • Consider reporting relationships through the Mental Health Division and inclusion of staff in the Mental Health management teams. • Assign further posts where there are geographical gaps and take a more standardised approach in aligning areas of responsibility with HSE regional areas.
7. Research	• Commission a review of relevant research for the new strategy. • Review the population groups (e.g. socially excluded) and target groups (e.g. asylum seekers, homeless people) for the new strategy. • Consider the adaptation of the SSIS for wider scale application. • Continue to support and make use of the learning from the National Registry of Deliberate Self-Harm. • Establish the significance of different suicide methods and sites. • Formulate a comprehensive research strategy, including a dissemination strategy and governance structure, as part of the new strategy.
8. Services and Care Pathways for Suicide Prevention	• Scope out the roles of the sectors and organisations, map current provision and inform the development of consistent and integrated service pathways across the country. • Implement the National Clinical Care Programme for self-harm in emergency departments. • Ensure the funding strategy supports coherent and cohesive service pathways. • Specifically consider how suicide prevention is included in care pathways in the addiction services. • Develop service standards and accreditation. • Embed actions under HSE service plans as relevant.
9. Guidelines and Materials	• Ensure guidelines and materials are disseminated and available. • Evaluate the implementation and review of guidelines.
10. Pilots and Integration	• Establish clear pathways for accessing and scaling up successful pilots. • Devolve self-sustaining suicide prevention activities into other divisions and organisations. • Facilitate this process by the development and provision of a range of resources (such as critical incidence procedures), policy and training.
11. Communications and Campaigns	• Integrate the Communications Strategy, including the information portal, signposting to services and media monitoring, into the new strategy.

Area	Recommendations from the Implementation of Reach Out
12. Training	• Integrate the outcomes from the training needs analysis and training plan into the new strategy. • Ensure an emphasis on staff and stakeholders most in contact with those at high risk.
13. Increased Stakeholder Engagement	• Expand engagement with the faith communities, agencies addressing sexual and domestic violence and agencies working with disadvantaged communities. • Include engagement and networking strategies as part of the new strategy.
14. Funding and Resources	• Build adequate resourcing (staffing and funding) into the new strategy. • Take account of the multi-agency and cross-departmental nature of the work involved in the remit and influence of NOSP. • Continue to develop finance systems in line with the NOSP budget.