



Connecting for Life

Implementation Plan 2017-2020

www.connectingforlifeireland.ie

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Section 1

Introduction

Connecting for Life (CfL) is the current national government strategy to reduce suicide in Ireland, from 2015-2020. The overall vision of the strategy is:

“An Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing.”

The overall mission of the strategy is:

“An Ireland where individuals, communities and organisations are provided with the awareness, knowledge and capacity to identify those at risk, respond appropriately and contribute to a reduction in the rates of suicide and self-harm.”

The two principal outcomes are:

1. Reduced suicide rate in the whole population and amongst specified priority groups
2. Reduced rate of presentations of self-harm in the whole population and amongst specified priority groups

CfL is based on national and international evidence on suicide prevention strategies. However, the research conducted as part of the development of *CfL* indicated that the evidence on suicide prevention programmes was limited. Therefore, the *CfL* strategy aims to continue to contribute to the national and international research and evidence base. Similarly, the strategy was designed to be a living document, with actions adapted and updated to meet the changing social, economic and political climate in the years to come, and will be open to review and change in line with emerging needs.

The full *CfL* document can be downloaded at: www.connectingforlifeireland.ie

1.1 Broader policy context for implementation

The implementation of *CfL* is within the context of a number of other national policies and initiatives relating to suicide prevention, mental health and well-being, primarily:

- **A Vision for Change, 2006 (Under review)** – The updated framework will set out how mental health services are both planned and delivered in Ireland. It will also highlight the approach to be taken to building and fostering positive mental health across the entire community and for providing a model of services which is patient-centred, flexible and community based.
- **Healthy Ireland** – A national framework to improve the physical and mental health and well-being of the population of Ireland over the coming generation.
- **National Drugs Strategy 2009–2016** which takes account of the role of alcohol in suicides and self-harm.

Along with these strategies there are also a range of other national strategies that relate to the priority groups identified in *CfL*. These include:

- **Better Outcomes Brighter Futures** - The national policy framework for children and young people. It makes a commitment to positive physical and mental well-being, specifically noting that “the recent rise in demand for mental health services and the incidence of self-harm and suicide among children and young people is of significant concern” (p. 53).
- **National Taskforce on Youth Mental Health** - Established by the Minister of State (2016) with responsibility for Mental Health to progress the youth mental health agenda.
- **Department of Health Youth Mental Health Pathfinder** - Exploring how to work differently across government departments to enhance support, including support for those vulnerable to suicide.

During the lifetime of the *CfL* strategy there will be additional policies and strategies. It is critical that the actions within *CfL* are embedded across new government policy development to ensure an ongoing *Whole of Government* approach to suicide prevention.

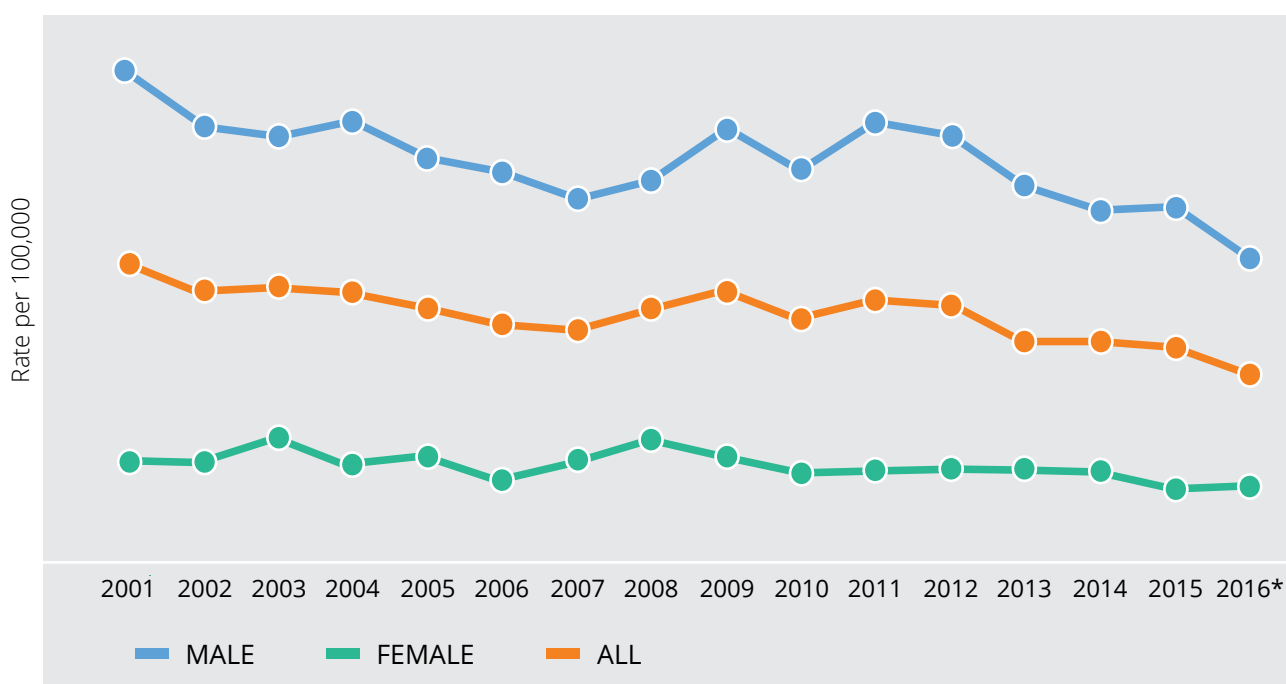
1.2 Suicide mortality and self-harm in Ireland

Incidence of suicide in Ireland

In 2015, there were 425 confirmed suicide deaths in Ireland. It is possible however that this figure increases due to late registrations. Of the 425 people who died in 2015, 79% were men. This high male-to-female ratio has been a constant feature of deaths by suicide over the years, as can be seen in the figure on page 5. From 2007 there was an increase in the suicide rate in Ireland. The increase observed between 2007 and 2012 can be wholly attributed to an increase in the male rate of suicide. More recently, data from 2012-2014 suggest a levelling off of this rise. The 2015 data, together with provisional data for 2016, suggests a decreasing trend in Ireland's suicide rate since then.

Rates of suicide in Ireland by gender and age, 2001-2016

The majority of people who die by suicide in Ireland are male. In 2014, for both males and females, the highest rates of suicide were observed among 45-54 year-olds (28.2 per 100,000 and 6.9 per 100,000, respectively). The lowest rates of suicide were recorded among those aged 65 years and over – a rate of 17.0 per 100,000 for males and 2.2 per 100,000 for females.



*Note: Figures for 2015 are provisional and subject to change

Incidence of self-harm in Ireland, 2004-2016

Self-harm statistics in Ireland are gathered by the National Self-Harm Registry Ireland, which reports annually on Irish statistics relating to self-harm. These reports are based on data collected on persons presenting to hospital emergency departments as a result of self-harm. In 2016, the Registry recorded 11,485 presentations to hospital due to self-harm, involving 8,909 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital following self-harm in 2015 was 206 per 100,000. Thus, there was a 1% increase in the age-standardised rate from 2015, however this increase was not statistically significant. In recent years there were successive decreases in the self-harm rate between 2011 and 2013, and essentially no change between 2013 and 2015. The rate in 2016 was still 10% higher than the pre-recession rate in 2007.

More detailed information on suicide and self-harm can be downloaded from www.connectingforlifeireland.ie and the latest report on incidence of self-harm in Ireland is available at www.nsrif.ie

1.3 Anticipated impact of *CfL* implementation

The implementation of *CfL* aims to deliver direct benefits to the general public, service users, communities, health professionals and families bereaved through suicide. These benefits are linked to the impact of evidence-informed approaches embedded within the *CfL* strategy.

GOAL 1	<ul style="list-style-type: none"> Enhanced communication and targeting of messages on mental health and suicide prevention and support services through communication campaigns and social media Changes in positive health behaviours related to mental health and wellbeing including help seeking at a population level and among priority groups Improved media reporting on suicide and less negative online content through monitoring and engagement with media and online platforms
GOAL 2	<ul style="list-style-type: none"> Increased capacity at a community level to respond to suicide through local suicide prevention action plans and standardised critical incident response Improvements in quality and safety of statutory and non statutory services supporting service users and families through the implementation of best practice guidance Increased capacity of volunteers and frontline workers (including teachers, prison officers, An Garda Síochána and health and social care professionals) through the provision of suicide prevention training (safeTALK and ASIST)
GOAL 3	<ul style="list-style-type: none"> Enhanced coordination of services and programmes focused on youth mental health through the implementation of the recommendations of the Youth Mental Health Taskforce and the Pathfinder project Strong evidence base to support the delivery of targeted primary care initiatives
GOAL 4	<ul style="list-style-type: none"> Improved availability and accessibility to suicide specific bereavement services across each of the HSE CHO areas Increased access to evidence informed therapeutic responses including DBT and CBT Greater focus on building the evidence base for targeted primary care initiatives including GP education
GOAL 5	<ul style="list-style-type: none"> Enhanced response at a secondary care level to persons at risk of suicide through education, increased service capacity, improved referral pathways and assessment processes. Repositories of evidence-based tools, resources, guidelines and protocols available Development of standardised data systems
GOAL 6	<ul style="list-style-type: none"> Improved preventative measures at identified locations and settings where people are at risk of suicide Reduced access to means within the HSE mental health services and the criminal justice system

Section 2

The *CfL* Implementation Journey

The implementation of government policy is a complex process. The success of *CfL* depends heavily on a systematic and structured approach to implementation, ensuring co-ordination in the delivery of key actions across government departments and agencies. This implementation plan articulates the planned actions and related pathway for the next three years, 2017-2020. It describes the strategic and operational agenda that will be needed to further drive the implementation of *CfL*. The plan outlines the risks, strategic drivers, communications plan and monitoring and evaluation processes for the strategy.

2.1 *CfL* Implementation Stages

There is no definitive theory or single framework commonly accepted on how health strategy should be implemented but there is consensus that implementation is a process and not a one time event. Implementation occurs in distinct stages (exploration, planning, implementation and business as usual)¹ however the process is not a linear one. This implementation plan recognises that for implementation to move successfully from policy to practice it can take at least three years. The implementation of *CfL* also builds on the programme of work delivered under the previous suicide prevention strategy, Reach Out, as well as an emerging evidence base for suicide prevention.

¹ Source: Burke, K., Morris, K., & Leona McGarrigle. (2012). An Introductory Guide to Implementation: Terms, Concepts and Frameworks. Centre for Effective Services.

2.2 Cfl Strategic Drivers

Key to successful implementation of government policy is the examination of the factors which facilitate effective implementation. The Cfl strategic drivers include:

Ongoing strong, visible leadership led by government

Leadership from senior officials across key government departments and state agencies is a critical success factor in any major change programme.

Monitoring and evaluation of the implementation of the strategy

Monitoring and evaluation are essential to determine whether desired indicators are being met and outcomes being achieved.

National Office for Suicide Prevention (NOSP)

Following the launch of *Connecting for Life*, The NOSP was mandated by government to act as the backbone organisation for the implementation of the strategy. As the lead agency for suicide prevention in Ireland, the NOSP is responsible for progressing and reporting on each of the actions within *Cfl*.

Ongoing financial investment in *Connecting for Life*

Securing appropriate funding, staff with the requisite skills, and other necessary resources are all identified as key to successful implementation of *Cfl*. The NOSP is funded centrally as part of the HSE's annual service planning process and its annual budget is €11.75 million.

Improved data

The production and management of data is a key element of strategy implementation. In 2017, the NOSP is carrying out a review of all sources of trend data on suicide (and self-harm) to supplement national mortality statistics (from the CSO).

Use of technology

The use of digital methodologies and the impact of social and online media has become even more important since the strategy was developed. Not only do social media, ICT technologies and customer facing applications inform suicide prevention communications and operations, but they will also form part of the service delivery platform in the future.

Continued stakeholder engagement in the implementation of *Cfl*

Suicide prevention is best achieved when individuals, families, health and community organisations, workplaces, government departments and communities work collaboratively to build an infrastructure of suicide prevention and support from national through to local level.

Building capacity across state agencies and communities

Mobilising the many services and organisations involved in suicide prevention to become powerful leaders and ambassadors for suicide prevention is a significant challenge. Building capacity for education and training activity within organisations connected to strategy implementation will support and enhance the quality and impact of their work.

Establishing *CfL* implementation teams

The *CfL* strategy identifies a number of implementation teams to be established which provide internal support structures within organisations to move each of the actions through the four stages of implementation.

Building Learning Communities of Practice (LCPs)

The formation of a learning community of practice will provide a vehicle for connecting stakeholders and will focus on sharing best practice and creating new knowledge to advance the work of *Connecting for Life*. The NOSP over the lifetime of *CfL* will identify potential LCPs.

2.3 Barriers to implementation

The implementation of health policy is challenging and over the lifetime of the implementation plan barriers may arise which jeopardize the success of *CfL*. Barriers to the implementation of health are broadly categorised under the headings below

- Organisational barriers, including lack of agreed ownership for actions within the strategy and poor inter-agency co-operation
 - Financial barriers including lack of funds and restrictions on what funds can be spent on and when
 - Political and cultural barriers, and in particular opposition from vested interests and lack of political support at all levels of Government and society
 - Practical and technological barriers, poor IT systems, lack of key skills and expertise can be a significant barrier to progress implementation
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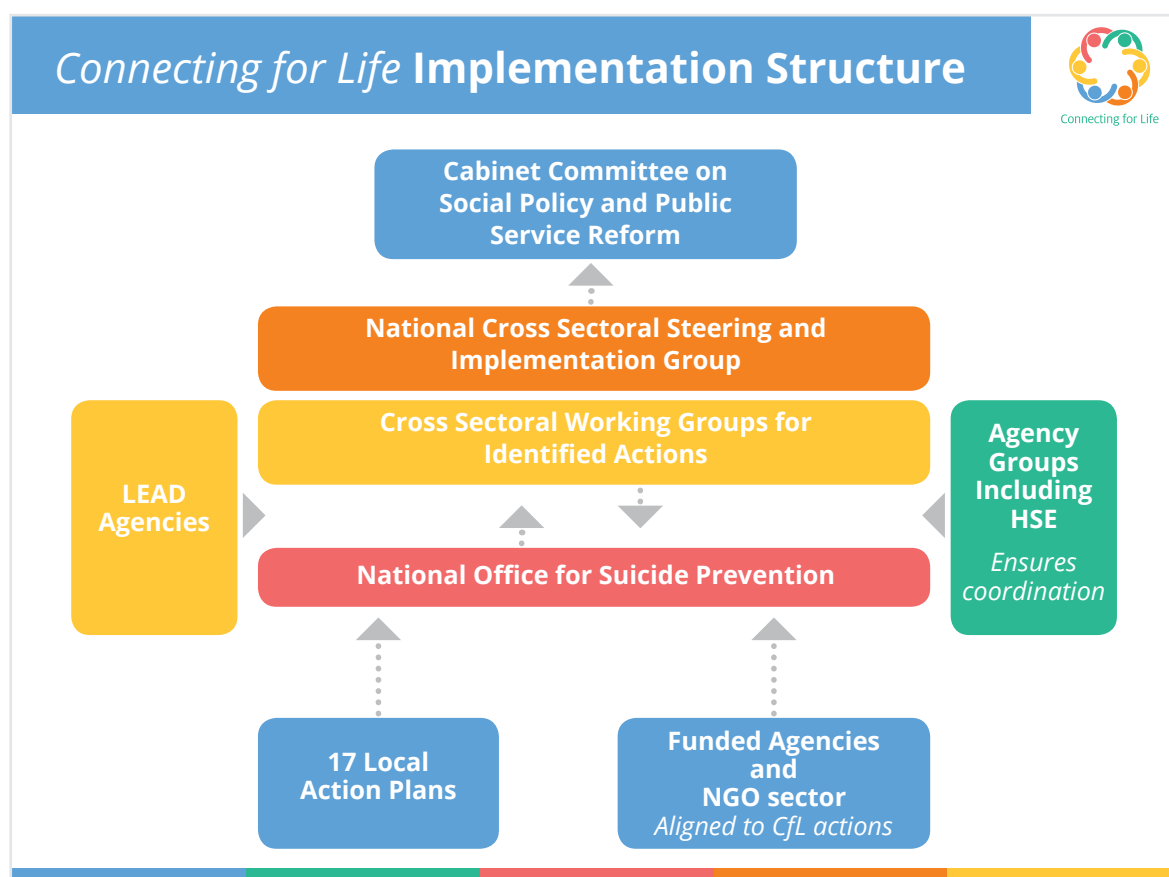
Furthermore the implementation of *CfL* is further challenged by the fact that suicide prevention is a complex public health issue which requires the coordination of multiple agency cooperation.

To address the barriers to implementation, there will be a need for ongoing government leadership, interagency co-operation, continued investment in suicide prevention, and strong monitoring and evaluation of the implementation plan.

Quarterly monitoring of the implementation plan will help assess whether challenges are being overcome, or whether new challenges are emerging.

2.4 Connecting for Life Implementation Structure

As a whole of government strategy, *Connecting for Life* requires cross-sectoral leadership, governance, infrastructure and teams for implementation. This required the establishment of national and local infrastructures with clear roles and responsibilities that would drive the implementation of the strategy. These infrastructures are critical to monitoring and evaluating the strategy. The NOSP has a role in participating and supporting each of the five structures established to drive the implementation of *Cfl*.



Cabinet Committee on Social Policy and Public Service Reform

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 ongoing throughout the implementation of *Cfl*.

HSE Cross Divisional Implementation Group

The HSE Cross Divisional Implementation Group has established structures and processes to agree and progress a HSE cross-divisional *Connecting for Life* implementation plan. The chair of the group is accountable for the specific actions, timelines and resources allocated to the plan.

Local Implementation Structures

Under Action 2.1.1 local implementation structures have been developed to support the preparation and implementation of local suicide prevention action plans. Membership and support for each local structure comprises of 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. By 2018, 17 local action plans will be in place around the country.

National Office for Suicide Prevention

The National Office for Suicide Prevention (NOSP) is part of the HSE's Mental Health Division. It holds two distinct functions under *CfL*. It is a lead agency (16 actions) and support partner (21 actions) in the delivery of *CfL*. As a driver of implementation, NOSP's role is to support, inform, coordinate and monitor the implementation of *CfL*.

National working groups

In the development of the *CfL* implementation plan, the NOSP identified several cross cutting areas of work which would benefit from the establishment of special advisory or working groups to deliver key cross sectoral actions within the strategy. These groups would in turn report to the Cross Sectoral Implementation Group and include

- Cross Sectoral Group on Suicide Prevention Interagency Operational Protocols
- HSE Communications Working Group
- Research and Evaluation Advisory Group
- Education and Learning Working Group
- National Suicide Bereavement Service Working Group
- HSE *CfL* Health Professionals Working Group

Section 3

Cfl Implementation

3.1. *Connecting for Life* structural and operational milestones 2015-2017

The initial phase of the implementation of Cfl has focused on building the necessary implementation and governance structures to support the strategy. Table 2 below summarises the key structural milestones achieved in the first two years of Cfl.

Key Cfl Structural Milestones (2015- 2017)	Status
Establish National Cross Sectoral Steering and Implementation Group	Complete
Establish HSE Cfl Implementation Groups	Complete
Establish NGO Agency Group for Cfl	Complete
Recruitment of HSE Resource Officers for Suicide Prevention	Complete
Establish 21Local Cfl Suicide Prevention Action Plan advisory groups	Complete
Restructuring of NOSP including staff recruitment for key functions (Research & Evaluation, Communications and Clinical Advisor)	Complete
Develop Monitoring and Evaluation System for Cfl strategy	Complete
Launch of Cfl website	Complete
Development of Outcomes Framework for Cfl	Ongoing
Funding of NGO Partners	Ongoing
Complete Cfl communication plan	Complete

Key operational activity was also progressed and milestones achieved from 2015-2017 are highlighted below.

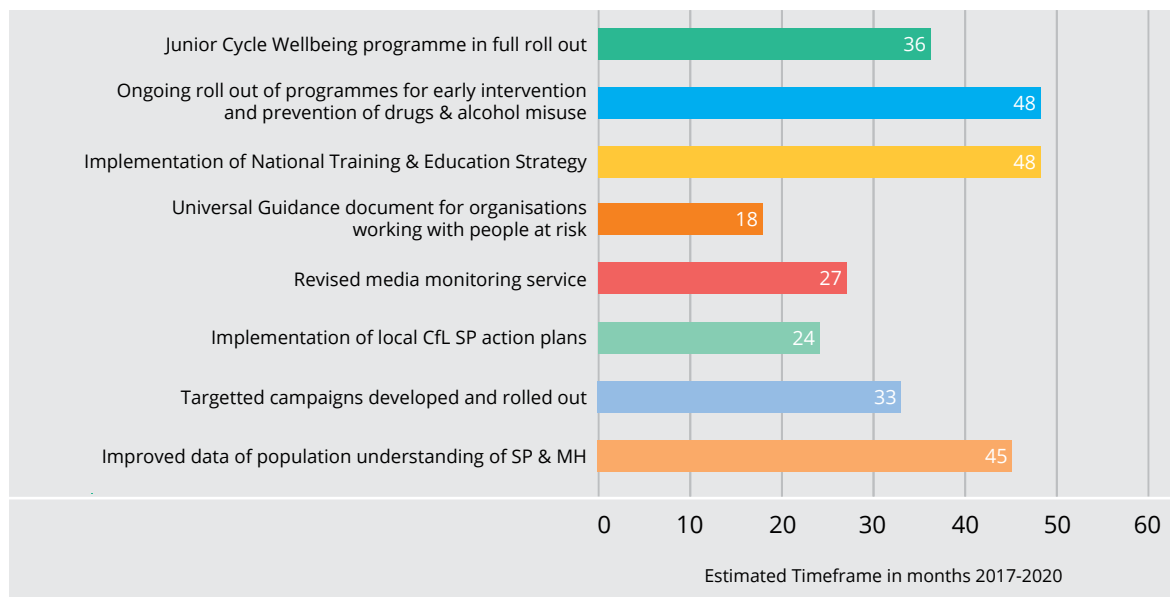
Key Cfl Operational Milestones (2015-2017)	
Strategic Goal One Improve nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing	
Implement #LittleThings National Campaign.	Ongoing
Evaluate Headline Media Monitoring Programme.	Complete
Press Council to amend Code of Practice to include reporting on suicide.	Complete
Launch HSE 'Ask about Alcohol' Campaign.	Ongoing
Develop Database on information on all mental health services.	Ongoing
Commence development of National Mental Health Promotion Plan.	Ongoing
Strategic Goal Two Support local communities' capacity to prevent and respond to suicidal behaviour	
Develop 21 Cfl Local Suicide Prevention Action Plans.	Ongoing
Ongoing roll out of suicide prevention training across communities: • 13,000 persons trained in ASIST • 5,500 persons trained in safeTALK	Ongoing
Launch and Implement GAA's Critical Incident Policy.	Ongoing
Implement Suicide Prevention Policy across FRC centres nationwide.	Ongoing
Strategic Goal Three Targeted approaches to reduce suicidal behaviour and improve mental health among priority groups	
Completion of LGBTIreland Report - Ireland's largest ever study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex (LGBTI) people.	Complete
Ongoing development and roll out of targeted education programmes and projects targeting priority groups.	Ongoing
Strategic Goal Four Enhance accessibility consistency and care pathways for people vulnerable to suicidal behaviour	
Deliver National Clinical Care Programme for management of self-harm presentations to Emergency Departments.	Ongoing
Provide DBT.	Ongoing
Implement HSE funded Bereavement Family Liaison Service across CHO areas.	Ongoing

Strategic Goal Five Ensure safe and high quality services for people vulnerable to suicide	
Complete engagement process with NGO partners on National Guidelines for agencies.	Ongoing
Launch <i>CfL</i> website which will form online repository for suicide prevention resources.	Complete
Strategic Goal Six Reduce and restrict access to means of suicidal behaviour	
Complete Ligature Audit within the Mental Health Services.	Ongoing
Samaritans to publish their free phone 116 123 number on every train platform in the country and 5,000 ringbuoy boxes nationwide.	Ongoing
Strategic Goal Seven Improve the surveillance, evaluation and high quality research relating to suicidal behaviour	
Health Research Board to conduct a feasibility study to collect data from all closed coronial files available for deaths in 2015 for individuals with risk factors for self-harm.	Ongoing
Develop evidence base in support of suicide prevention.	Ongoing
Establish <i>CfL</i> Monitoring and Evaluation system.	Ongoing

3.2. *Connecting for Life* Implementation 2017-2020

Over the next three years, the focus on the implementation of *CfL* will continue to be supported by tangible actions and a strong implementation and monitoring framework. This approach will be maintained and further strengthened for the period 2017 to 2020. The implementation plan sets out the actions and activities which will be carried out both collectively and by individual agencies over the next three years.

3.3. Timeline key outputs *Connecting for Life* implementation



Section 4

CfL Implementation Action Plan

Connecting for Life Implementation Plan 2017-2020

1.1.1

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

Lead Agency: NOSP

What Will be the Key Output by 2020?

Improved data on populations understanding of suicidal behaviour and mental health which will be used for informing policy, practice and communications campaigns.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Establish NOSP Research Team (Q.1-2).</p> <p>Identify and test outcome indicators for attitudes, knowledge and understanding of suicide and self-harm (Q1.-4).</p> <p>Implement GP based attitude survey in partnership with ICGP (Q.2).</p> <p>Devise attitude survey for use in healthcare settings (MH Services, General Hospital and Training Schools) (Q.4).</p>	<p>Identification of data baselines.</p> <p>Explore feasibility of various data collection methods.</p>	<p>Based on actions of 2018, the NOSP Research Team will implement an M&E system.</p>

1.1.2

Develop and implement a National Mental Health and Well-being Promotion Plan.

Lead Agency: HSE H&W, DOH HI

What Will be the Key Output by 2020?

Improved mental wellbeing and greater awareness and understanding of mental health and wellbeing. Increased coordination of mental health promotion within the HSE and across government departments.

Key Milestone in 2017

Development of scoping paper outlining draft framework for plan including Vision, priority areas and outcomes (Q.1).

Conduct mapping of mental health promotion activity across HSE and HSE funded agencies to inform National Plan (Q.2-3).

Develop visual of existing policy and implementation enablers for the national Plan (Q4).

Draft Terms of Reference of the National Steering committee (Q4).

Key Milestone in 2018

Convene National Steering Committee.

Agree framework for the plan (objectives and high level outcomes) based on scoping work conducted by HSE.

Conduct Stakeholder engagement stage.

Agreement of draft actions by steering committee.

Identify resource implications.

Develop Evaluation plan.

Key Milestone in 2019

Consultation on draft plan.

Finalise and disseminate National Plan.

Implementation of Plan.

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 Agency: HSE MH

What Will be the Key Output by 2020?

Increased awareness of protective health behaviours and increased awareness of relevant support services through increased signposting.

Key Milestone in 2017

Ongoing roll-out of the Little Things campaign for 2017 (Q.1-Q.4).

Commission largescale evaluation.

Plan future campaigns for the promotion of mental health and wellbeing among the whole population and to signpost to relevant support services (Q.3-Q.4).

Key Milestone in 2018

Continue to roll out behaviour change campaigns in 2018, focusing on protective health behaviours and signposting to support services nationwide.

Collate and report on recent general population research into mental health awareness, attitudes and understanding in order to inform future communication campaigns.

Key Milestone in 2019

Continue to roll out existing and new behaviour change campaigns in 2019/2020 with a focus on protective health behaviours and directing people to support services nationwide.

1.1.4

Build the link between alcohol/drug misuse and suicidal behaviour into all communications campaigns.

Lead Agency: HSE PC

What Will be the Key Output by 2020?

Link between alcohol/drug misuse and suicidal behaviour will be integrated into all NOSP public facing material and communication campaigns.

Changes in behaviours related to alcohol use.

Positive changes in mental health associated alcohol/drug related harms.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Ongoing rollout of harm reduction initiatives in relation to New Psychoactive Substances (Q.1-Q.4).</p> <p>Second phase of USI, HSE Addiction services AND Drugs.ie harm reduction campaign (Q.1).</p> <p>Work of Alcohol Programme Implementation group continuing in 2017. (Q.1-Q.4).</p> <p>Alcohol website to be accessed as an information and resource tool and <i>Connecting for Life</i> action is included (Q.2)</p> <p>Alcohol and Drug Section of the DES Senior Cycle will be updated and launched.</p>	<p>Ongoing dissemination of campaign.</p> <p>Monitoring of use of alcohol information on websites.</p> <p>Ongoing input into HSE Alcohol programme Implementation Group including Primary Care and NOSP representation.</p>	<p>Further work will be dependent on review of the Alcohol Campaign and the work of the HSE Alcohol Implementation Programme.</p>

1.1.5

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

Lead Agency: DOH HI DTTAS

What Will be the Key Output by 2020?

Demonstrate innovation in the promotion of physical activity and mental health through actions of the plan.

	Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
DTTAS	<p>Dormant Account Funding secured with over €3.5m dedicated to NPAP measures (Q.1-Q.4).</p> <p>Implementation of the 'Get Ireland Walking' programme in association with Irish Men's Sheds Association (Q.1-Q.4).</p> <p>Increase capacity of NGBs and LSPs to deliver programmes with additional Community Sports Development Officers (Q.1-Q.4).</p> <p>Implementation of new GAA-GPA Agreement involving inter-county player endorsement of physical activity benefits for mental health (Q.1-Q.4).</p>	<p>Secure further Dormant Account funding for NPAP measures.</p> <p>Continue to ensure mental health programmes are selected for Dormant Account funding.</p> <p>Assess the success of previous Dormant Account funded measures and continue successful programmes through core funding.</p> <p>Increase number of inter-county player endorsements of physical activity benefits for mental health.</p>	<p>Secure further Dormant Account funding for NPAP measures.</p> <p>Continue to ensure mental health programmes are selected for Dormant Account funding.</p> <p>Assess the success of previous Dormant Account funded measures and continue successful programmes through core funding.</p> <p>Increase number of inter-county player endorsements of physical activity benefits for mental health.</p>
DOH HI	<p>Ensure NPAP alignment in other prevention and improvement strategies (Q.1-Q.4).</p> <p>Establish thematic sub-groups as needed to advance specific actions.</p> <p>Continue to engage with local community leaders and develop the skills and competencies of local communities.</p> <p>Broaden the awareness of the hubs to a wider community, aiming to improve integration of communities.</p> <p>Ongoing development of site with better directory of available locations and programmes.</p> <p>A new Get Ireland Walking Strategy will be published for the period 2017 – 2020 to set strategic objectives for the development and promotion of walking in Ireland.</p>	<p>Key actions of National Physical Activity Plan advanced by sub-groups.</p> <p>Ongoing implementation of social marketing campaign plan.</p> <p>Continued expansion of Active Schools Flag initiative.</p> <p>Continued expansion of Community Sport & Physical Activity Hubs initiative.</p> <p>Continued expansion of Get Ireland Walking initiative.</p>	

1.2.1

Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at YourMental Health.ie

Lead Agency: HSE MH

What Will be the Key Output by 2020?

Increase in number of visits to yourmentalhealth.ie and improved user experience in relation to site navigation and content

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Continued delivery of yourmentalhealth.ie</p> <p>Carry out test/ research relating to awareness, knowledge levels and behaviour change relating to website (Q.1-Q.4).</p> <p>Implementation of digital strategy for the development of yourmentalhealth.ie and the MHD's web presence on HSE.ie.</p> <p>National Directory of Mental Health Services (Q.3).</p>	<p>Further maintenance and development of the content and functionality on ymh.ie and social media channels.</p> <p>Service updates for the National Directory of Mental Health Services will be proactively provided by each CHO.</p>	<p>Continued maintenance and development of the content and functionality on ymh.ie and social media channels.</p>

1.2.2

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

Lead Agency: HSE MH

What Will be the Key Output by 2020?

No of targeted campaigns delivered, increased awareness within priority groups of appropriate support services, increase in priority group numbers accessing appropriate support services.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Work with agreed NGO partners to deliver on agreed campaign with agreed priority group for 2017 utilising appropriate channels and messages (Q.1-Q.4).</p> <p>Continued funding of and provision of communications support to key partner agencies working with priority groups. (Q.1-Q.4).</p> <p>Commence testing of Little Things campaign messages and material for priority groups including young people and Traveller community (Q.3-Q.4).</p>	<p>Continue to fund and provide communications support for campaigns through NGO partners to improve awareness of appropriate support services to priority groups.</p> <p>On-going testing and evaluation of targeted campaigns.</p>	<p>Continue to fund and provide communications support for campaigns through NGO partners to improve awareness of appropriate support services to priority groups.</p> <p>On-going testing and evaluation of targeted campaigns.</p>

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 Agency: HSE NOSP

What Will be the Key Output by 2020?

*Delivery of campaign materials and messages to whole population and Cfl priority groups.
Reduction in self reported levels of stigma within population and priority groups.*

Key Milestone in 2017

Delivery of Green Ribbon Campaign and evaluation of same (Q.2).
Development of baseline measure of stigma (Q.2).
Development of campaign targeting priority groups (Q.3-Q.4).

Key Milestone in 2018

Develop report with clear set of recommendations on future direction of Mental Health Stigma Reduction Campaign.
Deliver external contracted evaluation of anti-stigma campaigns at a population level and among Cfl priority groups.
Ongoing collection of data at a population level.

Key Milestone in 2019

Development of cohesive Mental Health Stigma Reduction Campaign.

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 Agency: DCENR

What Will be the Key Output by 2020?

Negotiate and development of a self-regulatory code of best practice for online platforms.

Key Milestone in 2017

Engagement commenced with selected online platforms with a view to agreeing best practice standards in reporting around suicidal behaviour (Q.1-Q.2).
Discussion paper to be submitted to inform current thinking with regard to action (Q.3).
Agreement to be agreed at Cross Sectoral Steering Group on next steps (Q.4)
Agreement to be agreed at Cross Sectoral Steering Group on next steps (Q.4)

Key Milestone in 2018

Agreement with selected platforms on code of best practice.
Launch of code of best practice.

Key Milestone in 2019

Ongoing promotion of code.

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 Agency: DCENR

What Will be the Key Output by 2020?

BAI Code of Programme Standards will reflect best practice in respect of standards applying to coverage of suicidal behaviour, mental health and wellbeing. Ongoing application and monitoring of code.

Key Milestone in 2017

Ongoing consideration of complaints by the BAI in respect of Principle 3, and publication of decisions of the BAI (Q.1-4).

Provision, on request, of guidance to broadcasters and other stakeholders on the application of Principle 3 (Q.1-4).

Circulate to broadcasters communications received from NOSP, representatives of families and other relevant third parties (Q.1-4).

Key Milestone in 2018

Ongoing consideration of complaints by the BAI in respect of Principle 3, and publication of decisions of the BAI.

Provision, on request, of guidance to broadcasters and other stakeholders on the application of Principle 3.

Circulate to broadcasters communications received from NOSP, representatives of families and other relevant third parties.

Awareness raising activity to be conducted annually, across business functions such as media literacy, communications or sectoral development.

Key Milestone in 2019

Ongoing consideration of complaints by the BAI in respect of Principle 3, and publication of decisions of the BAI.

Provision, on request, of guidance to broadcasters and other stakeholders on the application of Principle 3.

Circulate to broadcasters communications received from NOSP, representatives of families and other relevant third parties.

Awareness raising activity to be conducted annually, across business functions such as media literacy, communications or sectoral development.

Review effectiveness of the BAI Code (in accordance with the Broadcasting Act 2009) including Principle 3.

1.4.3

The Press Council will amend its Code of Practice to include a principle on responsible reporting of suicide.

Lead Agency: *Press Council of Ireland*

What Will be the Key Output by 2020?

Publish amended Code of Practice

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Ongoing application of Code of Practice (Q.1-4).</p> <p>Monitor newspaper coverage of suicide reporting to ensure adherence to best practice, engage with Headline and Samaritans in regard to promoting take up by journalists and editors of offers of in-house training on suicide issues (Q.1-4).</p>	<p>Ongoing application of Code of Practice.</p> <p>Monitor newspaper coverage of suicide reporting to ensure adherence to best practice, engage with Headline and Samaritans in regard to promoting take up by journalists and editors of offers of in-house training on suicide issues.</p>	<p>Ongoing application of code.</p> <p>Monitor newspaper coverage of suicide reporting to ensure adherence to best practice, engage with Headline and Samaritans in regard to promoting take up by journalists and editors of offers of in-house training on suicide issues.</p>

1.4.4

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

Lead Agency: *NOSP*

What Will be the Key Output by 2020?

Revised and re-engineered monitoring and education service and updated media guidelines in place

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Review of media monitoring and engagement processes to assess the most effective channels to engage with media including journalists (Q.2).</p> <p>Review and update the current Samaritans/IAS media guidelines and update as part of the WHO/International Association of Suicide Prevention work in this area, to include substantial social media guidelines. (Q.4).</p> <p>National process for engagement with media in relation to suicide reporting to be developed (Q.2-Q.4).</p>	<p>Publication and dissemination of new media guidelines.</p> <p>Establishment of revised media monitoring service.</p> <p>Establish an ongoing tracking system and conduct a retrospective analysis of media clippings (media monitoring project) over the last decade to inform current understanding of media reporting and suicide.</p>	<p>Ongoing tracking and work with media providers and journalists on reporting of suicide across media outlets.</p>

GOAL TWO

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 (CHO), Local Economic & Community Plans and Children & Young People's Services Committee's (CYPSC) county plans.

Lead Agency: HSE MH

What Will be the Key Output by 2020?

Local Cfl Action Plans completed and published.

Timely reports on implementation progress.

Key Milestone in 2017

Local Cfl Action Plans (75%) completed and published (Q.3).

Guidance provided to ensure alignment of national and local implementation plans, as part of Quality Assurance Process (Q.1-Q.4).

Framework for evaluating and monitoring implementation progress to be developed by NOSP in collaboration with MHD/ROSPs (Q.1-Q.4).

Develop structures for implementation of Cfl recommendations in mental health services across all CHOs (Q.2-Q.4).

Key Milestone in 2018

Local Cfl Action Plans completed and in implementation phase with monitoring process in place to support progress reporting.

Full integration of relevant national Cfl lead actions.

Key Milestone in 2019

Assess level of implementation, identify outstanding priorities, and address potential enablers/barriers.

Continued development of monitoring and reporting framework/ mechanisms as required.

2.2.1

Provide community based organisations with guidelines and protocols on effective suicide prevention.

Lead Agency: NOSP

What Will be the Key Output by 2020?

Adaption of existing guidance and protocols for national community organisations who are most likely a) to come in contact with people vulnerable to suicide (including Cfl priority groups) and b) responding to critical incidents.

Key Milestone in 2017

Commence development of universal guidance for community based organisations on responding to persons at risk (Q.3-Q.4).

Key Milestone in 2018

Dissemination of national guidance and protocol documents.

Organisation of NOSP symposium on development and implementation of suicide prevention guidance and protocols.

Key Milestone in 2019

Review effectiveness of protocols and identify areas for action.

2.3.1

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

Lead Agency: NOSP

What Will be the Key Output by 2020?

Increase in the numbers of appropriate persons from community based organisations attending ASIST, safeTALK and other NOSP community education programmes on an annual basis over the course of the Cfl strategy. Establishment of NOSP monitoring and quality assurance system for training, improved evidence base for suicide prevention training, improved coordination of suicide prevention training across sector and achievement of targets for suicide prevention training.

Key Milestone in 2017

NOSP to complete final sign off of National Training and Education Plan 2017 (Q.3-Q.4).

Key Milestone in 2018

Ongoing implementation of training and education plan.
Monitoring and Evaluation of delivery of training programmes.

Key Milestone in 2019

Review training outputs with a view to identifying emerging needs.

2.3.2

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

Lead Agency: NOSP

What Will be the Key Output by 2020?

Increased engagement of wider community in suicide prevention awareness training both online and through attending face to face training.

Improved evidence base for suicide prevention training and improved coordination of suicide prevention training across sector.

Key Milestone in 2017

Launch the on-line suicide awareness training programme developed by NOSP (Q.2).

Develop a 2 hour suicide prevention awareness face to face programme for the general public (Q.2 – Q.3).

Bereavement training programmes will be tested in four sites across the country (Q.1).

Ongoing community capacity building (Q.1-Q4).

Key Milestone in 2018

Based on participation rates for new programmes in 2017, targets for online and face to face training will be established for 2018- 2020.

Finalise and launch of online training programme.

Key Milestone in 2019

Based on participation rates for new programmes in 2017, targets for online and face to face training will be established for 2018- 2020.

2.3.3

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

Lead Agency: HSE H&W

What Will be the Key Output by 2020?

Increased delivery of mental health promotion by HSE and through other Cfl stakeholders and supporting partners.

Key Milestone in 2017

Delivery of Zippy's Friends for primary school teachers (Q.1-4).

Roll out of MindOut 2 Training to teachers targeting senior cycle post primary schools (Q.3).

In partnership with NEPS and the PDST, finalise the development of mental wellbeing resources to support the development of the Junior Cycle Wellbeing Guidelines for post primary schools.

Roll out of MindOut Training to Youth Workers and Youthreach tutors as part of out-of schools programme.

Evaluation and findings of HP & I Wellbeing Training pilot delivery to be finalised (Q.4).

Draft HSE principles to underpin the implementation of Social Prescribing (Q.2-Q.3).

Increased delivery of Smartstart Pre-school programme (Q.4).

Key Milestone in 2018

Ongoing delivery of schools evidence based mental health promotion programmes: Zippy's Friends (primary) and Mindout 2 (post-primary).

Support the implementation of the Junior Cycle Wellbeing Guidelines in post primary schools in partnership with the JCT and PDST.

Ongoing delivery of Mindout training to Youth Workers and Youthreach tutors as part of out-of schools programme.

Rollout of Wellbeing Training to HSE staff, Service Users and wider community pending evaluation findings.

Publish HSE principles to underpin the implementation of Social Prescribing, pending cross-divisional endorsement.

Develop an evaluation framework for Social Prescribing.

Scoping the delivery of a national standardised approach to the delivery of Stress Control to HSE staff and service users.

Key Milestone in 2019

Ongoing delivery of schools evidence based mental health promotion programmes: Zippy's Friends and Mindout 2.

Support the implementation of the Junior Cycle Wellbeing Guidelines in post primary schools in partnership with the JCT and PDST.

Ongoing implementation of Wellbeing Training to HSE staff, Service Users and wider community pending positive evaluation findings.

Supporting the delivery of Social Prescribing initiatives at community level, building on the learning from effective models.

The implementation of a national standardised approach to the delivery of Stress Control to HSE staff and service users.

GOAL THREE

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 Agency: DAFM, DOH, DJE, DSP, DCYA, TUSLA, DECLG, DOD, DTTAS

What Will be the Key Output by 2020?

Suicide Prevention is mainstreamed across relevant national policies, plans and programmes for people who are at increased risk.

Key Milestone in 2017

Action will be led and initiated by cross-sectoral working group (Q.4).

Detailed activity listed in Appendix 1.

Key Milestone in 2018

Action will be led and initiated by cross-sectoral working group.

Key Milestone in 2019

Action will be led and initiated by cross-sectoral working group.

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 Agency: *NOSP, HSE: Acute Hosps, PC, MH, IPS, Garda Síochána, Non-statutory partners*

What Will be the Key Output by 2020?

Publication and implementation of interagency operational protocols

Evidence of close interagency cooperation with community, health and statutory agencies

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Action will be led and initiated by cross-sectoral group.	Initiate the development of a frame of reference leading to a process of engagement and alignment of relevant HSE Divisions with non HSE parties in the development and standardisation of protocols. Publication of a literature review on murder suicide.	Produce and disseminate key protocols.

3.1.3

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

Lead Agency: *HSE PC*

What Will be the Key Output by 2020?

Increase in the numbers of frontline staff from primary care particularly those working with priority groups attending appropriate suicide prevention training on an annual basis over the course of the CfL strategy.

Implementation of an integrated model of primary care and mental health services for homeless people.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Delivery of appropriate suicide prevention training as identified across HSE key workers in Traveller Health, Homelessness, Youth and Domestic Violence (Q.1-4). Development of Integrated Model of primary care and mental health services for homeless people via PIDS (Q.1-4). Development of Discharge Protocol for Homeless Persons in Acute Hospitals and Mental Health Facilities (Q.1-4). Delivery on HSE action under Second National Strategy on DSGBV (Q.1-4).	As part of the CfL National Education and Training Plan, PC will work with the NOSP to deliver suicide prevention training to key frontline primary care staff including those working with priority groups. Ongoing phased implementation of an integrated model of primary care and mental health services for homeless people.	As part of the CfL National Education and Training Plan, PC will work with the NOSP to deliver suicide prevention training to key frontline primary care staff including those working with priority groups. Ongoing phased implementation of an integrated model of primary care and mental health services for homeless people.

3.1.4

Evaluate as appropriate targeted initiatives and/or services for priority groups.

Lead Agency: NOSP

*Evidence of effectiveness of targeted approaches among priority groups.
Models for phased development and evaluations for targeted initiatives in place.*

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Initial audit of available data sources re suicide/self harm prevalence amongst priority groups.	Scope out initiatives that require evaluation input (including developmental, context and/or outcome evaluation). Commence phased commissioning of evaluation of programmes identified.	Ongoing phased evaluation of programmes identified.

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 Agency: NOSP

What Will be the Key Output by 2020?

Enhanced capacity of frontline line services staff to manage and respond to persons at risk of suicidal behaviour and achievement of training targets for frontline staff.

Improved coordination of suicide prevention training for health and social care professionals and improved evidence base for suicide prevention training.

Establishment of NOSP monitoring and quality assurance system for training.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Development of project plan for phased delivery of STORM training and suicide prevention training for Mental Health Services and other frontline services staff (Q1–Q.4) to be completed with MHD CfL lead and PMO. Completion of pilot study on the delivery of STORM to mental health and addiction services across CHO 1. Develop with GP base a set of educational and training products for introduction in 2018. Develop with National Clinical Lead for Mental Health and Programme lead for Self-Harm, training products and devise an implementation plan.	Commence implementation plan for delivery of suicide prevention training to frontline professionals working with TULSA. NOSP will identify additional education needs of mental health professionals. Devise attitude survey for other healthcare settings including MH services, general hospital and training schools. Delivery of G.P. and Psychiatry training events.	Review implementation of training with a view to increasing participants attending programmes.

3.1.6

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

Lead Agency: HSE H&W

What Will be the Key Output by 2020?

Increased development with and for Cfl priority groups for well-being and mental health promotion with tailored programmes developed where appropriate.

Key Milestone in 2017

Representation and input into the Youth Mental Health Pathfinder initiative and final report.

Delivery of mental health promotion capacity building training to those working with young people in conjunction with Jigsaw (Q.1-Q.4).

Delivery of Engage Training and further train the trainers as part of ongoing implementation of Healthy Ireland Men-Action Plan (Q.4).

Development of 'Sheds for Life' Programme with integration of well-being.

Key Milestone in 2018

Engage with priority groups including the youth sector to seek input into the National Mental Health Promotion Plan.

Deliver on key actions in the Healthy Ireland Men Plan 2017 – 2021.

Ongoing national delivery of mental health promotion capacity building training to those working with young people in conjunction with Jigsaw.

Development of Traveller Mental Health Promotion Program in conjunction with Traveller Mental Health Promotion Working Group.

Key Milestone in 2019

Deliver on agreed commitments in National Wellbeing and Mental Health Promotion Plan in conjunction with partners to deliver with agreed priority groups.

Deliver on key actions in the Healthy Ireland Men Plan 2017 - 2021.

Implementation of Traveller Mental Health Promotion Program.

3.2.1

Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse.

Lead Agency: HSE PC

What Will be the Key Output by 2020?

Implementation of SAOR and MECC training and model across primary care.

Key Milestone in 2017

Ongoing roll out of SAOR 2 and the on-line assessment tool to CHO areas and other stakeholders (Q.1-4).

Publication of National Drugs Strategy 2017-2025 (Q.2).

Continued roll out of National Overdose Prevention Strategy (Q.1-Q.4).

Establishment of pilot of MECC (Making Every Contact Count) (Q.1-Q.4).

Key Milestone in 2018

Ongoing delivery of SAOR and MECC training across CHO areas.

Commence the roll out of actions identified in the 2017 Drugs Strategy relevant to suicide prevention.

Key Milestone in 2019

Ongoing delivery of SAOR and MECC training across CHO areas.

Ongoing roll out of actions identified in the 2017 Drugs Strategy relevant to suicide prevention.

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 Agency: DES

What Will be the Key Output by 2020?

National Guidelines for mental health and suicide prevention are fully implemented and adhered to, and the development of guidelines for Centres of Education.

Key Milestone in 2017

Action Plan for Education 2017 Wellbeing actions implemented (at least 90% - Q.4).
Recruitment of additional NEPS psychologists (10, Q .4).
DES Wellbeing Statement of Strategy completed (Q.2-3).
Junior Cycle Wellbeing Team in place & rollout of Wellbeing Programme to 1st year junior cycle cohort initiated (Q.3).
Guidelines for Critical Incident response published for Centres for Education.

Key Milestone in 2018

DES wellbeing Steering Committee will oversee implementation of actions related to Wellbeing outlined in Action Plan for Education 2018.
Publish the Mental Health Promotion and Suicide Prevention Guidelines for Centers for Education.

Key Milestone in 2019

Ongoing implementation of programmes that support resilience building.
Implementation of Action Plan for Education 2019 wellbeing actions.

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 Agency: DES

What Will be the Key Output by 2020?

Critical incident plans are enacted and measurable, and SS teams are in place and supported in every school.

Key Milestone in 2017

Continuation of training inputs for schools & ongoing promotion by NEPS psychologists (Q.1-Q.4).
Completion of report - Student support Team Project 2014-2017 (Q.1-Q.4).

Key Milestone in 2018

Plan in place for extension of Student Support Team project to 20 DEIS schools 2017-2018.
Student Support Teams training resources available.
Protocol in place for NEPS & Inspectors in regard to oversight of critical incidents response in schools.

Key Milestone in 2019

NEPS Support for all Post primary available for reviewing or developing student support teams.
Ongoing support by NEPS for critical incident response in schools and centres for education.

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 Agency: HEA

What Will be the Key Output by 2020?

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
DES Cfl representative to liaise with the HEA to explore action further (Q.4)	To be finalised following 2017 activity.	

3.3.4

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

Lead Agency: DES

What Will be the Key Output by 2020?

Implementation of the National Anti-Bullying Action Plan

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Ongoing implementation of the National Anti-Bullying Action Plan (Q.1-Q.4).	Ongoing implementation of the National Anti-Bullying Action Plan.	Ongoing implementation of the National Anti-Bullying Action Plan.

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 Agency: DES

What Will be the Key Output by 2020?

Implement new Junior Cycle and development of new SPHE senior cycle programme.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Junior Cycle Wellbeing Guidelines introduced to schools (Q.4). Programme of professional development support available to post-primary schools (Q.4).	Ongoing support for implementation 2018.	Junior Cycle Wellbeing guidelines implemented across three years of Junior Cycle in 2019.

3.3.6

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

Lead Agency: HSE PC

What Will be the Key Output by 2020?

Evidence of targeted approaches among priority groups that could be mainstreamed.

Models for phased development and evaluations for targeted initiatives in place.

Key Milestone in 2017

Support the roll out of Under 18 psychology/counselling in Primary care in conjunction with Primary Care Psychology service and Mental Health involving recruitment of significant number of Assistant Psychology grade to deliver support within the Primary Care Network (Q.1-Q.4).

Key Milestone in 2018

Support the roll out of Under 18 psychology/counselling in Primary care in conjunction with Primary Care Psychology service and Mental Health involving recruitment of significant number of Assistant Psychology grade to deliver support within the Primary Care Network.

Key Milestone in 2019

Support the roll out of Under 18 psychology/counselling in Primary care in conjunction with Primary Care Psychology service and Mental Health Involving recruitment of significant number of Assistant Psychology grade to deliver support within the Primary Care Network.

3.3.7

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

Lead Agency: HSE MH

What Will be the Key Output by 2020?

Improved access to early intervention and psychological support services for young people at secondary care level, including further enhancement of CAMHS services and Community Mental Health Team capacity.

Key Milestone in 2017

Continue to monitor waiting lists and take action when and as required (Q.1-Q.4).

Review of work practices in CAMHS to ensure most effective use of existing resources.

Complete the national audit of community CAMHS teams (Q.4).

Continue negotiations with medical unions to bring about consistent application of 16/17 year old protocol. (Q.1-Q.4).

Implementation of Joint Working protocols between HSE Divisions (Primary Care, Disabilities and Mental Health).

Complete recruitment of Forensic CAMHS team.

Key Milestone in 2018

Recruit medical vacancies required to address waiting list increases.

Evaluate the findings of the National Audit of community CAMHS teams.

Fully implement a consistent application of 16/17 year old protocols.

Evaluation of the established protocols (SOP).

Continue to review and develop CAMHS team to respond to emerging service user needs.

Key Milestone in 2019

Evaluate monitoring and response procedures established to measure their effectiveness.

Plan and implement audit findings regarding CAMHS teams.

Continue to enhance collaboration of protocols between divisions.

GOAL FOUR

4.1.1

Provide a co-ordinated 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 Agency: HSE MH

What Will be the Key Output by 2020?

Access to mental health services seven days per week and enhanced access to liaison psychiatry services in all CHOs.

Key Milestone in 2017

Continue to explore current pathway of care (Q.1-Q.4).

Improve seven day responses in Mental Health Services and increase Liaison Psychiatry Capacity in Waterford, Kerry, Donegal, Sligo and Mayo (Q.1-Q.4).

Key Milestone in 2018

Evaluation of 7/7 project with a further review of the need for 24/7 service.

Implementation of SCAN services and access to liaison psychiatry services.

Key Milestone in 2019

Enhance and develop access to 7/7 and 24/7 services where appropriate.

Continue to build and evaluate the SCAN and liaison services.

Fully implement protocols regarding pathways of care.

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 Agency: HSE MH

What Will be the Key Output by 2020?

Implement a model of care with a uniformed pathway of care for co-morbid addiction and mental health difficulties.

Key Milestone in 2017

A National Working Group on Dual Diagnosis Mental Illness and Substance Misuse will be appointed which will be multi-disciplinary and will include service user representation, to scope out and design a model of care (Q.3-Q.4).

Key Milestone in 2018

Model of care to be recommended to the College of Psychiatrists of Ireland and will then be approved by the HSE National Director for Clinical Strategy and Programmes.

Implement a model of care with a uniformed pathway of care for co-morbid addiction and mental health difficulty.

Key Milestone in 2019

Monitor and report on the model of care.

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 an developing access to community psychiatric services.

Lead Agency: DJE

What Will be the Key Output by 2020?

Development and implementation of approved policy and procedure to support prisoner population/ model of care.

Key Milestone in 2017

Engagement with the Mental Health Services at a strategic level to improve communication and engagement, improving service delivery for offenders with mental health issues in the community.

Key Milestone in 2018

The Probation Service will have met quarterly with staff in the Central Mental Hospital with a view to closer collaboration in meeting the needs of mutual service users with mental health difficulties.

Key Milestone in 2019

Regular meetings scheduled to discuss matters of mutual interest and to identify agreed ways of joint working.

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 Agency: HSE MH

What Will be the Key Output by 2020?

A routine and standardised approach to suicide risk assessment in place across all health services integrated with approaches adopted through specialist services such as the self-harm clinical care programme

Key Milestone in 2017

Initial exploration of the assessment approaches used throughout the health services, obtain clarification around definitional issues and actions required (Q.1-Q.4).

Key Milestone in 2018

Review findings of working group and begin development of assessment approach.

Key Milestone in 2019

Continue to review and implement a uniformed assessment across the health services for those who have engaged in self harm and those at risk of suicide.

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 Agency: HSE MH

What Will be the Key Output by 2020?

Full implementation of the Clinical Care Programme for Self-Harm as business as usual.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Collation and analysis of metric data and preparation for transition to Business Intelligence Unit during 2017.</p> <p>Clinical Programme Director to report on emerging actions following onsite audits of Emergency Departments.</p>	<p>Implement the emerging actions from the clinical report findings in EDs.</p> <p>Continue to develop services provided by CNS Staff and training to NCHDs.</p>	<p>Develop and implement identified actions.</p> <p>Monitoring and reporting on extended services.</p>

4.2.1

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

Lead Agency: HSE MH PC

What Will be the Key Output by 2020?

Consistent availability of DBT and CBT across the country for people who have self-harmed or are at risk of suicidal behaviour, enhanced delivery of the counselling in primary care programme, the national counselling service and widespread availability of counselling in primary care for young people.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Establish Cross Divisional Governance arrangements for the development and delivery of counselling for <18s in Primary Care.</p> <p>Commence roll out in Primary Care APSI CYP to all CHOs, to be provided by Assistant Psychologists & Primary Care Psychologists.</p> <p>Embed existing 10 Jigsaw sites to full capacity and develop new sites in Cork, Dublin and Limerick. Carry out a full evaluation on Jigsaw services.</p> <p>Develop MindWise for young people i.e. a computerised Cognitive Behavioural Therapy (cCBT) programme.</p> <p>Complete gap analysis across 9 CHOs to identify need for DBT teams in adult and CAMHS (development or enhancement) (Q1).</p> <p>Scope capacity for train the trainer model and submit costing and proposal as alternative model to support ongoing Implementation and sustainability of DBT up to 2020 under Cfl (Q1 and 2).</p>	<p>Continued implementation of agreed actions arising from the National Youth Mental Health Taskforce towards a national position on aligned services accessible to young people.</p> <p>Consolidate and strengthen existing DBT teams and secure funding for 5 year implementation plan to train new teams.</p> <p>Publish and disseminate outcome data on national DBT project.</p> <p>Expand system application of DBT to involve staff training and working with families.</p> <p>Continue roll out of APSI CYP to all CHOs.</p> <p>Following full evaluation continue to build on existing services and tiered approach between a community-based multidisciplinary and CAMHS or inpatient mental health services.</p>	<p>Advance training to cover remaining gaps in service provision maximising equity of access to DBT as an evidence based intervention.</p>

4.3.1

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

Lead Agency: HSE MH

What Will be the Key Output by 2020?

Consistent delivery of suicide bereavement information resources and support services across all CHOs.

Key Milestone in 2017

Develop enhanced suicide bereavement support services in line with agreed standards and practices.

Key Milestone in 2018

Continued commissioning of existing services to support those bereaved by suicide.

Evaluate and review bereavement support services/model of care and guide service planning for 2019 accordingly

Key Milestone in 2019

Continue to develop and support bereavement services based on the findings of the NOSP evaluation.

4.3.2

Commission and evaluate bereavement support services.

Lead Agency: NOSP

What Will be the Key Output by 2020?

Accessible evidence informed service available for families bereaved through suicide.

Key Milestone in 2017

Continued funding of existing service in place.

Key Milestone in 2018

Ongoing funding of existing service.

Further scoping of service development and evaluation.

Key Milestone in 2019

Scoping work to inform further development of service.

GOAL FIVE

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 Agency: NOSP

What Will be the Key Output by 2020?

National system in place for monitoring implementation of Guidance for agencies working in suicide prevention.

Key Milestone in 2017

Development of HSE Best Practice Guidance for Suicide Prevention Services; aligned with HIQA Safer Better Healthcare and HSE Best Practice Guidance for Mental Health Services (Q.1-Q.2).

Examine safety aspects and make recommendations (Q.2).

Identification of an evidence informed model for the Implementation and monitoring & evaluation of the Guidance in line with MDD QSUS (Q.3-Q.4).

Pilot implementation of Guidelines (Q.4).

Key Milestone in 2018

Finalise testing process.

Launch of Guidance.

Phased implementation of Guidance.

Key Milestone in 2019

Ongoing phased implementation of guidance.

5.1.2

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

Lead Agency: DES

What Will be the Key Output by 2020?

All schools implementing whole school approach

Key Milestone in 2017

Guidance provision restored (Q.3).

Key Milestone in 2018

Guidance review of provision completed by schools.

Guidance aligned with Junior Cycle Wellbeing Programme.

Key Milestone in 2019

Guidance provision ongoing.

5.1.3

Provide support and resources for the implementation of the Department's curriculum and programmes in the promotion of wellbeing 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 Agency: DES

What Will be the Key Output by 2020?

Appropriate supports and resources are provided and training is provided.

Key Milestone in 2017

Working Group to oversee the revision of Circulars 0022/2010 and 0023/2010 established (Q.1-Q.4).

Revision of Primary SPHE curriculum initiated by NCCA.

Action Plan for Education 2017 Implementation (Q.1-Q.4).

Key Milestone in 2018

Circulars 22 & 23/2010 revision completed.

Key Milestone in 2019

Schools adhering to circular advice.

5.1.4

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

Lead Agency: DOH

What Will be the Key Output by 2020?

Register established for receipt of registrants during the two year transitional period commencing 2020.

Key Milestone in 2017

Review of submissions received during consultation process (Q.1-Q.2) and make recommendations to Minister or decision.

Ministers decision received (Q.2).

Regulations prepared for the prior approval of the Oireachtas designating the professions of Counsellor and Psychotherapists for regulation under the Health & Social Care Professionals Act, 2005 (Q.3 -Q.4).

Key Milestone in 2018

PAS process underway for selection of 13 person Registration Board.

Board established by S.I. and members appointed by the Minister.

Board commences work programme underpinning establishment of both registers – minimum 18 month work programme.

Key Milestone in 2019

Subject to progress made by the Registration Board:
Grand-parenting qualifications set by the Minister (for registration of existing practitioners).

Approved qualifications set for registration for future registrants (Bye-law).

Decision made on titles to be protected.

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 Agency: NOSP

What Will be the Key Output by 2020?

Repositories of evidence-based tools, resources, guidelines and protocols available

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Development of project plan for phased delivery of online repository (Q.1-Q.3).</p> <p>Development of new <i>Connecting for Life</i> website and online database (Q.1).</p> <p>Consult with National and UK agencies/experts and set guidelines for reference for inclusion of material of repository (Q.1-Q.4).</p> <p>Collation and standardisation of relevant information (Q.1-Q.4).</p>	<p>Ongoing development and maintenance of repository.</p>	<p>Ongoing development and maintenance of repository.</p>

5.2.1

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

Lead Agency: HSE MH

What Will be the Key Output by 2020?

Uniform procedure to respond to suicidal behaviour across mental health services developed and in delivery.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Initial exploration of current practice in responding to suicidal behaviour across the mental health services; obtain clarification around definitional issues and actions required.</p>	<p>Plan and develop response protocol to respond to suicidal behaviours across the mental health services (see action 4.1.4).</p>	<p>Begin implementation of a standardised response to suicidal behaviours across the mental health services.</p>

5.2.2

Strengthen the data systems to report and learn from investigations and reviews on child protection and deaths of children in care in order to review the profile of need and requisite service response to vulnerable young people who are in the care of the state or known to TUSLA.

Lead Agency: DCYA/TUSLA

What Will be the Key Output by 2020?

Standardised data systems to produce relevant actionable data

Key Milestone in 2017

An Information Officer will sit on the national working group to ensure that data collection systems are considered and developed to ensure that appropriate data collection is included within the TUSLA database to inform service provision (Q.1-Q.4)

Key Milestone in 2018

Information Officer will work with the TUSLA National Working Group to ensure the collation of appropriate information to record appropriate information which will inform service development and delivery.

DCYA will continue to support the full review of the death of any child in care, in aftercare or known to services. The reports of these reviews will identify any learning in relation to the profile of need and requisite service response to vulnerable young people in the care of the State or known to TUSLA services.

Key Milestone in 2019

Continue to collate appropriate intelligence on therapeutic interventions, self-harm and suicide prevention in order to assist in the development and delivery of appropriate services. This will also enable and appropriately inform the further development of the Cfl strategy.

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 Agency: HSE MH

What Will be the Key Output by 2020?

Trained systems analysts should be available in all CHOs and there will be full compliance with HIQA/MHC Standards for the review of Patient Safety Incidents.

Key Milestone in 2017

Consultation on the HIQA/MHC Standards for the Review of Patient Safety Incidents.

Support the development and implementation of a framework of assurance relating to incident and risk management, aligned to revised HSE policy.

Increase the cadre of trained System Analysis Investigators in mental health.

Safety Incident Management Policy (2014) will be reviewed with input from QSUS and Chief Officers.

Key Milestone in 2018

Roll out of the Implementation of HIQA/MHC Standards for safety incident management.

Continue to increase the cadre of trained System Analysis Investigators in mental health.

Implement the reviewed HSE Safety Incident Management Framework.

Key Milestone in 2019

Evaluation of HIQA/MHC standards for incident management in practice as applicable to suicide.

Report on aggregate analysis of sudden unexpected deaths reviewed between 2016-2018 in line with HSE safety incident management framework.

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 Agency: DJE

What Will be the Key Output by 2020?

A researched and thorough suite of multi-agency interventions which will be employed in each prison to prevent and reduce risks of self-harm and suicide in custody

Key Milestone in 2017

Implementation of new Matrix to analyse behaviours, antecedents, severity, lethality and motivating indicators for self-harm and suicide.

Analysis of this information by NOSP, NSRF.

Key Milestone in 2018

Q.1 2018 report on 2017 data to review trends, behaviours and analysis of influencing factors.

Policy & interventions review to mitigate identified research risks.

Key Milestone in 2019

A compendium of research based analysis with associated interventions in place to reduce and mitigate risks that are identified.

5.3.2

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

Lead Agency: DJE

What Will be the Key Output by 2020?

Compliance with the relevant policies through regular audit and implementation of audit recommendations

Key Milestone in 2017

Implementation of SOC and CSC policies.

New Special Observations Policy in development.

Key Milestone in 2018

Audit compliance, accuracy and effectiveness of new policy development.

Key Milestone in 2019

IPS SOC and CSC policies reviewed and updated as necessary.

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 Agency: DJE

What Will be the Key Output by 2020?

All prisoners who require any community supports will have these in place prior to their release and be aware of the arrangements in place for their successful reintegration back into the community.

Key Milestone in 2017

Augmenting and supporting progress made in 2016.

Implementation of Release Policy.

Key Milestone in 2018

Review and analysis of success of Prisoner Release Policy. Adaptions to be implemented as necessary.

Key Milestone in 2019

Review and analysis of success of Prisoner Release Policy. Adaptions to be implemented as necessary.

5.4.1

Develop a National Training Plan, building on the NOSP Review of Training.

Lead Agency: NOSP

What Will be the Key Output by 2020?

Sectors have effective policies in place with trained staff equipped to address issues related to suicide prevention.

Key Milestone in 2017

Agreement on final sign off process for National Training and Education plan (Q.3-Q.4).

Engage with relevant agencies as outlined in the National Education and Training Plan for Suicide Prevention on their commitments (Q.1-Q.4).

Restructuring of Quality and Education function within NOSP to support the delivery of the plan (Q.2-Q.4).

Key Milestone in 2018

Ongoing implementation of training and education plan focused on health and social care professionals.

Monitoring and Evaluation of delivery of training programmes.

Key Milestone in 2019

Ongoing implementation of training and education plan focused on health and social care professionals.

Review training outputs with a view to identifying emerging needs.

5.4.2

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

Lead Agency: DAFM, DOH, DJE/IPS, DSP, DES, DCYA/TUSLA, HAS, DOD, DECLG, LA

What Will be the Key Output by 2020?

Key staff across government departments in receipt of appropriate suicide prevention training.

Key Milestone in 2017

Lead agents will review and develop plan to deliver training in suicide prevention to staff most likely to come into contact with people who are vulnerable to suicide in partnership with the NOSP.

Detailed activity listed in Appendix 1.

Key Milestone in 2018

Lead agents will review and develop plan to deliver training in suicide prevention to staff most likely to come into contact with people who are vulnerable to suicide in partnership with the NOSP.

NOSP will convene a bi-annual meeting of representatives from Government Departments to share best practice and learning on suicide prevention education and training.

Key Milestone in 2019

Lead agents will review and develop plan to deliver training in suicide prevention to staff most likely to come into contact with people who are vulnerable to suicide in partnership with the NOSP.

NOSP will convene a bi-annual meeting of representatives from Government Departments to share best practice and learning on suicide prevention education and training.

5.4.3

Support professional regulatory bodies to develop and deliver accredited, competency based education on suicide prevention to health professionals

Lead Agency: DOH

What Will be the Key Output by 2020?

Development and delivery of competency based education on suicide prevention by professional regulatory bodies.

Key Milestone in 2017

Propose to redirect action for discussion at the Health and Social Care Regulatory Forum, with specific steps to be agreed in (Q.4.).

Key Milestone in 2018

KM to be informed by steps agreed Q.4 2017.

Key Milestone in 2019

KM to be informed by steps agreed Q.4 2017.

5.4.4

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

Lead Agency: Academic oversight structures

What Will be the Key Output by 2020?

Incorporation of suicide prevention training in undergraduate programmes.

Key Milestone in 2017

Key Milestone in 2018

Working group to be established to explore and scope out action.

Key Milestone in 2019

Action to be informed by Working group recommendations

5.4.5

Support the National Clinical Effectiveness Agenda and implement National Clinical Guidance in line with the NCEC requirements.

Lead Agency: DOH

What Will be the Key Output by 2020?

Key Milestone in 2017

Revised wording to be agreed for action.

Key Milestone in 2018

To write to NCEC to for advice on how to progress action.

Key Milestone in 2019

To be progressed based on advice received.

GOAL SIX

6.1.1

Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs.

Lead Agency: DOH

What Will be the Key Output by 2020?

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Revised wording to be agreed for action.	To revise wording of action and liaise with Controlled Drugs Unit and H&SCRF on how to progress action. The HSE's multi-disciplinary Medicines Management Programme (MMP) will draft and issue guidance to support GPs in reducing benzodiazepine and 'z' drug prescribing, to be used in conjunction with the individualised prescribing reports that the PCRS issue to GP practices. It is anticipated that the adoption of this guidance by prescribers will lead to a reduction in the long-term inappropriate prescribing of these drugs.	

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 Agency: DOH

What Will be the Key Output by 2020?

Reduction in inappropriate prescribing & improved adherence to legislation

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
Test purchases planned including a recheck of retailers non-compliant approximately six months following the issuing of the awareness reminder document. Disseminate information relevant to the sale and supply of medicines in Ireland to specific communities (Q.3- Q.4). Review HPRA website to establish if a permanent section on the HPRA website that provides information specific to retailers in respect of the selling of general sales medicines and paracetamol containing products would be suitable.	It is envisaged that the outcome of the repeat paracetamol surveillance exercise, to be completed by end Q4 2017, will determine what further activities will be required in 2018 and 2019.	It is envisaged that the outcome of the repeat paracetamol surveillance exercise, to be completed by end Q4 2017, will determine what further activities will be required in 2018 and 2019.

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 Agency: LAs

What Will be the Key Output by 2020?

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

Key Milestone in 2017

Implementation and reporting on progress by the local authorities on this action.

Agree a reporting template representative of the Local Authority sector.

Key Milestone in 2018

To be finalised.

Key Milestone in 2019

To be finalised.

6.2.2

Implement a strategy to improve environmental safety within the HSE mental health services (e.g. ligature audits).

Lead Agency: HSE MH

What Will be the Key Output by 2020?

A process of environmental safety analysis will be in place as business as usual for all mental health service settings.

Key Milestone in 2017

Investigation of tools and quality audits that are fit for purpose.

Provide clear national direction on identification and assessment of ligatures in Approved Centres.

Key Milestone in 2018

Plan and develop standardised process for ligature auditing.

Key Milestone in 2019

Implementation of a standardised ligature audit process.

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 Agency: DJE

What Will be the Key Output by 2020?

Reduction in ligature points.

Key Milestone in 2017

Continued consideration of this issue in relation to planning of new Limerick Female Prison.

Key Milestone in 2018

Ongoing consideration to access points as part of NSHPSG meetings.

Key Milestone in 2019

Ongoing consideration to access points as part of NSHPSG meetings.

GOAL SEVEN

7.1.1

Conduct proportionate evaluations of all major activities under the ageis of *Connecting for Life*; disseminate findings and share lessons learned with programme practitioners and partners.

Lead Agency: NOSP

What Will be the Key Output by 2020?

*Data systems and feedback loops in place.
Evaluation findings available.*

Key Milestone in 2017

Establish pilot M&E system to track implementation of Cfl at national and local implementation level (Q.2-Q.4).
Commence outcome based M&E system incorporated into delivery of NOSP training (phased approach).

Key Milestone in 2018

Maintenance and updating of M&E systems.
Ongoing provision of information to practitioners and policy makers through feedback loops.
Ongoing dissemination of data.
Conduct a review of the National Self-Harm Registry Ireland.

Key Milestone in 2019

Ongoing provision of information to practitioners and policy makers through feedback loops.

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 Agency: DJE DCYA/TUSLA

What Will be the Key Output by 2020?

Agencies in the Justice and child welfare and protection sector will develop their capacity for observation and information gathering on people at risk/vulnerable to suicide and self-harm.

Key Milestone in 2017

Maintain the monitoring and reporting systems which have been developed to date. (Q.1-Q.4).
Implementation of new matrix to analyse behaviours, antecedents, severity, lethality and motivating indicators for self-harm and suicide. Analysis of this information by NOSP, NSRF.

Key Milestone in 2018

Continue to support the full review of the death of any child in care, in aftercare or known to services.
Q.2018 report on 2017 data to review trends, behaviours and analysis of influencing factors.
Policy & interventions review to mitigate identified researched risks.
Maintain and develop our systems for gathering intelligence in the area of therapeutic interventions, self harm and suicide prevention.
Ensure that Social Workers working in child protection and in social care, including those working with children in care and in special care, have appropriate observation and information gathering skills on those who are at risk.

Key Milestone in 2019

A compendium of research based analysis with associated interventions in place to reduce and mitigate risks that are identified.
Continue to collate appropriate intelligence on therapeutic interventions, self-harm and suicide prevention in order to assist us in the development and delivery of appropriate services. This will enable and appropriately inform further development of the Cfl strategy.

7.2.2

Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of *Connecting for Life*.

Lead Agency: HSE MH

What Will be the Key Output by 2020?

Guidance in place and access to live information on suicide and apparent suicide of people accessing mental health services.

Key Milestone in 2017

Focus on best approach to identification, collation and reporting on suicide and apparent suicide of people accessing mental health services.

Key Milestone in 2018

Implement reporting guidelines to all service providers.
On-going collation of information regarding incidents of suicide.

Key Milestone in 2019

Continue to develop and enhance reporting systems.

7.2.3

Collect, analyse and disseminate high quality data on suicide and self-harm and ensure adequate access to and understand of the data among those working in suicide prevention across all sectors.

Lead Agency: NOSP

What Will be the Key Output by 2020?

Availability of high level data on suicide mortality and morbidity

Key Milestone in 2017

Assessment of data sources available in Ireland that can be utilized (Q.1-Q.2).

National Suicide and county self-harm profiles available for Resource Officers for Suicide Prevention (Q.4).

Key Milestone in 2018

Ongoing assessment of data sources and dissemination.

Document and share learning from real-time suicide data systems set up in local areas, with a view to expand in 2019.

Key Milestone in 2019

Ongoing data collection, analysis and dissemination.

7.3.1

The Justice and Health sectors will engage with the Coroners, Garda Síochána, NOSP, CSO and research bodies in relation in deaths in custody, and recording of deaths by suicide and open verdicts, to further refine the basis of suicide statistics.

Lead Agency: DJE

What Will be the Key Output by 2020?

To have a research based and formal structure for the identification, reporting and policy changes required to reduce deaths in custody.

Key Milestone in 2017

Publication of final analysis of Deaths in Custody for 2009-2014.

Key Milestone in 2018

Establish a real time monitoring and reporting of deaths in custody findings from the Coroners Court to identify the main causative factors on death in custody.

Establish a research link with the HRB, CSO, NOSP to provide ongoing analysis and identification of trends.

Key Milestone in 2019

Have a robust reporting mechanism in place to implement strategic and policy changes to mitigate identified risks.

7.4.1

Support research on risk and protective factors for suicidal behaviour in groups with an increased risk (or potential increased risk) of suicidal behaviour (see Strategic Goal 3).

Lead Agency: NOSP

What Will be the Key Output by 2020?

Increased knowledge of risk and protective factors

Key Milestone in 2017

Incorporate a measurement & evaluation system into the delivery of all NOSP funded suicide prevention training programmes (Q.1-Q.4).

Initial analysis of 2015 suicide data from Coroner files (2015) – from HRB Feasibility Study.

Support local areas to use available data as part of implementation process for local plans (Q.1-Q.4).

Key Milestone in 2018

Detailed analysis of coroners files (2015).

Identify gaps in knowledge & understanding.

Key Milestone in 2019

Focus on strengthening existing data sources fill gaps in knowledge.

7.4.2

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

Lead Agency: HEA

What Will be the Key Output by 2020?

Key Milestone in 2017

DES Cfl representative to liaise with the HEA to explore action further (Q.4).

Key Milestone in 2018

To be informed by DES and HEA discussions in Q.4 2017.

Key Milestone in 2019

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 Agency: NOSP

What Will be the Key Output by 2020?

Collaborative Monitoring and Evaluation partnerships established.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Work with ICGP to undertake attitudinal survey of GPS (Q.1-Q.3).</p> <p>Partnership between NOSP, Irish Prison Service and NSRF to support recording of SH incidents in prison (Q.3).</p> <p>HRB Partnership deliver coronial data collection to 2020 (Q.3.)</p> <p>Supporting PH(Limerick) re suicide/self-harm cases in public places (Q.2-Q.4).</p> <p>Establish High level Evaluation Advisory Group (Q.4).</p>	<p>Fieldwork to be carried out in 2018.</p> <p>Case study documenting IPS's monitoring system (incorporating NSRF analysis of all data for 2017).</p> <p>Dissemination of findings .</p> <p>On-going work of Evaluation of Advisory Group.</p> <p>Operational Advisory Group consisting of a Community of Healthcare Practitioners.</p>	<p>Initial finding available.</p> <p>Disseminate the findings.</p> <p>Provide any further support required.</p>

7.4.4

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

Lead Agency: NOSP

What Will be the Key Output by 2020?

Dissemination of evaluation findings.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Develop a mechanism and process for Cfl stakeholders to submit innovative approaches to suicide prevention (Q.4) .</p>	<p>Set up a Working Group to advise, support & oversee this evaluation programme of work.</p> <p>Select innovations for evaluation (via process decided by the Advisory Group).</p> <p>Identify innovative approaches to suicide prevention within funded partners (NGO's).</p> <p>Issue RfT's for evaluations.</p>	<p>Identify innovative approached to suicide prevention at an area level (via ROSPs) & within the statutory sector.</p>

Section 5

Cfl Communications Plan

Effective communication is at the heart of successful programme delivery. The *Connecting for Life* communications plan outlines how information will be disseminated to, and received from, all stakeholders involved in the delivery of the strategy or impacted by same. It identifies the communications channels, the messages and frequency of communication between the different parties. It is used to establish and manage on-going communications throughout the lifetime of the strategy. The key messages for *Cfl* are contained in the Appendix (*'8 Things that Everyone Should Know about Suicide Prevention in Ireland'*).

5.1. Communication management roles and responsibilities

The main communications responsibilities for each of the key stakeholders within *Cfl* are outlined below. These are strongly linked to the needs and expectations of the various stakeholder groups.

Cfl Cross Sectoral Implementation and Steering Group

- take a strong lead at communications events;
 - engage key stakeholders and maintain effective communications links with particular focus on communicating key milestones to senior stakeholders
 - approve and review programme or project communications plan, taking ownership of stakeholder communications in their own particular areas
-

NOSP

- maintaining stakeholder and communications information and facilitating and supporting communications activities
 - develop and implement *Cfl* communications plan, control and align communications across the actions - much of the day-to-day communications with stakeholders will be done via the NOSP communications team
-

5.2. Communications 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. Dedicated communications channels have been developed to drive the implementation of the strategy.

Channel	Function
<i>CfL</i> Website	A dedicated website (www.connectingforlifeireland.ie) which contains the latest research, events and activities taking place under the <i>CfL</i> umbrella at national and local/CHO level. The website also serves as a document library and data repository.
Social Media	To actively engage with stakeholders on social media and tweet and promote the hash tag #ConnectingforLife.
Newsletter	An online quarterly stakeholder newsletter highlights the latest research and major events and activities from all stakeholders involved in <i>CfL</i> . Content is short linking to the <i>CfL</i> website for further information.
Symposia & Events	The NOSP will host regular <i>CfL</i> symposia to bring together <i>CfL</i> stakeholders and highlight and work on various aspects of the strategy.
Implementation team meetings	Cross-sectoral meetings promote the two way flow of information. Relevant information from progress reports and decisions made at steering group meetings are communicated to all stakeholders
Publications	All suicide prevention publications are aligned to the strategy and in particular to priority groups.
Media	A clear protocol and procedure for media engagement activity in relation to reporting of suicide across print, broadcast and online media is in place. Media messages ensure consistent communications in relation to suicide and self-harm and the <i>CfL</i> strategy.
Events	Key events such as World Suicide Prevention Day are used to promote the strategy.
Individual agency's Internal channels	Internal channels such as, broadcast emails, Twitter, the intranet, internal publications and events will be used to keep internal stakeholders informed.

Annual communications and reporting activity for *Connecting for Life*

Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Meeting of cross sectoral group			Implementation team activity			Implementation team activity			Implementation team activity			Monitoring and evaluation activity
<i>CfL</i> Strategy meetings (by implementation teams)		Implementation team activity			Implementation team activity			Implementation team activity			Implementation team activity	
Monitoring and evaluation report		Monitoring and evaluation activity	Monitoring and evaluation activity		Monitoring and evaluation activity	Monitoring and evaluation activity		Monitoring and evaluation activity	Monitoring and evaluation activity		Monitoring and evaluation activity	Monitoring and evaluation activity
Projection of quarterly milestones												Monitoring and evaluation activity
<i>CfL</i> newsletter	Communications activity			Communications activity			Communications activity			Communications activity		
<i>CfL</i> symposium				Communications activity								
IASP conference												
World Suicide Prevention Day												
World Mental Health Day												
CSO statistics published			2018									
Self-harm registry report published									Research activity			

■ Implementation team activity
■ Communications activity
■ Monitoring and evaluation activity
■ Research activity

Section 6

Monitoring and Evaluating *Connecting for Life*

Connecting for Life is unique on an international basis in suicide prevention as it is the only outcomes focused suicide prevention strategy. *CfL* states that there will be on-going monitoring and evaluation of the implementation of the strategy to guide the on-going implementation process, with formal systems for capturing and sharing learning put in place. It is a key function of the NOSP to both monitor and evaluate *CfL*. As *Connecting for Life* is focused on achieving impact i.e. a 10% reduction in deaths by suicide by 2020, it requires an outcomes-focused approach to monitoring and evaluation (M&E).

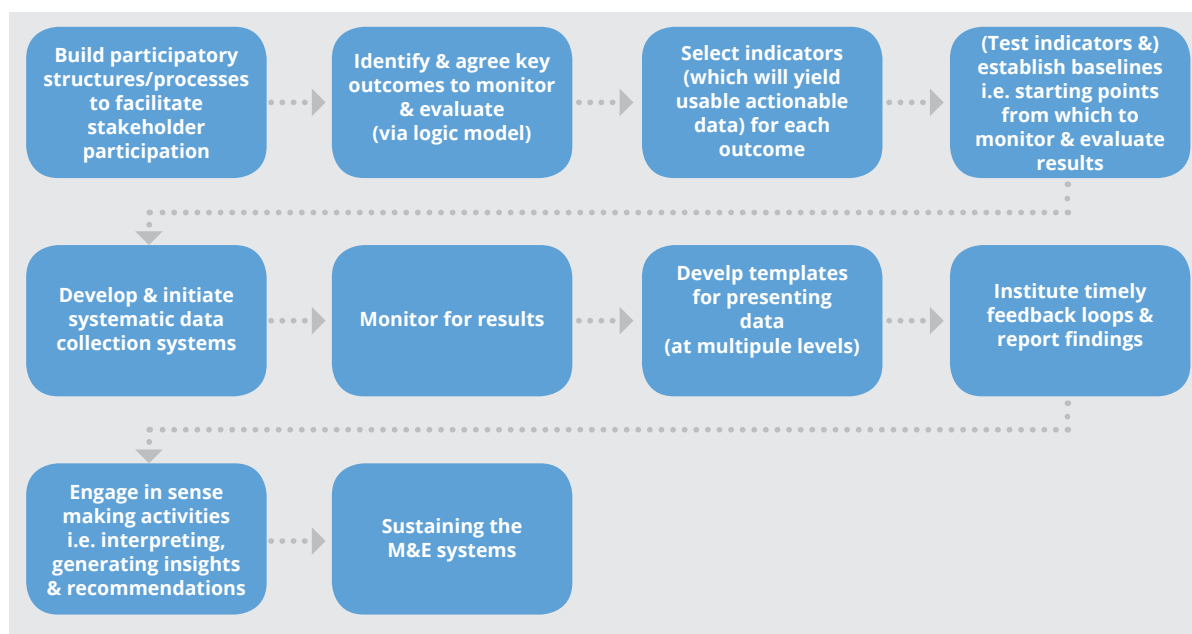
6.1. Outcomes Focused Monitoring and Evaluation (M&E)

Outcomes based M&E differs from traditional M&E in that it moves beyond an emphasis on inputs, activities and outputs to a greater focus on results; that is outcomes in the short-and medium term and impacts in the long-term at a population level. *Connecting for Life* also recognises the importance of monitoring & evaluating implementation; it needs the integration of data collection and evaluative thinking into the implementation of the strategy. The M&E priority for 2017 is to establish outcomes-based M&E systems for key activities in *Connecting for Life* to help assess overall implementation of the strategy. The monitoring function of the outcomes-based M&E systems uses continuous processes of collecting and analysing data on specified indicators to provide key stakeholders with indications of the extent of progress and achievement of objectives at any given time (and/or over time) relative to respective outcomes. Figure 1.1 illustrates the key stages involved in building the outcomes-based M&E systems.

Outcome monitoring

Outcome monitoring tracks the results or effect of the work. It will enable key stakeholders to track progress in achieving *Connecting for Life's* vision, reduced deaths by suicide, as well as outcomes related to changes in attitudes, knowledge, behaviour, capacities, motivation or other expected results of the strategy. In order to set up a system to monitor outcomes, it is necessary to identify the chain or sequence of outcomes expected, falling along a continuum, from shorter- to longer-term results (e.g. a logic model). The outcomes (and their indicators) are identified, based on a review of the key activities under the strategy, and consultation with experts. Once the outcome chains have developed, an outcome hierarchy will be constructed showing all the outcomes (from short-term to longer-term) required to bring about the ultimate goal of reduced death by suicide.

Figure 1. Designing, building & sustaining outcomes-based M&E systems



6.2. Monitoring *Connecting for Life*

There are two key interrelated types of monitoring—implementation monitoring and results or outcomes monitoring. Implementation monitoring tracks the means and activities used to achieve a given outcome. A successful system for monitoring implementation delivers timely and relevant information that allow strategy leads and implementers to track progress towards outcomes and make adjustments to implementation arrangements as necessary. Such a system must track progress in a deliberate and systematic manner at regular intervals across all stages of implementation. Lead agencies within *CfL* will be asked to complete quarterly monitoring reports which will be collated and submitted to the Cross Sectoral Steering and Implementation Group, please see Figure 2. for the *CfL* monitoring timeline. The quarterly reports will be collated and displayed in a quarterly performance dashboard as shown in Figure 3.

One mechanism used to monitor progress is quarterly or bi-annual implementation reviews. The NOSP will use two approaches to monitoring *CfL*

1. A top-down approach will focus on systematically monitoring the implementation progress of each *CfL* action lead towards achieving their *CfL* goals and identifying potential next steps on high-level milestones.
2. A corresponding bottom-up approach will focus on monitoring implementation progress at an area level via the multi-agency suicide prevention action plans. Research clearly shows that implementation varies widely across sites and change agents, meaning that the implementation of a national strategy such as *Connecting for Life*, across multiple sites or areas, is likely to experience varying degrees of success. So evaluating the implementation of *CfL* at an area level will allow NOSP to understand and evidence how strategic goals and area plans play out in different geographic /local contexts.

Figure 2. Implementation M&E Timeline

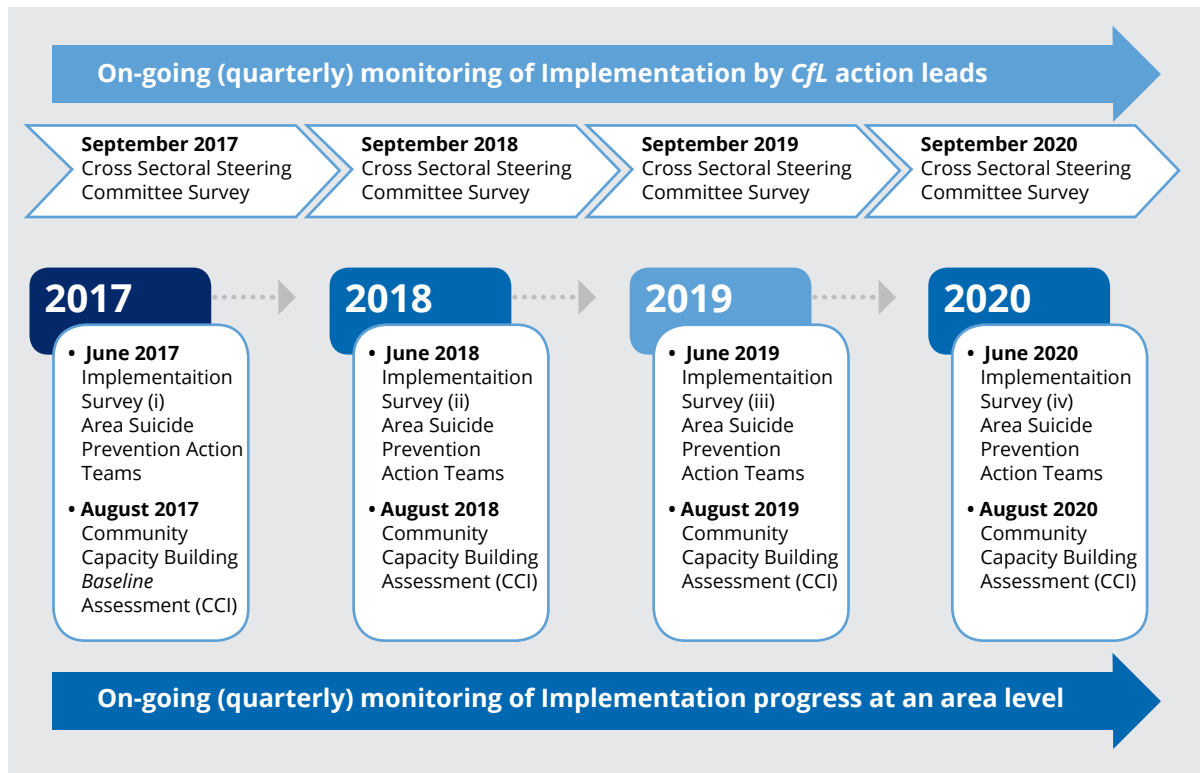


Figure 3. Performance Dashboard

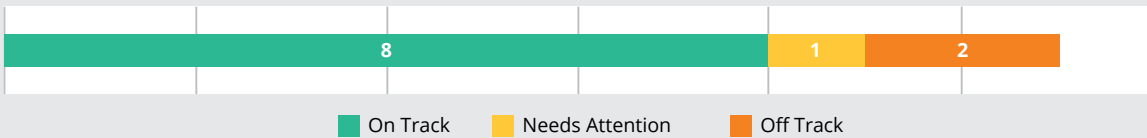
The tables to follow outline implementation progress by Goal, based on the dashboard templates received as part of this reporting period. It outlines the total number of actions per Goal, number of actions which an update has been received for, the status of implementation and implementation stage. Key 'Progress Achieved' and 'Area of Concern/To be Prioritised' is also outlined.

Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing.

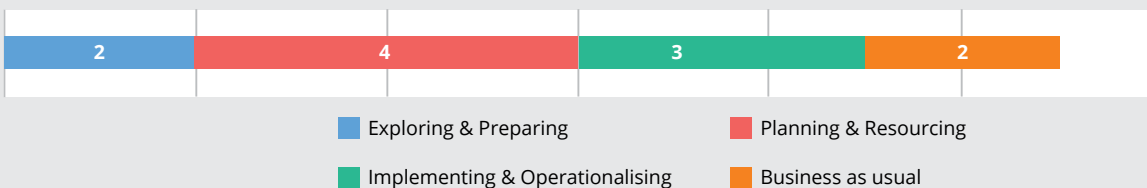
No of Action: 12

No for which update received: 11

Status of Implementation:



Implementation Stage:



6.3. Evaluation of *Connecting for Life*

Goal Seven in *Connecting for Life* outlines the need for improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context. Having real-time and better integrated data surveillance systems for suicidal behaviour and accelerating the transfer of research findings into practice are fundamental to the success of *Connecting for Life* and other suicide prevention policies and practices. Evaluation is the systematic acquisition and assessment of information about the active characteristics, implementation and outcomes of the CfL strategy to inform the on-going process of continuous improvement, adaptation and intentional change.

The evaluation of *Connecting for Life* is an on-going process and will not be a once off “event” that will occur at the end of the strategy. The evaluation is not being conducted solely to prove the effectiveness or otherwise of the strategy and it is not something that will be “done” to stakeholders committed to the implementation of the strategy.

Instead, it will support the cycle of ‘supposition-action-evidence-revision’ that characterises good implementation science and good management practice. It will allow service providers, decision makers and policy makers to better understand CfL and how it is impacting participants/partners/communities; and how it is being influenced/impacted by both internal and external factors.

The Evaluation Approach utilised by the NOSP over the lifetime of CfL will be

1. Collaborative – work with partners to contribute to information we seek to collect, to determine the best ways of working and to share findings

2. Designed to generate actionable and on-going learning – it is an on-going process of gathering usable actionable data to guide decision making (not a one off event)

3. Flexible and adaptive to the many dynamic contexts we work in - we do not subscribe to a ‘one size fits all’ approach to evaluation

4. Mindful of our partners’ time – we will strive to engage in evaluation that is not an onerous side activity but rather strengthens the internal learning and capacity of partners

A range of qualitative and quantitative data collecting methods will be used throughout the lifetime of the evaluation. Qualitative methods will include the Most Significant Change (MSC) technique which will be used as a way of capturing stories of change, both expected and unexpected. Case studies will be carried out to investigate implementation of, for example, Storm Training within primary care and addition services, and for crucial instance analysis (i.e. examine a single instance of unique interest or serves as a critical test of an assertion about a programme, project, problem, or strategy). Qualitative approaches will include the use of standardised instruments to measure changes in outcomes over time, and survey research. In addition, (quantitative) content analysis will be used to evaluate changes in media reporting of suicide in Ireland.

Section 7

Risks to Implementation

Risks to implementation:

During the implementation of this strategy, the Cross Sectoral Steering and Implementation Group, through the NOSP, will assess and actively manage risks to ensure the strategy's success. The NOSP will use the HSE Risk Register for each component of the *CfL* implementation plan. The HBS Risk Register is also linked to the HSE Corporate Risk Register. The register is a living document which is formally discussed and updated biannually. A RAG (Red Amber Green) approach is used to assess key threats and mitigating actions which are actively monitored. Key risks that have been identified to date include:

Maintaining stakeholder buy-in and commitment

Expectation of stakeholders may be unrealistic given the increasing and complex service needs of the emerging health landscape and the upfront investment required to deliver change.

Staff and employee engagement

Support of the strategy and related change practices by staff in organisations delivering actions is dependent on strong initiatives to communicate the changes, delivery of projects and the training and up-skilling of staff. Stability of the HR environment in areas such as staff retention, attendance at education programmes, succession management, and silos of expertise may impact on capacity/willingness to deliver key actions.

Capacity/capability to delivery transformational change

A lack of capacity and/or capability across government departments and state agencies may mean that transformational activities are delayed or not implemented. Current staff may be deflected from transformational activity by having to cover business-as-usual activity. Implementation of the strategy is influenced by/dependent on external stakeholders which can have the effect to delay or change direction of the strategy's actions. Lack of adherence with policies, procedures, guidelines, standards and laws that govern the new changes and existing services may lead to non delivery of actions.

Public engagement and support

Public expectations with regard to service quality and service levels may not be achievable with the available funding and infrastructure. The presence of multiple organisations across the sector is leading to a proliferation of different service offerings may result in

- Variation in standards across the sector
- Fragmented delivery of *CfL* workstreams
- Difficulties in maintaining control over what and how services are delivered.

Adequate investment to deliver the strategy

Adequate funding, appropriate project management, clinical and technical skill sets may not be available throughout the design, implementation and delivery of the strategy.

Actions to mitigate these risks

This implementation plan has been developed with these potential risks in mind. All of the identified actions and priorities outlined in *CfL* would, if implemented, help to reduce or alleviate the identified risks. Managing these and new emerging risks on an ongoing basis will be part of the operational model for the implementation of *CfL*. The current governance arrangements for *CfL* with a particular emphasis on our partnership with other government departments and state agencies are pivotal to the successful implementation of this strategy.

Appendix 1

Detailed activity under actions 3.1.1 and 5.4.2

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 Agency: DAFM, DOH, DJE, DSP, DCYA, TUSLA, DECLG, DOD, DTTAS

What Will be the Key Output by 2020?

Suicide Prevention is mainstreamed across relevant national policies, plans and programmes for people who are at increased risk.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Dept of Defence</p> <p>Review of information guide, guidelines, leaflet (Q.1).</p> <p>Defence Forces Bereavement policy to be issued.</p> <p>All Overseas units including the Naval Service being briefed on Suicide and Self Harm.</p> <p>Development and issuing of Defence Forces Bereavement Handbook.</p> <p>Develop Unit Commanders Guidelines on Bereavement and Serious Injuries.</p>	<p>Support to national stigma reduction campaigns.</p> <p>Participation in NOSP-led Working Group to support delivery on action e.g. showcasing of existing work within PSS of DF etc.</p>	<p>Support to national stigma reduction campaigns.</p> <p>Review and update of existing programmes of work within PSS.</p>
<p>Dept of Transport, Tourism and Sport</p> <p>Publication of National Sports Policy including links to CfL (Q4).</p> <p>Public consultation carried out for Sport Ireland Statement of Strategy.</p>	<p>Publication of National Sports Policy including links to CfL – Q1 2018 (pushed from Q4 2017).</p> <p>Work with Local Sports Partnerships to incorporate suicide prevention into their programmes.</p> <p>Support to national stigma reduction campaigns.</p>	<p>Implementation of National Sports Policy actions.</p> <p>Ongoing support to national stigma reduction campaigns.</p>
<p>TUSLA/ Dept of Children and Youth Affairs</p> <p>TUSLA to establish a national working group to develop a strategic plan to fulfil TUSLA's commitments under this national Strategy. (Q.1-Q.2).</p> <p>Activity in 2017 will be decided on by each CYPSC on a local basis.</p>	<p>Quarterly meetings of CFL Working Group.</p> <p>Integrate CFL objectives into TUSLA National Policy.</p> <p>Integrate CFL objectives into individual CYPSC Plans.</p>	<p>Ongoing Meetings of TUSLA National Working Group to ensure implementation, monitoring and evaluation of action plan.</p>

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Dept of Rural and Community Development</p> <p>Ongoing implementation of SICAP programme- 49 actions refer to mental health or suicide in the action description on IRIS (Integrated Reporting and Information System) -reporting tool used to capture actions (Q.1-Q.4).</p> <p>Exploration with the NOSP of areas of shared interest relating to documentation of project activity under SICAP re mental health and priority groups (Q.3-Q.4).</p> <p>Engage in a research and consultation process nationwide to inform the development of the SICAP 2 programme (Q.2-Q.4).</p> <p>Ongoing implementation of the DECLG/ DSP operational protocol at local level to support information sharing and increased collaboration at local level (Q.1-Q.4).</p> <p>The Plans are being implemented in all areas. Work of the Committees is ongoing.</p>	<p>Support to national stigma reduction campaigns.</p> <p>Participation in NOSP-led Working Group to support delivery on action.</p>	<p>Participation in NOSP-led Working Group to support delivery on action.</p>
<p>Dept. of Justice and Equality</p> <p>With appropriate monitoring and supervision, a reduction in overall numbers on Special Observations. This has increased the appropriate targeting of at risk prisoners.</p> <p>Core staff will be trained as trainers in STORM.</p> <p>An accredited education programme on suicide prevention will be delivered to staff.</p> <p>Mental health working group complete a desk-top research and literature review.</p> <p>Best practice guidelines for working with service users with a diagnosis of personality disorder will be available to staff.</p> <p>Best practice guidelines will be developed and made available to staff, informing practice.</p> <p>Ongoing delivery of safeTALK training in partnerships with the NOSP (Gardai).</p>	<p>Continue with implementation of new special observation arrangements and oversight.</p> <p>An implementation plan will be developed to roll out the training to all frontline staff.</p> <p>STORM training will be delivered as part of the internal training schedule.</p> <p>STORM training will be delivered as part of the internal training schedule.</p>	<p>Appropriate and clinically managed interventions for self-harm and suicidality.</p> <p>Ongoing delivery of safeTALK training in partnerships with the NOSP (Gardai).</p> <p>STORM training will be delivered as part of the internal training schedule (Probation service).</p>

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Dept of Social Protection</p> <p>Recirculate and promote awareness of guidelines to frontline staff.</p> <p>New entrants to DSP made aware of guidelines as part of induction programme.</p> <p>Support consciousness awareness raising initiatives (e.g. Green Ribbon).</p>	<p>Engagement in cross-sectoral group to be initiated.</p> <p>Recirculate and promote awareness of guidelines to frontline staff.</p> <p>New entrants to DSP made aware of guidelines as part of induction programme.</p> <p>Support consciousness awareness raising initiatives (e.g. Green Ribbon).</p>	<p>Engagement in cross-sectoral group to be initiated.</p> <p>Recirculate and promote awareness of guidelines to frontline staff.</p> <p>New entrants to DSP made aware of guidelines as part of induction programme.</p> <p>Support consciousness awareness raising initiatives (e.g. Green Ribbon).</p>
<p>DAFM</p> <p>Continue the Department's information and awareness campaign to raise awareness and provide information on wellbeing and mental health issues.</p> <p>Delivery of Mental Health presentations at Farm Safety Event for DAFM staff working on farms.</p> <p>Awareness campaign developed and circulated for World Suicide Prevention Day.</p> <p>Include Wellbeing/Minding your Mental Health articles in the Q.4 Newsletter.</p>	<p>Presentation of a Policy paper outlining the Department's proposed actions on this issue to the Department's Management Board.</p> <p>Continue the Department's information and awareness campaign to raise awareness and provide information on Wellbeing and mental health issues.</p> <p>Wellbeing Guidance Committee activities continue to be rolled out.</p>	<p>Wellbeing Guidance Committee activities continue to be rolled out including staff events to facilitate discussion on MH issues</p> <p>Liaise with See Change (National Mental Health Stigma Reduction Partnership) to identify a number of suitable initiatives including their Green Ribbon campaign to encourage staff to think and talk about mental health, thus reducing the stigma surrounding mental health issues.</p>
<p>DOH</p> <p>Participation in Cross Sectoral Working Group.</p>	<p>Participation in Cross Sectoral Working Group.</p>	<p>Participation in Cross Sectoral Working Group.</p>

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 Agency: DAFM, DOH, DTTAS, DJE/IPS, DSP, DES, DCYA/TUSLA, HAS, DOD, DECLG, LA

What Will be the Key Output by 2020?

Key staff across government departments in receipt of appropriate suicide prevention training.

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Dept of Social Protection</p> <p>Sustain delivery of safeTALK to staff.</p> <p>Procure ASIST training where required.</p> <p>Recirculate and promote awareness of guidelines to frontline staff.</p> <p>New entrants to DSP made aware of guidelines as part of induction programme.</p> <p>Stress awareness and mental health training courses provided to staff.</p> <p>Support consciousness awareness raising initiatives.</p>	<p>Sustain delivery of safeTALK to staff.</p> <p>Procure ASIST training where required.</p> <p>Recirculate and promote awareness of guidelines to frontline staff.</p> <p>Evaluate safeTALK training in DSP (survey).</p> <p>Examine resource capacity for delivery.</p> <p>New entrants to DSP made aware of guidelines as part of induction programme.</p> <p>Stress awareness and mental health training courses provided to staff.</p> <p>Support consciousness awareness raising initiatives through DSP intranet and email.</p> <p>Promote selected campaign such as 'Green Ribbon Day' in Intreo Centres.</p>	<p>Sustain delivery of safeTALK to staff.</p> <p>Procure ASIST training where required.</p> <p>Recirculate and promote awareness of guidelines to frontline staff.</p> <p>Evaluate safeTALK training in DSP (survey).</p> <p>Examine resource capacity for delivery.</p> <p>New entrants to DSP made aware of guidelines as part of induction programme.</p> <p>Stress awareness and mental health training courses provided to staff.</p> <p>Support consciousness awareness raising initiatives through DSP intranet and email.</p> <p>Promote selected campaign such as 'Green Ribbon Day' in Intreo Centres.</p>
<p>Dept of Defence</p> <p>Overseas units incl Naval Service briefings on Suicide and Self Harm (Q1-Q.4).</p> <p>WRAP pilot course completed in the Air Corp and additional instructors trained.</p> <p>STORM course delivered in the Air Corps.</p> <p>CISM training (Q 1, 2, 3 & 4).</p> <p>Roll out of the AWARE LLFT programme. (Q.2).</p> <p>Training in Breaking Bad News to be completed by the Defence Forces PSS.</p>	<p>Ongoing delivery of training in suicide prevention to DF personnel, family networks and wider community as appropriate and as circumstances permit.</p>	<p>Ongoing delivery of training in suicide prevention to DF personnel, family networks and wider community as appropriate and as circumstances permit.</p>

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Dept of Transport, Tourism and Sport</p> <p>Explore suicide prevention training for Sport Ireland staff, particularly those who deal with the public at the National Sport Campus including the Sport Ireland institute (Q.4)</p> <p>Erection of mental health information posters in public areas of the National Sports Campus (Q.4).</p> <p>Continued training of staff at Iarnród Éireann.</p>	<p>Identify gaps in suicide prevention training among DTTAS staff and agencies.</p> <p>Work with Coaching Ireland to integrate suicide prevention training into their coaching programmes.</p>	<p>Identify gaps in suicide prevention training among DTTAS staff and agencies.</p>
<p>TUSLA/DCYA</p> <p>A representative from Work Force Learning and Development will sit on Tusla National working group to assist in the development of a training strategy for all staffing relation to suicide prevention.</p>	<p>Plan a comprehensive programme to deliver safeTALK programme to staff across residential care, community services (PPFS, Child Protection and Welfare and Children in Care) and to Foster Carers.</p> <p>Plan a programme to deliver ASSIST traing to targeted groups of staff and carers in Tusla.</p>	<p>Deliver safeTALK and ASIST Training as per agreed plan.</p>
<p>DOH</p> <p>Work alongside NOSP in relation to the implementation of the national training strategy.</p>	<p>L & D Unit will seek expressions of interest from staff (particularly those dealing with the public) who wish to attend further safeTALK training sessions in early 2018.</p> <p>Provision of an ASIST (Applied Suicide Intervention Skills Training), two-day interactive workshop in suicide first-aid is also being considered for early 2018.</p>	
<p>Local Authorities</p> <p>Agreed nomination to sit on the Cross Sectoral Steering Committee by the EECC Committee of the LGMA.</p> <p>NOSP has presented to relevant steering group in LGMA.</p> <p>Plan to be put in place in Q4 2017.</p>	<p>Identify gaps in suicide prevention training among frontline staff and agencies and work with the NOSP to develop a training plan for delivery.</p>	<p>Implementation of SP training plan.</p>

Key Milestone in 2017	Key Milestone in 2018	Key Milestone in 2019
<p>Dept of Housing, Planning Community and Local Government (activity also relates to 2.1.1)</p> <p>Identify gaps in suicide prevention training among frontline staff and agencies and work with the NOSP to develop a training plan for delivery (Q.4).</p>	<p>Implementation of training plan identified with NOSP.</p>	<p>Implementation of training plan identified with NOSP.</p>
<p>Dept of Rural and Community Development</p> <p>Identify gaps in suicide prevention training as part of the SICAP 2 programme consultation process (Q.3-Q.4).</p> <p>Discuss initial findings with NOSP (Q.4).</p>	<p>Work with the NOSP to ensure SICAP 2 Programme Implementers take part in future training as appropriate.</p>	<p>Ongoing work with the NOSP to ensure participation of SICAP 2 Programme Implementers in suicide prevention training as appropriate.</p>
<p>Department of Business, Enterprise and Innovation/Health and Safety Authority</p> <p>Explore existing HSA programme activity with NOSP and identify areas for development and collaboration/information sharing (Q.2- Q.4).</p> <p>HSA contributed to consultation on Healthy Ireland Workplace plan.</p>	<p>Activity to be informed by exploration process.</p>	<p>Activity to be informed by exploration process.</p>
<p>Dept of Justice and Equality</p> <p>Probation staff will have increased knowledge about the provisions of the Mental Health Act and how to access mental health services.</p> <p>Continue roll out of IPS training programme (includes MH awareness).</p> <p>Ongoing delivery of safeTALK training in partnership with the NOSP to Gardai.</p>	<p>Training will have been delivered in the core social work competencies for working with service users who experience mental distress (Probation).</p> <p>Increase training provision across the IPS estate.</p> <p>Ongoing delivery of safeTALK training in partnership with the NOSP to Gardai.</p>	<p>Training will have been delivered in the core social work competencies for working with service users who experience mental distress. (Probation).</p> <p>Continue training provision.</p> <p>Ongoing delivery of safeTALK training in partnership with the NOSP to Gardai.</p>
<p>Dept of Agriculture, Food and the Marine</p> <p>Identify key staff groups to ensure the Critical Incident Training is targeted at staff most at risk of encountering individuals who are vulnerable to /as risk of self-harm/suicide.</p> <p>Further role out of training including Critical & Serious Incidents Training Programme.</p>	<p>DAFM's Learning and Development Unit intends engaging with the HSE to discuss the possibility of making available the HSE's "Safe talk" and "ASIST" training to selected staff in the Department.</p>	<p>Develop a Policy for the delivery of Safe Talk and ASIST Training to selected DAFM staff.</p>

Key Milestone in 2017 Dept of Education and Skills Develop plan for the delivery of SafeTALK training for teachers in collaboration with NOSP - pilot programme to begin in May 2017. NOSP to deliver SafeTALK training to teachers through the Education Centres.	Key Milestone in 2018 NOSP to deliver SafeTALK training to teachers through the Education Centres.	Key Milestone in 2019 Review 2017 and 2018 provision of SafeTALK training and develop plan for the continuation of suicide prevention training.
HSA HSA, along with State Claims Agency & CISM, re-launched Work Positive Critical Incident Online Portal which can be accessed by workplaces who are responding to critical incidents including suicides. HSA contributed to consultation on Healthy Ireland Workplace plan . *2017 and 2018 milestones are included in the context of the HSA remit in relation to promoting a greater focus on work related health risks in line with the HSA Strategy Statement 2016 – 2018 and captured in current Programme of Work.	HSA will seek to arrange an awareness session for HSA staff in relation to encountering people at place of work who may indicate an intention to self-harm (as this is a medical and a highly specialised topic any awareness session will have to be provided by an appropriately trained group). Continue to promote Work Positive CI tool to improve the management of work-related stressors and reduce hazards and risks with psychosocial factors at work. Continue to participate in Healthy Ireland. Promote e-learning initiatives on improved systems at work for managing bullying.	To be determined in line with HSA Strategy Statement at that time.

8 Things that Everyone Needs to Know about Suicide Prevention in Ireland

<p>1 Preventing suicide is possible</p>	<p>We believe that with the right help, support or intervention at many different stages suicide is preventable. However, evidence shows that no single action will prevent suicide. It requires a combination of a number of strategies in place at population-based, community-based and individual levels. <i>Connecting for Life</i> brings together 12 key elements which are proven to help reduce suicide:</p> <ul style="list-style-type: none"> • Stigma reduction and mental health awareness campaigns • Responsible media reporting • Reduced access to and attractiveness of lethal means • Data collection systems to identify at-risk groups • Whole-school approach to mental health promotion • Gatekeeper training for community organisations • Training of first responders and frontline staff • Evidence-based practice approaches for the treatment of psychological symptoms • Early identification, assessment, treatment and referral • Good access to services, including ED, mental health • Support for those bereaved by suicide • Continuing aftercare for those leaving inpatient and outpatient services.
<p>2 Suicide is no longer a criminal offence</p>	<p>As a nation we have struggled to talk openly about suicide and suicide was only decriminalised in 1993.</p>
<p>3 Suicide is a legal ruling</p>	<p>Suicide is a legal verdict which is recorded by a Coroner if he/she finds evidence of death by suicide, 'beyond reasonable doubt'. It is widely recognised that this is a high legal standard, not always reached.</p>
<p>4 Suicides have devastating affects</p>	<p>Deaths by suicide have a devastating impact on family members, friends, colleagues, neighbours and the surrounding community.</p>
<p>5 Suicide is everyone's business</p>	<p>The success of <i>Connecting for Life</i> depends upon the collective impact of many different government, NGO and community partners. Thirty three government departments and agencies have made commitments as part of the strategy. Some of the leading suicide prevention and mental health NGOs are also funded by the HSE's National Office for Suicide Prevention.</p> <p>Implementing local, multi-agency suicide prevention plans to enhance community capacity to respond to suicides will be key to the success of the strategy. Twenty one local suicide prevention plans across the entire country will be in place by the end of 2017.</p>
<p>6 There are specific groups of people at higher risk of suicide</p>	<p>Suicide happens in all groups in society, but some groups have higher rates than others. Such priority groups identified within the strategy include, young men, the Travelling community and the LGBTI community.</p>
<p>7 There are specific factors that increase the risk of suicide</p>	<p>The strongest identified predictor of suicide is previous episodes of self-harm. Mental health problems and substance misuse also contribute to many suicides. Compared with people bereaved through other causes, those bereaved by suicide have an increased risk of suicide.</p>
<p>8 You can help keep someone safe</p>	<p>If you are concerned about someone you should:</p> <ol style="list-style-type: none"> 1. Let the person know you are concerned about them 2. Ask if they are thinking about suicide 3. Listen and understand 4. Take all threats seriously 5. Get professional help and call 999 if it is a crisis 6. Look after yourself.

For information on support services please visit: www.yourmentalhealth.ie

