Connecting for Life

Ireland's National Strategy to Reduce Suicide 2015-2020

Supplementary Report as part of the Interim Strategy Review

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An Roinn Sláinte
DEPARTMENT OF HEALTH

hi Healthy Ireland

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

The HSE National Office for Suicide Prevention (NOSP) invited the Connecting for Life (CfL) Evaluation Advisory Group (EAG) to undertake an independent Interim Review of CfL. The aims of the review were to examine the extent to which the key actions of the strategy are on-track to being achieved (by 2020), to help identify what is working well and where the challenges lie, and to help set strategic priorities for the next two years and beyond.

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CfL Progress Reports by Strategic Goal

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

Objective 1.1 Improve population wide understanding of suicidal behaviour, mental health and wellbeing and associated risk and protective factors			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.1.1 Measure how people currently understand suicidal behaviour, mental health and wellbeing and set targets for improved understanding. **Lead NOSP**	**(Process) Planning and Executing:** In 2015 and 2016, the Healthy Ireland (HI) Survey included modules on wellbeing or positive mental health (as measured by Vitality & Energy Index) and negative mental health (as measured by the Mental Health Index-5). In addition, in 2016 the HI Survey included a section on attitudes to mental health (as measured by the Reported and Intended Behaviour Scale (RIBS) which can be a baseline against which to measure changing public attitudes). However, there is a lack of clarity around when repeat measures (of positive & negative mental health) will be undertaken via the HI survey or if/when the HI survey will include a suicide prevention module. **(Intervention Characteristics) Adaptability and (Process) Planning:** In an effort to secure a module in the Healthy Ireland Survey on suicide prevention: • The National Office for Suicide Prevention (NOSP) Monitoring & Evaluation (M & E) team prepared a position paper for the Connecting for Life (CfL) Evaluation Advisory Group meeting in October 2017. • Following preliminary discussions with HI in April 2018, the NOSP M & E team submitted a proposal to HI (with scope to adapt/amend as required). The proposal was not accepted and time constraints prevented the NOSP from engaging with the HI Advisory Group.	**(Outer Setting) External Policies & Incentives and (Inner setting) Structural Characteristics** are impacting the collection of baseline data on (attitudes) to suicidal behaviour through the HI survey.	If it is not possible to secure a commitment (in early 2019) for the inclusion of a module on suicide prevention in the next wave of the HI Survey - the NOSP will explore the possibility of issuing a tender for a national survey.

Objective 1.1 Improve population wide understanding of suicidal behaviour, mental health and wellbeing and associated risk and protective factors			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.1.2 Develop and implement a national mental health and wellbeing promotion plan. **Lead HSE H&W, DOH HI**	**(Process) Planning:** HSE Mental Health & Wellbeing conducted a mapping exercise of mental health promotion activity across HSE and HSE funded agencies to inform the National Plan (Q2 2017). • The National Plan for Mental Health and Wellbeing has yet to be developed.	**(Process) Engaging: The unavailability of Formally Appointed Internal Implementation Leaders** has had, and will have, an impact on the implementation of the National Plan for Mental Health and Wellbeing. **(Outer Setting) External Policies & Incentives** may also be impacting on the development of the plan as it may not fall within current organisational priorities.	Mapping and scoping paper redeveloped for submission to the National Director.
1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services. **Lead HSE MH**	**(Inner setting) Networks & Communications, (Process) Engaging, Champions and Reflecting & Evaluating:** • A full-time resource with lead responsibility for the Little Things campaign was put in place in July 2016 to manage on-going campaign activity (i.e. maintaining the campaign's presence via advertising, on-going dissemination of materials, work with partners). • In August 2016, the GAA selected the Little Things to promote at their Health & Wellbeing Theme Day in Croke Park, using the strap line "Little Things can improve your game". The campaign was promoted with stadium branding, programme ads, digital screens, branded cups, staff badges and on-pitch banners. • In 2017, the HSE Communications Division undertook a large scale evaluation of the Little Things campaign. It provided insights into the longer term approach to mental health promotion campaigns which can be reviewed in parallel with interim media activity. Recommendations from this evaluation include narrowing the target audience to focus on priority groups within CfL for greater impact. It was also recommended that the Little Things campaign comes to an end in 2018, which will allow the next phase of mental health communications to begin.	**(Inner Setting) Structural Characteristics** in the form of the New Ways of Working in the HSE, may impact where responsibility for the Little Things campaign lies. This may pose further challenges to future campaigns as to whether they are part of 'Strategy and Planning', or 'Operations', or both, and how the transition is made from one to the other.	Complete review and report on recent general population research into mental health awareness, attitudes and understanding is being prepared in order to inform future communication campaigns (by Q4 2018). In the meantime, there will be continued delivery of the Little Things campaign through social, digital and radio advertisements.

Objective 1.1 Improve population wide understanding of suicidal behaviour, mental health and wellbeing and associated risk and protective factors			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.1.4 Build the link between alcohol/drug misuse and suicidal behaviour into all campaigns. **Lead HSE PC**	**(Outer Setting) External Policy & Incentives and (Process) Engaging, External Change Agents:** • On the website www.drugs.ie the issue of suicide prevention was highlighted in the youth section and through podcasts while harm reduction campaigns were also highlighted throughout 2017 via the distribution of flyers at music festivals and in nightclubs. In Q2 2018, a Cocaine/Crack Cocaine campaign was launched. • http://www.askaboutalcohol.ie/ was launched in March 2017 with specific space afforded to Alcohol, Suicide and Self-Harm within the Mental Health section. • The link to Alcohol/Drugs in relation to suicide has been incorporated into Civic, Social and Political Education (CSPE) Programme in post-primary schools.	**(Inner Setting) Structural Characteristics** in the form of the New Ways of Working in the HSE.	Publication of document for Resource Officers for Suicide Prevention (ROSPs) highlighting the link between alcohol and suicidal behaviour. The Fentanyl campaign will be launched in Q4 2018.
1.1.5 Promoting physical activity as a protective factor for mental health through the National Physical Activity Plan. **Lead DOH HI, DTTAS**	**(Process) Planning and Engaging, External Change Agents:** The National Physical Activity Plan (NPAP) promotes physical activity as a protective factor for mental health and sporting measures are being delivered as actions from this plan. Particular activities referenced in progress reporting include: • A pilot study by Sports Ireland (SI) to develop a suitable walking programme for Men's Sheds was delivered in three counties. A toolkit was developed to promote walking in the sheds and was published in Q4 2017. • Implementation of a new GAA-Gaelic Players Associations (GPA) Agreement involving inter-county player endorsement of physical activity benefits for mental health. An Annual Report was prepared by the GAA/GPA (received in 2018). • Evaluation Report on Community Sports and Physical Activity Hubs published in Q4 2018.	**(Inner Setting) Implementation Climate, Relative Priority** has potentially led to delays in receiving the annual report from the GAA. Similarly, a delay in the publication of the Department of Rural and Community Development's 2018 Dormant Account Action Plan which will put pressure on Department of Transport, Tourism and Sport and SI to draw down funding.	

Objective 1.2 Increase awareness of available suicide prevention and mental health services			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at www.yourmentalhealth.ie **Lead HSE MH**	**(Inner Setting) Structural Characteristics, Networks & Communications and Implementation Climate:** • Significant investment in social media promotion of the Your Mental Health (YMH) site each year has resulted in a marked increase in page views. Fortnightly and monthly, homepage content on the YMH site was refreshed to remain aligned with other campaigns (e.g., Little Things social media, World Mental Health Day, Green Ribbon etc). • New content in the last 12 months of note include; a suite of 16 CAMHS videos, World Mental Health Day page, Mental Health at Work page, Minding Your Mental Health at Christmas page, Mental Health A-Z. • On-going, service listings are maintained and events listings; approximately 185 new events were listed on the site in 2017. • Comprehensive user testing of YMH site in 2017 resulted in key recommendations for the redevelopment of the site. The majority of these recommendations were not committed to, pending outcomes from the following two additional projects; (i) **The HSE Digital Roadmap Project** (https://www.hse.ie/eng/about/who/communications/digital/digital-transformation/hse-digital-roadmap-web.pdf). This project is currently underway and is seeking to transform the entire online presence of the HSE and health services, reducing its online "footprint" and streamlining content and accessibility across all websites, including YMH. An intensive content creation week is planned for Q3 2018 with HSE Digital to finalise the content of a revised www.yourmentalhealth.ie. A prototype of the online signposting tool was tested Under the Developing Digital Mental Health Supports Project. The site content, architecture and platform were re-developed as part of the Digital Roadmap project, which was launched in Q4 2018. (ii) **Developing Digital Mental Health Supports Project (PMO)**, the key objective of which is in the development of existing online presence for hosting validated mental health and wellbeing information with an integrated personalised information and services signposting tool. The strand of the project relevant to www.yourmentalhealth.ie is currently underway in tandem with the Digital Roadmap Project above. The re-launch of the new YMH website occurred on October 10th 2018 and coincided with World Mental Health Day.	**(Process) Engaging, Formally Appointed Internal Implementation Leaders** have been re-assigned to different roles at times, which has led to periods where there was no specified lead person working on the YMH website. **(Inner Setting) Readiness for Implementation, Available Resources** may impact YMH given the development plans underway. The improved site will potentially become more resource-intensive given the likelihood of greater functionality and integration with services (e.g., online therapies). In turn, **the (Inner Setting) Implementation Climate, Relative Priority** in having a large number of resources dedicated to this project, may impact on other CfL Goal 1 activities or projects being achieved or completed. **(Inner Setting) Structural Characteristics** may impact on the YMH site. e.g. The YMH site is migrating from its own mental health website to an umbrella HSE website which will contain other information relating to, for example, healthy eating and sexual health. It is also proposed that control of the site will be moved to HSE Digital and possible oversight /management taken from the NOSP and Mental Health.	Next steps include the development of a single dedicated point of telephone contact for HSE mental health services and relevant helplines, a text active listening service and further exploration of online/tele-counselling options.

Objective 1.2 Increase awareness of available suicide prevention and mental health services			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups. **Lead HSE MH**	**(Intervention Characteristics) Adaptability and (Inner Setting) Structural Characteristics, Networks & Communications and (Process) Engaging, Champions:** • The Little Things campaign is currently being tailored for the post-primary audience to focus on six key issues affecting young people. The new campaign messages were based on research conducted by online youth mental health agency, ReachOut. They have been created with an expert advisory panel and tested with young people in focus groups. The final visuals will be used to create posters for schools and the campaign will be supported by radio, digital and social ads which are in development. The campaign will be launched in Q4 2018. • The Little Things campaign was promoted within the LGBTI+ community as part of pride week in Q2 2018 (e.g., through social media and the distribution of rainbow badges produced in the Connecting for Life colours and promoting www.yourmentalhealth.ie). • In mid-September Little Things window stickers to target the farming community were distributed during the Ploughing Championship and a new Little Things press ad to promote talking amongst farmers featured in the ploughing supplement of the Farmers Journal. • In Q3 and during Q4 work on adapting the existing Little Things campaign for the Traveller community will commence. An advisory panel, including members of National Traveller organisations, Exchange House and Pavee Point, will meet to begin the work.	**(Intervention Characteristics) Adaptability** may be an issue in that it may not be possible to target some priority groups through the Little Things Mental Health campaign. This is due to the fact that a social marketing campaign like Little Things may not be the most effective channel for reaching certain groups (e.g., the homeless community). **(Inner Setting) Structural Characteristics** may also lead to uncertainty regarding the future positioning/ownership of the site in the new HSE New Ways of Working.	Launch of the post-primary Little Things campaign in Q4 2018. A HSE digital advisory group relating to targeted campaigns for specific priority groups will be established (to assess feasibility) with representation from HSE Mental Health and the NOSP.

Objective 1.3 Reduce stigmatising attitudes to mental health difficulties and suicidal behaviour at population level and within priority groups			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups. **Lead NOSP**	**(Process) Engaging, Champions and Reflecting & Evaluating and (Intervention Characteristics) Adaptability:** The majority of updates that the NOSP report on in relation to stigma reduction campaigns come from their NGO partner organisation Shine and through their work with See Change. Some of the outputs include: • The annual Green Ribbon Campaign which is now in its 6th year. An impact survey of the campaign is conducted after the campaign each year. For example, findings from the 2017 campaign revealed that three in four people reported that they are talking about mental health and two in five are aware of the Green Ribbon campaign. • An omnibus survey using the RIBs Scale to assess stigma to mental health was completed in Q2 of 2016 and 2017 – findings from this campaign were communicated throughout the Green Ribbon campaign. • See Change in the workplace seeks to bring about a cultural shift so that employers and employees feel supported and secure in starting a discussion about how mental health can affect each one of us. A number of workshops have been conducted with different organisations throughout Ireland. • An external evaluation of stigma reduction activities run by SeeChange has been commissioned by the NOSP. • A number of initiatives under the 'Pleasetalk' campaign are being delivered to third level students to connect them to support services available in the college setting.	**(Inner Setting) Structural Characteristics and (Inner Setting) Networks & Communications** may need to be addressed so that the wider positioning of "mental health sigma reduction" activities can be considered (e.g., across social inclusion, health and wellbeing and mental health sectors). **(Outer Setting) External Policy & Incentives** need to be considered as stigma reduction campaigns are delivered in isolation of, and not aligned to or integrated with general population mental health and well-being campaigns.	Report on evaluation of existing stigma reduction activities due for completion Q4 2018. A Project Management Office (PMO) Project – The Future of Mental Health Stigma Reduction Campaign is currently at initiation stage. This project will commence in Q4 2018 and based on the outcomes of the evaluation above, will produce a report with recommendations on how Irish stigma reduction campaigns could be strengthened and better integrated, including where the HSE should invest funding and resources for both HSE led and NGO led activities.

Objective 1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.4.1 Engage with online platforms to encourage best practice in reporting around suicidal behaviour, so as to encourage a safer online environment in this area. **Lead DCENR**	**(Outer Setting) External Policy & Incentives and (Process) Planning:** The Department of Communications began engagement with online platforms (Google, Twitter and Facebook) • Draft best practice standards in reporting around suicidal behaviour developed by the NOSP, who are currently leading on this work. Sign-off on this code was not completed due to work being de-prioritised. • In addition, "code of practice" has been re-graded to a "Statement of Good Practice in Responding to Online Content that Promotes Suicide or Self-harm". It is currently awaiting further input and final sign off from online platforms (Google, Facebook and Twitter). The NOSP has commissioned the production of information materials (videos) which will be used to increase public awareness of their ability to report harmful suicide content online. These videos are in draft stage and will be delivered in Q4 2018.	**(Process) Engaging, Opinion Leaders** are needed for **Action 1.4.1;** currently the NOSP continues to advance this work. **(Outer Setting) External Policy & Incentives** in relation to the issue of content moderation by online platforms has received significant public and media attention and scrutiny (July 2018). Therefore, online platforms have become more cautious in participating/ supporting this action.	Complete final stages of Code of Practice communications materials (videos) (with partner organisation, Spunout) and develop related communications campaign (online).
1.4.2 Broadcasting Authority will apply & 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 broadcast media. **Lead DCENR**	**(Inner Setting) Implementation Climate, Relative Priority and (Outer Setting) External Policies & Incentives:** The Broadcasting Authority of Ireland (BAI) are involved in the on-going application and monitoring of the code of Programme Standards including Principle 3 - Protection from Harm, which references self-harm and suicide. The BAI will also publish the decisions in respect of complaints received as part of Principle 3.		Workshops to be agreed and provided by Headline to broadcasters on coverage of suicide and self-harm proposed for Q4 2018.

Objective 1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
1.4.3 The Press Council will amend its code of practice to include a principle on responsible reporting of suicide. **Lead PCOI**	**(Inner Setting) Implementation Climate, Relative Priority and (Outer Setting) External Policies & Incentives:** In September 2016, the Press Council of Ireland (PCOI) updated their code of practice with regard to the reporting of suicide. A notification was sent to all member publications reminding them of their obligations with regard to the reporting of suicide. The monitoring of any possible breaches has continued.		Continued monitoring of any possible breaches of requirement.
1.4.4 Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting. **Lead NOSP**	**(Process) Reflecting & Evaluating, (Inner Setting) Implementation Climate, and (Outer Setting) External Policies & Incentives:** • Headline is an NGO that aims to highlight mental health issues and address the stigma attached to emotional distress, suicidal behaviour and mental illness through the promotion of responsible media coverage. • In 2017, Dublin City University's School of Journalism was commissioned to conduct a review of the Headline service and media guidelines on suicide reporting. • The report and recommendations were completed at the end of Q2 2017, and changes to the Headline service are being made based on these recommendations. Some of the recommendations that are being implemented include cutting back on monitoring and focusing on guideline breaches, and contracting an external firm to conduct the vital work of identifying guideline breaches and promptly bringing them to Headline's attention, thus relieving Headline of the need to do so in-house. • A re-launch of the Headline service took place in Q4 2018. • In 2018, DCU's contract was extended to include: – Development of new guidelines for media reporting on Mental Health (Report and launch to be rolled out in Q4). – Conduct a retrospective analysis of 10 years' worth of media clippings (media monitoring project) to inform our current understanding of media reporting and suicide.	**(Process) Unavailability of External Change Agents** have led to delays in certain pieces of work relating to **Action 1.4.4** commencing on time.	Publication of new guidelines for media reporting on Mental Health developed by DCU to be launched in Q4 2018. Report on retrospective analysis of 10 years' worth of media clippings (media monitoring project) over the last decade to be published in Q1 2019.

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

Objective 2.1 Improve the continuation of community level responses to suicide through planned multi-agency responses			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
2.1.1 To implement consistent, multi-agency suicide prevention action plans to enhance communities' capacity to respond to suicidal behaviours, emerging suicide clusters and murder suicide. **Lead HSE MH**	**(Inner setting) Readiness for Implementation, Available Resources:** Since 2015 the number of HSE Resource Officers for Suicide Prevention (ROSPs) across the country has doubled (increasing from nine to 22). These posts were crucial to the development of the local area Connecting for Life (CfL) action plans, and will be key implementation drivers. **(Intervention Characteristics) Adaptability:** All 17 of the local area CfL suicide prevention action plans have been completed and launched. An independent consultant (funded by the National Office for Suicide Prevention (NOSP)/ HSE Mental Health) worked with the ROSPs and HSE Mental Health to ensure that the local area CfL action plans were aligned with the national strategy. This was a successful exercise as indicated by survey research findings. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/research-evaluation/findings/area-cfl-survey.html **(Process) Engaging:** An independent consultant (funded by NOSP) was contracted to design and facilitate the implementation of a sustainable 'Learning Community of Practice' (LCOP) with HSE ROSPs; the LCOP has met four times to date. • The NOSP and key partners (including ROSPs and Community Healthcare Organisation (CHO) Project Management Office (PMO) Leads) are working to help ensure that systems are set up to monitor & drive implementation of the area level action plans. • Guidance document produced for ROSPs to help clarify issues relating to action implementation by HSE Mental Health & NOSP. • Currently there are 15 multi-agency implementation teams in place across the country focused on driving the local area CfL action plans. • The ROSPs are monitoring the implementation of the local area CfL action plans supported by CHO PMO Leads. **(Process) Reflecting & Evaluating:** The NOSP Monitoring & Evaluation (M & E) team undertook the first annual survey of local CfL planning/steering groups - the Area-Level Implementation of CfL: Survey Findings (2017) (see also **Action 7.1.1**).	**(Process) Planning and Executing** Unclear guidance/support to the ROSPs in relation to the design/ implementation of the local area CfL action plans impacted on their development. This in part contributed to challenges in the **(Inner Setting) Networks & Communications** relationship between the national office and the ROSPs. The variance in terms of the completion of the local area CfL action plans (e.g. CfL Donegal in July 2015 and CHO 9 CfL plan was launched in May 2018) will lead to uneven implementation across the country. **(Inner Setting) Implementation Climate** In an attempt to ensure greater consistency and success in the implementation of local plans, further consideration to the capacity needs of HSE ROSPs is required. **(Intervention Characteristics) The cost** of the financial forecasting of implementation across 17 plans & long term sustainability needs to be considered.	On-going provision of information and guidance to the ROSPs on national actions. Continued funding of the ROSP Learning Community of Practice, and use of the LCOP as a mechanism to stimulate learning, capture and diffuse existing knowledge, and introduce collaborative processes. It is anticipated that the monitoring of all local area plans will form part of a CHO PMO portfolio (who utilise software to ensure the monitoring of implementation takes place). This will ensure a certain level of consistency in relation to implementation monitoring.

Objective 2.2 Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, sporting organisations)			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
2.2.1 Provide community-based organisations with guidelines, protocols and training on effective suicide prevention. **Lead NOSP**	**(Process) Planning:** An internal NOSP working group was set up to progress activity on protocols and guidelines in Q2 2017. Due to the workloads of group members, progress in relation to this action was limited. • First meeting of Gardaí/HSE First Responders referral pathway group held (Q2 2018) and key actions agreed to initiate progress on a referral pathway for those bereaved by suicide **(links to Actions 3.1.2/4.3.1).** **(Process) Planning:** The development of a national implementation plan highlighted the need for a coordinated approach to ensure consistency, quality and reduce duplication of work in relation to all actions referencing protocol/ guidance development. A proposal was submitted to the Cross Sectoral Group including a Terms of Reference (ToR) in December 2017, and signed off on. The NOSP has supported the review and updating of a number of organisational protocols (Courts Services, Department of Social Protection (DSP), and The Family Resource Centre Code of Practice).	**(Process) Engaging, No Formally Appointed Internal Implementation Leaders** within the NOSP to progress and drive the implementation of this action. **(Inner Setting) Networks & Communications** Issues means that work progressing at a local level pertaining to protocol and guidance **(Actions 2.2.1 and 3.1.2)** is happening in the absence of guidance at a national level. This may lead to duplication of work, variance in messaging, response, and quality assurance.	Propose the assignment of a dedicated resource to drive Actions 2.2.2, 3.1.2 with oversight provided by the NOSP Clinical Lead (once appointed). Leadership decision and communication to CHO and ROSP network outlining the plan to progress actions and parameters of same.

Objective 2.3 Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
2.3.1 Develop a Training & Education Plan. **Lead NOSP**	**(Process) Planning:** Following a commissioned training needs analysis in 2014, in 2016 the NOSP contracted a consultant to develop a Training & Education (T & E) Plan in partnership with a Working Group. A draft plan was submitted to the NOSP, but was not brought to publication. Subsequent iterations of the draft were made by the Training Officer (Q3 2016) and the National Lead for Strategy Coordination, Education and Training (Q4 2017). • In 2016 a contract was awarded to a consultant to develop an online suicide prevention awareness training video. The contract was not successfully delivered upon. • In 2015/2016, a contract was awarded to a lead bereavement service NGO to develop a bereavement training programme. The training programme was piloted and remains at final draft stage.	**(Process) Engaging, Availability of Formally Appointed Internal Implementation Leaders** including uncovered maternity leave and an unfilled Training Officer post within the NOSP for over a year (between Q1 2017 and Q2 2018) have contributed to delays in progressing the T & E plan. **(Inner Setting) Structural Characteristics** in the form of challenges with the Training for Trainers (T4T) training model. **(Process) Planning** In the absence of the T&E plan, there has been a lack of a strategic direction to delivery of training. **(Inner Setting) Implementation Climate, Relative Priority** at a local and national level is impacting the provision of real-time information on training participants. **(Intervention Characteristics) Evidence Strength & Quality** for STORM training resulted in inconsistent delivery of training, and a lack of clarity re: who should receive the training.	The publication and implementation of the T&E Plan will support a strategic approach to the delivery of suicide prevention training across the country. Scoping out of online training awareness programmes in operation by the National Health Service (NHS) with a view to it being used by the NOSP. It is anticipated that an online training registration system can be put in place which will record participant details. Conduct a survey exploring the enablers and barriers to training delivery by gatekeepers in the community. The survey will provide information to support future work direction in this area. Bereavement Training to be finalised and incorporated into the T & E Plan (for the provision of training to professionals and also for communities in which a suicide death occurs).

Objective 2.3 Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
2.3.2 Deliver training to professionals and volunteers across community-based organisations. **Lead NOSP**	**(Process) Executing:** The provision of evidence-informed suicide prevention training continued across the country; • Between 2015 and June 2018, the following are approximate numbers of those who received training in safeTALK (n=22,277), ASIST (n=9,004), ASIST Tune-Up (n=358), Understanding Self-Harm (n=2,655), and STORM (n=179). • Training Participant Reports were produced (by the National Suicide Research Foundation and NOSP, respectively) for 2016 and 2017. – These included a breakdown of training participants by CHO area, and by occupation type.		
2.3.3 Deliver a range of mental health promotion programmes in community, health & education settings: **Lead HSE H&W**	**(Intervention Characteristics) Evidence Strength & Quality and (Outer Setting) External Policy & Incentives** The HSE Health & Wellbeing have led out on the delivery of a range of evidence based/ informed mental health promotion programmes including; • MindOut targeting Post-Primary Schools and out of school settings. • Zippy's Friends targeting Primary Schools. • Smart Start targeting preschool sector and; • The delivery and development of evidenced based mental health promotion training - Minding Your Wellbeing.	**(Inner Setting) Implementation Climate** may be a challenge to the sustainability of these programmes.	Continued roll out of training across the country to post-primary schools and out of school settings. On-going work with Department of Education & Skills (DES) to agree how work will be supported for Healthy Schools and how best to support DES policy.

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

Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.1.1 Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk for suicide and self-harm. **Lead DAFM, DOH, DJE, DSP, DCYA/TUSLA, DECLG, DOD, DTTAS**	**(Process) Planning:** Although activity is reported by some lead agents on this action, a co-ordinated approach to its implementation was recognised as necessity following the development of the National Implementation Plan 2017 - A national working group and Terms of Reference were agreed Q4 2017 to oversee a co-ordinated approach to **Actions 3.1.1 and 3.1.2**. Following further discussions between lead Departments, it was agreed the National Office for Suicide Prevention (NOSP) was to do preliminary scoping work as outlined in Terms of Reference (ToR).	**(Process) Engaging, Gap in Formally Appointed Internal Implementation Leaders** within NOSP to drive progress. **(Inner setting) Implementation Climate, Tension for Change, Relative Priority, and Compatibility,** have resulted in limited progress being made to the development and implementation of a range of agency and inter-agency operational protocols. This poses a challenge to the successful realisation of **Action 3.1.2** in full by 2020.	NOSP to do preliminary scoping work as outlined in ToR.
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 management of critical incidents. **Lead NOSP; HSE: Acute Hospitals, PC, MH, IPS/ An Garda Síochána, Non-statutory partners**	**(Process) Planning:** Although activity is reported by some lead agents on this action, a co-ordinated approach to its implementation was recognised as necessary following the development of the National Implementation Plan 2017 - A national working group and Terms of Reference were agreed Q4 2017 to oversee a co-ordinated approach to **Actions 3.1.1 and 3.1.2**. Following further discussions between lead Departments, it was agreed that NOSP would do preliminary scoping work as outlined in ToR. • Gardaí/HSE First Responders working group set up to consider the mainstreaming of existing protocols for bereaved families across Garda divisions (2018).		

Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups. **Lead HSE PC**	**(Process) Engaging:** Current work under this action includes: • The delivery of suicide prevention training to key frontline addiction primary care staff including those working with priority groups (2017-2018). • A National Hospital Discharge Protocol has been developed for Homeless Persons in Acute Hospitals and Mental Health Facilities. This aims to ensure that clear procedures are in place, involving the Health Services, Local Authorities/Homeless Action Teams and the Voluntary Sector, so that all discharges of persons experiencing homelessness or at risk of homelessness from acute and mental health care services are planned, with the necessary accommodation and supports in place prior to discharge. • Draft of HSE National Intercultural Health Strategy containing material relevant to mental health of asylum seekers and refugees has been completed and is awaiting sign-off.	**(Process) Executing** with regard to the implementation of STORM training is leading to delays in training being delivered to frontline staff in Primary Care.	The implementation of the Training & Education plan will incorporate the inclusion process for the phased roll out of STORM. Development plan for a detailed Traveller Health Action Plan is expected to be completed by Q4 2018. Draft HSE National Intercultural Health Strategy to be submitted to Senior Management for sign off.
3.1.4 Evaluate as appropriate targeted initiatives and/or services for priority groups. **Lead NOSP**	**(Inner Setting) Readiness for Implementation, Access to Knowledge and Information: Connecting for Life (CfL)** has a total of 22 listed priority groups. This action seeks to evaluate appropriate targeted initiatives and/or services for priority groups. In support of this, a 'Position paper on priority groups for suicide prevention as listed in Connecting for Life' was published in Q2 2016. Other evaluations and reports that have been completed include the following: • The LGBTIreland study funded by the NOSP was published in 2016 and provides a road map to develop and enhance services to the LGBTI+ Community. • Review of Community Resilience Fund. • Financial Audit of all NOSP funded NGOs. • Evaluation of Mojo Kildare. • SHIP counselling service. • DBT. • Mayo Suicide Bereavement Liaison Service. • ASIST at Templemore Garda Training College.	**(Process) Engaging, Formally Appointed Internal Implementation Leaders** is having an impact on the ability to have a strategic and planned approach to evaluating targeted initiatives for priority groups. **(Process) Planning** around the scope and scale of priority groups.	Develop an evaluation plan of work for priority groups (and funded partners).

Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide. **Lead NOSP**	**(Process) Engaging:** Training initiatives continue (while training & education plan is in development): • Ongoing provision of safeTALK and ASIST training to Garda recruits in Templemore. • Delivery of safeTALK training (pilot evaluation 2017) and further evaluation (2018) across 12 Education centres targeting post-primary teachers and educational support staff. • In 2017, STORM training was delivered on a pilot basis to MH Services and PC in Community Healthcare Organisations (CHOs) 1 and 4. • The NOSP facilitated the training of 60 psychiatrists and health care staff in suicide prevention and mitigation training in 2017, along with a further 60 participants (psychiatrists and SCAN nurses) taking the training in Q4 2018. • A GP suicide prevention training programme has been developed and is based on modules designed and delivered by Connecting with People in the UK. The programme of training will be rolled out in 2018, with a GP Train the Trainer event already having taken place in 2018, and further trainings scheduled for Q4 2018.	**(Process) Planning** has caused challenges for implementation. **(Process) Engaging, No Formally Appointed Internal Implementation Leaders** for GP training (NOSP Clinical Lead post vacant).	Training and education plan due for completion Q4 2018.

Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including youth sector. **Lead HSE H&W**	**(Process) Engaging:** Developments to date include: **Youth Sector:** • Collaborative work between Health Promotion and Improvement (HP & I) and Headstrong has led to Minding Youth Mental Health Training being delivered to those working with young people (Reported on for 2016-2017). • An outcome and impact evaluation on overall Youth Mental Health Training commenced in 2017. It is being jointly run by HP & I and Headstrong who reported that the impact evaluation would be available in Q1 2018. However, findings of the report have not yet been released. • Phase 1 evaluation of the Mindout Training Programme completed. **Men's Health:** • Engage Men's Health training aims to support increased engagement of men by voluntary, community and statutory sectors. Trainings are being delivered yearly with Train the Trainer events taking place on an annual basis. • A research report on the proposed model to be used for the integration of wellbeing and mental health in Men's Sheds was completed following a collaborative piece of work with the Men's Research Centre (2017). • A Symposium on Men's Health which focused on Middle Aged Men including the launch of middle-aged men suicide research funded by the NOSP was held in Q1 2018. • A review and identification of key current target groups through an analysis of mental health promotion mapping data took place in 2017. • A proposed review of 'My Time Out' - a Traveller specific resource to identify potential as a national resource was put forward and scoping for the potential development of Traveller specific Mental Wellbeing Training on the back of HP & I pilot programme.		Launch of MindOut 2. Evaluation reports for Mental Wellbeing training targeting HSE staff. Evaluation of Jigsaw training targeting youth mental health to be published in Q4 2018.

Objective 3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy to address the high rate of alcohol and drug misuse			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.2.1 Continue the rollout of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE primary care. **Lead HSE PC**	**(Process) Engaging, Champions:** SAOR is a brief, intervention training for alcohol misuse that is being rolled out to staff in primary care annually. An updated version of the training and training pack was developed in 2017 including a revised guidelines framework for education and implementation (SAOR II). A link to SAOR II can be found here: https://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf • To date, between 2015 and 2018 approximately 2,686 staff were trained in SAOR. • Making Every Contact Count (MECC) was established by the HSE in 2016 to support patients to make healthier lifestyle choices. Training is being delivered across all CHO areas. • The National Drug and Alcohol Strategy was published 2017-2025: https://health.gov.ie/wp-content/uploads/2017/07/Reducing-Harm-Supporting-Recovery-2017-2025.pdf • Continued roll out of the National Overdose Prevention Strategy. Implementation of training plan and provision of naloxone kits throughout 2016-2017.	**(Process) Engaging, Champions** required for the rollout of the National Overdose Prevention Strategy.	A working group will be established to develop an evaluation process for SAOR II training. The process of including SAOR Traveller specific and SAOR for people with Intellectual Disability (ID) in SAOR II training pack will commence.

Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post-primary schools, and the development of guidelines for Centres of Education. **Lead DES**	**(Process) Engaging:** Developments to date include the completion of the following guidelines: • Guidelines for Mental Health Promotion and Suicide Prevention (2017) https://www.education.ie/en/Publications/Education-Reports/Well_Being_PP_Schools_Guidelines.pdf • Guidelines for Critical Incident Response for Centres of Education completed (2017) https://www.education.ie/en/Schools-Colleges/Services/National-Educational-Psychological-Service-NEPS-/Responding%20to%20Critical%20Incidents.pdf • Guidelines for Critical Incident Response in Youthreach (2017) http://www.youthreach.ie/wp-content/uploads/CI-GUIDELINES-FOR-YOUTHREACH-AND-CTCs.pdf • A wellbeing programme for Junior Cycle has been developed and a Wellbeing Team are in place (2017). Rollout of the Wellbeing programme to 1st year Junior Cycle cohort has been initiated (Q3 2017). An Implementation Plan has been developed to support the Wellbeing Policy and Framework for Practice, and the policy was launched by the Minister for Education on 16/7/18. It encompasses all work attached to promoting the Wellbeing Guidelines for Mental Health Promotion 2013 & 2015. https://www.education.ie/en/Publications/Policy-Reports/wellbeing-policy-statement-and-framework-for-practice-2018%E2%80%932023.pdf • Additional work reported by the Department of Education and Skills (DES) to support mental health promotion and suicide prevention include: • In 2016, Training in Friends was delivered across approximately 50 training programmes with a commitment to increase roll out in Action Plan for Education 2016-2019. 50% of post-primary schools have one or more teachers trained in Friends. • Similarly, in 2016, Incredible Years Classroom Management was delivered across approximately 30-40 training programmes with a commitment to increase roll out in Action Plan for Education 2016-2019 (2016). • On-going commitment to recruit additional NEPS psychologist posts.	**(Process) Engaging Formally Appointed Internal Implementation Leaders** with regard to challenges in the recruitment of National Educational Psychological Service (NEPS) Psychologists.	It is planned to provide a programme of support over the coming five years in collaboration with the HSE Schools for Health programme. All schools will be expected to have a Wellbeing Promotion Process in place by 2023.

Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and for the management of critical incidents. **Lead DES**	• The publication of Responding to Critical Incidents Guidelines and Resource material for schools and centres has been revised and the new version has been issued to all primary and post-primary schools' psychologists following up with schools (2016). • A protocol is in place for NEPS and Inspectors with regard to the oversight of critical incidents response in schools (2018). • A three year project (2014-2017) with 17 schools supporting Student Support Team development has been completed and a final evaluation report has been provided. A training pack and video have been developed based on learning from the project with a commitment to extend the project to 20 Delivering Equality of Opportunity in Schools (DEIS) schools 2017-2018 (2016). • An Implementation plan has been developed (2017) for the promotion of student support teams and implementation is reported to be on-going (2017-2018). The development of student support team resource materials has been completed (Q4 2017), and further development of these resources on-going (2018).	**(Inner Setting) Readiness for Implementation, Available Resources** within the NEPS service regarding support for roll out of training versus conflicting work demands	Finalise the development of resource materials to support schools in the development and review of student support teams. Extend focused support for 20 DEIS post-primary schools in supporting the development of Student Support Teams. Extend focused support for all post-primary schools in supporting the development of Student Support Teams. Deliver training to approximately 600 teachers in 300 post-primary schools on the revised publication Responding to Critical Incidents Guidelines and Resource Materials (2016).
3.3.3 Work with the HSE to develop national guidance for higher education institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education. **Lead HEA**	**(Process) Planning:** A proposed cross-sectoral working group to oversee the implementation of the Health Education Authority (HEA)-led actions in CfL which includes developing national guidance for higher education institutions in relation to suicide risk and critical incident response is in process. Initial meetings have taken place in Q3 2018 to scope out working group.	**(Inner Setting) Readiness for implementation** within a complex sector.	Working group of appropriate representatives to be agreed and convened Q4 2018.

Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying. **Lead DES**	**(Process) Engaging:** Developments to date include the following: • 12 anti-bullying actions were set within the context of implementation of the Wellbeing Guidelines in schools and centres are completed or are in the process of being completed (2016). • Dissemination of UP2US anti bullying kit for Primary and post-primary schools teachers to schools through the Professional Development Service for Teachers (PDST) Wellbeing Team (2016). • Resources to tackle cyber bullying have been developed (2017). http://tacklebullying.ie/about-tackle-bullying/ • An anti- bullying website has been set up (2017). http://tacklebullying.ie/about-tackle-bullying • National Anti-Bullying Procedures currently being implemented by all 4000 primary & post-primary schools (2017). Implementation is on-going (2018).		Implementation of the Actions agreed by the DES in the LGBTI strategy.
3.3.5 Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle and encourage schools to deliver an SPHE programme (including RSE and mental health awareness) at Senior Cycle. **Lead DES**	**(Process) Engaging:** • Well-being guidelines introduced to post-primary schools in autumn 2017. Junior Cycle Team in collaboration with PDST, HSE and NEPS are engaging with post-primary schools for one day from September 2017 and on-going until all post-primary schools have accessed training in the Junior Cycle wellbeing Programme. • The DES proposed to liaise with NEPS in supporting the revision of MINDOUT mental health programme for Senior Cycle Students in schools and centres (2016). MINDOUT 2 launched in 2018.	**(Process) Engaging, External Change Agents** Industrial relations issues with Teachers Unions.	Planned PDST staff training to deliver MINDOUT 2 2018-2019. Continued rollout of training across the country.

Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
3.3.6 Deliver early intervention and psychological support service for young people at primary care level. **Lead HSE PC**	**(Intervention Characteristics) Complexity:** Discussions regarding the delivery of counselling services to young people in primary care led to an agreement that non-complex children are more appropriate to Primary Care and more complex children who may be appropriate to MH services. As such, the roll out of Under 18 psychology/counselling in Primary care in conjunction with Primary Care Psychology service and Mental Health is underway. This is reported to be supported by the recruitment of 122 Assistant Psychologists completed in Q2 2018. • The development of service model has commenced but requires input from outcomes of pathfinder group.		
3.3.7 Deliver early intervention and psychological support for young people at secondary care level, including CAMHS. **Lead HSE MH**	**(Readiness for Implementation) Available Resources and (Process) Planning:** involves the on-going monitoring of the Child and Adolescent Mental Health Service (CAMHS) waiting list initiative by HSE Mental Health Operations in collaboration with CHOs. **CAMHS have sought to establish a number of teams including:** • A CAMHS community based forensic services team consisting of social worker, psychologist and nurse has been established in Oberstown. A consultant position is being covered by the clinical director. • The development of specialist Eating Disorder CAMHS in line with the Model of Care for Eating Disorders. A Community CAMHS Eating Disorders team is in place operating from the Linn Dara service, and staff are currently being recruited for the Community Eating Disorder Unit. • A Choice and Partnership Approach (CAPA) service model for responding to service provision was introduced in CHO2 on a pilot basis. This is also due to be rolled out in CHO4 once staffing issues have been resolved. This project forms part of the PMO portfolio for which a Project Initiation Document (PID) is available. • A review of the implementation of CAMHS Standard Operating Procedure (SOP) is underway with a view to it being re-published as a 'Best Practice Guidance' document. • 13 Jigsaw projects in mental health services to support the provision of early intervention and psychological services for young people who are experiencing mental health difficulties are in place nationally and new sites opened in Cork, Dublin and Limerick (2016). Evaluation of the service to be published in Q4 2018.	**(Process) Engaging, Formally Appointed Internal Implementation Leaders** with regard to challenges in the recruitment of CAMHS teams.	Jigsaw evaluation to be published in Q4 2018. 8 beds to be provided in the new Children's Hospital for those with eating disorders. The CAMHS (SOP) to be re-published as a 'Best Practice Guidance' document.

Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
4.1.1 Provide a co-ordinated 24/7 service and deliver pathways of care from primary to secondary mental health services. **Lead HSE MH**	**(Process) Planning and Executing:** As a first step towards the establishment of a 24/7 service, a proposed development model has been accepted and progressed re the expansion of a community mental health service for existing service users on a 7/7 basis (7 out of 7 days a week). • 80% rollout to date.	**(Process) Engaging, Formally Appointed Internal Implementation Leaders** are needed to implement the 7/7 service delivery model across the nine Community Healthcare Organisation (CHO) areas.	All relevant appointments to be made across CHO areas to complete national 7/7 service roll out.
4.1.2 Coordinated uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties. **Lead HSE MH**	**(Process) Planning:** A Clinical Lead and Programme Manager were appointed within HSE MH in Q4 2017 to drive the work along with a Dual Diagnosis working group in relation to the development of a Model of Care (MOC). A first draft of the MOC was produced in July 2018.	**(Process) Engaging, Formally Appointed Internal Implementation Leaders** required to, advance this action (Clinical Lead post vacant).	Staff recruitment.
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. **Lead DJE**	**(Inner Setting) Readiness for Implementation:** • 28 new prison nurses appointed. • Full-time General Adult Psychiatry Services continue to be provided in Dublin, Cork and Limerick, in conjunction with HSE.	**(Process) Engaging, Formally Appointed Internal Implementation Leaders** required by the Department of Justice (DJE) for the Prison Service (including Consultant Forensic Psychiatrists to Castlerea Prison & prison doctors and social workers) (Process) Planning in the form of Finalisation of Memorandum of Understanding (MOU) between Irish Prison Service and the HSE National Forensic Mental Health Services not yet completed.	

Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
4.1.4 Deliver a uniformed assessment approach across the health services. **Lead HSE MH** (integrated with Action 5.2.1 within PMO project)	**Process (Planning) and (Inner Setting) Networks & Communications:** A Project Group has been established to progress Actions 4.1.4 and 5.2.1 jointly, which is now in the Project Management Office (PMO). • Carry out an evidenced-based review. • The scope of **Action 4.1.4** has been considered with reference to the development of routine screening in healthcare settings for suicide risk (or HSE Mental Health specific settings). A multi-disciplinary advisory group has been invited to review the scope of the project. To date, the group has met five times and have agreed a project logic model.	**(Inner Setting) Structural Characteristics, Readiness for Implementation, Available Resources and (Process) Engaging, Availability of Formally Appointed Internal Implementation Leaders** are impacting progression on **Actions 4.1.4 and 5.2.1.** **(Inner Setting) Readiness for Implementation of Action 4.1.4** (i.e. health services or mental health services) is leading to on-going delays in action implementation.	Publish the evidence base review conducted as part of **Action 4.1.4.**
4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme. **Lead HSE MH**	**(Inner Setting) Readiness for Implementation, Access to Knowledge and Information, and (Process) Planning, Reflecting & Evaluating, Engaging, Formally Appointed Internal Implementation Leaders have all contributed to progressing work.** The model of care for managing self-harm was developed (2014). • 2015 – 35 Clinical Nurse Specialist (CNS) appointed to 24-hour Emergency Departments (EDs). • 2016 – Data collection from EDs commenced. • 2017 – National Clinical Lead appointed (post now vacant). • A review report on the National Clinical programme was published in October 2017 including examples of good practice to inform the further implementation of the programme. Training is/was delivered based on revised data collection system. https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/hse-review-of-operation-of-programme-2017.pdf • A Standard Operating Procedure document was also published https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/care-systems-for-self-harm-and-suicidal-behaviour.pdf • 2018 – Full implementation of clinical care programme including training for (Non-Consultant Hospital Doctors) NCHDs. • 20 out of 22 EDs delivered clinical programmes throughout 2016-2018.	**(Process) Engaging, Availability of Formally Appointed Internal Implementation Leaders** may impact progress on this action. **(Inner Setting) Readiness for Implementation, Available Resources** to process data reports.	Commence clinical care programme in 3 paediatric hospitals in Dublin. Meeting with working group to progress recommendations of review of national self-harm registry (overlap between national self-harm registry and national clinical care programme data collection systems).

Objective 4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
4.2.1 Deliver accessible, uniform, evidence based psychological interventions, including counselling, for mental health problems at both primary and secondary care levels. **Lead HSE MH & HSE PC**	**(Intervention Characteristics) Evidence Strength & Quality and (Outer Setting) External Policy & Incentives:** Work reported under this action has included the following domains: • Access to Psychological Services Ireland (APSI) has provided a rapid access stepped care service for adults with mild-to-moderate mental health presentations. In 2017, it was reported that this service was fully implemented in Roscommon and Laois/Offaly, but not elsewhere. APSI for Children & Young People (APSI CYP) has yet to be established. **(Process) Planning and Engaging:** A National Youth Mental Health Taskforce was developed which worked towards a national position on aligned services accessible to young people. As such, an online signposting tool has been proposed and testing is being planned. In addition, requirements for an active listening service have been agreed and certain online therapies will be recommended via a revised www.yourmentalhealth.ie. **(Process) Planning:** HSE MH convened a digital strategy planning group in anticipation of Task Force actions to inform a four level Digital Mental Health Project. **(Inner Setting) Readiness for Implementation, Access to Knowledge and Information:** A gap analysis across nine CHO areas was completed to identify the need for Dialectical Behaviour Therapy (DBT) teams in adult and CAMHS services. • A detailed report was finalised including a health economics analysis. **(Process) Reflecting & Evaluating:** HSE MH commissioned an evaluation of Jigsaw; due for completion in Q4 2018. **(Process) Planning and (Intervention Characteristics) Complexity:** A national service improvement project has entered the HSE Mental Health Change Board portfolio, which will involve the development of a Model of Care for adults (18 - 65) accessing talking therapies as part of attending specialist mental health services in the community.	**(Intervention Characteristics) The Complexity** of the rollout of APSI nationwide and the establishment of APSI for Children and Young People. **(Process) Executing** this action effectively requires strategic focus. **(Inner Setting) Structural Characteristics and (Intervention Characteristics) Cost** The Digital Mental Health Project has not yet agreed the best approach to a signposting telephone helpline partly due to the evidence base in relation to changing help seeking behaviours and preferences and also because of anticipated high costs. **(Inner setting) Readiness for Implementation, Available Resources and (Intervention Characteristics) Cost** and further investment in DBT will await review of overall provision of talking therapies.	Evaluation report of the Jigsaw services due Q4 2018.

Objective 4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
4.3.1 Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide **Lead HSE MH** **4.3.2** Commission and evaluate bereavement support services **Lead HSE MH**	**(Inner Setting) Implementation Climate:** The implementation of **Actions 4.3.1 and 4.3.2** has been incorporated into the HSE MH Project Management Office (PMO) structure. A project team and working group have been appointed to progress the implementation of these actions and a logic model (for the work) has been agreed. **(Inner Setting) Readiness for Implementation, Access to Knowledge and Information and (Process) Planning:** Currently work is underway to complete a mapping exercise and progress review of evidence with a focus on published research and on existing policies and guidelines - a first draft of a literature review is anticipated in Q3, 2018. The National Suicide Research Foundation (NSRF) are part of the (Project Management Office) PMO working group for this project and are leading out on the research/evaluation aspect of this work. (Process) Reflecting & Evaluating and (Inner Setting) Readiness for Implementation, Access to Knowledge and Information: • An evaluation of the Mayo Suicide Bereavement Liaison Service was conducted in 2015. http://www.thefamilycentre.com/wp-content/uploads/2016/09/Evaluation-Mayo-Suicide-Bereavement-Liaision-Service-2015.pdf • An updated version of 'You Are Not Alone, Directory of Suicide Bereavement Support Services' was published in Q1 2016. https://www.healthpromotion.ie/hp-files/docs/HSP00494.pdf **(Process) Planning, Engaging, External Change Agents and (Intervention Characteristics) Complexity:** The NOSP commissioned the Irish Hospice Foundation to develop a programme for the delivery of enhanced bereavement support services and communities that are known to mental health services and affected by suicide. The Foundation also developed a National Train the Trainer (T4T) model and delivered a pilot of same. Progress on this work stalled due to issues as listed under **Action 2.3.1.**	**(Intervention Characteristics) Evidence, Strength & Quality** requirements resulted in Pieta House taking responsibility from the former service provider for HSE funded bereavement services in 2016.	First draft of review of mapping exercise of bereavement services and published research on existing policies and guidelines is proposed for Q4 2018.

Goal 5: To ensure safe and high quality services for people vulnerable to suicide

Objective 5.1 Develop & implement national standards & guidelines for statutory & non-statutory organisations contributing to suicide prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
5.1.1 Develop & Implement quality standards for suicide prevention services provided by statutory and non-statutory organisations **Lead HSE NOSP**	**(Process) Planning and Engaging, Formally Appointed Internal Implementation Leaders:** A working group was convened by the National Office for Suicide Prevention (NOSP) in 2015 to develop the Best Practice Guidance (BPG) for Suicide Prevention Services. The group developed and submitted the draft guidance to the NOSP management team for review in 2015, but a number of issues in relation to their implementation, scope, and timing were identified. • In order to progress this work, in 2016, the NOSP commissioned a researcher to align the draft Best Practice Guidance (BPG) for Suicide Prevention Services with Health Information and Quality Authority (HIQA)'s Safer Better Healthcare Standards and the HSE's BPG for Mental Health Services. This draft was due to be received in October 2016 but it was delayed until April 2017. This resulted in a (draft) document consisting of five themes for the BPG being produced. The NOSP management team submitted the project to the HSE Change Board and it was accepted as a Project Management Office (PMO) project in July 2017. • An NGO partner engagement event X 2 (December 2017 and February 2018) was held where stakeholders reviewed and provided feedback on the five themes of the BPG. At the same time, the NOSP Monitoring & Evaluation (M&E team) carried out a survey on the readiness to engage with the BPG for Suicide Prevention Services. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/research-evaluation/findings/best-practice-guidance-for-suicide-prevention-services-survey-sept-2018-.html • Self-assessment training was provided to five learning sites in 2018. Testing of the draft guidance has been completed by five learning sites. A 'capture the learning' event took place where the five learning sites came together to incorporate the learning from the testing and to inform the Best Practice Guidance document.	**(Process) Planning** Early challenges with strategy planning and **(Process), Engaging Formally Appointed Internal Implementation Leaders'** have impacted delivery timeframes of the BPG. **(Inner Setting) Readiness for Implementation, Available Resources** to support the development and implementation of the BPG. **(Inner Setting) Implementation Climate, Compatibility** Potential fear among funded NGO partners that non-compliance with the BPG for Suicide Prevention Services may lead to cuts in funding. **(Inner Setting) Structural Characteristics** with the development of the New Ways of Working in the HSE, with regard to who will be the lead implementer of the BPG beyond 2019. **(Inner Setting) Readiness for Implementation, Available Resources** to implement the BPG amongst funded NGOs needs to be given further consideration as this could impact on ability to implement.	BPG for Suicide Prevention Services for NGO's will be brought to publication by the end of Q4 2018. The online assessment tool, GAIT, will be used to monitor implementation of the BPG for Suicide Prevention Services. Move to initial implementation of BPG with NGO partners. Issuing of Request for Tender (RfT) or evaluation of BPG for Suicide Prevention Services.

Objective 5.1 Develop & implement national standards & guidelines for statutory & non-statutory organisations contributing to suicide prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
5.1.2 Whole school approach to student guidance/counselling within each post primary school **Lead DES**	**(Outer Setting) External Policy & Incentives:** Publication of the Framework for whole school guidance in 2017 which identifies three areas of learning to facilitate students' development in eight areas of competence. https://www.ncge.ie/school-guidance-handbook/ncge-whole-school-guidance-framework The framework is intended to be a resource for schools to support the planning, design and delivery of the whole-school guidance programme in line with the requirements of The Education Act. No other information has been provided to the NOSP through the Progress Reports.		Draft report of external review of careers' advisors in schools to be completed in Q4 2018.
5.1.3 Provide support and resources for the implementation of the Department's curriculum & programmes in the promotion of wellbeing in the school community **Lead DES**	**(Outer Setting) External Policy & Incentives:** Revision of circulars 22 and 23/2010 which are the best practice guidelines to support the implementation of Social Personal and Health Education (SPHE) at primary level. https://circulars.gov.ie/pdf/circular/education/2010/22.pdf https://circulars.gov.ie/pdf/circular/education/2010/23.pdf		
5.1.4 Conduct a statutory consultation process and decide on the feasibility of designating by regulation the profession(s) of counsellor and psychotherapist **Lead DOH**	**(Process) Executing:** The Regulations designating the professions of counsellor and psychotherapy for regulation by CORU, the regulator for health and social care professionals, came into effect on July 2nd 2018.		

Objective 5.1 Develop & implement national standards & guidelines for statutory & non-statutory organisations contributing to suicide prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
5.1.5 Disseminate information on effective suicide prevention responses through the development & promotion of repositories of evidence-based tools, resources, guidelines & protocols. **Lead NOSP**	**(Inner Setting) Networks & Communications:** The National Suicide Research Foundation (NSRF) is contracted by the NOSP to provide a repository of information on suicide and self-harm. • The Connecting for Life (CfL) website was launched in 2017 and contains resources and updates on suicide prevention, which are available at the link below. Also available here is the NOSP quarterly newsletter: https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/ • NOSP presentations at the European Symposium on Suicide & Suicidal Behaviour in Q3 2018 and at the European Society for Prevention Research (EUSPR) in Q4 2018. • The National Adult Literacy Agency (NALA) is under contract by the NOSP to re-write public-facing publications/leaflets on suicide prevention and self-harm to improve quality, update the material, and to ensure consistency. This update will also bring all publications up to Plain English standards (due for publication in Q4 2018).	**(Process) Planning and Executing** may be impacted if an appropriate dissemination strategy is not developed.	An externally contracted technical writer will undertake a review/synthesis of commissioned research and extract the learning for dissemination.

Objective 5.2 Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
5.2.1 Develop and deliver uniform procedure to respond to suicidal behaviour across mental health services. **Lead MH**	**(Process) Planning:** A Project Group was established to progress **Actions 4.1.4 and 5.2.1** jointly and currently lies within the PMO **(see Action 4.1.4).**	**(Inner Setting) Structural Characteristics, Readiness for Implementation, Available Resources and (Process) Availability of Formally Appointed Internal Implementation Leaders** are impacting progressing **Actions 5.2.1 and 4.1.4.** Progress on this action will also be impacted by the current Clinical Lead vacancy in the NOSP.	Commence draft of the evidence gathering report for delivering a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people have self-harmed or are at risk of suicide
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 **Lead TUSLA**	TUSLA has not reported on this action.	**(Process) Engaging:** The Department of Children and Youth Affairs and TUSLA has been challenging. Young people are recognised as a priority group under CfL and so this is a considerable risk to **Action 5.2.2** being achieved.	The Department of Health (DOH) are going to source a TUSLA contact to report on TUSLA actions.
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 mental health service) and develop responsive practice models. **Lead MH**	**(Process) Executing:** The HSE Incident Management Policy Framework was launched in 2018 and training has been delivered to relevant staff in each of the nine CHOs. The Framework sets out the details in relation to the key principles and elements of a responsive and proportionate approach to the management of an incident (i.e. from the prevention of incidents to learning from incidents which have occurred). • Implementation of this framework facilitates meeting HIQA/Mental Health Commission Standards and the action is now moving to monitoring compliance. The Framework is available at the following link: https://www.hse.ie/eng/about/qavd/incident-management/hse-2018-incident-management-framework-guidance-stories.pdf • No implementation update re: framework is being provided in the CfL Quarterly Progress Reports.	**(Inner Setting) Readiness for Implementation, Access to Knowledge and Information and (Process) Reflecting & Evaluating** are preventing the dissemination of feedback and findings from the system.	Monitor compliance with the framework.

Objective 5.3 Reduce and prevent suicidal behaviour in the criminal justice system			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
5.3.1 Through the Death in Custody/ Suicide Prevention Group in each prison, identify lessons learned, oversee the implementation of the corrective action plan, and carry out periodic audits **Lead DJE**	**(Process) Engaging, Champions and (Process) Executing:** Development of a new matrix to analyse antecedents, behaviours, severity, lethality and motivating indicators for self-harm in prisons. • First interim report (Dec 2016 - May 2017) on self-harm in prisons delivered in Q4 2017. • Independent Review and implementation of the recommendations from the Inspector of Prison's Reports into Deaths in Custody (M Rogan report). • Implementation by the Irish Prison Service (IPS) of Self-Harm/Suicide Surveillance and Monitoring System.	**(Inner Setting) Implementation Climate** may impact the consistent reporting from prisons as part of the self-harm suicide surveillance monitoring system.	
5.3.2 Ensure compliance with the relevant policies through regular audit and implementation of audit recommendations **Lead DJE**	(Process) Reflecting & Evaluating: New special observation and night guard policies are in the process of being developed and the Safety Observation Cell policies have been updated and reviewed.	**(Outer Setting) External Policy & Incentives, (Inner Setting) Readiness for Implementation, Available Resources** Support for additional resources is affecting the completion of the policies on Special Observation and Night Guard in prisons.	
5.3.3 Implement the IPS Prisoner Release Policy, to ensure care, treatment and information is provided, including identifying the appropriate mental health services in each area for those leaving prison. This will include appropriate links with the community mental health services **Lead DJE**	**(Process) Executing:** In 2017, the IPS Release Policy was released and is being implemented across prisons. • The IPS published the 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. The policy has been implemented since 2017 and a review and an analysis, is underway. • A medical card pilot project is in place across six prisons Q1-Q3 2018.		Policy and protocols to be approved and implemented in Q4 2018.

Objective 5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
5.4.1 Develop a National Training Plan, building on the NOSP Review of Training **Lead NOSP**	**(Process) Planning:** Following a commissioned training needs analysis in 2014, in 2016 the NOSP contracted a consultant to develop a Training & Education (T & E) Plan in partnership with a Working Group. A draft plan was submitted to the NOSP, but was not brought to publication. Subsequent iterations of the draft were made by the Training Officer (Q3 2016) and the National Lead for Strategy Coordination, Education and Training (Q4 2017). • In 2016 a contract was awarded to a consultant to develop an online suicide prevention awareness training video. The contract was not successfully delivered upon. In 2015/2016, a contract was awarded to a lead bereavement service NGO to develop a bereavement training programme. The training programme was piloted and remains at final draft stage.	**(Process) Engaging, Availability of Formally Appointed Internal Implementation Leaders** including uncovered maternity leave & an unfilled Training Officer post within the NOSP for over a year (between Q1 2017 and Q2 2018) have contributed to delays in progressing the T & E plan. **(Inner Setting) Structural Characteristics** in the form of challenges with the Training for Trainers (T4T) training model. **(Process) Planning** In the absence of the T&E plan, there has been a lack of a strategic direction to delivery of training. **(Inner Setting) Implementation Climate, Relative Priority** at a local and national level is impacting the provision of real-time information on training participants. **(Intervention Characteristics) Evidence Strength & Quality** for STORM training resulted in inconsistent delivery of training, and a lack of clarity re: who should receive the training.	The publication and implementation of the T&E Plan will support a strategic approach to the delivery of suicide prevention training across the country. Scoping out of online training awareness programmes in operation by the National Health Service (NHS) with a view to it being used by the NOSP. It is anticipated that an online training registration system can be put in place which will record participant details. Conduct a survey exploring the enablers and barriers to training delivery by gatekeepers in the community. The survey will provide information to support future work direction in this area. Bereavement Training to be finalised and incorporated into the T & E Plan (for the provision of training to professionals & also for communities in which a suicide death occurs).
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 NOSP**	**(Process) Executing:** Despite the Training and Education Plan not yet being published, the delivery of suicide prevention training to staff in government departments and agencies has commenced. Training in safeTALK and ASIST is being delivered to new Garda recruits in Templemore College on a yearly basis and monitoring and evaluation of these workshops is underway. Similarly, a pilot evaluation of the delivery of safeTALK training to teaching staff has been completed (2017), with further rollout planned for Q4 2018.	**(Inner Setting)Structural Characteristics, (Process) Engaging, Formally Appointed Internal Implementation Leaders** have led to some government departments /agencies not being targeted for the delivery of suicide prevention.	Continued delivery of safeTALK and ASIST training with trainee Gardaí in Templemore college and safeTALK with teaching staff.

Objective 5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
5.4.3 Support professional regulatory bodies to develop and deliver accredited, competency based education on suicide prevention to health professionals **Lead DOH**	**(Process) Engaging:** Little progress has been made on this action. Clarity was sought by the DOH from the Health and Social Care Regulatory Forum (HSRF), with regards to how best to progress this action.	**(Process) Engaging, Opinion Leaders** across different departments are inhibiting support being provided to professional regulatory bodies to develop and deliver accredited suicide prevention training to health professionals.	DOH to contact all regulatory bodies to ask them to consider suicide prevention training to be implemented in Continuing Professional Development (CPD) training and undergraduate training.
5.4.4 Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions Lead Academic Oversights Structures	No progress has been made on this action to date. The Department of Education (DOE) was assigned as the lead on this action by the Chair of the Cross-Sectoral Group in conjunction with the Higher Education Authority (HEA). A meeting with the DOE, HEA and NOSP highlighted the action cannot be the sole responsibility of the HEA as it does not influence curriculum. An agreement was reached to establish a working group of third level representatives in Q4 2018.	**(Inner Setting) Networks & Communications:** There are challenges in developing facilitative partnerships to progress the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions.	
5.4.5 Support the National Clinical Effectiveness Agenda and implement national clinical guidelines in line with NCEC requirements **Lead DOH**	**(Process) Planning:** The National Clinical Effectiveness Centre (NCEC) is in the process of drafting a revised NCEC Guideline Development Manual to include a condition that consideration must be given to mental health, suicide and self-harm reduction, as appropriate, when developing clinical guidelines. The guidelines are to be published in Q3 2018.		NCEC Guideline Development Manual to be published in Q4 2018.

Goal 6: To reduce and restrict access to means of suicidal behaviour

Objective 6.1 To reduce and restrict access to means of suicidal behaviour			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
6.1.1 Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines, SSRIs **Lead DOH**	**(Process) Planning and Executing:** A key milestone set at the start of 2018 centred on the HSE's multi-disciplinary Medicines Management Programme (MMP) drafting and issuing guidance to support GPs in reducing benzodiazepine and 'z' drug prescribing, to be used in conjunction with the individualised prescribing reports that the Primary Care Reimbursement Service (PCRS) issue to GP practices. • This guidance was to be drafted in cognisance of the new Misuse of Drugs Regulations and contains information on the initiation and review of benzodiazepines, highlights the potential dangers associated with long-term use, de-prescribing of benzodiazepines and provides examples of resource materials which may support prescribers and pharmacists to manage the withdrawal of patients from these medicines. • It was proposed that the Department of Health (DOH) would liaise directly with the Health & Social Regulatory Forum with regard to progression of the action.	**(Intervention Characteristics) Complexity** regarding the prescribing of medicines is leading to on-going challenges in progressing work on this action. **(Outer Setting) Patient Needs & Resources and External Policy & Incentives** may impact progress tackling the issue that there is increasing evidence that other drugs (apart from benzodiazepines, more specifically pregabalin and a similar drug, gabapentin. Both of these drugs have been implicated in an increasing number of drug-related deaths across Europe. In Ireland, (pregabalin-related deaths trebled between 2013 and 2015 from 14 to 44. https://www.drugsandalcohol.ie/php/drugnet-ireland.php	The National Office for Suicide Prevention (NOSP) will engage with key partners to establish a system to ensure more effective communication of the most up-to-date trends to relevant partners.
6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sales systems **Lead DOH**	**(Process) Planning and Executing, and Engaging, External Change Agents and (Intervention Characteristics) Evidence Strength & Quality:** The Health Products Regulatory Authority (HPRA) have been progressing this action. Following audits and spot checks in 2017, the HPRA continue to monitor the retail sale of paracetamol products and raise awareness of the reasons for the restrictions with the relevant stakeholders. • Dedicated webpage with information for retailers selling paracetemol is live since Q4 2017. • The Irish Polish Society has agreed to include information relevant to the sale of medicines on its website and draft text has been finalised.		The HPRA will continue to monitor the retail sale of paracetemol products and raise awareness of the reasons for the restrictions with relevant stakeholders.

Objective 6.2 Reduce access to highly lethal methods used in suicidal behaviour			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
6.2.1 Local authorities will be requested to consider, develop, and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations. **Lead LA**	At a national level, no significant progress has been reported on this action. However, at an area-level, Public Health Limerick and NOSP are drafting the toolkit 'Preventing Suicide in Public Places: A Practical Resource'. In addition: **(Process) Planning and Engaging, Champions** • Dr. Casey et al presented on the analysis of incidents of suicidal behaviour (defined as episodes of suicide and attempts) recorded by the Gardaí (PULSE data) in Limerick city & county at a Local Authority (LA) meeting and at the National Cross Sectoral Steering & Implementation Group July 2018 meeting. • The Gardaí have agreed (in principle) to replicate the analysis carried out on Limerick city/county Pulse data across the country on 2019/2020.	**(Process) Planning and Engaging, Champions** A range of stakeholders including the Department of the Environment (DOE) and the Gardaí could be key partners to driving this work. **(Process) Engaging, Formally Appointed Internal Implementation Leaders** are needed within NOSP to prioritise delivering on the toolkit. **(Inner Setting) Structural Characteristics and Readiness for Implementation, Available Resources** within /across LA's to use the toolkit once completed.	Set up a meeting to get formal agreement on the national analysis of public locations frequently used by individuals to engage in suicidal behaviour.
6.2.2 Implement a strategy to improve environmental safety within the HSE mental health services (e.g., ligature audits). **Lead HSE MHMH**	**(Process) Planning and (Inner Setting) Readiness for Implementation, Access to Knowledge and Information:** Work on developing a consistent, standardised process for the definition, identification, assessment and management of ligature anchors in mental health settings was on-going in 2016. In 2018, Mental Health Operations and Quality & Service User Safety (QSUS) determined that the 'Queensland' and 'Manchester' tools are most commonly used across Community Healthcare Organisation (CHO) areas. **(Inner Setting) Readiness for Implementation, Available Resources and (Intervention Characteristics) Complexity and Cost:** A multi-million euro capital programme has been put in place in Approved Centres to improve environmental safety. • Minor capital works funding was made available in 2017 to continue the programme of works aimed at reducing ligature points. **(Process) Reflecting & Evaluating:** Ligature audits will continue as will national analysis of Serious Reportable Events (SREs) to quantify the impact of the ligature free capital projects.		Assess level of compliance with Mental Health Commission regulations on 'premises' (Regulation 22).

Objective 6.2 Reduce access to highly lethal methods used in suicidal behaviour			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
6.2.3 Ensure that access to ligature points in cells is minimised and that this issue is given on-going attention, particularly in the planning of all new prisons. **Lead DJE**	**(Process) Planning and Executing and (Intervention Characteristics) Complexity** On-going consideration to minimising access to ligature points in cells, particularly in the planning of all new prisons (e.g., new female prison in Limerick). This includes some window replacement programmes and replacement of TV stands, which are underway in a number of prisons.	**(Inner Setting) Readiness for Implementation, Available Resources** may impact the requirement to replace windows & other potential ligature points in all prisons.	Continued replacement of windows and other potential ligature points in all prisons.

Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Objective 7.1 Evaluate the effectiveness & cost-effectiveness of Connecting for Life			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.1 Conduct proportionate evaluations of major activities conducted under CfL & disseminate findings & share lessons learned. **Lead NOSP**	**(Process) Planning, Engaging and Executing:** The National Office for Suicide Prevention (NOSP) Monitoring & Evaluation (M&E) Team was set up in 2017 and has focused to date on setting up internal M&E systems. To this end they; • Developed an M&E framework for Connecting for Life (CfL)(this is a dynamic document). • Established an Evaluation (Expert) Advisory Group which has convened four times to date. • Established and maintained a (quarterly) system for monitoring the (top-down) implementation of the National Strategy (by lead agent). To date, five progress reports have been prepared for the National Cross Sectoral Steering & Implementation Group; these Progress Reports are published on the CfL website. • Established and maintained a system of monitoring the short-term outcomes from suicide prevention training. **(Inner Setting) Implementation Climate:** • **Understanding self-harm training;** currently paired data (pre-post training) are available on 595 participants. Data dashboards presenting changes in participants' short-term outcomes (i.e. attitudes and knowledge towards self-harm) are available at a Community Healthcare Organisation (CHO) level. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/research-evaluation/pilot-evauation-of-training-understanding-self-harm-.pdf • **safeTALK;** A pilot of safeTALK training has taken place involving 89 participants. The short-term outcomes of this pilot study showed improvements in participants' confidence, attitudes towards, and understanding of suicide. An additional pilot evaluation of safeTALK has been completed with teaching staff in the Department of Education and Skills (DES), with further evaluations planned for Q4 2018.	**(Inner Setting) Structural characteristics and Implementation Climate** have affected the appetite for, and led to resistance to M&E data. In addition, existing data collection systems are focused on outputs not outcomes. **(Inner Setting) Networks & Communications** are impacting the dissemination of the M&E findings and getting the information in the right hands. **(Inner Setting) Structural characteristics and Readiness for implementation, Access to Knowledge and Information** is impacting the use of information (including data) to inform decision making (by for example, setting targets, reviewing and readjusting work etc.).	To maintain the internal M&E systems. Design and commission an external evaluation programme of work which will include the commissioning of; **i)** An evaluation of the implementation and outcomes of the Best Practice Guidance for Suicide Prevention Services in Q4 2018. **ii)** An evaluation of the implementation and outcomes of the Connecting with People GP training.

Objective 7.1 Evaluate the effectiveness & cost-effectiveness of Connecting for Life			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
	• **ASIST:** A pilot of ASIST has taken place and involved 66 participants. Results of the pilot study revealed short-term improvements in participants' confidence, knowledge and understanding, and attitudes towards suicide and suicide prevention. Currently, an online pilot evaluation study involving the collection of pre and post-training data is underway. • **Gardaí Training:** Since the beginning of 2018, pre - and post - safeTALK and ASIST training data collection has been embedded into the delivery of the training. Data are available on 680 Gardaí trainees. **(Process) Planning and Executing and Reflecting & Evaluating** • Carried out the first annual survey of local CfL planning/steering groups - the Area-Level Implementation of CfL. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/research-evaluation/findings/area-cfl-survey.html • Carried out a survey of HSE implementation structures - data is currently being analysed. • Carried out a survey (facilitated by the Irish College of General Practitioners (ICGP) of 469 GPs across all nine CHO areas in the country to explore a number of areas in relation to patient suicide to inform the development of a clinical suicide prevention training plan. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/research-evaluation/findings/suicide-prevention-gps-survey-dec-2017-.html		

Objective 7.2 Improving access to timely & high quality data on suicide and self-harm			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.2.1 Develop/ build capacity for observation/ information on those at risk or vulnerable to suicide & self -harm. **Lead DJE, DCYA/ TUSLA**	**(Outer Setting) External Policies & Incentives:** The Irish Prison Service (IPS) have developed a Self-Harm/Suicide Surveillance & Monitoring System to provide robust information relating to the incidence and profile of self-harm within prison settings, identify individual- and context-specific risk factors relating to self-harm and examine patterns of repeat self-harm (both non-fatal and fatal). **(Process) Planning, Engaging, Executing and Reflecting & Evaluating:** Relevant outputs include; • The development of a Self-Harm Assessment & Data Analysis (SADA) Manual (2018) by Hume & Kelly in IPS. • In partnership with the National Suicide Research Foundation (NSRF) two interim data analysis reports were produced. • Preliminary findings were presented at the IPS National Suicide and Harm Prevention Steering Group (NSHPSG) meetings in December 2017 and in June 2018. • The Self-Harm in Irish Prisons 2017 – First Report from the Self-Harm Assessment and Data Analysis (SADA) Project was published in October 2018. https://www.irishprisons.ie/wp-content/uploads/documents_pdf/Prison-self-harm-annual-report-2017.pdf	**(Process) Engaging, Champions** are needed from TUSLA and the Department of Children and Youth Affairs (DCYA) to progress their commitments under this action.	On-going implementation of the SADA project.

Objective 7.2 Improving access to timely & high quality data on suicide and self-harm			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.2.2 Collect & report on incidences of suicide thought current & explaining health surveillance systems over the life of CfL. **Lead HSE MH**	**(Inner Setting) Readiness for Implementation, Access to Knowledge and Information and (Process) Planning:** In 2016 the HSE commissioned the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) – University of Manchester – to explore the feasibility of establishing a similar project in Ireland. • The broad aims of the project was twofold; **i)** collect data on mental health patients who die by suicide and are convicted of a homicide offence and **ii)** make recommendations to mental health services to improve patient safety. The contractor undertook the feasibility study and delivered a Development Proposal in June 2016. The HSE decided not to pursue the project through to implementation. **(Process) Planning, Engaging and Executing:** The NOSP commissioned the Health Research Board (HRB) to undertake a study to explore the feasibility of using coronial files to collect data in 2016. Following completion of the Feasibility Study the NOSP entered into a 3-year contract with the HRB to undertake three annual censuses of closed coronial files (for 2016, 2017, and 2018). • A Technical Advisory Group (TAG) was set up by the NOSP to "provide expert advice and guidance … on matters relating to the … coronial study." The group has met three times. • The NOSP subcontracted a post-doctoral data analyst (from the NSRF) to undertake initial analyses for the 2015 data and to produce a data analysis plan for the whole data set. • An exercise to verify and validate the study inclusion criterion will be carried out (by two independent experts). **(Process) Planning and Executing:** • HSE Incident Policy Management Framework launched in Q1 2018. This falls under NIMS which is the principal source of national data on incident and claim activity for the Irish health service. • An incident review screen has been developed as part of a NIMS database in which reviews, including suicide deaths can be recorded.	**(Inner Setting) Readiness for Implementation, Leadership Engagement** relating to buy-in and support for data is impacting progress on collecting and reporting on incidences of suicide, and **(Inner Setting) Structural characteristics and Implementation Climate, Relative Priority** are affecting engagement with data.	To continue with the collection and analysis of coronial data. The NOSP will continue to prioritise this work. Work with Community Healthcare Organisations (CHOs) to ensure reviews are entered on the National Incident Management System (NIMS).

Objective 7.2 Improving access to timely & high quality data on suicide and self-harm			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.2.3 Collect, analyse & disseminate high quality data on suicide & self-harm and ensure adequate understanding of the data amongst those working in suicide prevention. **Lead NOSP**	**(Process) Planning, Engaging, and Reflecting & Evaluating:** In an effort to ensure high quality data on self-harm, the NOSP commissioned a Review of the National Self-Harm Registry Ireland in 2018. A Summary Report by Professor David Gunnell & Jon Hallett, University of Bristol was published on the website. • A Working Group has been established to advance the 23 recommendations in the Review (the group has met once). • The NOSP M&E team analyse suicide data as published by the Central Statistics Office (CSO) twice yearly (provisional data in May and official data in October) and update the NOSP Briefing document on suicide data which is circulated to ROSPs and other key stakeholders working in the suicide prevention sector. Data is also extracted from the Eurostat site in relation to Ireland's suicide rate at a European level and a NOSP Briefing document is prepared in relation to this data. https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-briefing-on-suicide-figures.html • Annual self-harm data is published by the NSRF as well as self-harm profiles for ROSPs working areas and CHO Areas. This enables the Regional Officers for Suicide Prevention (ROSPs) to monitor self-harm trends in their areas on an annual basis. To date, these area level self-harm profiles are produced for 2014, 2015 & 2016.	**(Inner Setting) Readiness for Implementation and (Process) Engaging, Formally Appointed Internal Implementation Leaders** may pose a challenge to implementing recommendations from the review.	The working group will continue to progress the evaluation recommendations.

Objective 7.3 Review (and if necessary revise) current recording procedures for death by suicide			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.3.1 The Justice and Health sectors will engage with the Coroners, An Garda Síochána, NOSP, CSO and research bodies in relation to deaths in custody and recording of deaths by suicide and open verdicts, to further refine the basis of suicide statistics. **Lead DJE**	**(Outer Setting) External Policy & Incentives, and (Process) Planning, Engaging and Executing** The CSO Suicide Mortality Statistics Liaison Group was established (by the NSRF) in 2015; the group meets quarterly. Reps include the CSO, the NOSP, coroners, Gardaí, an NGO, the HSE, the HRB, and the Department of Health. They meet twice a year. Terms of reference of the group include: • To ensure that the statistical system can meet national and regional policy requirements in the domain of suicide mortality statistics. • Examine and make recommendations on all quality aspects of suicide mortality and deaths of undetermined intent statistics. • Ensure that the classification of suicide deaths in Ireland is consistent with international evidence informed guidelines and best practice. The CSO has produced a Suicide – Information Note (2018) on its website www.cso.ie NOSP is engaging with coroners (via the Technical Advisory Group) and the findings from the HRB coronial study **(Action 7.2.2)** will also deliver on this action. The development of the IPS's Self-Harm/Suicide Surveillance & Monitoring System will help advance this action.	**(Inner Setting) Structural Characteristics and Readiness for Implementation, Leadership Engagement** are impacting commitment, buy-in and support for the census of closed coroners' files. **(Inner Setting) Structural Characteristics** are affecting engagement with data. **(Outer Setting) External Policy & Incentives** limits the ability of the CSO Suicide Mortality Statistics Liaison Group to conduct work under CfL.	The finding from the coronial census survey will help inform these actions, as it will provide an insight into coroners' verdicts, and the construction of suicide statistics (including the extent to which open verdicts are given).

Objective 7.4 Develop national research & evaluation plan that supports innovation & is aimed at early identification of suicide risk assessment, intervention & prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.4.1 Support research on risk & protective factors for suicidal behaviour in groups with increased risk ('priority groups') of suicide behaviour. **Lead NOSP**	**(Inner Setting) Readiness for Implementation, Access to Knowledge and Information and (Process) Reflecting & Evaluating** Commissioned research on risk & protective factors • Reaching out in college: Help-seeking at third-level in Ireland (ReachOut, 2016). • Building on our strengths – how do we strengthen and support individual and community resilience (2016). • ". . . If You're Not Part of the Institution You Fall by the Wayside": Service Providers' Perspectives on Moving Young Men From Disconnection and Isolation to Connection and Belonging" (WIT, 2017). • LGBT Ireland Report (TCD). • A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service (NSRF, 2016). • Middle-aged men and Suicide in Ireland (March 2018)	**(Inner Setting) Structural Characteristics** have previously led to no centralised or systematic approach to commissioned evaluations under CfL.	The NOSP M&E Team in conjunction with M&E partners will advance **Action 7.4.2** with a view to setting up a network to support the research community in advancing our understanding and knowledge of suicidal behaviour and effective interventions.
7.4.2 Support the co-ordination and streamlining of research completed by third-level institutions. **Lead HEA**	**(Process) Planning:** A meeting was held between the NOSP and HEA with a view to convening a working group.	**(Process) Engaging, Formally Appointed Internal Implementation Leaders** were unavailable at times to progress work on this action.	Working group will meet in Q4 2018.

Objective 7.4 Develop national research & evaluation plan that supports innovation & is aimed at early identification of suicide risk assessment, intervention & prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.4.3 Develop working partnerships with centres of expertise to support evaluation and research, knowledge transfer and implementation support between researchers, policy makers and service providers. **Lead NOSP**	**(Process) Planning, Engaging & Executing:** Working partnerships have been established with: • The HRB, UCD, DCU, TCD, NSRF, UL, University of Edinburgh (Professor Steve Platt), CES (Centre for Effective Services) and the CSO. CfL's evaluation advisory group brings together a range of experts to advise on the M&E programme of work. • This includes the undertaking of a mid-term strategy review in partnership with the Evaluation Advisory Group (EAG) and NOSP.	**(Inner Setting) Maintaining Networks & Communications** channels over the course of the strategy. **(Process) Engaging,** the commitment of **Champions** to the work,	Finalising CfL mid-term strategy review.

Objective 7.4 Develop national research & evaluation plan that supports innovation & is aimed at early identification of suicide risk assessment, intervention & prevention			
Actions	**Progress to date**	**Challenges/Risks**	**Future plans**
7.4.4 Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups. **Lead NOSP**	**(Inner Setting) Readiness for Implementation, Access to Knowledge and Information and (Process) Reflecting & Evaluating** Commissioned Evaluations of Innovation: • Evaluation of the HOPE Social Prescribing Project (NSRF, 2015). • 'Opening Gates, Breaking Stigmas' An Evaluation of the GAA Healthy Club Project (Phase 1) Centre for Health Behaviour Research (WIT, 2016). • Responding to the Suicide Bereaved: The Mayo Model (DCU, 2016). • Donegal Social Prescribing for Health & Wellbeing: Evaluation Report (NSRF, 2016). • Mojo Kildare Evaluation (Keenaghan Collaborative, 2016). • Samaritans Caller Behaviour Research (2016). • Promoting Our Wellness and Recovery (POWER) Peer Prisoner Mentoring Evaluation Study (2017). • Responding to Self-Harm: An evaluation of the self-harm intervention programme (SHIP) – Quality Matters (2017). • The NOSP M&E team hosted a 'Show and Tell' event in August 2018 where NGO partners presented on innovative suicide prevention initiatives currently taking place/plan to take place. This will inform a two year evaluation programme of work.	**(Inner Setting) Structural Characteristics** have previously led to no centralised or systematic approach to commissioned evaluations under CfL. **(Inner Setting) Networks & Communications, and (Process) Engaging Issues** have led to variations in the guidance provided to the researchers/ evaluator, which is reflected in the quality, focus and appropriateness of the research (reports).	The NOSP M&E team are developing a systematic evaluation programme of work (focused on innovation) for the next two years informed by engagement with NGOs. Researcher/technical writer contracted to review CfL research/ evaluation reports, write briefing notes and/or research highlights to synthesise reports by research partners to support the communication and dissemination of the research.

Consolidated Framework for Implementation Research (CFIR)

Table 1. CFIR Constructs with Short Definitions*

Intervention Characteristics	
a. Evidence Strength & Quality	Stakeholders' perceptions of the quality and validity of evidence supporting the belief that the intervention will have the desired outcomes.
b. Adaptability	The degree to which an intervention can be adapted, tailored, refined, or reinvented to meet local needs.
c. Complexity	Perceived difficulty of implementation, reflected by duration, scope, radicalness, disruptiveness, centrality, and intricacy and number of steps required to implement.
d. Cost	Costs of the intervention and costs associated with implementing that intervention including investment, supply, and opportunity costs.

Outer Setting	
a. Patient Needs & Resources	The extent to which patient needs, as well as barriers and facilitators to meet those needs are accurately known and prioritised by the organisation.
b. External Policy & Incentives	A broad construct that includes external strategies to spread interventions including policy and regulations (governmental or other central entity), external mandates, recommendations and guidelines, pay-for-performance, collaboratives, and public or benchmark reporting.

Inner Setting		
a. Structural Characteristics		The social architecture, age, maturity, and size of an organisation.
b. Networks & Communications		The nature and quality of webs of social networks and the nature and quality of formal and informal communications within an organisation.
c. Implementation Climate		The absorptive capacity for change, shared receptivity of involved individuals to an intervention and the extent to which use of that intervention will be rewarded, supported, and expected within their organisation.
	c.1 Tension for Change	The degree to which stakeholders perceive the current situation as intolerable or needing change.
	c.2 Compatibility	The degree of tangible fit between meaning and values attached to the intervention by involved individuals, how those align with individuals' own norms, values, and perceived risks and needs, and how the intervention fits with existing workflows and systems.
	c.3 Relative Priority	Individuals' shared perception of the importance of the implementation within the organisation.
	c.4 Organisational Incentives/ rewards	Extrinsic incentives such as goal-sharing awards, performance reviews, promotions, and raises in salary and less tangible incentives such as increased stature or respect.
	c.5 Goals and Feedback	The degree to which goals are clearly communicated, acted upon, and fed back to staff and alignment of that feedback with goals.
	c.6 Learning Climate	A climate in which: a) leaders express their own fallibility and need for team members' assistance and input; b) team members feel that they are essential, valued, and knowledgeable partners in the change process; c) individuals feel psychologically safe to try new methods; and d) there is sufficient time and space for reflective thinking and evaluation.
d. Readiness for Implementation		Tangible and immediate indicators of organisational commitment to its decision to implement an intervention.
	d.1 Leadership Engagement	Commitment, involvement, and accountability of leaders and managers with the implementation.
	d.2 Available Resources	The level of resources dedicated for implementation and on-going operations including money, training, and education, physical space, and time.
	d.3 Access to knowledge & information	Ease of access to digestible information and knowledge about the intervention and how to incorporate it into work tasks.

Process		
a. Planning		The degree to which a scheme or method of behaviour and tasks for implementing an intervention are developed in advance and the quality of those schemes or methods.
b. Engaging		Attracting and involving appropriate individuals in the implementation and use of the intervention through a combined strategy of social marketing, education, role modelling, training, and other similar activities.
	b.1 Opinion Leaders	Individuals in an organisation who have formal or informal influence on the attitudes and beliefs of their colleagues with respect to implementing the intervention.
	b.2 Formally appointed internal implementation leaders	Individuals from within the organisation who have been formally appointed with responsibility for implementing an intervention as coordinator, project manager, team leader, or other similar role.
	b.3 Champions	"Individuals who dedicate themselves to supporting, marketing, and 'driving through' an [implementation]" (p. 182), overcoming indifference or resistance that the intervention may provoke in an organisation.
	b.4 External Change Agents	Individuals who are affiliated with an outside entity who formally influence or facilitate intervention decisions in a desirable direction.
c. Executing		Carrying out or accomplishing the implementation according to plan.
d. Reflecting & Evaluating		Quantitative and qualitative feedback about the progress and quality of implementation accompanied with regular personal and team debriefing about progress and experience.

* Damschroder LJ, Aron DC, Keith RE, Kirsh SR, Alexander JA, Lowery JC: (2009) Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. Implementation Science 4(50)

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