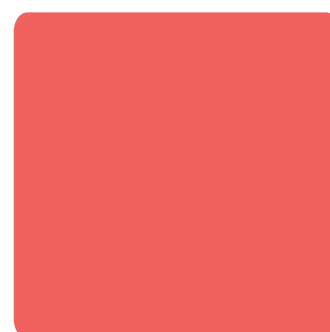




Connecting for Life

Connecting for Life Implementation Plan 2020-2022

December 2020



Rialtas na hÉireann
Government of Ireland

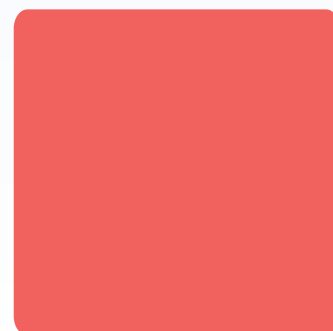
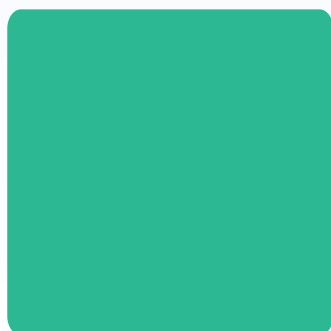
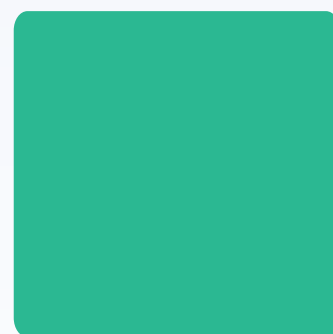
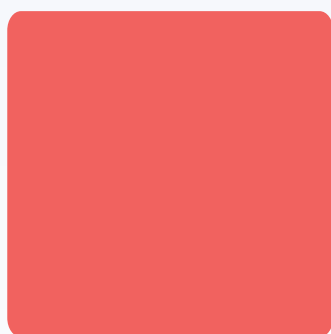


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Section 1

Background





Section 1: 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, inclusive. A second two year implementation plan will be developed for 2023-2024.

The development of this implementation plan was rooted in the principle of learning from previous experience of implementing the strategy, and was informed by:

- an independent Interim Strategy Review of the implementation of CfL (2018-2019);
- an online survey with all implementation partners to gather information on emerging issues relating to suicide prevention and to seek feedback on the current monitoring and evaluation system (December 2019);
- face-to-face meetings with all partners in government departments to discuss and agree actions for 2020, 2021 and 2022. (January-February 2020);
- an internal workshop with NOSP staff to discuss the shared priorities and goals for the next three years (January 2020).

Interim Strategy Review of Connecting for Life 2015-2020

In 2018, the NOSP invited the CfL Evaluation Advisory Group (EAG) to undertake a review of the national implementation of the CfL strategy to date. 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 EAG concluded that the strategic vision of CfL and the seven strategic goals of CfL will 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.

Suicide and self-harm data in Ireland

The main aim of CfL is to reduce suicide in Ireland, with a 10% reduction in suicide rates adopted as the minimum target of the strategy. This target was 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.

Figure 1 below illustrates the trends observed in suicide rates in Ireland over the period 2005-2019. 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. Looking at the period covered in figure 1, the male rate is approximately 4 times higher than that of females, with this lowering to approximately 3 times higher in 2019. Provisional data indicates an increase in suicide rates observed in 2019 for both men and women, however caution is required in interpreting the 2018 and 2019 data as it is not yet finalised.

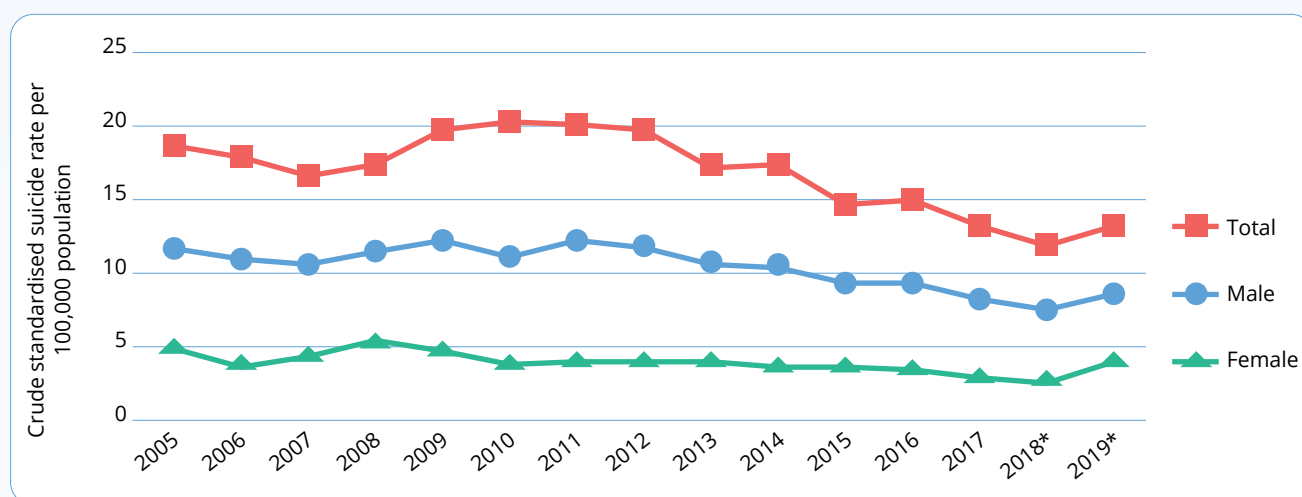


Figure 1. Crude standardised suicide rates per 100,000 of the population over the period 2005-2019*
(* denotes data as provisional) Data source: CSO

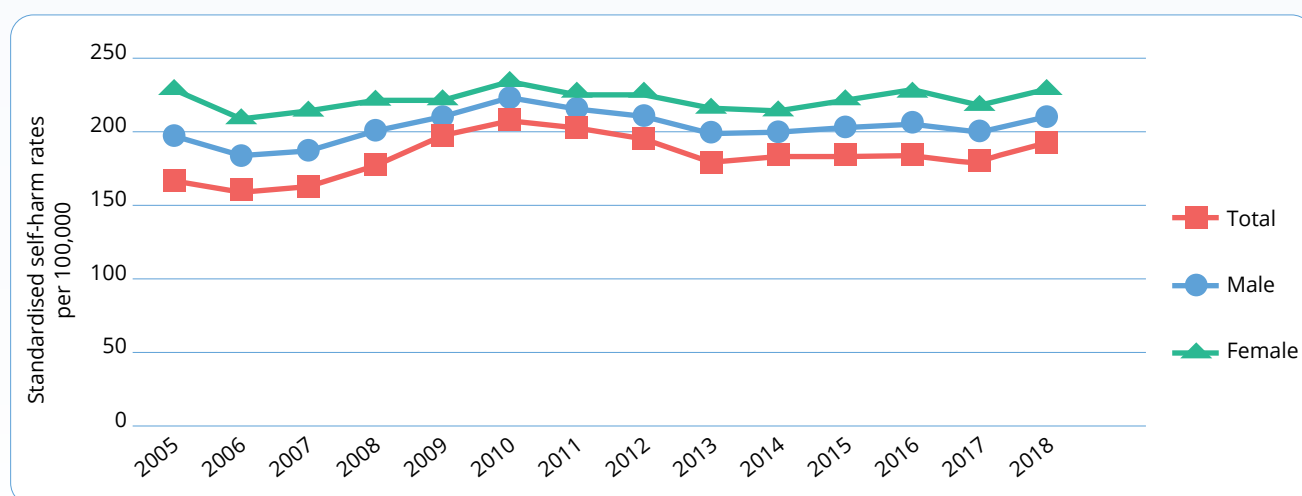


Figure 2. Self-harm hospital presentations standardised per 100,000 of the population.
Data source: National Self-Harm Registry.



Figure 2 illustrates the standardised self-harm rates as based on presentations to hospitals, collected by the National Self-Harm Registry. The national rate of self-harm presentations peaked in 2010, again during the recession period in Ireland. This was followed by slight successive decreases up to 2013, with the rate then relatively consistent up to 2017. Looking at the period covered in figure 2, the female rate of self-harm is approximately 1.2 times higher than the male rate. A 6% increase in self-harm hospital presentations was reported in 2018.

The increase observed in both the provisional suicide rate and self-harm rate in recent years highlights the need for a continued focus on the systematic implementation of CfL and importance of timely data to inform decision making throughout the lifetime of the strategy.

However, there are a number of issues with suicide data in Ireland presently that NOSP is planning to address over the lifespan of this second implementation plan, namely:

- 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 about two years in getting more reliable year of occurrence data from the CSO, making timely responses to suicide prevention and post-vention difficult.

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 will continue to partner with the Health Research Board (HRB) to collect information from official coroner's reports into suicides and suspected suicides to glean more socio-demographic, health and lifestyle information on these cases. This will help devise a robust analysis of the risk factors for deaths by suicide in Ireland. The first report from this project, with the data collected by the HRB and data analysed by researchers in NOSP, will be published later in 2020.

Priority Group Plan

In CfL 2015-2020 there was an identified list of priority groups for suicide prevention activities. These groups were as follows:

- health/mental health related groups: 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;
- minority groups: 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 and sex workers;
- demographic cohorts: Middle aged men and women, young people and economically disadvantaged people;
- suicide related: People bereaved by suicide;
- occupational groups: Healthcare professionals, professionals working in isolation, (e.g. veterinarians, farmers).

For phase two of CfL, it is planned to revisit the current list of priority groups, following a comprehensive internal review in NOSP to identify gaps, and to determine a more focused, strategic approach to working with priority groups for phase two of the strategy. This is based on one of the recommendations of the interim review of the strategy which called for the development of a strategic plan to inform CfL activity intended to prevent suicidal behaviour among priority groups. A point reinforced by Professor Steve Platt, the current Chair of the CfL Advisory Group and lead on the interim review:

- *"One of the problems is [whether]... to prioritise groups that have a high relative risk of suicide, or is it to prioritise groups that contribute most to the overall burden of suicide – and they are not the same thing because it depends on the [size of the] base. You can have a very high rate of suicide in a tiny population... it's a very small number of people and so it's very difficult to identify and intervene... There needs to be some strategic approach which is defensible and, in the absence of that, it will just be scattergun."* (page 15, Connecting for Life Interim Review).

This review will be completed in Quarter four of 2020 (delays due to redeployment of NOSP staff as part of the Covid-19 response) and it has involved the following activities:

- comprehensive consultation with all NOSP personnel to collect and review all documentation and information relating to work carried out targeting the 2015-2020 priority groups;
- analysis of national suicide, self-harm and coronial data to determine current at-risk groups;
- review of all NOSP-funded services and initiatives, cross-referenced by 2015-2020 priority groups to determine any gaps in coverage and provision;
- synthesis of all research and evaluations commissioned pertaining to the 2015-2020 priority groups.

This review will help determine an up-to-date, focused, strategic list of 'most at risk' priority groups to ensure the phase two implementation plan for CfL can address suicide and self-harm in these groups. It will also help ensure that the revised list of priority groups is reflective of the post – Covid-19 reality in communities across Ireland.

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). NOSP successfully submitted a proposal to this Consortium requesting that questions on suicide are added to the standardised survey for this study, which will be administered monthly during the course of the Covid-19 pandemic period. This will provide useful, timely data on the impact of Covid-19 on mental health and suicidal ideation in particular.

Similarly, a recent article in the *Lancet Psychiatry* journal stated that suicide may become a more pressing concern as the Covid-19 pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups (Gunnell *et al*, 2020).¹ The article also outlined evidence to indicate increases in suicide following both the Spanish flu pandemic in the early 1900s and the 2003 SARS epidemic.

The emerging 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 in them by Covid-19, there have been some concerns raised. Some issues reported in these surveys over the period April-June 2020 have included:

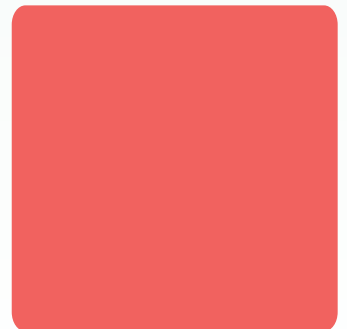
- clients facing issues at home such as domestic abuse;
- increased alcohol and substance misuse;
- restricted access to mental health and other health services;
- not all clients having the capacity or means to engage in online mental health services;
- cramped /overcrowded accommodation;
- home-schooling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

It is important to keep in mind that the fieldwork and research for this implementation plan was carried out pre-Covid-19. NOSP plans to use data from the C19PRC study and regular surveys to track the impact of Covid-19 on mental health and inform suicide prevention work in phase two.

1. Gunnell, G., Appleby, L., Arensman, E., Hawton, k., John, A., Kapur, N., Khan, M., O'Connor, R., Pirkis, J. and the COVID-19 Suicide Prevention Research Collaboration (2020) Suicide Prevention during Covid-19. *The Lancet Psychiatry* 2020.

Section 2

Policy Context





Section 2: Policy Context

There are a number of other 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. The major initiatives since the strategy was launched in 2015 and their relevance to suicide prevention are set out in the table in the Appendix 1.

Sharing the Vision – A Mental Health Policy for Everyone

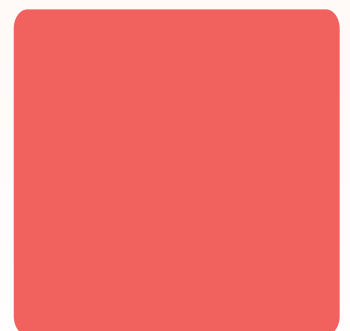
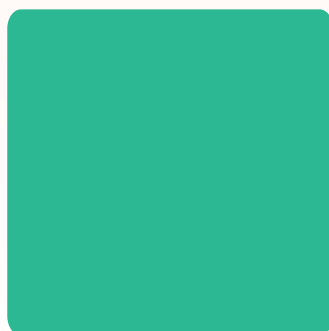
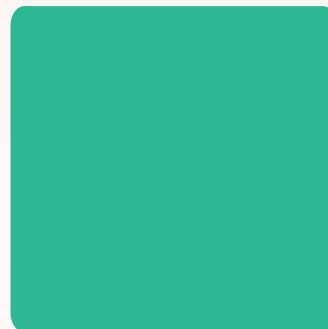
Launched in June 2020, 'Sharing the Vision – A Mental Health Policy for Everyone' is the successor to 'A Vision for Change' that was launched in 2006. Sharing the Vision focuses on developing a broad based, whole system mental health policy for the whole of the population. The vision of the policy is to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual. This mental health system should deliver a range of integrated activities to promote positive mental health in the community. It should intervene early when problems develop; and it should enhance the inclusion and recovery of people who have complex mental health difficulties. Service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services.

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. Specific actions are set out in the table in Appendix 1.

Section 3

Development of the new implementation plan





Section 3: Development of the new implementation plan

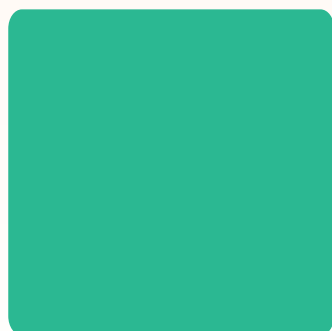
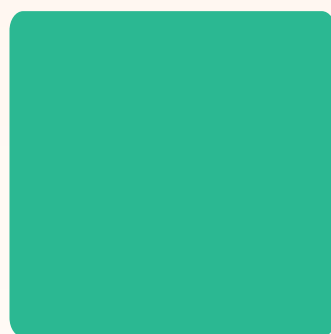
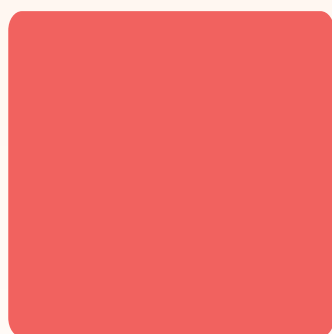
As stated earlier in this plan, in 2018, the NOSP invited the CfL Evaluation Advisory Group (EAG) to undertake a review of the national implementation of the strategy to date. The EAG concluded that the strategic vision of CfL and the seven strategic goals of CfL will remain relevant beyond 2020 and that a more concentrated, intensive and consistent implementation of the strategy beyond 2020 is required. They recommended that the Department of Health should extend the timeframe and funding of CfL to 2024.

In December 2019 the Department of Health presented this recommendation to the Senior Officials Group, who indicated their support for the extension of the strategy. The Department of Health then asked the HSE National Office for Suicide Prevention (NOSP) to lead the development of a three year implementation plan for 2020-2022.

The NOSP began a process of consultation with key stakeholders which included: an online survey to gather feedback on any emerging areas of focus for the new implementation plan and updated monitoring and reporting system; and planning meetings with each lead agency. A logic model process was used during the planning meetings to identify inputs, milestones and outputs for each action. During the process, the NOSP also identified other potential CfL partners, such as the Department of Transport/CIE.

Section 4

Implementation Structures



Section 4: Implementation Structures

Implementation of CfL is supported by a set of tiered and interconnected structures, which have leadership representation from right across the policy and service system. At the core of implementation is the NOSP, who act as the implementation team from a national policy perspective, co-ordinating and supporting the activities of partners in both the statutory and non-statutory sector. The NOSP feeds into both top-down and bottom-up implementation structures. The top-down structures operate at an agency and cross-departmental level, namely:

- The National Cross Sectoral Steering Group which is chaired by the Department of Health and includes representatives from across the government departments. This group feeds into the central government Cabinet Committee on Social Policy and Public Service Reform;
- The HSE Internal Steering Group which includes representatives from across the HSE.

The NOSP is also connected to bottom-up implementation structures which drive local implementation of CfL, namely the Local Area CfL Action Plans which are devised at CHO area level and NGOs and other funded projects.

This approach to implementation ensures there is an ongoing feedback loop between what is happening locally and nationally. More detail on each implementation structure and its membership is provided below.



Figure 3. Overview of the Connecting for Life Implementation Structures



Cabinet Committee on Social Policy and Public Services

The Cabinet Committee is chaired by An Taoiseach, its membership comprises of Ministerial representatives of Government Departments. It provides high level political leadership and accountability at Government level for the implementation of CfL.

National Cross Sectoral Steering and Implementation Group

The National Cross Sectoral Steering and Implementation Group's role is to drive policy implementation and change. The group is chaired by the Department of Health, with membership comprising of senior officials from the key Government Departments and statutory agencies. The group has representatives of the NGO sector to ensure that engagement with the sector is on-going throughout the implementation of CfL.

HSE Cross Divisional Implementation Group

The HSE Cross Divisional Implementation Group provides strategic direction and accountability on the implementation of the CfL 40 actions for which the HSE has a lead role in implementing. The meeting is chaired by the CfL Lead in HSE Mental Health and members include senior representatives from: Primary Care, Mental Health, Acute Hospitals, Health and Wellbeing and NOSP.

HSE National Office for Suicide Prevention

The National Office for Suicide Prevention (NOSP) is part of HSE Strategy and Planning. It holds two distinct functions under CfL. It is a lead agency and support partner in the delivery of CfL actions. As a driver of implementation, NOSP's role is to support, inform, coordinate and monitor the implementation of CfL.

The HSE NOSP requires an annual budget of €13.2m to support national and local implementation of the CfL strategy. This includes the delivery of actions where NOSP is the named lead but does not include other actions where NOSP is not the lead agency. This budget is reported on through the NOSP Annual Report which is published before the end of September every year.

Local Implementation Structures

Under Action 2.1.1 of CfL, local structures have been developed to support the implementation of 17 local suicide prevention action plans. Membership and support for each local structure includes senior and middle management from service delivery agencies including statutory and NGO, HSE senior and middle management from key service delivery agencies, service user representatives, family/carer representatives and families bereaved through suicide. Local implementation groups are chaired by senior HSE management.



HSE Resource Officers for Suicide Prevention

HSE Resource Officers for Suicide Prevention (ROSPs) work across nine Community Health Organisations (CHOs). Their role is funded by the NOSP but they are managed at a CHO level. The ROSP is the designated lead for the coordination and implementation of *Connecting for Life* at a CHO level. Collectively they collaborate as part of a Learning Community of Practice (LCOP) which provides a formal mechanism for efficient and effective sharing of knowledge, skills and experience for the 22 ROSPs. The LCOP is led by a leadership team of three ROSPs and is externally facilitated. The LCOP serves as a reference group for the HSE NOSP and HSE Mental Health Operations, advising on issues relating to suicide prevention at CHO and community level. The group also nominates representatives to sit on national working/advisory groups on suicide prevention as required.

National working groups

A number of specialist advisory groups (such as the Evaluation Advisory Group) have been established to support the implementation of CfL. Cross sectoral working groups and project teams are also established as needed to support the development and implementation of specific actions. All groups report into the cross sectoral implementation group.

Role of the NGO sector

The HSE NOSP allocates over 50% of its budget to supporting mental health and suicide prevention NGOs which are strategically linked to CfL. Other CfL agencies, such as mental health operations, also allocate their budget to NGOs which support implementation of their actions.

NGOs apply for annual funding from NOSP through an SLA (Service Level Agreement) process. The NOSP NGO Programme Manager ensures that activities align to CfL actions. The main funded activities (aligned to each CfL goal) are set out in the table below.

Goal 1

While some funded NGO partners operate helplines and listening services they all signpost and refer people using their services to mental health services and supports as appropriate. (action 1.2.1)

All NGOs have dedicated websites and social media presence targeting the various priority groups they support. Some also deliver targeted information campaigns to improve awareness of particular issues and organisational support services available. (action 1.2.2)

A number of NGO partners support stigma reduction through the delivery of campaigns, programmes, workshops, issue based awareness weeks and ambassador programmes e.g. Green Ribbon campaign, workplace programmes, and wellness workshops. (action 1.3.1)

Headline is a media training and monitoring programme that is funded to monitor media reporting and provide training for journalists on the responsible reporting of suicide and mental health. (actions 1.4.2/ 1.4.3/ 1.4.4)

Goal 2

NGOs have received funding to develop protocols and guidelines which are being implemented in communities e.g. GAA Critical Incident Response Plan, FRC (Family Resource Centres) Code of Practice. (action 2.2.1)

NGO partners support the NOSP training programmes. (action 2.3.2)

Many NGO partners offer a range of training and education activities and programmes aimed at promoting positive mental health. (action 2.3.3)

Goal 3

Many NGO partners offer mental health or suicide prevention services directly to priority groups. Others deliver workshops that target health professionals and volunteers working with priority groups and aim to enhance participants' skills, knowledge and cultural sensitivity.

Goal 4

NOSP funding of NGO partners is predominately in the area of supporting the various priority groups as identified in CfL, services offered in this area include:

- low-cost and free counselling and psychotherapy (face to face and web-based);
- free counselling and psychotherapy to people who are in suicidal distress and those who engage in self-harm;
- CBT based Life Skills programmes and other group support;
- online content in relation to suicide prevention and mental health literacy and signposting;
- Helplines, text and web based supports and services;
- Psychoeducation programme for people who have attempted suicide;
- Out of Hours Crisis Service focusing on decreasing suicide and self-harm, and providing an alternative to A&E;
- Creative therapies;
- Suicide Bereavement Liaison Service;
- WRAP and Wellness workshop delivered in prisons.



Goal 5

Best Practice Guidance for Suicide Prevention Services: Working together for high-quality services co-produced by NOSP and NGO partners. NGO partners are currently participating in the phased implementation of this project.

Goal 6

NGOs support organisations such as Irish Rail and local Authorities to remove access to means and put up help seeking signage.

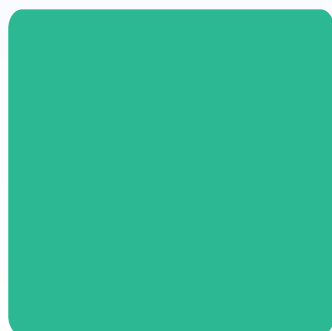
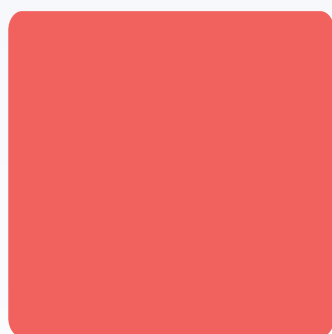
Goal 7

The National Suicide Research Foundation (NSRF) at University College Cork (UCC) is funded to support a range of research and evaluation projects, including the National Self-harm registry.

HSE NOSP funded agencies in 2020: Pieta, BeLonG To, LGBT Ireland, TENI, Exchange House, First Fortnight, Dublin Simon, Shine, FRC, GAA, MHFI, ISPCC Childline, Turn2Me, SpunOut, NSRF, USI, Samaritans, Aware, Suicide or Survive, MyMind.

Section 5

Monitoring and Evaluation





Section 5: Monitoring and Evaluation

Throughout the first phase of implementation of CfL there has been a steadfast commitment to ongoing monitoring and evaluation of the strategy, and it is intended to continue this in phase 2, and improve monitoring and evaluation processes.

Quarterly monitoring and reporting system

In 2017, the NOSP Monitoring and Evaluation Team initiated a new monitoring system to track the implementation of CfL. Previously, CfL lead action agents were required to report on implementation activity retrospectively and no forward planning of activity was required. The updated CfL monitoring system included the development of 'Implementation Monitoring Dashboards', informed by the literature - a 'Dashboard' is produced for each CfL lead agent which consists of the actions for which they have responsibility to lead on. The 'Dashboard' also included the yearly action milestones as set out in the first CfL implementation plan. NOSP circulates these 'Dashboards' to lead agents, requesting an update on key milestone activity by action from the previous quarter as well as requesting an outline on activity planned to take place in the next quarter, thus a retrospective and prospective monitoring process is in place.

As part of the quarterly reporting process, an update is requested on each action milestone as to whether the milestone is On Track, Needs Attention or Off Track to being achieved in the year. Lead agents are also requested to highlight any 'Issues Arising' which may be hindering the implementation of CfL actions which are brought to the attention of members of the CfL National Cross Sectoral Steering and Implementation Group for discussion and resolution, if possible. Based on information received in the Dashboards, a report is produced each quarter. A bi-annual implementation progress report gives a more detailed analysis of overall implementation activity and a report focusing primarily on 'red flag' issues as well as an overview of implementation progress is published in April and October.

Following the planning process for this plan carried out at the beginning of the year where NOSP issued a survey and held meetings with implementation partners, feedback was sought on the monitoring system and there was consensus among partners that the system was fit for purpose. Some partners had used the CfL monitoring system as a template for their own strategic monitoring activities.

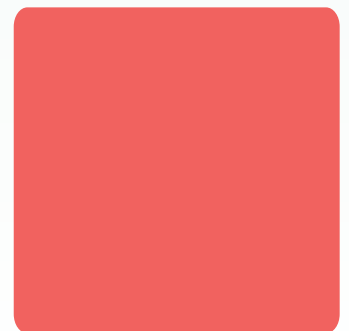
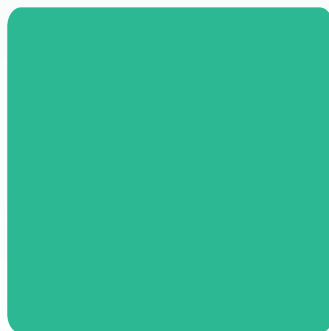
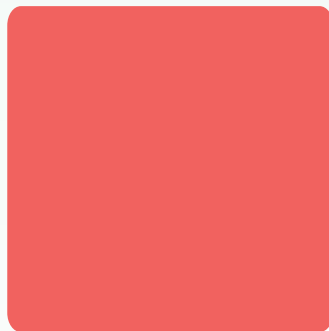
Evaluating the implementation of CfL

The quarterly progress reports provide an important source of information for evaluating the implementation of CfL and will inform an external evaluation of the strategy. In line with the recommendation made in the interim review of CfL, in the final year of the strategy an evaluation will be commissioned to focus on the cost-effectiveness of CfL as a strategy and how any improvement in outcomes observed has helped realise long-term economic benefits.

NOSP will also continue to commission independent primary and secondary research to help inform work at both local and national level. A synthesis of all research commissioned by NOSP so far will be completed in quarter three of 2020.

Section 6

Communications Plan





Section 6: Communications Plan

The key to developing an understanding of *Connecting for Life* at different levels, is effective communication of the strategy, 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, 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.

Audiences

- **Primary audiences include;**

- Agencies with responsibility for CfL implementation
- NGO partners involved in CfL implementation
- Government and HSE Leadership
- Other HSE departments, including Resource Officers for Suicide Prevention
- Members of the Oireachtas and Oireachtas committees.

- **Secondary audiences include;**

- The general public
- People with lived life experience of suicide or bereaved by suicide
- Other agencies working in suicide prevention
- Communities and people with an interest in suicide prevention
- The media.

The responsibility to communicate effectively about CfL is with;

1. The HSE National Office for Suicide Prevention

The NOSP plays a central role in communicating on CfL. All functions of the office maintain an open and responsive relationship and engagement with stakeholders. The NOSP Communications Team enables many outward communications channels and helps facilitate and align all related messaging and content.

2. Connecting for Life Cross Sectoral Implementation and Steering Group

The CfL Cross Sectoral Implementation and Steering Group takes a strong lead in communicating with and engaging key stakeholders, in particular at higher levels of the CfL implementation structure. This will help sustain an impetus on effective implementation, and maintain links with particular focus on communicating key milestones and developments to senior stakeholders.



Objectives

The main communications objectives associated with CfL are to;

- Build a shared understanding and awareness of CfL, and the role of NOSP
- Promote trust and openness in the CfL journey, in line with core HSE values
- Maintain a clear and consistent brand identity for CfL
- Adopt a proactive role to communicating and disseminating the work of CfL
- Represent high quality information across all channels in an honest, accessible and effective way
- Generate a high level of engagement and commitment from all CfL stakeholders.

Channels

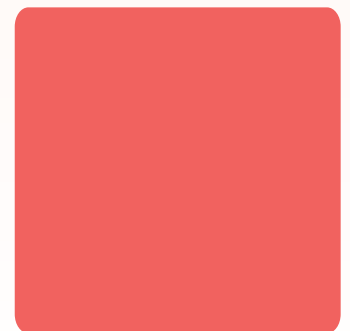
Due to the number of different teams working to implement CfL, clear communication channels are essential so as to ensure each team is purposefully linked and that there are constant feedback loops and improvement cycles. Communications channels have been established or utilised to support this, and reach targeted audiences. Examples include;

- Online, at www.connectingforlifeireland.ie
- On social, #connectingforlife and @NOSPIreland
- By email, *Connecting for Life* newsletters (quarterly)
- CfL related print and publications
- NOSP Annual Report
- Media, press
- Parliamentary questions, reps and related correspondence
- Other internal HSE channels.

Across this period of CfL implementation, the NOSP Communications Team will maintain a clear Communications Plan to schedule, resource, deliver and support all on-going and emerging communications activities.

Section 7

Action Plan



Section 7: Action Plan

Role of lead and supporting agencies

As part of *Connecting for Life* 20 different government departments, agencies and areas of the HSE have committed to leading on actions. The strategy also names supporting partners for these actions whose role it is to support implementation.

The role of each lead agency includes:

- assigning a CfL representative who will sit on the cross sectoral group;
- identifying quarterly milestones on an annual basis and reporting on these through the monitoring system;
- ensuring that these are incorporated into the agency's programme of work;
- collaborating with the identified supporting partner(s);
- identifying barriers or risks to implementation and highlighting these to the cross sectoral implementation group.

Changes to CfL partners

Since the CfL strategy was launched in 2015, a number of key structural changes have taken place across the Civil Service and within the HSE which have impacted on changes to named lead agencies in the original document.

Under the HSE's 'New Ways of Working' in 2018 the Mental Health Division was divided into Mental Health Strategy (which includes the National Office for Suicide Prevention and sits under Community Strategy and Planning) and Mental Health Operations (which sits under Community Operations). The position of Director of Mental Health was split between the National Director for Community Operations and the National Director of Community Strategy and Planning. HSE Primary Care and HSE Acutes were similarly split into strategy and operations. Further structural changes at regional level are envisaged under Sláintecare. This restructuring will ultimately establish six new regional health bodies, which will be responsible for planning and delivering health and social care in their regions (Sláintecare Geoalignment and RICOs Structure Programme).

The formation of a new Government on 27 June 2020 led to the changes to government departments, which are noted in the table below.

Newly formed Department (June 2020)	CfL Impact
Department of Media, Tourism, Arts, Culture, Sport and the Gaeltacht	The Broadcasting and Media Division (who have oversight over the BAI) are moving from DCCAE to the this department which impacts on actions under 1.4. Now responsible for physical activity/sports actions 1.1.5, 3.1.1 and 5.4.2.
Department of Further and Higher Education, Research, innovation and Science	Now responsible for Higher Education Authority actions previously covered by the Dept Education (3.3.3 and 7.4.2). These are still managed via the Higher Education Authority.
The equality function of the Department of Justice will transfer to the Department of Children.	This will impact action 3.1.1 in relation to the areas of 'Direct Provision' and 'Equality / Diversity / Inclusion' policy.



Changes to CfL actions

This Implementation Plan also includes the following five changes to specific actions since the strategy was published. These changes were agreed with lead agencies during the planning meetings:

- **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.

The Department of Justice and Equality is listed as a lead in the CfL strategy but will not be a lead going forward.

- **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 modes. Lead: HSE MH.

This action is covered by 7.2.2 and will not be monitored or reported on going forward.

- **Action 5.4.1:** Develop a National Training Plan, building on the NOSP Review of Training. Lead: NOSP Partners: Wide range of statutory and non-statutory organisations who deliver training programmes.

This is a repeat of action 2.3.1 and will not be monitored or reported on going forward.

- **Action 5.4.2:** Suicide prevention training to be made available to local authority and agency frontline staff who are likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.

This action refers to training local authority staff. DRCD is no longer responsible for the Local Authorities and does not employ any frontline staff. It was therefore decided that it is no longer relevant for DRCD to report on this action and the promotion of training (eg to the SICAP implementers will be done as part of action 3.1.1). The new lead for this action is the LGMA (Local Government Management Agency).

- **Action 5.4.4:** Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions. Lead: Academic Oversight Structures.

The new lead for this action is NOSP. This will be progressed under the NOSP Training & Education plan with support of the Higher Education Authority.

Key Achievements by 2022

Goal 1

- Population (and sub-population) estimates on exposure to suicide, impact of suicide, and prevalence of self-harm.
- Visibility of mental health promotion activity across various sectors of the HSE and implementation of evidence based actions for promoting positive mental health among HSE staff, service users and wider communities.
- A sustainable mental health information campaign incorporating online resources, printed materials and regular community engagement events, aimed at increasing mental health literacy across the Irish population.
- Increase in awareness of harms of specific drugs in particular cannabis and drugs used at festivals. Attitudes reflected in prevalence surveys and focus groups with young people.
- Optimised and responsive website recognised as the 'go to' place for information on mental health supports and services with regularly reviewed content and attracting approximately 1m Irish visits per year.
- Measurable improved levels of mental health literacy amongst CfL priority groups that can be identified within national survey.
- An improved suite of cohesive stigma reduction campaigns and offers across funded partners and HSE.
- The availability of online, print and broadcast content which is likely to encourage or promote self-harm or suicide is effectively minimised.
- National Mental Health Promotion Plan will incorporate mental health promotion and prevention actions for the population and will incorporate the distinct needs of priority groups.
- Increased public awareness of the health benefits of physical activity, including as a protective factor for mental health.

Goal 2

- Suicide prevention action plans and implementation structures embedded and functioning as business as usual in local areas with clear and regular communications channels in place to ensure flow of information and capture learning.
- All local areas have an inter-agency Community Response Plan in place which is implemented as needed in the response to cases of suspected suicide.
- Guidance (including tool kits and cases studies) on how communities can address suicide, are published by NOSP and utilised by community-based organisations.
- A national Training and Education Plan to support communities to respond to people at risk of suicide.
- Stress control and well-being courses delivered to HSE staff and wider communities.
- Implementation of social prescribing as a part of core service delivery in Community Health Networks in the HSE.



Goal 3

- Government Departments/agencies working with CfL priority groups have a process in place to ensure that policies, plans and programmes which will have an impact on people with increased risk of suicide or self-harm are “suicide prevention proofed”. Policy makers are educated on the importance of this.
- Published interagency protocols and working towards enhanced cooperation in relation to suicide prevention and bereavement.
- An evaluation programme of work that will contribute to the national and international literature on what works in suicide prevention, for whom and in what context.
- Frontline health and social care professionals skilled up to apply best practice principles when supporting people in suicidal crisis or who has been bereaved by suicide.
- Reduction in convictions for possession of drugs for personal use and a diversion into the healthcare system when required.
- Primary and post primary schools in Ireland engaging with a whole-school approach to wellbeing promotion, using the school self-evaluation process.
- Primary schools provided with training on critical incident response and Student Support Teams are in place to manage critical incidents.
- All Irish Higher Education Institutions will have an all of campus suicide prevention and response plan which is correctly implemented as required.
- Every school has an anti-bullying and a wellbeing policy in place.
- Appropriate care is provided for adolescents with comorbid addiction and MH needs in Primary Care Community Addiction services. Appropriate referral pathways to CAMHS when required are in place.
- Improved access to early intervention and psychological support services for young people at secondary care level achieved through the further enhancement of CAMHS services and Community Mental Health Team capacity and also through the on-going increase in capacity at other levels of support, e.g. in primary care, through Jigsaw and online. This will be underpinned by effective inter-agency collaboration.

Goal 4

- Access to uniform and quality assured mental health services in a range of settings on a 24/7 basis.
- Delivery of quality services for people experiencing dual diagnosis.
- A uniform and consistent approach to suicide and self-harm awareness, assessment and response across the HSE leads to a reduction in rates of suicide and self-harm.
- A reduction in the national rate of hospital presented self-harm, a reduction in repeat self-harm behaviour presenting to hospital and an increase to 90%+ in the percentage of people receiving a bio psychosocial assessment and follow-up after presenting to hospital following self-harm.
- A wider range of therapeutic interventions is routinely delivered through adult mental health teams and there is less reliance on medical interventions.
- Full implementation of the actions in the *Improving suicide bereavement support in Ireland* report resulting in an improved experience of bereavement in the aftermath of a death by suicide.
- Appropriate model of care for those in custody with severe mental illness developed and implemented.

Goal 5

- A sustainable structure and system in place to support and drive the on-going implementation and monitoring of the Best Practice Guidance for Suicide Prevention services (across all CfL NGO partners).
- Recommendations of Taskforce on Guidance Counselling are implemented.
- SafeTALK availed of by school personnel.
- On-going dissemination, where appropriate, of suicide prevention tools, resources, guidelines and protocols.
- A uniform and consistent approach to suicide and self-harm awareness, assessment and response in mental health services leading to a reduction in rates of suicide amongst mental health service users and a consistent approach to incident review yielding usable and practical information.
- The Counsellors and Psychotherapists Registration Board will have established the Code of Professional Conduct and Ethics and standards of performance to which counsellors and psychotherapists must adhere to; establish a register of members of the professions; and set continuous professional development training courses.
- All medical professionals have access to and are encouraged to attend NOSP's standard suicide awareness and self-harm modules, particularly when relevant to their job.
- Improved practice in each prison which results in fewer incidents of death by suicide and self-harm.
- Public sector staff who deal with or come into contact with vulnerable people will have received relevant training and are able to appropriately support members of the public who present in suicidal distress.
- A data collection mechanism in place to capture information on self-harm and suicide among vulnerable children and children in care and to provide learning from relevant reviews and investigations to inform practice, procedure and policy moving forward.



Goal 6

- Evidence of Local Authorities implementing effective steps to prevent public places being used for suicide and to increase the chances of last-minute intervention.
- A shared, common national approach to environmental risk relevant to suicidal behaviour and safer environments as indicated by compliance with Mental Health Regulation 22.
- Reduce the use of paracetamol in intentional and non-intentional drug overdoses.
- Development of best practice in addressing ligature risk in existing buildings where individuals may be detained, and in minimising risk in new buildings.

Goal 7

- A suite of research materials (including research report, bulletins, briefings, presentations, articles etc.) which will represent a significant contribution to the national & international knowledge base on suicide prevention and a large body of evidence that will inform the on-going implementation of CfL, nationally and locally.
- A series of documents/reports/presentations/briefing aimed at improving our understanding of the characteristics of those who die by suicide in Ireland. Feedback loops in place to ensure that the data are used to inform the implementation of national strategy and area-level CfL suicide prevention action plans, intervention and post-vention strategies, and contributing to the broader objective of reducing the stigma associated with suicide and self-harm.
- Findings and lessons learned from the CfL strategic research and evaluation programme of work.
- A recommended tool for assessing scalability/replication of innovation.
- Child Protection Services will be able to respond appropriately to individuals (and groups or clusters where and when appropriate) where there is a risk or concern in respect of self-harm or suicide.
- Evidence of enhanced collaboration through participation in seminars and sharing of relevant research among academics and policy makers.
- Improved data, in terms of timeliness and depth, on all suspected suicides amongst (mental) health service users yielding information to inform improved suicide prevention practices where possible – aligned to other suicide mortality datasets.



Goal 1

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

Lead: NOSP

Partners: DOH

Purpose

This action seeks to get a module on suicide prevention included in the subsequent wave of the Health Ireland Survey to ensure that there are data available to inform the next iteration of CfL. The inclusion of a module on suicide prevention in one comprehensive national health survey will facilitate the exploration of the relationships between mental, physical and social dimension of suicide (exposure and prevalence) at a point in time, and allow NOSP to monitor any changes over time. The data will provide a baseline against which to set targets and measure change, and will inform the allocation of funding & resources.

Inputs for 2020

Support from the National Suicide Research Foundation (NSRF) to undertake a literature review to inform the submission of a HSE NOSP Business Case and commitment from the Department of Health in general and Healthy Ireland in particular, to include a module on suicide prevention in the survey.

Milestones

Overarching Milestone 2020

Get agreement from Healthy Ireland to include a module on suicide prevention in the next wave of the national survey.

Q1 2020	Draft Business Case for the inclusion of a module on suicide prevention in the next HI survey in partnership with the NSRF.
Q2 2020	Submit the HSE NOSP/NSRF Business Case to HI. Meet with HI to discuss Business Case.
Q3 2020	Develop a data analysis plan & a fieldwork procedure plan.
Q4 2020	Implement fieldwork procedure plan which will include the provision of training for fieldworkers (e.g. safeTALK training).

Overarching Milestone 2021

Commencement of Healthy Ireland survey fieldwork and data collection.

Overarching Milestone 2022

Completion of Healthy Ireland fieldwork & data analysis.

Outputs by end of 2022

Population (and sub-population) estimates on exposure to suicide, impact of suicide, and prevalence of deliberate self-harm to inform national and local strategy implementation, and a survey module on suicide (exposure & prevalence) that can be used locally or among population groups (e.g. as part of a traveller health survey) to estimate proportions/rates relative to the national estimates.



Action 1.1.2: Develop and implement a HSE Mental Health Promotion Plan

Lead: HSE H&W

Purpose

To provide strategic direction for evidence based mental health & wellbeing actions across the HSE & funded agencies.

Inputs for 2020

Process/implementation expertise, system wide stakeholder engagement, governance (HSE CFL cross sectoral group), launch of plan.

Milestones

Overarching Milestone 2020

Development of a HSE Mental Health Promotion Plan.

Q1 2020	Project plan finalised 1st draft of actions agreed Stakeholder engagement/challenge panels planned.
Q2 2020	Stakeholder engagements/workshops/challenge panels on-going. MHP communications strategy developed Synthesis of learning from stakeholder engagement.
Q3 2020	Final targeted engagement and consultation Final actions agreed. Implementation and budget and resources needs identified. Draft plan complete. Launch planning underway.
Q4 2020	Plan launched. Implementation planning continues.

Overarching Milestone 2021

Implementation & on-going monitoring & evaluation of the HSE. Mental Health Promotion Plan.

Overarching Milestone 2022

Implementation & on-going monitoring & evaluation of the HSE Mental Health Promotion Plan.

Outputs by end of 2022

Increased visibility of mental health promotion activity across various sectors of the HSE Implementation of a range of evidence based actions for promoting positive mental health among HSE staff, service users and wider communities.



Action 1.1.2: Develop and implement a national mental health and well-being promotion plan. Lead: Department of Health

Purpose

To be the framework of reference and the overarching context for all mental health promotion and campaign activity in Ireland.

Inputs for 2020

Appropriate staffing resources to engage relevant stakeholders and develop the plan.

Milestones

Overarching Milestone 2020

To be determined, noting staffing issue.

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

To be determined, noting staffing issue.

Overarching Milestone 2022

To be determined, noting staffing issue.

Outputs by end of 2022

Resources permitting, the National Mental Health Promotion Plan will incorporate mental health promotion and prevention actions for the population and will incorporate the distinct needs of priority groups.



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.

Lead: HSE MH

Partners: Dept of Defence, NOSP, H&W

Purpose

To promote mental health in the population as measured by a working definition of mental health literacy which incorporates understanding of ways in which we can mind our mental health, support others and access supports and services as needs be.

Inputs for 2020

Funding of a baseline whole-population mental health literacy survey.

Milestones

Overarching Milestone 2020

Agreed mental health communications strategy.

Baseline report on national survey of mental health literacy.

Q1 2020	Draft communications strategy for consultation with key stakeholders, including service users, family members and carers (SUFMC).
Q2 2020	Formally merge the HSE Online Mental Health Content Working Group with the Mental Health Campaigns Group to form a new 'HSE Mental Health Communications Steering Group' and convene this group to review the draft strategy prepared in Q1.
Q3 2020	National mental health literacy survey – fieldwork conducted. Plans for integrating campaign messages and key resources with HSE online platforms.
Q4 2020	Campaign brand / brand refresh and key messages tested with target audience.

Overarching Milestone 2021

New / refreshed campaign launched and all relevant materials and content produced/published online.

Overarching Milestone 2022

Continuous growth in Irish visits to HSE online mental health content (circa. 1m visits per year). Positive evaluation of campaign measured in follow-up mental health literacy survey replicating 2020 methodology.

Outputs by end of 2022

A sustainable mental health information campaign incorporating online resources, printed materials and regular community engagement events.

Integration of a full range of online mental health supports with HSE online platforms, including partner organisations supports.

Increased mental health literacy across the population based on wider definition of MHL.

Greater use of social, community and primary care supports for mental health needs.



Action 1.1.4: Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns.

Lead: HSE PC

Partners: HSE H&W, NOSP, DOH

Purpose

To target a population using substances that may not be presenting to traditional Addiction/Health services and give a strong harm reduction message. Given the psychological effects of many drugs the messaging about suicidal behaviour is relevant.

Inputs for 2020

Alcohol programme implementation group chaired by H&W will progress messaging about alcohol. National Social Inclusion Office will progress campaigns/messaging about drugs.

Milestones

Overarching Milestone 2020

Build link between alcohol misuse and suicidal behaviour through alcohol programme implementation group.

Build link between drug misuse and suicidal behaviour through drugs campaign.

Build link between alcohol/drug misuse and suicidal behaviour through hidden harm campaign.

Q1 2020	Incorporate CfL action into TOR of alcohol programme implementation group. There is a specific section on suicidal behaviour on askaboutalcohol.ie National SI Office carrying out market research with young people about relevant messages around drugs. On-going work with USI targeting students.
Q2 2020	Festival campaign finalised to coincide with summer events. Development and work on cannabis campaign.
Q3 2020	Development of action in relation to Health Diversion Programme for individuals caught by Garda in possession of drugs for personal use.
Q4 2020	Campaign to be launched.

Overarching Milestone 2021

Continue to build the link between alcohol/drug misuse and suicidal behaviour through the alcohol programme implementation group; drugs campaign; and hidden harm campaign.

Overarching Milestone 2022

Continue to build the link between alcohol/drug misuse and suicidal behaviour through the alcohol programme implementation group; drugs campaign; and hidden harm campaign.

Outputs by end of 2022

Increase in awareness of harms of specific drugs in particular cannabis and drugs used at festivals. Attitudes reflected in prevalence surveys and focus groups with young people.



Action 1.1.5: Promoting physical activity as a protective factor for mental health through the National Physical Activity Plan

Lead: DTTAS

Purpose

Aimed at providing support and interventions to community groups from disadvantaged backgrounds across the following four pillars:

- Community Support and Physical Activity Hubs (CSPAHS)
- Sports measures for disadvantaged communities to support the National Physical Activity Plan (NPAP)
- National Sport Education and Training Hub
- Provision of sports equipment in disadvantaged areas.

Inputs for 2020

- Funding needs to be secured from the DRCD action plan for Dormant Account Funding.
- Sport Ireland to submit proposed programme.
- Sport Ireland to evaluate and approve applications.
- Funding to be drawdown with approval from DRCD.
- Reimbursement from NTMA.

Milestones

Overarching Milestone 2020

Develop and implement expanded programme of Dormant Accounts Fund sport measures in disadvantaged communities.

Q1 2020	Dormant Account Funding secured. Submission by Sport Ireland to outline proposed programme expenditure in relation to sport and physical activity.
Q2 2020	Publication of action plan by DRCD. Opening of application process for Dormant Account funding by Sport Ireland.
Q3 2020	Sport Ireland evaluation of applications and approval of selected applications.
Q4 2020	Sport Ireland board to approve dormant account funded projects. Progress drawdown of Dormant Account Funding to fund approved projects.

Overarching Milestone 2021

Secure Dormant Account funding for implementation of NPSP measure throughout 2021.

Overarching Milestone 2022

Secure Dormant Account funding for implementation of NPSP measure throughout 2022.

Outputs by end of 2022

To provide yearly financial support to community groups from disadvantaged backgrounds across the following four pillars:

- Community Sport and Physical Activity Hubs (CSPAHS)
- Sports measures for disadvantaged communities to support the National Physical Activity Plan (NPAP)
- National Sport Education and Training Hub
- Provision of sports equipment in disadvantaged areas.

To continue to grow the amount of funding that is provided to sport from Dormant Account Funding year on year.



Action 1.1.5: Promoting physical activity as a protective factor for mental health through the National Physical Activity Plan.

Lead: Department of Health

Purpose

Adequate levels of physical activity (see National PA Guidelines) promote positive mental health and can help to ameliorate symptoms of anxiety and depression, in addition to the many other physiological benefits of physical activity in preventing chronic disease and promoting wellbeing.

Focusing on physical activity as a key element of the Healthy Ireland Communications Campaign will raise awareness of its benefits in promoting and protecting mental health and wellbeing.

Inputs for 2020

The Healthy Ireland Communications Campaign was launched in 2018 and has been promoting healthy eating, positive mental health and physical activity ever since, under the pillars Eat Well, Think Well, Be Well.

For 2020, it is envisaged that the theme for the Q3-4 campaign will involve physical activity promotion, centred on the benefits of walking for both physical and mental health.

Milestones

Overarching Milestone 2020

Develop the 2020 phase of the HI Communications Campaign, focussed on physical activity, walking and benefits in protecting both physical and mental health.

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Evaluation of the 2020 HI Campaign, development and delivery of the 2021 campaign.

Overarching Milestone 2022

Evaluation of the 2021 campaign, development and delivery of the 2022 campaign.

Outputs by end of 2022

Increased public awareness of the health benefits of physical activity, including as a protective factor for mental health.



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

Lead: HSE MH; Partners: NOSP

Purpose

To improve accessibility of services and increase mental health literacy. This action will seek to ensure the signposting of the fullest possible range of mental health supports and services, beyond clinical services, to include online self-help, online support groups and online services (e.g. video counselling).

Inputs for 2020

On-going engagement with HSE Digital and the appointment of a full-time online mental health content and supports lead.

Milestones

Overarching Milestone 2020

Corporate mental health site content finalised.

Yourmentalhealth.ie performing well based on site analytics which will be reported quarterly (current annual Irish visits = 769k in 2019) – an annual target of a 10% increase in Irish traffic.

Q1 2020	Focus on Covid-19 and minding your mental health during the outbreak.
Q2 2020	Develop and populate a dashboard of online mental health supports incorporating website analytics from ymh.ie and from partner agency websites.
Q3 2020	Prepare a high level presentation on online mental health support provision and draft a position paper on online mental health supports and service provision to guide ongoing developments in this space.
Q4 2020	Ongoing review of site analytics incorporating HSE platforms and those of partner agencies (i.e. through the dashboard developed in Q2).

Overarching Milestone 2021

A report on a series of user testing on public mental health content with general population groups and with select priority groups within CfL.

Corporate mental health content live and performing well based on site analytics.

Overarching Milestone 2022

A regularly updated well-functioning HSE mental health website (as part of the overall public facing website).
A regularly updated well-functioning corporate HSE mental health site (as part of the overall corporate site).
A coordinated and monitored online mental health sector.

Outputs by end of 2022

Regularly reviewed HSE online mental health content attracting approximately 1m Irish visits per year.
A tested, proven positive user experience for visitors to HSE online mental health content.

An optimised and responsive website recognised as the 'go to' place for information on mental health supports and services (based on analytics and user testing).

Accessibility of: quality online information; online self-help tools; online supports; and, online services.



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

Lead: HSE MH

Partners: NOSP and NGOs

Purpose

To ensure awareness of supports and services amongst priority groups in CfL.

Inputs for 2020

NGO partners' input will be very important. The NSRF/NOSP analysis of priority group needs will guide this work.

Milestones

Overarching Milestone 2020

A report on mental health information needs amongst priority groups.

On-going collaboration with current NGO partners representing different priority groups.

Consultation with SUFMC through Mental Health Engagement.

Q1 2020	Ongoing communications work with Pavee Point (Travellers access to mental health supports and information, work in partnership with Turn2me) and with LGBT+ representative organisations, e.g. to promote Crisis Text Line.
Q2 2020	Working with Mental Health Engagement to ensure ongoing provision of Peer Support services through the development of online support groups.
Q3 2020	NSRF epidemiological report on priority groups. Ongoing collaboration on specific targeted projects.
Q4 2020	A wider report on mental health needs among priority groups. Ongoing collaboration on specific targeted projects.

Overarching Milestone 2021

A strategy to ensure ongoing engagement with priority groups around the provision of mental health information.

Overarching Milestone 2022

The information and awareness needs of all priority groups have been addressed in consultation with relevant advocacy partner organisations.

Outputs by end of 2022

Measurable improved levels of mental health literacy amongst priority groups in Connecting for Life (linking in with Action 1.1.3) that can be identified within national survey.

Positive engagement with partner organisations representing priority groups which cannot be identified within national survey results.



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.

Lead: NOSP

Partners: HSE MH, Youth Sector, Non-statutory partners

Purpose

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 add to this problem. Mental health problems are a major risk factor for suicide.

Inputs for 2020

Funding partnerships and service level agreements with NGO sector: Sharing the Vision (2020), new HSE Mental Health Communications Framework (2020), Communications budget allocated to World Suicide Prevention Day.

Milestones

Overarching Milestone 2020

On-going delivery, development and improvement of stigma reduction campaigns, with a concerted focus from NOSP activity, on suicide-related stigma.

Improved alignment of stigma-related activities provided by range of funded NGO partners (e.g., SeeChange, BelongTo, TENI, SOS, USI, Pieta).

Q1 2020	Engage with and influence SLA improvement process, with key NGO providers in this space. Delivery of First Fortnight Festival.
Q2 2020	Delivery of Green Ribbon Campaign 2020 and effective distribution and messaging across HSE channels.
Q3 2020	Publication of Green Ribbon Impact Report.
Q4 2020	Delivery of NOSP World Suicide Prevention Campaign. Engage with and influence SLA improvement process, for 2021.

Overarching Milestone 2021

On-going delivery, development and improvement of stigma reduction campaigns and in response to developments related to 1.1.1, Sharing the Vision and HSE Mental Health Communications Framework.

Overarching Milestone 2022

On-going delivery, development and improvement of stigma reduction campaigns and in response to developments related to 1.1.1, Sharing the Vision and HSE Mental Health Communications Framework.

Outputs by end of 2022

An improved suite of cohesive stigma reduction campaigns and offers across funded partners and HSE.



Action 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: DCCAE

Partners: NOSP, Non-statutory partners

Purpose

To facilitate on-going engagement between CfL and online platforms.

Inputs for 2020

Milestones

Overarching Milestone 2020

Support the development of an evidence base to inform the development of online safety codes in relation to content which is likely to encourage or promote self-harm or suicide or provides instructions on how to do so which are to be made by the Media Commission established by the Online Safety and Media Regulation Bill (OSMR Bill).

Q1 2020	DCCAE to facilitate meeting with social media platforms and NOSP.
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Q2 2020	NOSP to develop evidence to support code development.
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Q3 2020	DCCAE to facilitate meeting with social media platforms and NOSP.
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Q4 2020	NOSP to develop evidence to support code development.
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Overarching Milestone 2021

Support the development of an evidence base to inform the development of online safety codes in relation to content which is likely to encourage or promote self-harm or suicide or provides instructions on how to do so which are to be made by the Media Commission established by the Online Safety and Media Regulation Bill (OSMR Bill).

Overarching Milestone 2022

Support the development of an evidence base to inform the development of online safety codes in relation to content which is likely to encourage or promote self-harm or suicide or provides instructions on how to do so which are to be made by the Media Commission established by the Online Safety and Media Regulation Bill (OSMR Bill).

Outputs by end of 2022

The availability of online content which is likely to encourage or promote self-harm or suicide or provides instructions on how to do is effectively minimised.



Action 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: DCCAE (BAI)

Purpose

There is evidence that irresponsible media reporting of suicide can be damaging for vulnerable people.

Inputs for 2020

Support from Headline.

Milestones

Overarching Milestone 2020

On-going application of code.
Collaborate with NOSP and Headline to organise training for broadcast journalists on the responsible reporting of suicide.

Q1 2020	Monitor implementation of the Code and in particular Principle 3 through statutory broadcasting complaints process.
Q2 2020	Monitor implementation of the Code and in particular Principle 3 through statutory broadcasting complaints process. Plan relevant training intervention with relevant industry partners and Headline.
Q3 2020	Monitor implementation of the Code and in particular Principle 3 through statutory broadcasting complaints process. Implement relevant training intervention with relevant industry partners and Headline.
Q4 2020	Monitor implementation of the Code and in particular Principle 3 through statutory broadcasting complaints process. Produce end of Year Report on all relevant complaints received and closed during 2020.

Overarching Milestone 2021

Monitor implementation of the Code and in particular Principle 3 through statutory broadcasting complaints process.

Produce end of Year Report on all relevant complaints received and closed during 2021.

Plan and implement relevant training intervention with relevant industry partners and Headline.

Overarching Milestone 2022

Monitor implementation of the Code and in particular Principle 3 through statutory broadcasting complaints process.

Produce end of Year Report on all relevant complaints received and closed during 2022.

Plan and implement relevant training intervention with relevant industry partners and Headline.

Outputs by end of 2022

In addition to the annual outputs identified above the BAI will produce a 2022 Report to cover the three years of the plan, the actions implemented and the relevant outcomes.



Action 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

Purpose

There is evidence that media reporting of suicide can be damaging for vulnerable people. The media must take great care in its reporting of matters relating to suicide.

Inputs for 2020

Support from Headline.

Milestones

Overarching Milestone 2020

On-going application of code.
Any complaints that Principle 10 (Reporting of Suicide) will be processed.
Collaborate with NOSP and Headline in any training initiatives they take in regard to suicide reporting and the media.

Q1 2020 Monitoring of code.

Q2 2020 Monitoring of code.

Q3 2020 Monitoring of code.

Q4 2020 Monitoring of code.

Overarching Milestone 2021

To ensure that newspapers play a responsibility part in the reporting of issues relating to suicide.

Overarching Milestone 2022

To ensure that newspapers play a responsibility part in the reporting of issues relating to suicide.

Outputs by end of 2022

Full compliance with Principle 10.



Action 1.4.4: Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting.

Lead: NOSP

Purpose

The media have a significant role to play in promoting mental health, actively reducing stigma towards people with mental health difficulties, and reporting suicide safely and responsibly. By working with the industry, including media students, we can find ways to collaborate to ensure that suicide, mental health and mental illness are responsibly covered in the media.

The purpose is that:

All forms of Irish media responsibly and accurately cover mental health and suicide.

Those affected by suicide, deliberate self-harm, mental health problems or mental illness is not adversely affected by media coverage.

The mental health and mental well-being of the population is prioritised by the media in its work.

Inputs for 2020

Funding partnerships and service level agreements with NGO sector (primarily Headline); NOSP Communications budget and time allocated to support key initiatives.

Milestones

Overarching Milestone 2020

Emerging new work streams and initiatives facilitated by the development of new quarterly round table network, incorporating key partners (Headline, PC, BAI, Samaritans, NSRF).

Q1 2020	Support development of Headline programme of work for 2020.
Q2 2020	Develop quarterly round table network of key partners in this area (Headline, Press Council, Samaritans, BAI) to improve aligned working and partnership opportunities.
Q3 2020	Development of new information resource materials (with Headline) for the sector.
Q4 2020	Delivery of Headline Media Awards. Improvement of key metrics from Headline on media training, education and related initiatives.

Overarching Milestone 2021

Emerging new work streams and initiatives facilitated by the development of new quarterly round table network, incorporating key partners (Headline, PC, BAI, Samaritans, NSRF).

Overarching Milestone 2022

Emerging new work streams and initiatives facilitated by the development of new quarterly round table network, incorporating key partners (Headline, PC, BAI, Samaritans, NSRF).

Outputs by end of 2022

Improved alignment of efforts and initiatives across key partners.

Improved collaborative working across key partners.

Increased levels of training delivered to media and student cohorts.

Greater measurement of activity.



Goal 2

Action 2.1.1: Implement consistent, multi-agency suicide prevention plans to enhance communities' capacity to respond to suicidal behaviours emerging suicide clusters and murder suicide. The plans will be the responsibility of the HSE Mental Health Division and aligned with the HSE Community Health Organisations structure, Local Economic & Community Plans and Children & Young People's Services Committee's (CYPSC) county plans.

Lead: HSE MH

Partners: NOSP, local authorities, other HSE functions, NGOs

Purpose

To ensure that needs specific to certain local areas are being addressed and to engage with communities to promote mental health in meaningful visible ways, thereby fostering hope in relation to suicide prevention work.

Inputs for 2020

Ongoing regular engagement between HSE MH, NOSP and the ROSPs group.

Milestones

Overarching Milestone 2020

Overarching Milestone 2020
Regular engagement between ROSPs, NOSP and Mental Health Operations.
Agreement on necessary revisions to local plans, including a shared approach to revising implementation plans.
A complete set of revised local CfL implementation plans.

Q1 2020	Regular update meetings.
Q2 2020	Regular update meeting. Piloting of HSE Psychosocial Response 'Mapping' Template with ROSPs group. Presentation from HSE MH and NOSP to ROSPs on HSE Psychosocial Response Project.
Q3 2020	Regular update meeting.
Q4 2020	Update on national actions for ROSP group from HSE MH and NOSP. A complete set of revised local CfL implementation plans.

Overarching Milestone 2021

Regular reports capturing highlights and key learning from local areas.

Overarching Milestone 2022

Report on a review of implementation of local CfL plans.

Outputs by end of 2022

Suicide prevention structures embedded and functioning as business as usual in local areas with clear and regular communications channels in place to ensure flow of information and capture learning.



Action 2.2.1: Provide community-based organisations with guidelines and protocols on effective suicide prevention.

Lead: NOSP Partners: Non-Statutory Partners

Purpose

Suicide can happen in communities, groups and organisations such as schools, workplaces and neighbourhoods across Ireland. Local communities are important places where suicide can be addressed. Practical guidance can be provided to concerned people who come together to address suicide and also to support communities and prevent contagion in cases of bereavement.

Inputs for 2020

Support of local CHOs (including HSE ROSPs); NOSP NGO partners working in the community (e.g. GAA Healthy Clubs programme, FRCs, Samaritans, Pieta), DES NEPs.

Milestones

Overarching Milestone 2020

Develop, publish and implement the Guidance Document for Community Response Plans in Cases of Suspected Suicide. Work with HSE ROSPs and non-statutory partners to update 'Suicide Prevention in the Community – A Practical Guide' and develop case studies of good practice.

Q1 2020	Disseminate 'Responding to a person in suicidal distress - a guidance document' to non-statutory partners and community organisations. Publish and develop communications plan for Guidance Document for Community Response Plans in Cases of Suspected Suicide with HSE ROSPs. Develop project plan to update 'Suicide Prevention in the Community – A Practical Guide'.
Q2 2020	
Q3 2020	Support ROSPs and local teams to develop Community Response Plans in Cases of Suspected Suicide.
Q4 2020	Redevelop and plan for republication of "Suicide Prevention in the Community – A Practical Guide" and associated case studies of good practice

Overarching Milestone 2021

On-going implementation and review of Guidance Document for Community Response Plans in Cases of Suspected Suicide. Each CHO area has a plan in place.
On-going promotion of 'Suicide Prevention in the Community – A Practical Guide' and case studies of good practice.

Overarching Milestone 2022

Evaluate implementation of Community Response Plans in Cases of Suspected Suicide.
Review and update 'Suicide Prevention in the Community – A Practical Guide' as required.

Outputs by end of 2022

All local areas have an inter-agency Community Response Plan in place which is implemented as needed in the response to cases of suspected suicide.
Guidance (including tool kits and cases studies) on how communities can address suicide, are published by NOSP and utilised by community based organisations.



Action 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

Partners: Non statutory bodies

Purpose

The Training and Education Plan has been developed up to 2020. In 2020 an evaluation of training will be conducted. Following that the plan needs to be updated and extended to 2023.

Inputs for 2020

External researcher.

Milestones

Overarching Milestone 2020

Update current National Training and Education Plan 2019-2020 based on evaluation.

Q1 2020	Researcher contracted to evaluate the implementation of the range of delivery models of suicide prevention gatekeeper training.
Q2 2020	Literature review on models of gatekeeper training for suicide prevention and reported impact/contribution to suicide prevention outcomes completed.
Q3 2020	Research report proposing directions for the HSE NOSP suicide prevention training strategy, beyond 2020.
Q4 2020	Update Training and Education Plan.

Overarching Milestone 2021

Publish updated Training and Education Plan.

Overarching Milestone 2022

Outputs by end of 2022

High quality and (cost) effective training supports communities to respond to people at risk of suicide.



Action 2.3.2: Deliver awareness training programmes in line with National Training Plan prioritising professionals & volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide.

Lead: NOSP

Partners: Non statutory bodies

Purpose

Education and training is a frequently used intervention in suicide prevention strategies. Community gate keeper training aims to improve knowledge of risks and signs of suicide, positively shape attitudes and increase confidence in dealing with people in crisis and connecting them with services. By rolling out a national programme of evidence informed community training we can create 'suicide safer' communities.

Inputs for 2020

Living Works Licence (SafeTALK and ASIST and pilot of START); External literature review and evaluation of implementation models. HSE ROSPs and training support with national coverage. Website and online booking portal. Participant data. Funding for local events and quarterly reporting on spend from ROSPs. Train the trainer events.

Milestones

Overarching Milestone 2020

Implementation of National Education and Training Plan 2019-2020: Provide a suite of standardised programmes for the general public, community care givers, professionals and volunteers; Develop a National Quality Assurance Framework; Monitor and evaluate the effectiveness and cost effectiveness of community training; and communicate through effective structures.

Q1 2020	Development of www.nosp.ie/training , including access to local event booking.
Q2 2020	Pilot of e-learning programme. (START) Development of QAF. Analysis of training participant data.
Q3 2020	Publication of QAF. Train new trainers in USH
Q4 2020	Train new trainers in SafeTALK and ASIST.

Overarching Milestone 2021

Implementation of National Education and Training Plan 2021-2023.

Overarching Milestone 2022

Implementation of National Education and Training Plan 2021-2023.

Outputs by end of 2022

High quality and (cost) effective training supports communities to respond to people at risk of suicide.



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

Lead: HSE H&W; Partners: HSE MH, DOH

Purpose

Stress Control, Minding Your Wellbeing and Social prescribing are interventions that promote positive mental health.

Inputs for 2020

Funding, release of staff, materials, cross-sectoral engagement and partnership within HSE & funded agencies.

Milestones

Overarching Milestone 2020

Commence national implementation of Stress Control.

Continued delivery and capacity building for Minding Your Wellbeing Programme (MYWB). Launch a national evaluation framework for social prescribing and commence developing a framework for mainstreaming and integrating social prescribing within the HSE.

Q1 2020	Implementation of Stress Control in 2 CHOs. Deliver MYWB nationally. Co-designing social prescribing evaluation framework with key stakeholders.
Q2 2020	Implementation of Stress Control in further 2 CHOs. Deliver MYWB and commence development of follow-on e-learning module. Launch of social prescribing evaluation framework and commence development of framework to integrate social prescribing within HSE.
Q3 2020	Implementation of Stress Control in final 4 CHOs. Business case developed for new HSE Stress prevention/management programme. Deliver MYWB Programmes nationally and on-going development of e-learning module. Engagement event with key social prescribing stakeholders.
Q4 2020	Stress Control delivery in all CHOs, process evaluation and development of HSE Stress Management programme in 2021 underway. Deliver MYWB Programmes. T4T delivered and final edits to e-learning module for testing in 2021. Drafting of national framework to integrate social prescribing within HSE.

Overarching Milestone 2021

Ongoing delivery of Stress Control. 90 MYWB courses delivered nationally. ELearning module available. Publish national framework for social prescribing and commence implementation.

Overarching Milestone 2022

On-going delivery of Stress Control and development of new HSE programme. 90 MYWB courses delivered nationally. ELearning module available. Implementation of social prescribing as a service model of care across HSE.

Outputs by end of 2022

220 stress control courses delivered. 270 MYWB courses delivered. Implementation of Social prescribing as a part of core service delivery in HSE Community Health Networks.

2 Depending on extending the pool of trainers this number should increase significantly.



Goal 3

Action 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.

Lead: DAFM, DOH, DJE, DSP, DCYA/TUSLA, DERCA, DOD, DTTAS

Partners: IPS, Garda Síochána, NEWS, ISC, NOSP

Purpose

To ensure that policies, plans and programmes which will have an impact on people with increased risk of suicide or self-harm are “suicide prevention proofed”.

Inputs for 2020

Working group and input of policy makers.

Milestones

Overarching Milestone 2020

Develop policy proofing tool and implementation supports.

Q1 2020 NOSP to meet all agencies to scope different approaches needed to meet action aims.

Q2 2020 NOSP to complete literature review and develop tool in consultation with policy makers.

Q3 2020 NOSP to produce report drawing together literature review, tool, case studies and implementation supports.

Q4 2020 Working group member to develop implementation supports.

Overarching Milestone 2021

On-going implementation of policy proofing tool.

Overarching Milestone 2022

On-going implementation of policy proofing tool.

Outputs by end of 2022

Each lead agency has a process in place to ensure that policies, plans and programmes which will have an impact on people with increased risk of suicide or self-harm are “suicide prevention proofed”. Policy makers are educated on the importance of this.



3.1.1: Integrate suicide prevention principles into relevant national Department of Defence policies and programmes which cover persons in the Defence Forces who are vulnerable/at risk of suicide.

Lead: DOD, Partners: NOSP

Purpose

A suicide assessment of the Defence Forces will provide basic information to inform organisational planning in suicide awareness and prevention in the Defence Forces.

Incorporating suicide awareness and prevention measures into the Defence Forces Mental Health and Wellbeing Strategy will ensure that the issue of suicide prevention is an integrated and coherent function of general mental health and wellbeing in the Defence Forces.

Inputs for 2020

Support from NOSP. Suicide Prevention training.

Milestones

Overarching Milestone 2020

Development of Mental Health and Wellbeing Strategy for the Defence Forces which includes suicide awareness and prevention measures.

Q1 2020	Begin gathering of suicide assessment data. Suicide Prevention and Awareness included in mental health strategy development.
Q2 2020	Analysis of suicide assessment data in cooperation with NOSP. Suicide Prevention and Awareness included in mental health strategy development.
Q3 2020	On-going analysis of suicide assessment data. Mental Health and Wellbeing Strategy promulgated in July.
Q4 2020	Suicide assessment report complete. Implementation of strategy on-going through DF Mental Health and Wellbeing Group.

Overarching Milestone 2021

Implementation of Mental Health and Wellbeing Strategy on-going through DF Mental Health and Wellbeing Group. Effective collection and utilisation of Defence Forces suicide information is achieved and maintained.

Overarching Milestone 2022

Implementation of Mental Health and Wellbeing Strategy on-going through DF Mental Health and Wellbeing Group. Effective collection and utilisation of Defence Forces suicide information is achieved and maintained.

Outputs by end of 2022

A clearer basic picture of suicide in the Defence Forces has been achieved and is used to inform organisational decisions in suicide awareness and prevention measures.

Suicide prevention and awareness measures are integrated into overall Defence Forces Mental Health and Wellbeing planning and implementation.

Liaison and cooperation with NOSP has been maintained and enhanced. Defence Forces has become an organisational leader in suicide prevention and awareness and is an active participant in National Strategic efforts.



Action 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.

Lead: DTTAS

Purpose

To ensure policies, plans and programmes are designed to integrate suicide prevention programmes as actions within them. To explore the possibilities of integrating the national database of sports facilities and leisure facilities currently under development into suicide prevention programmes.

Inputs for 2020

- New project currently being developed.
- Multi sectorial project which requires support from all stakeholders.
- Need to be provided with data from stakeholders to populate the database.
- Need feedback and input throughout development from stakeholders.

Milestones

Overarching Milestone 2020

Develop community usage of a national database of sports facilities and leisure facilities currently under development.

Q1 2020 DTTAS project engagement.

Q2 2020 Commence data collation.

Q3 2020 Develop exemplar pilot.

Q4 2020 Assess pilot progress.

Overarching Milestone 2021

Continue with development of database.

Overarching Milestone 2022

Continue with development of database.

Outputs by end of 2022

Developed community usage of a national database of sports facilities and leisure facilities currently under development. Explored possibilities of its integration into suicide prevention programmes.



Action 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.

Lead: Tusla

Purpose

To ensure all relevant Child and Family Agency policies and protocols include the principles and any appropriate guidance and actions from the Connecting for Life Cross Sectoral document.

Inputs for 2020

Meeting between NOSP and Tusla Policy Managers. Tusla Policy Managers to integrate principles into policy, protocol and guidance.

Milestones

Overarching Milestone 2020

Q1 2020

Q2 2020

Q3 2020 Meeting to have taken place and guidance provided by NOSP representative.
Update on inclusions in Tusla policies to date.
Agreement of future inclusions.

Q4 2020 Continue to include suicide prevention principles in all appropriate policy, protocol and guidance documents.

Overarching Milestone 2021

Continue to include suicide prevention principles in all appropriate policy, protocol and guidance documents.

Overarching Milestone 2022

Continue to include suicide prevention principles in all appropriate policy, protocol and guidance documents.

Outputs by end of 2022

To have suicide prevention integrated into all appropriate policies, protocols and guidance within Tusla, the Child and Family Agency.



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.

Lead: DCRD

Purpose

The DCRD has a range of social inclusion/development programmes, which may impact on people who are shown to be at increased risk of suicide.

Inputs for 2020

Milestones

Overarching Milestone 2020

On-going dissemination of suicide prevention guidance and incorporation of suicide prevention into relevant policies and programmes.

Q1 2020	DCRD to support the development by NOSP of Staff Guidance on responding to a person in suicidal distress. DCRD to disseminate NOSP's Staff Guidance on responding to a person in suicidal distress to relevant organisations.
Q2 2020	Organise a workshop(s) between NOSP and DCRD policy makers) to identify which DCRD policies/programmes could impact on suicide prevention. Organise a workshop/discussion between NOSP and Pobal.
Q3 2020	Support working group to develop NOSP guidance for policy makers.
Q4 2020	Work with NOSP to allow NOSP to provide guidance (relating to the incorporation of suicide prevention into relevant policies and programmes) to DCRD policy makers.

Overarching Milestone 2021

On-going dissemination of suicide prevention guidance and incorporation of suicide prevention into relevant policies and programmes.

Overarching Milestone 2022

On-going dissemination of suicide prevention guidance and incorporation of suicide prevention into relevant policies and programmes.

Outputs by end of 2022

NOSP guidance disseminated by the DCRD. Suicide prevention considered by DCRD when developing relevant policies and programmes.



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 dying by suicide within the justice and prison sectors.

Lead: DJE

Partners: IPS, Garda Síochána, NEWS, ISC, NOSP

Purpose The DJE currently has responsibility for policy and strategy development in respect of Direct Provision and of Equality, both of which areas have cohorts of people who may be at increased risk of suicide.¹

Inputs for 2020

Milestones

Overarching Milestone 2020

On-going dissemination of suicide prevention guidance and incorporation of suicide prevention into relevant policies and programmes.

Q1 2020	An implementation plan will be developed to roll out Storm training to all frontline staff of Probation Service.
Q2 2020	Substance Misuse Survey conducted by Probation Service in conjunction with the Central Statistics Office to measure the level of substance misuse including frequency of overdose rates. Position paper on mental health strategy for Probation Services in development.
Q3 2020	The Probation Service will hold an annual conference on World Mental Health Day the 10/10/20.
Q4 2020	

Overarching Milestone 2021

On-going dissemination of suicide prevention guidance and incorporation of suicide prevention into relevant policies and programmes.

Overarching Milestone 2022

On-going dissemination of suicide prevention guidance and incorporation of suicide prevention into relevant policies and programmes.

Outputs by end of 2022

NOSP guidance disseminated by the DJE. Suicide prevention considered by DJE when developing relevant policies and programmes.

¹ To note: following the formation of the new Government, responsibility for these areas will transfer to the Department of Children, Disability, Equality and Integration



Action 3.1.1: Government departments and state agencies will take consideration of suicide prevention and, where appropriate integrate it, in the development of relevant national policies, plans and programmes which deal with people who are vulnerable or at risk of suicide or self-harm.

Action 3.1.2: Develop and implement protocols, in consultation with NOSP, to assist DSP staff who are likely to come into contact with people who are vulnerable to/at risk of suicide.

Lead: Dept Social Protection

Purpose

Ensure DSP frontline staff are equipped to support vulnerable members of the public.

Inputs for 2020

Milestones

Overarching Milestone 2020

Support work of CfL policy/ protocols working group.

Q1 2020

Disseminate guidance to DSP staff to help them deal with people who present in crisis/ crisis callers.

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022



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 within the agriculture sector.

3.1.2: Develop and implement protocols for DAFM and agency staff who may come in contact with people who are vulnerable to/at risk of suicide.

Lead: DAFM

Purpose

To raise awareness of and promote positive mental health and wellbeing within the agri-food sector.

To equip DAFM staff to respond effectively to someone in suicidal distress. To ensure DAFM staff are mindful of their own self-care following stressful/critical incidents in the workplace.

Inputs for 2020

Continued cooperation of DAFM colleagues.

Milestones

Overarching Milestone 2020

On-going dissemination of suicide prevention guidance and incorporation of suicide prevention into relevant policies and programmes.

Q1 2020 Continue to raise awareness among staff of the importance of mental and physical wellbeing.

Raise awareness among staff of DAFM's existing policy on managing potentially threatening/violent/distressing incidents in the workplace.

Q2 2020 Encourage staff to raise awareness within their communities of mental health services available.

Continue with the implementation of DAFM's Diversity, Equality and Inclusion policy.

Q3 2020 Disseminate Staff Guidance on responding to a person in suicidal distress to DAFM staff.

Promote wellbeing activities and DAFM's Diversity, Equality and Inclusion policy at the Ploughing Championships.

Q4 2020 Circulate updated CI protocol which will be available to staff along with DAFM's existing policy.

Overarching Milestone 2021

On-going implementation of suicide prevention and critical incident response guidance for staff.

Overarching Milestone 2022

On-going implementation of suicide prevention and critical incident response guidance for staff.

Outputs by end of 2022

All 3000 DAFM staff have an awareness of how to respond to someone in suicidal distress and to connect them with appropriate supports and services.



Action 3.1.1: Integrate suicide prevention into the development of relevant national policies implementation plans and programmes for people who are at an increased risk of suicide or self-harm.

Lead: Department of Health

Purpose

To ensure that suicide prevention policies are taken into account in the formulation of relevant implementation plans, to the extent that they relate to the policy and plans in question.

Inputs for 2020

Departments/agencies to consider relevant policies to which this might apply and identify any relevant suicide prevention measures at the stage implementation plans are being drawn up.

Milestones

Overarching Milestone 2020

Policy working group to identify relevant plans in development and contact appropriate departments and agencies with a view to incorporating suicide awareness and prevention when considering outcomes.

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022

A stated awareness of suicide prevention in relevant implementation plans and identification of the measures put in place.



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.

Lead: NOSP, HSE: Acute Hospitals, PC,MH, IPS/ Garda Síochána, Non-statutory partners

Partners: DAFM, DOH, DJE, DSP, DES, DCYA/TUSLA, DOD.

Purpose

To ensure enhanced cooperation among agencies in area of suicide prevention and critical incident response.

Inputs for 2020

Milestones

Overarching Milestone 2020

Focus on developing or enhancing protocols between:

HSE NOSP and An Garda Síochána Special Victims Unit.

HSE NOSP and An Garda Síochána Human Rights Division (training).

HSE Mental Health Operations and TUSLA.

HSE Mental Health Operations and IPS/Probation.

HSE NOSP and Defence Forces (Training MOU).

Q1 2020

Q2 2020 Cross Sectoral Working group meeting.

Q3 2020 Cross Sectoral Working group meeting.

Q4 2020 Cross Sectoral Working group meeting.

Overarching Milestone 2021

Publication and implementation of protocols.

Overarching Milestone 2022

Publication and implementation of protocols.

Outputs by end of 2022

Published interagency protocols and clear evidence of enhanced cooperation in relation to suicide prevention and bereavement.



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.

Lead: Tusla

Purpose

To ensure that interagency cooperation between TUSLA and the HSE results in best practice in the area of suicide prevention, including arrangements for assessing and responding to children at risk of self-harm and suicide.

Inputs for 2020

Data sharing agreement which considers GDPR.

Milestones

Overarching Milestone 2020

Tusla to engage with HSE services (through the National Oversight Group) to review the protocol for interagency cooperation to ensure interagency cooperation between TUSLA and the HSE results in best practice, including arrangements for assessing and responding to children at risk of self-harm and suicide, are in place and working effectively.

Q1 2020

Q2 2020

Q3 2020 Continue the work on the 2017 Joint Protocol between HSE and Tusla.

Q4 2020 Review the Joint Protocol (HSE & Tusla) and cross reference with the HSE internal protocol "Joint Working Protocol Primary Care, Disability and Child and Adolescent Mental Health Services" 2017.

Overarching Milestone 2021

- Complete the review the Joint Protocol (HSE & Tusla) and cross reference with the HSE internal protocol "Joint Working Protocol Primary Care, Disability and Child and Adolescent Mental Health Services" 2017.
- Update and amend protocols if necessary.
- Implement changes.

Overarching Milestone 2022

Complete Implementation of the two protocols: HSE/Tusla (Revised protocol 2020) and the Internal HSE Protocol (2017).

Outputs by end of 2022

- Have a robust system to assess and intervene in situations where there is a risk of suicide.
- Have a system for interagency working which ensures a timely response to concerns.
- Develop and deliver appropriate awareness raising to suicide prevention.
- Deliver appropriate training to staff and trainers on awareness raising, suicide prevention and therapeutic interventions in partnership with the NOSP and HSE mental Health Services.



Action 3.1.3: Develop and deliver targeted initiatives and services at Primary Care level for priority groups.

Lead: HSE PC

Partners: NOSP

Purpose

Priority Groups have higher incidences of suicidal behaviour and completed suicides. Including substance use, homeless, traveller, migrants, LGBTI+.

Inputs for 2020

Need to develop targeted training programmes on suicide prevention to staff working with priority areas.

Milestones

Overarching Milestone 2020

Deliver targeted training programmes on suicide prevention to staff working with priority areas.

Q1 2020	Build into programme of work and elicit agreement from management to support training initiatives.
Q2 2020	Discuss with NOSP re appropriate training programme for specific groups. Training approach may vary.
Q3 2020	Delivery of training to staff.
Q4 2020	Delivery of training to staff.

Overarching Milestone 2021

Continue appropriate initiatives.

Overarching Milestone 2022

Continue appropriate initiatives.

Outputs by end of 2022

Staff in all areas have received appropriate training to deliver initiatives.



Action 3.1.4: Evaluate as appropriate targeted initiatives and or services for priority groups. Lead: NOSP

Purpose

We are seeking to ensure that CfL supports and drives the implementation of effective suicide reduction measures for those most vulnerable to, and/or at greatest risk of suicide (i.e. CfL's 22 priority groups). Evaluation of pilot projects/ interventions to assess outcomes, inform scaling-up and/or replication is essential. To this end a CfL Priority Group (Review) and Plan is being developed which will, in part, inform Phase 2 of CfL's evaluation programme of work (i.e. beyond 2020), in particular, the identification of appropriate initiatives for evaluation (and scaling up).

Inputs for 2020

Support from the National Suicide Research Foundation (NSRF) to undertake a review of literature on effective suicide prevention measures for those at greatest risk, and from the CfL Evaluation Advisory Group (EAG), our academic partners and the research community.

Milestones

Overarching Milestone 2020

Complete and publish a CfL Priority Group (Review and) Plan.

Q1 2020	Commence review of CfL funded work across all priority groups.
Q2 2020	Systematic review of (national & intervention) literature on effective suicide prevention measures for CfL priority groups and identification gaps in knowledge.
Q3 2020	Completion of CfL Priority Group Review & Plan.
Q4 2020	Develop research and evaluation questions for CfL Phase 2 research & evaluation programme of work – inform by the systematic review of literature.

Overarching Milestone 2021

Implementation of evaluation programme of work aligns with the CfL Priority Group Plan.

Overarching Milestone 2022

On-going implementation of evaluation programme of work and synthesis and dissemination of key findings.

Outputs by end of 2022

We will have a body of evidence to contribute to the national and international literature on what work in suicide prevention, for whom and in what context.



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.

Lead: NOSP; Partners: HSE PC, MH, Acute Hospitals

Purpose

To provide a suite of evidence informed training in suicide prevention, intervention and postvention in order to support the practice of frontline health and social care professionals. To ensure alignment with activity under actions 4.1.4 and 5.2.1.

Inputs for 2020

STORM licence and trainers; ICGP webinars; 4Mental Health pilot evaluation. CAMS evaluation; TUSLA Training and Education team. Relationship with ICGP and College of Psychiatrists of Ireland.

Milestones

Overarching Milestone 2020

On-going implementation of STORM training across HSE mental health, primary care and addiction services.	Q1 2020	Plan schedule of train the trainer events for 2020.
On-going delivery of Understanding Self-harm training to those working with young people.	Q2 2020	Update bereavement training programme.
On-going delivery of suicide bereavement training for professionals.	Q3 2020	Develop GP webinars Train and support 16 new trainers in STORM. Train new trainers in suicide bereavement training for professionals. Train new trainers in Understanding Self-Harm.
NOSP to work with TUSLA to ensure social care staff have access to relevant suicide prevention training.		
NOSP and ICGP to develop a series of webinars to support GPs in dealing with patients who present in suicidal crisis/with self-harm.	Q4 2020	Train and support new trainers in STORM. 4MH pilot training evaluation.
NOSP and College of Psychiatrist of Ireland to develop specific training for all psychiatrists at basic and higher levels of specialist training.		

Overarching Milestone 2021

On-going implementation of STORM and other relevant training across HSE mental health, primary care and addiction services.

Overarching Milestone 2022

Evaluation of implementation of STORM and other relevant training across HSE mental health, primary care and addiction services.

Outputs by end of 2022

Frontline health and social care professionals confidently apply best practice principles when supporting people in suicidal crisis or who have been bereaved by suicide.



Action 3.1.6: Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector

Lead: HSE H&W

Support: HSE PC, HSE MH, Acute Operations

Purpose

Plan and host a consultative interface event with young people in collaboration with Jigsaw in order to seek their views on how best to support their mental health and wellbeing in response to My World 2 survey findings.

Inputs for 2020

Funding for event, partnership with Jigsaw. Engagements with HSE cross divisional partners – particularly NOSP and HSE mental health.

Milestones

Overarching Milestone 2020

Plan and host a consultative interface event with young people in collaboration with Jigsaw.

Q1 2020	Planning event – establish working group with key stakeholders including young people to plan the agenda and detail of the youth mental health interface event.
Q2 2020	Host the youth mental health interface event.
Q3 2020	Develop a plan for implementing the recommendations from the HSE/Jigsaw Youth mental health interface event.
Q4 2020	Commence implementation of the recommendations from the HSE/Jigsaw youth mental health interface event.

Overarching Milestone 2021

On-going implementation of the recommendations from the HSE/Jigsaw youth mental health interface event.

Note: the details of the milestones for 2021 are unknown at present and are dependent on the outcome of the HSE/Jigsaw youth mental health interface event hosted in Q2 2020.

Overarching Milestone 2022

On-going implementation of the recommendations from the HSE/Jigsaw youth mental health interface event.

Note: the details of the milestones for 2022 are unknown at present and are dependent on the outcome of the HSE/Jigsaw youth mental health interface event hosted in Q2 2020.

Outputs by end of 2022

Note: the details of these milestones are unknown at present and are dependent on the outcome of the HSE/Jigsaw youth mental health interface event hosted in Q2 2020.



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.

Lead: HSE PC

Partners: HSE H&W, DOH

Purpose

Prevention programmes in school settings need to be relevant and up to date in terms of drug and alcohol trends among young people. To this end the 'Know the Score' resource has been developed and was launched in October 2019.

Inputs for 2020

Deliver widely and time for staff training is required.

Milestones

Overarching Milestone 2020

On-going implementation of MECC (alcohol) and response to new legislation.

Continued rollout of SAOR to services and also to support the new health led approach to possession of drugs for personal use.

Q1 2020 Schools training continued (Know the Score)
SAOR and MECC on-going.

Q2 2020 Schools training continued (Know the Score).
SAOR and MECC on-going
Working group to develop responses to possession of drug will meet to outline protocols.

Q3 2020 Schools training continued (Know the Score)
SAOR and MECC on-going.
Targeted roll out of model.

Q4 2020 Schools training continued (Know the Score).
SAOR and MECC on-going.
Targeted roll out of model.

Overarching Milestone 2021

Each area in country will have a targeted response to possession of drugs for personal use.

Overarching Milestone 2022

Evaluation of approach established.

Outputs by end of 2022

Reduction in convictions for possession of drugs for personal use and a diversion into the healthcare system when required.



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

Partners: TUSLA, HSE H&W, NOSP

Purpose

To promote a whole school approach to wellbeing promotion.

Inputs for 2020

CPD for teachers. Research. Online resources. Support from HSE Health and Wellbeing.

Milestones

Overarching Milestone 2020

Support implementation of the Wellbeing Policy and Framework for Practice.

Q1 2020	Evaluate the Wellbeing Action research project to identify CPD and resource requirements for teachers.
Q2 2020	Development of a CPD plan for September 2020.
Q3 2020	National roll out of CPD training. Host a shared learning day for schools.
Q4 2020	Development of a website of resources to support the wellbeing promoting process.

Overarching Milestone 2021

Continue to promote whole school approach to wellbeing and support implementation of the wellbeing policy using the school self-evaluation process.

Overarching Milestone 2022

Continue to promote whole school approach to wellbeing and support implementation of the wellbeing policy using the school self-evaluation process.

Outputs by end of 2022

Comprehensive online resources for schools.

All schools have engaged with a wellbeing promotion using the school self-evaluation process

National CPD for teachers available.



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

Partners: NEPS, HSE H&W, NOSP

Purpose

To support schools in suicide prevention and responding to crucial incidents.

Inputs for 2020

CPD, Support from HSE Health and Wellbeing.

Milestones

Overarching Milestone 2020

Provide updated guidance to schools Provide CPD training to schools through NEPS.

Q1 2020	Training for all NEPS psychologists on the development of Student Support Teams. On-going roll out of training on the management of critical incidents to primary schools.
Q2 2020	Issue revised guidelines for schools on the development of Student Support Teams. Recommend that Student Support Teams complete SafeTALK training and promote understanding Self-harm training for primary school staff as well as post primary. On-going roll out of training on the management of critical incidents to primary schools.
Q3 2020	On-going roll out of training on the management of critical incidents to primary schools.
Q4 2020	On-going roll out of training on the management of critical incidents to primary schools.

Overarching Milestone 2021

On-going support for schools to establish Student Support Teams and to manage critical incidents.

Overarching Milestone 2022

On-going support for schools to establish Student Support Teams and to manage critical incidents.

Outputs by end of 2022

Primary schools provided with training on critical incident response.
Guidelines on SST's updated and circulated to schools.
NEPS psychologist trained on the development of SST's.



3.3.3: Work with the HSE to develop national guidance for higher education 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

Partners: NOSP

Purpose

To ensure there is an all of system response within HEIs to suicide prevention and post-vention.

Inputs for 2020

External researchers. Graphic design. Stakeholder consultation. Events.

Milestones

Overarching Milestone 2020

Development and launch of National Student Mental Health and Suicide Prevention Framework.

Q1 2020	Stakeholder consultation event with senior HEI leadership.
Q2 2020	Production, launch and dissemination of framework. Source sustainable home for document.
Q3 2020	Implementation of framework through HEA's consultation and strategic dialogue process.
Q4 2020	On-going implementation of framework and linking with Healthy Ireland's Healthy Campus initiative.

Overarching Milestone 2021

On-going implementation of framework across HEIs nationally.

Overarching Milestone 2022

Review and evaluation of implementation of framework.

Outputs by end of 2022

All Irish HEIs have an all of campus suicide prevention and response plan which is correctly implemented as required.



3.3.4: Implement the National Anti-Bullying Action Plan including online and homophobic bullying.

Lead: DES

Partners: HSE H&W, NOSP

Purpose

To support schools in implementing effective anti-bullying policies.

Inputs for 2020

Online resources.

Milestones

Overarching Milestone 2020

On-going implementation of National Anti-Bullying Action Plan.

Q1 2020 On-going implementation of the Anti-Bullying Policy.

Q2 2020 On-going implementation of the Anti-Bullying Policy.

Q3 2020 On-going implementation of the Anti-Bullying Policy.

Q4 2020 On-going implementation of the Anti-Bullying Policy.

Overarching Milestone 2021

Implementation of Anti Bullying Procedures (2013) in all schools.

Overarching Milestone 2022

Implementation of Anti Bullying Procedures (2013) in all schools.

Outputs by end of 2022

Every school will have a policy in place.



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

Partners: HSE H&W, DCYA/TUSLA, DOH HI

Purpose

Wellbeing is one of the eight principles of the Junior Cycle Framework 2015. The Wellbeing programme at junior cycle will provide learning opportunities to enhance the physical, mental, emotional and social wellbeing and resilience of students, and to enable students to build life-skills and to develop a strong sense of connectedness to the school and to their community.

Inputs for 2020

On-going CPD and advice for schools.

Milestones

Overarching Milestone 2020

Support all schools to implement their wellbeing programme for the Junior Cycle.
Progress reviews of Senior Cycle and RSE.

Q1 2020	Continue to offer CPD and advice to schools on junior cycle wellbeing programmes.
Q2 2020	Continue to offer CPD and advice to schools on junior cycle wellbeing programmes.
Q3 2020	Continue to offer CPD and advice to schools on junior cycle wellbeing programmes.
Q4 2020	Continue to offer CPD and advice to schools on junior cycle wellbeing programmes.

Overarching Milestone 2021

Support all schools to implement their wellbeing policy for the Junior Cycle.
Progress reviews of Senior Cycle and RSE.

Overarching Milestone 2022

Support all schools to implement their wellbeing policy for the Junior Cycle.
Progress reviews of Senior Cycle and RSE.

Outputs by end of 2022

All schools have a wellbeing policy in place. Review of Senior Cycle advanced.



3.3.6: Deliver early intervention and psychological support service for young people at primary care level.

Lead: HSE PC

Partners: HSE MH

Purpose

Requirement for psychological supports for young people who may not meet the threshold for CAMHS referral.

Inputs for 2020

On-going work of Assistant Psychology.

Telepsychiatry MH/Addiction model to be established and rolled out.

Milestones

Overarching Milestone 2020

Have all 4 pilot sites for Telepsychiatry model operational.

Q1 2020 Hardware installed in all 4 pilot sites. Commence support in one of the areas.
Recruitment process commenced for additional CNS in Adolescent Substance use in 3 CHO areas.

Q2 2020 Commence telepsychiatry support in 2 other areas.

Q3 2020 Have the model operational in all 4 pilot sites.

Q4 2020 Telepsychiatry model operational
Additional staff in place.

Overarching Milestone 2021

Evaluation of telepsychiatry model and if appropriate extension to all areas nationally.

Overarching Milestone 2022

Model in place with evaluation.

Outputs by end of 2022

Appropriate care for adolescents with comorbid addiction and MH needs in Primary Care Community Addiction services. Appropriate referral pathways to CAMHS when required.



Action 3.3.7: Deliver early intervention and psychological support service for young people at secondary care level, including CAMHS

Lead: HSE MH

Purpose

To meet the mental health needs of young people who need more support than is currently available at Primary Care levels, through partner agencies such as Jigsaw, through self-help (e.g. online) or through other social supports.

Inputs for 2020

A reconfiguration of models of support for youth mental health.

Milestones

Overarching Milestone 2020

A continual decrease in young people on the waiting list for community CAMHS and reduction in number of children waiting longer than 12 months.

A continual increase in CAMHS referrals offered first appointment within 12 weeks.

Further expansion of Jigsaw/ similar primary care level MH services, including the expansion of online service.

Increase awareness of and foster a collaborative approach to providing digital mental health supports to young people by State funded agencies.

Q1 2020 Complete matrix of existing digital mental health supports available to young people and identify areas to expand these supports.

Q2 2020 Monthly national monitoring of activity and wait list for CAMHS to reduce number on CAMHS waiting list by >5% annually by end Q4. Maintain key focus on CHOs where there are children waiting over 12 months reporting on initiatives being undertaken by relevant CHOs and activity. Develop telehealth solutions to scale up service provision.

Q3 2020 Close monthly monitoring at national level of the activity and wait list for CAMHS to reduce number on CAMHS waiting list by >5% annually by end Q4.

Q4 2020 Reduce number on CAMHS waiting list by >5% annually. Plan for Digital Supports agreed. Complete options appraisal for expansion of new Jigsaw/similar primary care level MH services in 2021, incorporating digital delivery plans.

Overarching Milestone 2021

Agreement on a reconfigured model of mental health based on Pathfinder work ensuring that all settings where young people need support are working seamlessly, e.g. education settings, primary care, Jigsaw and HSE mental health services.

Enhanced delivery of online mental health supports / telehealth.

Ensure CAMHS is aligned to overall national work on recovery through collaboration with Mental Health Engagement.

Overarching Milestone 2022

Continual improvement in CAMHS performance indicators (as outlined in 2020 milestones).

Evidence of effective inter-agency collaboration.

Mainstreamed provision of online mental health supports and services.

Outputs by end of 2022

Improved access to early intervention and psychological support services for young people at secondary care level achieved through the further enhancement of CAMHS services and Community Mental Health Team capacity and also through the on-going increase in capacity at other levels of support, e.g. in primary care, through Jigsaw and online. This will be underpinned by effective inter-agency collaboration.



Goal 4

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

Lead: HSE MH

Partners: HSE PC, Acute Operations, NGOs

Purpose

In order to provide a consistent service nationally to meet needs in a timely way across all health services.

Inputs for 2020

Agree a definition of this action.

Milestones

Overarching Milestone 2020

Complete a review of the 7/7 community mental health service.

Q1 2020 Initial discussion took place within Mental Health Ops to determine the scope and improve the definition of this CfL action.

Publish information in user-friendly format on care pathways and movement into and between services (this links with Action 4.1.4).

Q2 2020 Provide a clear definition of this action.

Describe the 24/7 nature of services currently e.g. for an article on the new HSE corporate site.

Q3 2020 Report on pathways of care between primary care services and mental health services (with reference to mapping conducted through SSHAARP project, Action 4.1.4).

Q4 2020 Ensure publicly available, clear information on the availability of mental health services, addressing time of the day / day of the week and the range of mental health services available.

Overarching Milestone 2021

Determine the consistency of 24/7 service delivery across the country, identify and address any gaps.

Overarching Milestone 2022

Business as usual in the delivery of consistent 24/7 services and seamless movement into and between services.

Outputs by end of 2022

Access to uniform and quality assured mental health services in a range of settings on a 24/7 basis.



Action 4.1.2: Provide a co-ordinated uniform and quality assured service and delivery pathways of care for those with co-morbid addiction and mental health difficulties.

Lead: HSE MH

Partners: Primary Care, Acute Operations

Purpose

To meet the needs of people who are experiencing complex difficulties associated with both addiction and mental health needs.

Inputs for 2020

This work needs to be recommenced, possibly as a service improvement project.

Milestones

Overarching Milestone 2020

Inclusion of dual diagnosis work in the Programme Management Office portfolio of service improvement projects, or, an alternative but definitive decision about this action.

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Model of Care published.

Overarching Milestone 2022

Dual diagnosis services in place based on the national model of care.

Outputs by end of 2022

Measurable delivery of quality services for people experiencing dual diagnosis.



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 services.

Lead: DJE

Partners: IPS, Probation Service, HSE MH

Purpose

Inputs for 2020

Milestones

Overarching Milestone 2020

Q1 2020

Q2 2020 IPS, NFMHS, PS, HSE and NOSP to meet as CfL Justice Sector Group, to progress this action.

Q3 2020 IPS, NFMHS, PS, HSE and NOSP to meet as CfL Justice Sector Group, to progress this action.

Q4 2020 IPS, NFMHS, PS, HSE and NOSP to meet as CfL Justice Sector Group, to progress this action.

Overarching Milestone 2021

MOU to be agreed; Links improved between stakeholders to ensure comprehensive and ongoing support to those in the criminal justice system.

Overarching Milestone 2022

MOU implemented; Links improved between stakeholders to ensure comprehensive and ongoing support to those in the criminal justice system.

Outputs by end of 2022

Appropriate model of care for those in custody with severe mental illness developed and implemented.



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

Partners: Acute Operations

Purpose

Many people who are self-harming or at risk of suicide interact with our health services at many different levels and for a range of reasons, e.g. people in distress may present to a GP with physical symptoms – a common approach and a positive culture towards suicide prevention, organisation-wide, can help in identifying, assessing and responding in a supportive way to people who may be at risk.

Inputs for 2020

Organisation-wide engagement supported by a robust internal communication plan.

Milestones

Overarching Milestone 2020

Publish national guidelines on suicide and self-harm awareness, assessment and response.

Q1 2020	Complete and sign off on literature review and report of focus groups looking at staff awareness, assessment and response to the risk of suicide and self-harm. Assign writing tasks to Working group members for the guidelines document.
Q2 2020	Assess viability of recommencing work on drafting guidelines document within PPPG framework.
Q3 2020	Draft guidelines available for consultation with stakeholders.
Q4 2020	Publish guidelines and agree implementation plans.

Overarching Milestone 2021

Finalise a guidelines implementation plan and deliver staff training sessions.

Overarching Milestone 2022

Begin to report on organisation-wide implementation of the guidelines and revise / adapt as appropriate.

Outputs by end of 2022

A uniform and consistent approach to suicide and self-harm awareness, assessment and response across the HSE leading to a reduction in rates of suicide and self-harm.



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

Partners: Acute Operations

Purpose

To reduce the numbers of people leaving the Emergency Department (ED) prior to receiving a bio psychosocial assessment.

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.

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.

Inputs for 2020

Recruitment of CNS posts to ensure full coverage across all emergency departments, including those in the children's hospitals.

Milestones

Overarching Milestone 2020

Staff recruitment to ensure delivery of the programme in all public hospitals.

Achievement of service KPIs including percentage of presentations receiving psychosocial assessment (taking impact of Covid-19 into account).

Q1 2020 The NCP is continuing to be delivered either in ED or in another identified location suitable for acute MH assessments.

Q2 2020 Continue to deliver programme utilising telephone and video consultations.

Q3 2020 Continue programme implementation and develop linkages with community-based service delivery.

Q4 2020 Continue programme implementation and develop linkages with community-based service delivery. Host national conference on safety and supportive responses to self-harm in health service settings (originally planned for Q2 of 2020).

Overarching Milestone 2021

Delivery of crisis support for people experiencing suicidal ideation through a range of community-based services.

Overarching Milestone 2022

Work with ICGP in developing Training and documentation for GPs

Expand training to include CMHTs, SCAN and Crisis Assessment Teams.

Expand programme to Children.

Outputs by end of 2022

A reduction in the national rate of hospital presented self-harm, a reduction in repeat self-harm behaviour presenting to hospital and an increase to 90%+ in the percentage of people receiving a bio psychosocial assessment and follow-up after presenting to hospital following self-harm.



Action 4.2.1: Deliver accessible, uniform, evidence based psychological interventions, including counselling, for mental health problems at both primary and secondary care

Lead: Mental Health Operations

(Primary Care are identified as joint lead)

Partners: NOSP, NGOs

Purpose

To ensure delivery of a range of effective non-medical therapeutic interventions through adult mental health services across Ireland.

Inputs for 2020

Milestones

Overarching Milestone 2020

Publish model of care for 'talk therapies' in adult mental health services.

Q1 2020	Stakeholder engagement progressed on the basis of work completed around the development of a Model of Care, including regional engagement event(s) with staff, service users and family members.
Q2 2020	Further stakeholder engagement on hold due to challenges posed by Covid-19. Progress alignment of 'talk therapies' project with online therapies project and the national psychosocial framework development.
Q3 2020	Re-commence stakeholder engagement and progress the development of model of care (aligned to online and psychosocial projects)
Q4 2020	Publish model of care, talk therapies. Progress the implementation of online therapies (ranging from information based supports / self-help through to online counselling).

Overarching Milestone 2021

Develop services across the HSE in accordance with the model of care.

Overarching Milestone 2022

Gather data on the efficacy of non-medical therapies, report on these data and revise / adapt the model of care as appropriate.

Outputs by end of 2022

A wider range of therapeutic interventions routinely delivered through adult mental health teams and less reliance on medical interventions along with the integration of online mental health service provision, e.g. online counselling.



Action 4.3.1: Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide

Lead: HSE MH

Partners: NOSP, NGOs

Purpose

To ensure a consistent range of supports are in place for everyone impacted by a death suspected to be by suicide. The wording of this action is poor and as such it is proposed that this action is addressed by ensuring that a consistent range of supports is available everywhere.

Inputs for 2020

National coordinator role within NOSP.

Milestones

Overarching Milestone 2020

Publication and dissemination systems for national suicide bereavement information pack.
On-going suicide bereavement support training programmes.

Q1 2020	Publish the report 'Improving Suicide Bereavement Supports in Ireland' and appoint national coordinator.
Q2 2020	National suicide bereavement information pack to be further developed.
Q3 2020	Convene national steering group. Publish suicide bereavement information pack.
Q4 2020	Continue implementation of the recommendations in 'Improving Suicide Bereavement Supports in Ireland' report.

Overarching Milestone 2021

Data systems in place to facilitate routine collection of information on the delivery of suicide bereavement supports.

Overarching Milestone 2022

Revised mapping of suicide bereavement supports and a once-off qualitative study into the experience of suicide bereavement supports.

Outputs by end of 2022

Full implementation of the actions in Improving suicide bereavement support in Ireland resulting in an improved experience of bereavement in the aftermath of a death by suicide in as far as that's possible to achieve.



Action 4.3.2: Commission and evaluate bereavement support services.

Lead: HSE NOSP

Partners: NOSP, CHOs, Primary Care

Purpose

To ensure that high quality evidence informed services are available for everyone impacted by a death by suicide.

Inputs for 2020

NSRF researcher. NOSP/IHF Suicide bereavement training. National coordinator role within NOSP. SLAs with Pieta, Mayo Bereavement Service and Vita House.

Milestones

Overarching Milestone 2020

Commissioning of suicide bereavement services ensuring national coverage and link with HSE ROSP and NOSP suicide bereavement training.
Evaluation of Suicide Bereavement Liaison Officer (SBLO) service delivered by Pieta to identify lessons learned to inform service improvement and potential scale-up of the service nationally.

Q1 2020	Finalisation of SLAs with relevant NGOs.
Q2 2020	Appointment of researcher to evaluation Pieta SBLO service.
Q3 2020	Evaluation report presenting lessons learned, recommendations for service improvement and scale-up.
Q4 2020	Implementation of report recommendation, including developing of on-going monitoring & evaluation systems.

Overarching Milestone 2021

Commissioning of suicide bereavement services ensuring national coverage and link with HSE ROSP and NOSP suicide bereavement training.

Overarching Milestone 2022

Commissioning of suicide bereavement services ensuring national coverage and link with HSE ROSP and NOSP suicide bereavement training.

Outputs by end of 2022

High quality, evidence informed services are available for everyone impacted by a death by suicide.



Goal 5

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.

Lead: NOSP

Partners: Non-statutory partners

Purpose

To ensure safe and high-quality services for people vulnerable to suicide (goal 5 CfL).

Inputs for 2020

Phased implementation of the Best Practice Guidance for Suicide Prevention Services: Working together for high-quality services with HSE NOSP funded NGO partners. Implementation supports for participating organisations include self-assessment training workshop, training on the use of the on-line self-assessment tool, coaching and support. External evaluation of the implementation of the best practice guidance in order to inform the sustainability and national scale up of the project (commenced Q3 2019 due for completion Q2 2021). Project support to drive implementation with NGO partners.

Milestones

Overarching Milestone 2020

Launch, implement and evaluate 'Best practice Guidance for Suicide Prevention Services' among HSE NOSP funded NGO organisations.

Q1 2020 Launch event.

Q2 2020 Recruitment and training of a further 7 NGOs in self-assessment and use of on line self-assessment tool.

Q3 2020 Monitor process and progress of self-assessment completion by NGOs.

Q4 2020 Carry out review of best practice guidance to ensure up to date and current with relevant strategy, policy and legal requirements that are referenced.

Overarching Milestone 2021

On-going implementation in line with evaluation findings.

Overarching Milestone 2022

Systems and structure in place for on-going implementation and monitoring of the best practice guidance project.

Outputs by end of 2022

Sustainable structure and systems in place for the on-going implementation and monitoring of the best practice guidance project.



5.1.2: Continue to promote a whole-school approach to student guidance/ counselling within each post-primary school.

Lead: DES

Partners: TUSLA, HSE H&W, NOSP

Purpose

Ensure all school staff are equipped to respond to students in mental health distress/suicidal crisis.

Inputs for 2020

Implementation of the task force on guidance recommendations.

Milestones

Overarching Milestone 2020

Respond to recommendations of Taskforce on Guidance Counselling.

Review post-grad in Guidance Counselling.

Q1 2020 Review recommendations of Taskforce on Guidance Counselling.

Q2 2020 Review recommendations of Taskforce on Guidance Counselling.

Q3 2020 Implement recommendations of Taskforce on Guidance Counselling.

Q4 2020 Implement recommendations of Taskforce on Guidance Counselling.

Overarching Milestone 2021

Implement recommendations of Taskforce on Guidance Counselling.

Overarching Milestone 2022

Implement recommendations of Taskforce on Guidance Counselling.

Outputs by end of 2022

Recommendations acted upon.



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.

Lead: DES; Partners: HSE H&W

Purpose

Evidence shows that teachers are key community gatekeepers. Training will ensure all school staff are equipped to respond to students in suicidal crisis.

Inputs for 2020

Budget for back fill. Engagement with student support teams. Training.

Milestones

Overarching Milestone 2020

Support implementation of the Wellbeing Policy and Framework for Practice.

Q1 2020 Continue to roll out SafeTALK to school personnel.

Q2 2020 Continue to roll out SafeTALK to school personnel.

Q3 2020 Continue to roll out SafeTALK to school personnel.

Q4 2020 Continue to roll out SafeTALK to school personnel.

Overarching Milestone 2021

Support implementation of the Wellbeing Policy and Framework for Practice.
SafeTALK offered to school personnel.

Overarching Milestone 2022

Support implementation of the Wellbeing Policy and Framework for Practice.
SafeTALK offered to school personnel.

Outputs by end of 2022

SafeTALK availed of by school personnel.



Action 5.1.4: Conduct a statutory consultation process and (in the context of wider policy development on the regulation of health & social care professionals) decide on the feasibility of designating by regulation the profession(s) of counsellor and psychotherapist.

Lead: Department of Health

Purpose

Regulation of the profession(s) of counsellor and psychotherapist.

Inputs for 2020

This action is complete. The Counsellors & Psychotherapists Board has been established within CORU. The Board has statutory responsibility for:

- Establishing and maintaining a Register of members of the profession
- Assessing, approving and monitoring training courses for the health and social care professions under the Act
- Establishing the Code of Professional Conduct and Ethics and standards of performance to which counsellors and psychotherapists must adhere.

Milestones

Overarching Milestone 2020

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022

The Counsellors and Psychotherapists Registration Board will have established the Code of Professional Conduct and Ethics and standards of performance to which counsellors and psychotherapists must adhere to; establish a register of members of the professions; and set continuous professional development training courses.



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

Note: DJE listed as lead in CfL strategy but will not be a lead going forward.

Purpose

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.

Inputs for 2020

NOSP Communications budget and time allocated to support key initiatives.

Milestones

Overarching Milestone 2020

Complete exercise to determine the feasibility and need for the development of a new repository, and produce recommendations.

Q1 2020 On-going dissemination, where appropriate, of NOSP tools, resources, guidelines and protocols through key channels: Web, Social Media, Newsletter, HSE channels.

Q2 2020 On-going dissemination, where appropriate, of NOSP tools, resources, guidelines and protocols through key channels: Web, Social Media, Newsletter, HSE channels.

Q3 2020 On-going dissemination, where appropriate, of NOSP tools, resources, guidelines and protocols through key channels: Web, Social Media, Newsletter, HSE channels.

Q4 2020 On-going dissemination, where appropriate, of NOSP tools, resources, guidelines and protocols through key channels: Web, Social Media, Newsletter, HSE channels.
Compile annual summary of tools, resources, guidelines and protocols published and disseminated during 2020.
Complete exercise to determine the feasibility and need for the development of a new repository.

Overarching Milestone 2021

Ongoing successful dissemination, where appropriate, of NOSP tools, resources, guidelines and protocols through key channels.

Overarching Milestone 2022

Outputs by end of 2022



Action 5.2.1: Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services.

Lead: HSE MH

Partners: HSE PC and Acute Operations

Purpose

To ensure a consistency of approach in addressing suicidal behaviour and the risk of suicidal behaviour across mental health services.

Inputs for 2020

Continued input of the working group and steering group membership for the 'Suicide and self-harm awareness, assessment and response' project.

Milestones

Overarching Milestone 2020

As with Action 4.1.4, publish national guidelines on suicide and self-harm awareness, assessment and response.

Q1 2020 Complete and sign off on literature review and report of focus groups looking at staff awareness, assessment and response to the risk of suicide and self-harm.
Assign writing tasks to Working group members for the guidelines document.

Q2 2020 Assess viability of recommencing work on drafting guidelines document within PPPG framework.

Q3 2020 Draft guidelines available for consultation with stakeholders.

Q4 2020 Publish guidelines and agree implementation plans.

Overarching Milestone 2021

Finalise a guidelines implementation plan and deliver staff training sessions to mental health services staff.

Overarching Milestone 2022

Begin to report on mental health service implementation of the guidelines and revise/adapt as appropriate.

Outputs by end of 2022

A uniform and consistent approach to suicide and self-harm awareness, assessment and response in mental health services leading to a reduction in rates of suicide amongst mental health service users and a consistent approach to incident review yielding usable and practical information.



Action 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.

Lead: Tusla

Purpose

To ensure that there is a robust system in place to capture information on self-harm and suicide and to learn from relevant reviews and investigations.

Inputs for 2020

Milestones

Overarching Milestone 2020

Review the current data collection mechanisms (serious incident reporting, NIIMS etc.) with a view to ensuring that there is a robust system in place to capture information on self-harm and suicide and to learn from relevant reviews and investigations.

Q1 2020

Q2 2020

Q3 2020

Commence review of current systems (Tusla Quality & Risk & Research Departments).

Q4 2020

Complete Review of Tusla systems for capturing and disseminating data on self-harm and suicide.

Overarching Milestone 2021

After completing of the Review of systems to ensure that the system in place is robust and responsive to the needs of this vulnerable cohort of children and young people.

Overarching Milestone 2022

Implement and evaluate the systems ensuring that they are robust and responsive to the needs of this vulnerable cohort of children and young people.

Outputs by end of 2022

To have a data collection mechanism in place to capture information on self-harm and suicide and to provide learning from relevant reviews and investigations to inform practice, procedure and policy moving forward.

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 modes.

Lead: HSE MH

Covered by action 7.2.2. No longer reported on.



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.

Lead: DJE

Partners: Chaired by senior governor in each prison

Purpose

Inputs for 2020

Milestones

Overarching Milestone 2020

Q1 2020 Data analysis.

Q2 2020 Data analysis.

Q3 2020 Launch of SADA report.
NSHPSG to meet in Sept 2020.

Q4 2020 Launch of SADA report.

Overarching Milestone 2021

On-going data collection, analysis and service improvement.

Overarching Milestone 2022

On-going data collection, analysis and service improvement.

Outputs by end of 2022

Improved practice in each prison which results in fewer incidents of death by suicide and self-harm.



5.3.2: Ensure compliance with the relevant policies through regular audit and implementation of audit recommendations.

Lead: DJE

Partners: IPS

Purpose

To improve practice and reduce number of incidents.

Inputs for 2020

Legal clarification required, and IT system requirements to be agreed.

Milestones

Overarching Milestone 2020

IPS to continue to develop monitoring policies.

Q1 2020

Q2 2020

Q3 2020 IT development to commence, if safe and appropriate.

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022



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.

Lead: DJE

Purpose

To ensure that those leaving prison are adequately supported to manage their mental health, particularly where a need for ongoing mental health treatment has been identified prior to release.

Inputs for 2020

Ongoing engagement with HSE Community Mental Health Services, supported by DoH.

Milestones

Overarching Milestone 2020

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022

Action 5.4.1: Develop a National Training Plan, building on the NOSP Review of Training Lead: NOSP Partners: Wide range of statutory and non-statutory organisations who deliver training programmes

Note: This is a repeat of action 2.3.1. Cease reporting on.



Action 5.4.2: Continue to deliver training in suicide prevention to frontline DSP staff who come into contact with people who are vulnerable to/at risk of suicidal behaviour.

Lead: DSP

Purpose

Ensure DSP frontline staff are equipped to support vulnerable members of the public.

Inputs for 2020

NOSP ASIST training.

Milestones

Overarching Milestone 2020

Sustain SafeTALK training at existing levels of 200 members of staff per year. Continue to train 60 Intreo Centre Managers in ASIST.

Evaluation of implementation of SafeTALK training within the department.

Q1 2020 Explore additional ASSIT training for Intreo Centre Managers.

Q2 2020 Participate in NOSP evaluation of training.

Q3 2020 On-going implementation of suicide prevention training to frontline staff.

Q4 2020 On-going implementation of suicide prevention training to frontline staff.

Overarching Milestone 2021

Sustain SafeTALK training at existing levels of 200 members of staff per year. Continue to train 60 Intreo Centre Managers in ASIST.

Implement evaluation recommendations.

Overarching Milestone 2022

Sustain SafeTALK training at existing levels of 200 members of staff per year. Continue to train 60 Intreo Centre Managers in ASIST.

Implement evaluation recommendations.

Outputs by end of 2022

Frontline DSP staff are well equipped to deal with people who present in suicidal crisis.



5.4.2: Continue to deliver suicide prevention training to personnel dealing with persons who are vulnerable/at risk of suicide within the Defence Forces (Personnel Support Service).

Lead: DOD

Partners: NOSP

Purpose

The SafeTALK Programme will enable personnel at all levels to recognise personnel at risk of suicide in time and to take the necessary steps to ensure personnel are kept safe. At a different level, SafeTALK supports the development of positive and supportive mental health and wellbeing culture in the Defence Forces.

Providing key personnel with ASIST training will increase the capacity within all formations of the Defence Forces in effectively identifying and supporting personnel at risk of suicide.

Inputs for 2020

The support of NOSP will be required to maintain SafeTALK and ASIST programmes through the period of the strategy.

Milestones

Overarching Milestone 2020

Rollout of SafeTALK to 10-15% of the military population. ASIST training with key personnel in each formation of the Defence Forces.

Q1 2020	Commence implementation of SafeTALK training in each formation and identify key personnel to undergo ASIST training. Continue to maintain close cooperation with NOSP.
Q2 2020	Complete minimum of four SafeTALK interventions in each formation. Initial AAR conducted to ensure effective delivery and liaison with NOSP. Key personnel to undergo ASIST training.
Q3 2020	On-going implementation of SafeTALK. Assessment conducted to ensure maximum delivery of programme. Key personnel to undergo ASIST training.
Q4 2020	Assessment of SafeTALK training and planning for 2021 completed. Planning for ASIST training in 2021. Liaison and cooperation with NOSP maintained and enhanced.

Overarching Milestone 2021

Rollout of SafeTALK to 25-30% of the military population. ASIST training provided to identified personnel.

Overarching Milestone 2022

Rollout of SafeTALK to 30-40% of the military population. ASIST integrated into formal Defence Forces training plans.

Outputs by end of 2022

SafeTALK has become a familiar and standard intervention for personnel of the Defence Forces – Organisational culture is more alert to the reality of suicide and personnel are more confident in taking positive steps. Key personnel of the Defence Forces have been trained in ASIST and leaders at all levels are more confident and aware in identifying personnel at risk of suicide and in taking appropriate action.



Action 5.4.2: To develop guidance, training and support to workplaces in relation to suicide prevention and critical incidence in collaboration with NOSP.

Lead: DTTAS

Purpose

Ensure staff who come in contact with people in crisis are equipped to handling these situations.

Inputs for 2020

Training.

Milestones

Overarching Milestone 2020

Deliver suicide prevention training and wellbeing programmes such as Sport Ireland's "Find Your Fit" programme to National governing bodies of sport and Local Sports Partnerships.

Q1 2020	Review previous years training and develop plan for current year. Continue to deliver and promote training to the national governing bodies of sport and local sport partnerships.
Q2 2020	Continue to deliver and promote training to the national governing bodies of sport and local sport partnerships.
Q3 2020	Continue to deliver and promote training to the national governing bodies of sport and local sport partnerships.
Q4 2020	Continue to deliver and promote training to the national governing bodies of sport and local sport partnerships.

Overarching Milestone 2021

Continue to deliver and promote training to the national governing bodies of sport and local sport partnerships.

Overarching Milestone 2022

Continue to deliver and promote training to the national governing bodies of sport and local sport partnerships.

Outputs by end of 2022

The ongoing monitoring of international best practice in relation to suicide prevention training programmes to allow for the continuation and progressive enhancement of existing training programmes from 2020 to 2022.



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

Lead: Tusla

Purpose

To ensure appropriate staff and carers are aware and able to respond to the needs of children vulnerable to self-harm or suicide.

Inputs for 2020

Funding and licencing for appropriate training programmes (i.e. SafeTalk, ASSIST, Storm etc.), Tusla National Manager for Workforce and Learning Development.

Milestones

Overarching Milestone 2020

Q1 2020 Work with NOSP to support the two new SafeTALK trainers, trained in 2019.

Q2 2020

Q3 2020 Provide opportunities for online training in the absence of traditional face to face training. i.e. START.
(In the context of COVID-19 Public Health Emergency)

Q4 2020 Provide opportunities for online training in the absence of traditional face to face training. i.e. START.
(In the context of COVID-19 Public Health Emergency)

Overarching Milestone 2021

Review the needs of Tusla staff and carers in respect of suicide prevention with a view to continuing with the development and delivery of appropriate awareness raising and suicide prevention training including SafeTalk, ASSIST, STORM and START.

Overarching Milestone 2022

Delivery of appropriate awareness raising and suicide prevention training including SafeTalk, ASSIST, STORM and START.

Outputs by end of 2022

- Training for Trainers – To have developed the capacity within Tusla to deliver appropriate awareness raising and suicide prevention training to staff and carers.
- To deliver appropriate training to Tusla carers and Staff.



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

Lead: Department of Health

Partner: NOSP

Purpose

This action is ongoing and is business as usual.

Inputs for 2020

Milestones

Overarching Milestone 2020

Training in safeTALK offered to staff annually.

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Training in safeTALK offered to staff annually.

Overarching Milestone 2022

Training in safeTALK offered to staff annually.

Outputs by end of 2022

All staff have access to and are encouraged to attend NOSP's standard suicide awareness and self-harm modules, particularly when relevant to their job.



5.4.2: Suicide prevention training to be made available to local authority and agency frontline staff who are likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.

Lead: LA

Partners: NOSP

Purpose

To ensure Local Authority Staff (eg Housing staff) who come in contact with vulnerable members of the public in their daily work are trained in suicide prevention.

Inputs for 2020

NOSP online training.

Milestones

Overarching Milestone 2020

Promote NOSP suicide prevention training and guidance documentation to relevant local authority staff.

Q1 2020

Q2 2020

Q3 2020 Presentation to LGMA on suicide prevention training.

Q4 2020 Circulation of suicide prevention training information and guidance documentation to staff in Local Authorities.

Overarching Milestone 2021

On-going promotion of suicide prevention training and guidance documentation to relevant local authority staff.

Overarching Milestone 2022

On-going promotion of suicide prevention training and guidance documentation to relevant local authority staff.

Outputs by end of 2022

Relevant Local Authority staff know how to appropriately support members of the public who present in suicidal distress.



5.4.2: Deliver training in suicide prevention to staff involved in the delivery of relevant services and to staff in government departments and agencies likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour.

Lead: DJE/IPS

Partners: NOSP

Purpose

To ensure staff are adequately trained to support the needs of the vulnerable populations for whom they are providing services and are supported to maintain their own resilience in dealing with challenging issues.

Inputs for 2020

Support from Departmental L&D to provide appropriate training; support and engagement of Civil Service Employee Assistance Service; support from NOSP to provide relevant training.

Milestones

Overarching Milestone 2020

Evaluation of STORM training in Irish Probation Service.

On-going delivery of mental health awareness and suicide prevention training to Prison Officers.

Q1 2020 Training needs for IPAS staff quantified and appropriate training courses identified.
On-going delivery of mental health awareness and suicide prevention training to Prison Officers.

Q2 2020 Training courses delivered to IPAS staff.
On-going delivery of mental health awareness and suicide prevention training to Prison Officers.

Q3 2020 Ongoing mental health awareness and suicide prevention training across prison, probation and Direct Provision services.

Q4 2020 Ongoing mental health awareness and suicide prevention training across prison, probation and Direct Provision services.

Overarching Milestone 2021

Ongoing mental health awareness and suicide prevention training for relevant staff cohorts.

Overarching Milestone 2022

Ongoing mental health awareness and suicide prevention training for relevant staff cohorts.

Outputs by end of 2022

All staff who deal with / come into contact with people who are vulnerable to/at risk of suicidal behaviour will have received relevant training and will be able to source support appropriate to their role easily and effectively.



Action 5.4.2: To provide guidance, advice and support to workplaces in relation to suicide prevention and critical incidence to suicide prevention in collaboration with NOSP.

Note: Proposed edit to action:

To provide guidance, advice and support to workplaces in relation to addressing work-related risks and, in particular, the management and reduction of work-related stressors including psychosocial hazards in the workplace.

Lead: DBEI (Health and Safety Authority)

Purpose

Inputs for 2020

DBEI & HSA will support the roll-out of the Healthy Workplace Framework the development and launch of which is being led by the Department of Health.

Milestones

Overarching Milestone 2020

HSA to continue to provide suicide awareness training to HSA staff;

HSA to continue to support businesses in managing work-related stress, psychosocial hazards and bullying;

Following the launch of the Healthy Workplace Framework by the Department of Health, DBEI & HSA will support the roll-out of the Healthy Workplace Framework as a tool to improve overall physical and mental health of the workforce in Ireland.

Q1 2020 HSA to continue to provide suicide awareness training for HSA staff; HSA to continue to promote e-Learning initiatives to assist businesses in the management of workplace bullying;

Q2 2020 HSA will continue to promote the use of the Work Positive Critical Incident tool, and to support businesses who sign up to it, in identifying, and managing, psycho-social risks and hazards in the workplace.

Q3 2020 DBEI will promote suicide prevention training to DBEI agencies; DBEI will engage with DBEI Agencies, including the LEOs, to highlight the HWF as a tool to improve the physical and mental health of their own workforce and to highlight it to their client businesses; HSA to continue to provide suicide awareness training to HSA staff; HSA to continue to promote e-Learning initiatives to assist businesses in the management of workplace bullying; HSA will continue to promote the use of the Work Positive Critical Incident tool, and to support businesses who sign up to it, in identifying, and managing, psycho-social risks and hazards in the workplace.

Q4 2020

Overarching Milestone 2021

HSA to continue provide suicide awareness training to HSA staff; HSA to continue to support businesses in managing work-related stress, psychosocial hazards and bullying; Following the launch of the Healthy Workplace Framework by the DoH, DBEI & HSA will support the roll-out of the Healthy Workplace Framework as a tool to improve overall physical and mental health of the workforce in Ireland.

Overarching Milestone 2022

HSA to continue to provide suicide awareness training to HSA staff; HSA to continue to support businesses in managing work-related stress, psychosocial hazards and bullying; Following the launch of the Healthy Workplace Framework by the DoH, DBEI & HSA will support the roll-out of the Healthy Workplace Framework as a tool to improve overall physical and mental health of the workforce in Ireland.

Outputs by end of 2022

Employers and employees are supported in managing work activities so as to reduce exposure to risks such as workplace stress and bullying and also in securing a healthier and safer (physically and mentally) work environment which is positive in terms of overall mental health on both a personal and societal basis.



Action 5.4.2: Deliver training in suicide prevention to staff involved in the delivery of relevant services and 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,

Partners: NOSP

Purpose

DAFM staff may encounter people who are more likely to be at risk of suicide and the marine staff from time to time may come across incidents where people have harmed themselves.

Inputs for 2020

Identify demand for Safe Talk training among staff, possibly via the work positive survey.

Milestones

Overarching Milestone 2020

Identification of need for Safe TALK training among DAFM staff. On-going delivery of training based on need.

Q1 2020 Discussion and appropriate consultation on the rollout of the work positive survey to DAFM staff.

Q2 2020 Liaise as appropriate i.e. Civil Service Employee Assistance Service (CSEAS) with a view to the rollout of the work positive survey.

Q3 2020 Identify training needs and supports for staff.

Q4 2020 Deliver appropriate training and supports.

Overarching Milestone 2021

On-going support and appropriate training for staff.

Overarching Milestone 2022

Evaluation of supports in place and training delivered in terms of effectiveness and awareness among staff. suicide prevention training.

Outputs by end of 2022

All DAFM staff have an awareness of how to respond to someone in suicidal distress and to connect them with available/appropriate support and services.



Action 5.4.3: Support professional regulatory bodies to develop and deliver accredited competency based education on suicide prevention to health professionals.

Lead: Department of Health

Partner: NOSP

Purpose

To ensure all medical practitioners in relevant professions receive training in suicide awareness and prevention.

Inputs for 2020

Milestones

Overarching Milestone 2020

Assist medical training bodies to deliver NOSP suicide and self-harm awareness training programmes.

Q1 2020

Q2 2020

Q3 2020 Contact medical bodies and outline NOSP standard training courses, for inclusion in CPD training modules.

Q4 2020 Facilitate linkage between NOSP and medical training bodies to progress introduction of NOSP's training programmes as CPD modules.

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022

All medical professionals have access to and are encouraged to attend NOSP's standard suicide awareness and self-harm modules, particularly when relevant to their job.



5.4.4: Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions.

Lead: NOSP (*new lead*)

Support: HEA

Purpose

To ensure that students in relevant professions receive training in suicide prevention before they graduate, in line with the NOSP Training and Education Strategy.

Inputs for 2020

Academic partnerships; training providers.

Milestones

Overarching Milestone 2020

Scope feasibility of developing national undergraduate curriculum.

Q1 2020 Meetings with key academic institutions.

Q2 2020 Scoping of action.

Q3 2020 Scoping of action.

Q4 2020 Scoping of action.

Overarching Milestone 2021

Develop national undergraduate curriculum for suicide prevention that could be delivered by number of relevant courses.

Overarching Milestone 2022

Publish national undergraduate curriculum for suicide prevention.

Outputs by end of 2022

Delivery of standardised suicide prevention training by HEIs as part of relevant courses.



Action 5.4.5: Support the National Clinical Effectiveness Agenda and assist in the implementation of national clinical guidance in line with NCEC standards.

Purpose

This action is complete.

The NCEC guidance document was updated in 2018 and included a note on consideration of suicide reduction and self-harm when clinical guidelines are being developed.

Inputs for 2020

Milestones

Overarching Milestone 2020

This action is complete.

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022



Goal 6

Action 6.1.1: Support appropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs

Lead: Department of Health

Note: This action is supported but direction and control of prescribing by clinicians is not within the remit of MHU or Medicines Unit.

Purpose

Inputs for 2020

Milestones

Overarching Milestone 2020

Continue exploration of ways to engage prescribers to adopt appropriate prescribing practices.

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022



Action 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: Department of Health

Purpose

This action is business as usual. Retail sale of paracetamol products continues to be monitored by the HPRA.

Inputs for 2020

Milestones

Overarching Milestone 2020

Support HPRA in ensuring adherence to legislation restricting the sale of paracetamol products.

Q1 2020

Q2 2020

Q3 2020

Q4 2020 Liaise with HPRA.

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022

Reduce the use of paracetamol in intentional and non-intentional drug overdoses.



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.

Lead: LA

Partners: DECLG, NOSP

Purpose

Local Authorities have an important role to play as leaders in public health and as local planners. Evidence shows that a number of effective steps can be taken to prevent public places being used for suicide and to increase the chances of last-minute intervention.

Inputs for 2020

Garda Pulse/local data on incidents. Relationship between Local Authorities and HSE Resource Officers for Suicide Prevention.

Milestones

Overarching Milestone 2020

Identify frequently used locations within each local authority and ensure LAs are engaged with local CfL actions plans and HSE ROSPs.

Q1 2020 NOSP site visit to Clare County Council.

Q2 2020

Q3 2020 Presentation to LGMA on CfL. Scope potential for dedicated CfL resource within each Local Authority.

Q4 2020 Work with NOSP to develop signage to be used by Local Authorities and consider development of tool kit for Local Authorities.

Overarching Milestone 2021

Promote steps to be taken to prevent public places being used for suicide and to increase the chances of last-minute intervention. Identify areas of good practice.

Overarching Milestone 2022

Promote steps to be taken to prevent public places being used for suicide and to increase the chances of last-minute intervention. Evaluate key initiatives.

Outputs by end of 2022

Evidence of Local Authorities implementing effective steps to prevent public places being used for suicide and to increase the chances of last-minute intervention.



Action 6.2.2: Implement a strategy to improve environmental safety within the HSE Mental Health Services (e.g. ligature audits)

Lead: HSE MH

Partners: HSE Estates

Purpose

To develop and share learning on environmental safety relevant to suicide risk across mental health services in order to highlight areas of potential improvement and prevent access to means of self-harm and suicide.

Inputs for 2020

Organisation-wide working group to be convened.

Milestones

Overarching Milestone 2020

Working group appointed and a draft national ligature risk assessment and management policy drafted.

Q1 2020 Agree project plan based on CHO 1 policy on ligature risk assessment.

Q2 2020 Identify project team and working / steering group membership and convene first meeting to progress national ligature risk assessment and management policy.

Q3 2020 Draft ligature risk assessment policy.

Q4 2020 Publish ligature risk assessment policy.
Identify additional elements of a wider environmental safety policy for consideration in 2021.

Overarching Milestone 2021

Implement a national ligature risk assessment and management policy (training to be provided to all mental health services).

Overarching Milestone 2022

Building on the ligature risk assessment policy, draft a wider environmental safety strategy to address other areas of environmental risk within mental health services relevant to suicidal behaviour.

Outputs by end of 2022

A shared, common national approach to environmental risk relevant to suicidal behaviour and safer environments as indicated by compliance with Mental Health Regulation 22.



Action 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

Partners: IPS

Purpose

To minimise the risk that someone who is experiencing suicidal ideation / behaviour might act on impulse if a potential ligature point is present in their environment.

Inputs for 2020

Milestones

Overarching Milestone 2020

Continue to monitor self-harm prison data to inform action in relation to ligature points by estates within each prison.

Q1 2020

Q2 2020

Q3 2020 Continue window replacement programme.

Q4 2020 Engage with HSE Working Group on national ligature risk assessment.

Overarching Milestone 2021

Establish group to review potential ligature risk of introducing in-cell phones.

Overarching Milestone 2022

Develop multi-agency approach to address ligature risk.

Outputs by end of 2022

Development of best practice in addressing ligature risk in existing buildings where individuals may be detained, and in minimising risk in new buildings.



Goal 7

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.

Lead: NOSP

Purpose

We are undertaking an (internal & external) evaluation programme of work in order to (i) monitor implementation progress, (ii) to find out what is working well under CfL and in what contexts, (iii) to learn from our successes and mistakes (iv) to inform future policy, planning and action (v) to ensure the effective use of resources and maximise gains, (vi) to make our work more effective, (vii) to build evidence for investing further in the work and (viii) to improve suicide prevention measures in Ireland and spread good practice.

Inputs for 2020

Evaluation support from the CfL's Evaluation Advisory Group (EAG), the CfL's Technical Advisory Group (TAG), the National Suicide Research Foundation (NSRF) independent evaluators/ researchers, and implementation partners.

Milestones

Overarching Milestone 2020

Completion of current (phase 1) CfL evaluation programme of work.

Q1 2020	On-going management of current (phase 1) evaluation programme of work.
Q2 2020	Commence hosting events to share the learning from the CfL evaluation programme to date (e.g. launch of Building Capacity for the Evaluation of Social Prescribing in Ireland).
Q3 2020	Conduct 3rd survey of area level implementation of CfL.
Q4 2020	Dissemination of practitioner resources, tools & infographics etc. derived from CfL (phase 1) evaluation programme of work. Showcase best practice happening across the country under CfL.

Overarching Milestone 2021

Development and management of Phase 2 CfL evaluation programme of work including CfL evaluation work being undertaken by the National Suicide Research Foundation (under a HSE/NSRF SLA).

Overarching Milestone 2022

Undertake an independent Strategy Review (as a core component of the phase 2 programme of work) to assess progress towards achieving CfL's strategies objectives/goals.

Outputs by end of 2022

A suite of research materials (including research report, bulletins, briefings, presentations, articles etc.) which will represent a significant contribution to the national & international knowledge base on suicide prevention and a large body of evidence that will inform the on-going implementation of CfL, nationally and locally.



Action 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

Partners: IPS, Coroner's Offices (in the context of the recording of deaths), CSO, NSRF

Purpose

Inputs for 2020

Support from Dublin Coroners Service and national coronial services.

Milestones

Overarching Milestone 2020

On-going production of SADA report with support from NOSP.

Q1 2020

Q2 2020

Q3 2020 In collaboration with NSRF, Supported by NOSP, 2018 SADA Report to be completed Q2, 2019 report to be completed Q3 2020.

Q4 2020

Overarching Milestone 2021

On-going production of SADA report with support from NOSP.

Overarching Milestone 2022

On-going production of SADA report with support from NOSP.

Outputs by end of 2022

Comprehensive data to inform policy development in respect of those at risk / vulnerable to suicide and self harm.



Action 7.2.1: Develop capacity for observation and information gathering on those at risk of 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: Tusla

Purpose

- To ensure the appropriate collation of data
- To ensure the appropriate responses to vulnerable children and young people in the care of Tusla

Inputs for 2020

National Lead with QAR & Research Department – See 5.2.2 above.

Milestones

Overarching Milestone 2020

Q1 2020

Q2 2020

Q3 2020 Commence review of current systems (Tusla Quality & Risk & Research Departments).

Q4 2020 Complete Review of Tusla systems for capturing and disseminating data on self-harm and suicide.

Overarching Milestone 2021

After completing of the review of systems, ensure that the system in place is robust and responsive to the needs of this vulnerable cohort of children and young people.

Overarching Milestone 2022

Implement and evaluate the systems ensuring that they are robust and responsive to the needs of this vulnerable cohort of children and young people.

Outputs by end of 2022

To have a data collection mechanism in place to capture information on self-harm and suicide and to provide learning from relevant reviews and investigations to inform practice, procedure and policy moving forward.

To respond appropriately to individuals (and groups or clusters where and when appropriate) where there is a risk or concern in respect of self-harm or suicide.



Action 7.2.2: Collate and report on incidents of suicide through current and expanded suicide surveillance systems over the life of Connecting for Life.

Lead: HSE MH

Purpose

To ensure effective and meaningful learning from reviews of suspected suicide deaths within mental health services and to better understand trends in suicide and suicidal behaviour in health service settings and in other settings / populations as far as possible / practical to inform prevention efforts (*Action 5.2.3 will now be reported under this Action).

Inputs for 2020

Input from HSE QPS / QSUS colleagues and the State Claims Agency. Input from the NSRF. Engagement with Community Operations Incident Review and Patient Safety Group.

Milestones

Overarching Milestone 2020

Publish the options appraisal being developed by the National Suicide Research Foundation exploring data monitoring and incident review processes.

Engage with the Community Operations Incident Review and Patient Safety Group.

Continue to work with the State Claims Agency and the Mental Health Commission on current data collection processes and request additional reports as appropriate.

Q1 2020 Prepare and sign-off on survey in follow up with attendees at joint HSE-State Claims Agency seminar in Q4 2019.

Q2 2020 Dissemination of survey about recording practices on hold.

Q3 2020 Disseminate survey on recording practices to HSE-State Claims Agency seminar attendees, along with presentations from event.
Progress NSRF options appraisal work.

Q4 2020 Publish options appraisal report with the NSRF.
Participate in Community Operations Incident Review and Patient Safety Group.

Overarching Milestone 2021

Pilot a system of review into incidents of suspected suicide in mental health services akin to the UK's National Confidential Inquiry into Suicide and Homicide – factoring in the possibility of extending this system beyond mental health services to incorporate health services more broadly.

Overarching Milestone 2022

Pending successful piloting of a review system for all suspected suicides amongst (mental) health service users, implement a national confidential inquiry system.

Outputs by end of 2022

Improved data, in terms of timeliness and depth, on all suspected suicides amongst (mental) health service users yielding information to inform improved suicide prevention practices where possible – aligned to other suicide mortality datasets.



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

Partners: DOH, NSRF, DJE/IPS, DCYA/TUSLA

Purpose

We are seeking to ensure that there are accurate suicide data in Ireland. There is a large body of evidence highlighting the limitations of official suicide statistics and the underreporting of suicide across many jurisdictions. The implications of underreporting are significant for policy development, monitoring and evaluation; it can lead to misinformed and misdirected prevention, intervention and postvention activities. Consequently, we are working on maintaining existing systems (i.e. the NSRI) and developing new surveillance systems in partnership with the Health research Board (HRB) i.e. using the methodology and logistics of an existing surveillance system (that is the NDRDI) to collect data on suicide in Ireland (from closed coroners files).

Inputs for 2020

A HSE NOSP/ HRB (National Health Information Systems) working partnership, the support of all Irish coroners, and the support, commitment and expertise of CfL's Technical Advisory Group (TAG) and the National Suicide Research Foundation (NSRF).

Milestones

Overarching Milestone 2020

To produce and publish a 3-Year Report (on the evolving surveillance system) on suicide in Ireland (2015-2017).

Q1 2020	On-going data collection from 2018 closed coroners files and the convening of a TAG meeting.
Q2 2020	Analysis and drafting of 3-year report & TAG meeting to review.
Q3 2020	Circulation of draft report to key project stakeholders.
Q4 2020	Publication of 3-year Report (2015-17) on suicide in Ireland.

Overarching Milestone 2021

Production & dissemination of tailored outputs, including area levels reports (e.g. at a CHO and/or ROSP level) on suicide in Ireland, from the evolving surveillance system.

Overarching Milestone 2022

On-going dissemination of findings (through briefings, presentations) and evaluation of the coroners project.

Outputs by end of 2022

A series of documents/reports/presentations/briefing aimed at improving our understanding of the characteristics of those who die by suicide in Ireland. Feedback loops in place to ensure that the data are used to informing the implementation of national strategy and area-level CfL suicide prevention action plans, intervention and postvention strategies, and contributing to the broader objective of reducing the stigma associated with suicide and self-harm.



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

Partners: DOH, NOSP, Coroners' Offices, Garda Síochána, CSO, Research bodies

Purpose

To improve efficacy and reliability of data on suicide.

Inputs for 2020

Support from Dublin Coroners Service and national coronial services.

Appropriate IT infrastructure to facilitate secure, confidential engagement between stakeholders.

Milestones

Overarching Milestone 2020

Q1 2020

Q2 2020

Q3 2020

Q4 2020

Overarching Milestone 2021

Overarching Milestone 2022

Outputs by end of 2022



Action 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).

Lead: NOSP

Partners: DOH

Purpose

CfL recognises that certain population groups are at greater risk of suicide. The development of a CfL Priority Group (Review) and Plan (as per Action 3.1.4) will help us identify gaps in our knowledge and help us formulate questions we need answers too. In addition, analysis of data from the HSE NSOP/HRB evolving suicide surveillance system will provide in-depth information on the social demographic and clinical characteristic of those that died by suicide Ireland (2015-2017). Informed by both key projects a CfL National Research & Evaluation Grant Scheme will be developed and launched to ensure a more strategic research and evaluation programme of work.

Inputs for 2020

Support from the CfL Evaluation Advisory Group, our academic partners and the research community in Ireland.

Milestones

Overarching Milestone 2020

Development and launch of a CfL National Research & Evaluation Grant Scheme.

Q1 2020	Commence review of CfL funded work across all priority groups.
Q2 2020	Systematic review of (national & international) literature on effective suicide prevention measures for CfL priority groups and existing data gaps.
Q3 2020	Development of a CfL Research Grant Scheme informed by the CfL Priority Group Plan.
Q4 2020	Launch CfL National Research & Evaluation Grant Scheme.

Overarching Milestone 2021

Commencement of CfL's collaborate research programme of work (under the National Research & Evaluation Grant Scheme) to address strategic priorities and generate future and impactful research.

Overarching Milestone 2022

On-going monitoring of collaborate research programme of work and establishment of mechanisms & feedback loops to share the emerging learning.

Outputs by end of 2022

Finding and lessons learned from the CfL strategic research and evaluation programme of work.



Action 7.4.2: Support the co-ordination and streamlining of research completed by third-level institutions.

Lead: HEA

Partners: NOSP (NSRF)

Purpose

There are academics and researchers across different disciplines in Ireland conducting work that could be utilised to inform suicide prevention/intervention/postvention initiatives. However, they are not necessarily communicating with each-other to the greatest extent possible and the research may go unnoticed by policy makers as there is currently no national forum to facilitate information sharing and collaboration. This action aims to ensure national co-ordination through initiatives such as annual events, seminars, along with a central repository and engagement with funding bodies. It will also build on the National Suicide Research Foundation's existing resources and expertise.

Inputs for 2020

A thorough understanding of funding streams and engagement to date through liaison with the research funders group (IRC, SFI, and HRB and others); seminars; survey of relevant research across the HEI sector; PubMed searches.

Milestones

Overarching Milestone 2020

NSRF to scope action for HEA CfL working group.

Q1 2020

Q2 2020

Q3 2020 NSRF to investigate existing research repositories and HEA to engage with research funders group.
NSRF to develop proposal for HEA CfL working group.

Q4 2020 NSRF/NOSP/HEA to host research seminar.

Overarching Milestone 2021

On-going activity (events, repositories etc) which facilitates information sharing and collaboration.

Overarching Milestone 2022

On-going activity (events (workshops, seminars), repositories etc) which facilitates information sharing and collaboration.

Outputs by end of 2022

Evidence of enhanced collaboration through participation in seminars and sharing of relevant research among academics and policy makers.



Action 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.

Lead: NOSP

Purpose

Internal and external partnerships are essential to ensuring that CfL's monitoring and evaluation systems are established and maintained. These partnerships are collaborative; they are key mechanisms for bringing multiple stakeholders together to work towards similar strategic goals. The scope and scale of the strategy, necessitates the involvement of a range of partners over the lifetime of the strategy. CfL National Research & Evaluation Grant Scheme.

Inputs for 2020

Key partners include the CfL Evaluation Advisory Group (EAG), CfL Technical Advisory Group (TAG), National Suicide Research Foundation (NSRF), the Health Research Board (HRB), the Centre for Effective Services (CES) and academic partnerships (including UCC, UCD, TCD) are represented on two research/evaluation related high-level working groups the CfL EAG and TAG.

Milestones

Overarching Milestone 2020

Maintain CfL's current monitoring and evaluation partnerships and identify possible future partnerships to generate future and impactful research.

Q1 2020	Agreed programme of work with the NSRF (via Service-Level Agreement) & convene a EAG meeting.
Q2 2020	Support existing monitoring and evaluation partnerships.
Q3 2020	Identify possible new partnerships (across statutory services, NGOs and the community sector).
Q4 2020	Convene EAG meeting.

Overarching Milestone 2021

Researchers and CfL stakeholders work in partnerships to conduct and/or disseminate their research with other stakeholders.

Overarching Milestone 2022

To undertake an independent strategic review (in partnership with the CfL EAG) to support & drive implementation of the strategy national and locally.

Outputs by end of 2022



Action 7.4.4: Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups.

Lead: NOSP

Partners: Third level institutions

Purpose

CfL recognises that suicide is a complex, dynamic public health issue. For this reason, the identification, evaluation and scaling up (as appropriate) of innovative approaches to suicide prevention is essential to achieving population wide impact.

Inputs for 2020

Key partners include the CfL Evaluation Advisory Group, the National Suicide Research Foundation (NSRF), the broader research/academic community, the Resource Officers for Suicide Prevention (ROSPs.)

Milestones

Overarching Milestone 2020

Publish (phase 1) of CfL's evaluation programme of work - and tailored outputs (e.g. Briefing notes, research highlights) to synthesise relevant reports by partners.

Q1 2020	Manage on-going evaluations of innovations.
Q2 2020	(publish &) share the learning from relevant scalability assessments/evaluations.
Q3 2020	Identify innovation for evaluation informed by the CfL Priority Group Plan.
Q4 2020	Showcase of innovative practices happening across the country under the 17 CfL area-level suicide prevention action plans.

Overarching Milestone 2021

Have a systematic way of assessing scalability of innovation in place & commission evaluations of identified best/promising practices across the country.

Overarching Milestone 2022

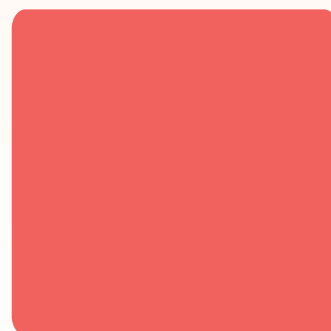
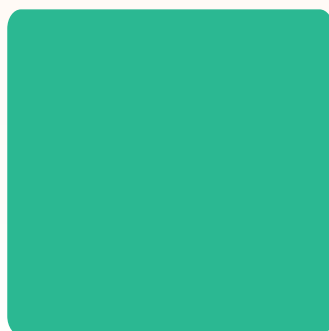
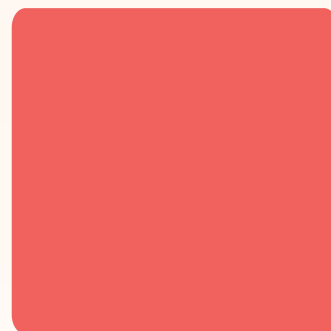
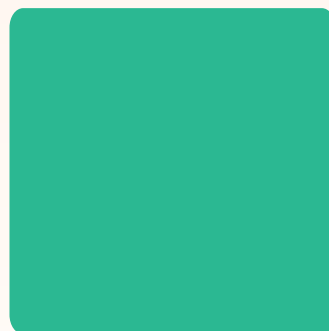
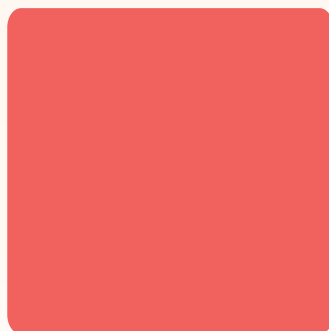
On-going evaluation of innovation.

Outputs by end of 2022

A recommended tool for assessing scalability/replication of innovation.

Section 8

Appendices



Section 8: Appendices

Appendix 1: Overview of relevant legislation, policies or national strategies.

Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Health		
Department of Health Review of the Mental Health Act 2001 (report published March 2015; update of legislation estimated for 2021)	The Mental Health Act 2001 sets out the law on how and why a person can be admitted to a psychiatric hospital and their rights as a patient. It ensures: that the best interest of the person will be the most important thing to consider when making decisions; a person's right to information is protected; the right to review through a system of Mental Health Tribunals; and high standards of care are provided for people using Mental Health Services.	The 2015 review made 165 recommendations, the bulk of which relate to changes to our mental health legislation. In particular, the changes seek to move away from the often paternalistic interpretation of the existing legislation, to one where insofar as is possible, the individual has the final say in what he or she deems to be in his or her best interests and receives the best possible quality of service required to attain the highest standard of mental health.
Department of Health Sláintecare (2017)	Sláintecare is the ten-year programme to transform Ireland's health and social care services. It is a cross-party parliamentary and political agreement which seeks to create universal healthcare, a single-tier system based on health need, rather than ability to pay.	Sláintecare commits to enhancement of community mental health services and additional investment to develop mental health services. The implementation plan cites key Mental Health initiatives and to review recommendations of the Mental Health Act 2001 among its activities. Sláintecare also supports mental health programmes all over Ireland through the Integration Fund.
Department of Health, National Youth Mental Health Task Force Report (2017)	The National Youth Mental Health Task Force was established in response to an undertaking in the Programme for Partnership Government to provide national leadership in the field of youth mental health and to enhance how the public, private, voluntary and community sectors work together to improve the mental health and wellbeing of young people. The Task Force was sensitive to youth mental health recommendations contained within existing Mental Health and Suicide Prevention strategies (Vision for Change and Connecting for Life) and wished to consider additional youth-focused supports to broaden mental health service provision in Ireland.	Relevant recommendations include: the development of evidence based mental health awareness campaigns; evidenced-based gate keeper mental health training programmes; investment in age-appropriate, scalable digital youth mental health supports; implementation of the wellbeing junior cycle curriculum; the provision of mental health supports to young people at the primary care level to reduce the pressure on the tertiary referral services and improve waiting times; the funding of a strategic national research programme on youth mental health; and the publication of legislation to give effect to the recommendations of the Expert Group on the Review of the Mental Health Act, 2001 with regard to children, including reforming the consent provisions, to allow young people under 18 direct access to mental health services



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Health		
Department of Health, Reducing Harm, Supporting Recovery : A health-led response to drug and alcohol use in Ireland 2017-2025	<p>The strategy has five goals. Goal 1: Promote and protect health and wellbeing; Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery; Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use; Goal 4: Support participation of individuals, families and communities; Goal 5 Develop sound and comprehensive evidence-based policies and actions. It contains a strategic action plan for 2017-2020. The strategy is referred to in <i>Connecting for Life</i>.</p> <p>The Strategy is led by the Department of Health and involves actions assigned to the HSE, Government departments and key statutory and non-statutory agencies in Ireland. NOSP has been assigned the responsibility for monitoring and reporting systems to support the delivery of the strategy.</p>	<p>Action 2.2.30: 'Continue to target a reduction in drug- related deaths and non-fatal overdoses.'</p> <p>This includes 'Developing synergies between <i>Reducing Harm, Supporting Recovery</i> and other relevant strategies and frameworks in particular "Connecting for Life" whose primary aim is to reduce suicide rates in the whole population and amongst specified priority groups; and providing suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with Connecting for Life.</p>



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Health		
Department of Health, Sharing the Vision – A Mental Health Policy for Everyone (June 2020)	<p>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 mental health system should deliver a range of integrated activities to promote positive mental health in the community; it should intervene early when problems develop; and it should enhance the inclusion and recovery of people who have complex mental health difficulties. Service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services.</p> <p>This policy supports continued implementation of the Connecting for Life and specifically states that the Department of Health will extend the timeframe and funding for the strategy for Connecting for Life (CFL) to 2024.</p>	<p>Specific actions which overlap with CfL (and specifically this implementation plan) can be seen in the areas:</p> <p>Domain 1 Promotion, Prevention and Early Intervention</p> <ul style="list-style-type: none">• Develop a strategic whole community National Stigma Reduction Plan for publication and annual review with specific outcomes and targets.• Healthy Ireland should develop a dedicated National Mental Health Promotion Plan with appropriate resourcing. The proposed National Mental Health Promotion Plan and the existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.• Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports• All schools and centres for education will have initiated a dynamic Wellbeing Promotion Process by 2023, encompassing a whole-school/centre approach.• Led by DoH, a protocol should be developed between the DES and the HSE on the liaison process that should be in place between primary/post-primary schools, mental health services and supports such as NEPS, GPs, primary care services and specialist mental health services



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Health		
		<p>Domain 2 Service Access, Co-ordination and Continuity of Care</p> <ul style="list-style-type: none">• Social prescribing should be promoted nationally as an effective means of linking those with mental health difficulties to community-based supports and interventions.• Access to a range of counselling supports and talk therapies in the community/primary care should be available on the basis of identified need.• The mental health consultation/liaison model should continue to be adopted to ensure formal links between CMHTs and primary care with the presence of, or in-reach by, a mental health professional as part of the primary care team or network.• An implementation plan should be developed for the remaining relevant recommendations in Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services (2012) in order to improve integration of care for individuals between primary care and mental health services in line with emerging models and plans for Community Health Networks and Teams.• Dedicated community-based Addiction Service Teams developed/enhanced with psychiatry input, as required, and improved access to mental health supports in the community should be provided to individuals with co-existing low-level mental health and addiction problems.• Continued investment in, and implementation of, the National Clinical Care Programme for the Assessment and Management of Patients Presenting to emergency departments following self-harm.• A comprehensive specialist mental health out-of-hours response should be provided for children and adolescents in all geographical areas. Appropriate supports should be provided for on an interim basis to service users transitioning from CAMHS to GAMHS. The age of transition should be moved from 18 to 25, and future supports should reflect this.• A tiered model of integrated service provision for individuals with a dual diagnosis (e.g. substance misuse with mental illness) should be developed to ensure that pathways to care are clear.



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Health		
		<ul style="list-style-type: none">• In order to address service gaps and access issues, a stepped model of integrated support that provides mental health promotion, prevention and primary intervention supports should be available for people experiencing homelessness. Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness. Further, Domain 3 Social Inclusion provides for additional housing support for those with mental health difficulties.• Persons in Direct Provision services and refugees arriving under the Irish refugee protection programme should have access to appropriate tiered mental health services through primary care and specialist mental health services. <p>Domain 4 Accountability and Continuous Improvement</p> <ul style="list-style-type: none">• The Department of Justice and the Implementation and Monitoring Committee, in consultation with stakeholders, should determine whether legislation needs to be amended to allow for greater diversion of people with mental health difficulties from the criminal justice system.• The Justice and Health sectors should engage with the coroners, the Garda Síochána, the National Office for Suicide Prevention, the CSO and research bodies in relation to deaths in custody, recording deaths by suicide and open verdicts, to further refine the basis of suicide statistics.• Review current reporting and monitoring of levels and patterns of self-harm and suicidality among people attending mental health services.
HSE, National Framework for Recovery in Mental Health 2018-2020.	Recovery was first identified as an objective in policy in Vision for Change. This is a framework for improved quality in and a person-centred mental health care service. Organised around four principles (lived experience of the service user; coproduction; organizational commitment; and learning and practice. See also: HSE's Advancing Recovery in Ireland (ARI) Framework which is a collaborative initiative now merged with the Office for Mental Health Engagement.	No specific reference to recovery as a key principle in suicide prevention or to the work of NOSP. The framework remains highly relevant to suicide prevention.



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Health		
HSE, Best Practice Guidance on Mental Health Services, 2019	This provides a guidance framework for implementation of all relevant mental health policies and procedures in mental health services, based on a recovery framework and intent to implement in mental health services the existing National Standards for Safer Better Healthcare through improvements in the quality and safety of healthcare services in Ireland.	<p>The guidance includes specific references to suicide prevention in two main areas: a) provision of information about services such as self-harm liaison nurses in Emergency Departments, Suicide Crisis Assessment Nurses (SCAN) available to GPs; b) guidance in managing risk to self; b) inclusion of precautions / assessing and managing a range of risks including to self, and suicide and self-harm in risk management policies. The guidance does not cross-reference to other policy areas or guidance such as mental health promotion.</p> <p>Note: The NOSP Best Practice Guidance on Suicide Prevention used the same framework adapted to and updated with relevance to suicide prevention. It is therefore intended to complement the Best Practice Guidance on Mental Health.</p>
Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Rural development		
Government of Ireland/ Dept. of Rural & Community Development, Realising Our Rural Potential – Action Plan for Rural Development, 2018	To be replaced soon by a new whole of government rural development policy to be drawn up by the Department of Rural and Community Development. It will follow on from the Action Plan for Rural Development 2017-2019. This includes 5 key pillars and over 270 actions. There is one specific action that cross-references Connecting for Life, and reference is made to local services in improving mental wellbeing and addressing isolation in rural areas, for example, through 'Sheds for Life' programme for men (Action 67).	<p>Action no. 20: In line with the Connecting for Life Programme, provide support for local strategies across rural Ireland to address suicide and improve mental wellbeing.</p> <p>Specific actions that are relevant to suicide prevention include tackling social exclusion, provide services to people living in remote areas, enhancing recreational and cultural facilities and improving job opportunities particularly for young people.</p>



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Children and Youth		
Department of Children and Youth Affairs, National Youth Strategy, 2015- 2020	The National Youth Strategy has its basis in Better Outcomes, Brighter Futures – National Policy Framework for Children & Young People 2014-2020 and complements the National Strategy on Children and Young People's Participation in Decision-Making 2015-2020). The National Youth Strategy takes a cross-sectoral, whole-of-society approach to supporting young people in their everyday lives (based on five outcomes: active and healthy, achieving their full potential in learning and development, safe and protected from harm, have economic security and opportunity, and are connected and contributing to their world).	Objective 1: Active and healthy, physical and mental well-being. Objective 1.10: Implement Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015–2020 (2015) as it relates to young people Objective 1.11: Optimise the potential of youth services in promoting suicide prevention as part of those strategies and plans which focus on young people Objective 1.12: Promote the guidelines document <i>Technology, mental health and suicide prevention in Ireland: A good practice guide</i> to ensure the safe and responsible delivery of online support services for young people.
Department of Children and Youth Affairs, LGBTI+ Youth Strategy, 2018- 2020: LGBTI+ young people: visible, valued and included	The strategy contains three high-level goals: Goal 1: Create a safe, supportive and inclusive environment for LGBTI+ young people. Goal 2: Improve the physical, mental and sexual health of LGBTI+ young people. Goal 3: Develop the research and data environment to better understand the lives of LGBTI+ young people. It refers to other national strategies targeted at-risk groups, including Connecting for Life. Others identified are: Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025; Reducing Harm, Supporting Recovery – the National Drug and Alcohol Strategy, 2017–2025; and the National Sexual Health Strategy 2015–2020.	The strategy refers to mental health problems, including higher rates of severe stress, anxiety, depression, self-harm and attempted suicide. Objective 11(b): Develop targeted early intervention initiatives and services to reduce the risk of mental health problems for LGBTI+ young people, including suicide and self-harm. (led by Department of Health)



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Justice: Specific target groups		
Coroners (Amendment) Act 2019	This Act amends the existing Principal Act (the Coroners Act 1962) to significantly clarify, strengthen and modernise coroner powers in the reporting, investigation and inquest of deaths. The Act broadens the scope of enquiries at inquest and clarifies that they are not limited to establishing the medical cause of death, but that they may also seek to establish, to the extent the coroner considers necessary, the circumstances in which the death occurred.	Deaths reportable to the Coroner include any death which may be by suicide.
Department of Justice, National Traveller and Roma Inclusion Strategy, 2017-2021	There are ten strategic themes designed to promote Traveller and Roma inclusion (marking a shift in emphasis from previous strategies from integration to inclusion). These are: employment and Traveller economy, children and youth, health, gender equality, anti-discrimination, accommodation, Traveller and Roma communities, and public services. Each of the ten strategic themes has objectives and actions.	Reference is made to ERSI data that the suicide rate is almost seven times higher among Traveller males than in the general population (p.10). Specific commitments are made under the health theme on suicide prevention with the following objective: 'The rate of suicide and mental health problems within the Traveller and Roma communities should be reduced and positive mental health initiatives should be put in place.' A large number of actions are recommended on access to services, reducing self-harm, suicide prevention and better research (see actions 87-96).



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Justice: Specific target groups		
Department of Justice, Migrant Integration Strategy, 2017- 2020	<p>The strategy provides a framework for action on integration by Government and diverse sectors and organisations. It starts from the principle that integration is the responsibility of Irish society as a whole and will require action by Government, public bodies, service providers, businesses, NGOs but also by local communities. It seeks to encourage local communities to take action to promote integration.</p> <p>Vision: 'The vision of this Strategy is that migrants are facilitated to play a full role in Irish society, that integration is a core principle of Irish life and that Irish society and institutions work together to promote integration.'</p> <p>There are general actions and specific actions on citizenship/ long term residence; access to public services and social inclusion; education; employment and pathways to work; health; integration into the community; political participation; intercultural awareness and combating racism and xenophobia; volunteering; and sport.</p>	No specific reference is made to risks of social exclusion and the potential role of suicide prevention, although many of the actions can impact on suicide prevention.



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Justice: Specific target groups		
Department of Justice, National Strategy for Women and Girls, 2017-2020	<p>The goal of the strategy is: To change attitudes and practices preventing women's and girls' full participation in education, employment and public life, at all levels, and to improve services for women and girls, with priority given to the needs of those experiencing, or at risk of experiencing, the poorest outcomes.</p> <p>It is proposed to advance this goal through six high-level objectives, as follows: advance socio-economic equality for women and girls; advance the physical and mental health and wellbeing of women and girls; ensure the visibility in society of women and girls, and their equal and active citizenship; advance women in leadership at all levels; combat violence against women; embed gender equality in decision-making. Actions are set out for each objective. The strategy is intended to be a living document. Further actions will be added where necessary over its lifetime.</p>	Specific mention is made of commitments in other government strategies, including implementing Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015- 2020. Many of the actions related to changing social norms, promoting gender equality and women's leadership, combating violence against women and improving the health and wellbeing of women and girls are highly relevant to suicide prevention.
Department of Justice, National LGBTI+ Inclusion Strategy 2019-2021	<p>Based on the mission: 'A safe, fair and inclusive Ireland where people are supported to flourish and to live inclusive, healthy and fulfilling lives, whatever their sexual orientation, gender identity or expression, or sex characteristics.'</p> <p>It is grounded in the values of equality, respect for diversity, inclusion and visibility. Thematic pillars include: treated equally, healthy, and safe and supported, and an Action Plan sets out specific actions for government departments and other partners/ stakeholders.</p>	There is no specific input on positive mental health and wellbeing in relation to suicide prevention. Many of the actions are highly relevant to suicide prevention.



Legislation/ Policy /Strategy	Overview	Reference to and/or relevance to suicide prevention
Justice: Specific target groups		
Department of Justice, National Disability Inclusion Strategy	The Strategy has a whole of Government approach to improving the lives of people with disabilities around eight themes Equality and Choice; Joined up policies and public services; Education; Employment; Health and Wellbeing; Person centered disability services; Living in the Community; and Transport and access to places.	Action 4.4 refers to suicide prevention, under the heading 'People with disabilities are supported to reach their full potential.' Action 4.4: 'We will support schools with the implementation of the Well-being in Post Primary Schools Guidelines for Mental Health Promotion and Suicide Prevention (2013) and Well- being in Primary Schools Guidelines for Mental Health Promotion (2015) in order to build resilience among the younger population and improve mental health outcomes, including young people with existing mental health difficulties.' Several actions related to mental health e.g. early intervention amongst infants, young people and their families; advocacy services; equal access to health care etc.



Appendix 2: Glossary of abbreviations

AVFC – A Vision for Change

BAI – Broadcasting Authority of Ireland

C19PRC – Covid-19 Psychological Response Consortium

CAMHS – Child and Adolescent Mental Health Services

CBT – Cognitive Behavioural Therapy

CES – Centre for Effective Services

CFL – Connecting for Life

CHN – Community Health Network

CHO – Community Healthcare Organisation

CMH – Central Mental Hospital

CMHTs – Community Mental Health Teams

CNS – Clinical Nurse Specialist

CPD – Continuing Professional Development

CSEAS – Civil Service Employee Assistance Service

CSO – Central Statistics Office

CYPSC – Children & Young People's Services Committee

DAFM – Department of Agriculture, Food and the Marine

DBEI – Department of Business, Enterprise, and Innovation

DCCAIE – Department of Communications, Climate Action and Environment

DCYA – Department of Children and Youth Affairs

DEASP – Department of Employment and Social Protection

DES – Department of Education and Skills

NEPS – National Educational Psychological Service

DF – Defence Forces

DHPLG – Department of Housing, Planning and Local Government

DJE – Department of Justice and Equality

DoD – Department of Defence

DoH – Department of Health

DRCD – Department for Community and Rural Development

DSP – Department of Social Protection

DTTAS – Department of Transport Tourism & Sport

EAG – Evaluation Advisory Group

ED – Emergency Department

FRC – Family Resource Centres

GP – General Practitioner

H&W – Health and Well-being

HEA – Higher Education Authority

HEI – Higher Education Institutions

HI – Healthy Ireland

HRB – Health Research Board

HRB – Health Research Board

HSA – Health & Safety Authority



HSE – Health Service Executive

IPS – Irish Prison Services

ISC – Irish Sports Council

KPI – Key Performance Indicator

LA – Local Authorities

LCOP – Learning Community of Practice

LGBTI+ – Lesbian Gay Bisexual Transgender Ireland

LGMA – Local Government Management Agency

MHL – Mental Health Literacy

MOU – Memorandum of Understanding

MYWB – Minding Your Wellbeing

NCP – National Clinical Programme

NDRDI – National Drug Related Deaths Index

NEPS – National Educational Psychological Service

NGO – Non Government Organisation

NOSP – National Office for Suicide Prevention

NSRF – The National Suicide Research Foundation

NSRI – National Self-harm Registry Ireland

OSMR – Online Safety and Media Regulation

PC – Press Council

HSE PC – Primary Care

PPPG – Policies, Procedures, Protocols and Guidelines

QAF – Quality Assurance Framework

QPS – Quality and Patient Safety

QSUS – The Quality Service User Safety

RICO – Regional Integrated Care Organisations

ROSP – Resource Officers for Suicide Prevention

RSE – Relationships and Sexuality Education

SBLO – Suicide Bereavement Liaison Officer

SCAN – Suicide Crisis Assessment Nurse

SI – Social Inclusion

SLA – Service Level Agreement

SPHE – Social, Personal and Health Education

SUFMC – Service users, family members and carers

T4T – Training for Trainers

TAG – Technical Advisory Group

TOR – Terms of Reference

USH – Understanding Self Harm

USI – Union of Students in Ireland

WHO – World Health Organisation



Connecting for Life



Rialtas na hÉireann
Government of Ireland