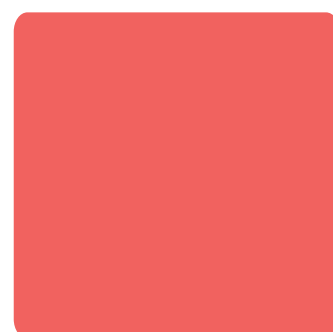
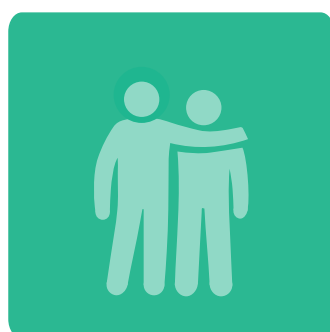




Connecting for Life

Connecting for Life Implementation Plan 2023-2024

July 2023



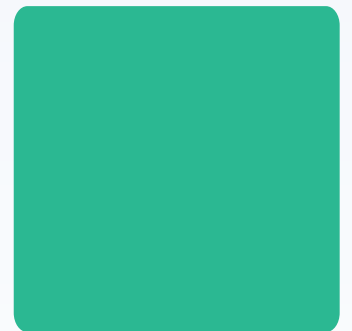
Rialtas na hÉireann
Government of Ireland

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Section 1

Background



Section 1: Background

Ireland's national suicide prevention strategy, *Connecting for Life* (CfL), was launched in June 2015 and the [Implementation Plan for 2017–2020](#) was published in late 2017.

In December 2019 the Department of Health supported an extension of CfL for a further five years, with official confirmation being sought from Government later this year. In preparation for this, the HSE National Office for Suicide Prevention (HSE NOSP) was asked to lead the development of an [implementation plan for 2020–2022](#), inclusive.

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

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

Interim Strategy Review of Connecting for Life 2015–2020

In 2018, the HSE NOSP invited the CfL Evaluation Advisory Group (EAG) to undertake a review of the national implementation of the CfL strategy to date. One of the specific aims of the [review](#) was to identify longer-term strategic goals for CfL, beyond 2020, to assist ongoing implementation of a whole of government approach to suicide prevention in Ireland. The EAG concluded that the strategic vision of CfL and the seven strategic goals of CfL will remain relevant beyond 2020 and that a more concentrated, intensive and consistent implementation of the strategy beyond 2020 is required.

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

However, some areas were highlighted as having limited progress made, including:

- the need for more co-ordinated delivery of suicide prevention training;
- strategic planning around priority or vulnerable groups;
- restricting access to means of suicide in public places; and
- evaluating the cost-effectiveness of the strategy.

While the first cycle of CfL illustrated an effective example of whole of government working (with 23 government departments working together with other statutory and non-statutory implementation partners), it is currently a case of much achieved, more to do.



Data on Suicide in Ireland

In Ireland, the decision as to whether someone has died by suicide is a legal determination made by Coroners, not a medical decision by doctors or the HSE and there is a time delay in the availability of data.

Following the Coronal investigation, inquest and registration processes, the Central Statistics Office (CSO) publishes national mortality data, including data on deaths by suicide. All CSO data on suicide deaths is publicly available on their website www.cso.ie.

Annual data from the CSO is delivered in three stages:

- Provided firstly by year of registration – “provisional”
- Revised later, by year of occurrence – “official”
- Revised later again, to include “late registrations”.

Data on Self Harm in Ireland

The main source of Irish self-harm data is the [National Self-Harm Registry Ireland](#) (NSHRI). The NSHRI is operated by the National Suicide Research Foundation (NSRF) and funded by the HSE NOSP. It is the world's first national registry of cases of intentional self-harm presenting to hospital emergency departments.


The Registry fulfils a major objective in providing timely data on trends and high-risk groups for self-harm in Ireland. It is currently based on data collected from all 33 hospital Emergency Departments including three paediatric hospitals and three local injury units, and information is published annually.

The NSHRI Annual Reports are publicly available on the [NSRF website](#). A series of interim reports, data briefings and CHO-level reports are also available.

CfL Priority Groups

Connecting for Life takes a two-tier approach to suicide prevention, with actions focussed on both universal activity and targeted activity. The targeted activity is realised through actions for over 20 ‘priority groups’ for suicide prevention, and risk factors that make people more vulnerable to suicide. A mapping exercise conducted in 2022 (which looked at evidence of HSE NOSP activity for each of the groups) confirmed that actions for these ‘priority groups’ are being implemented across the main areas of HSE NOSP programme work such as NGO sector funding, research and evaluation, training and campaigns as well as through partnership working.

The [interim review](#) of the strategy in 2019 recommended: “The immediate development of a strategic plan to inform Connecting for Life activity intended to prevent suicidal behaviour among priority groups”.



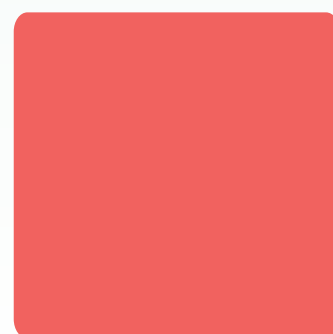
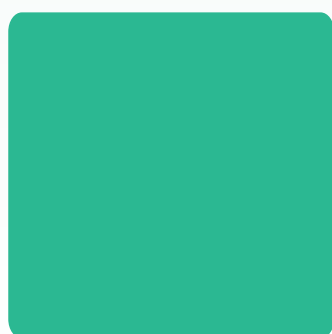
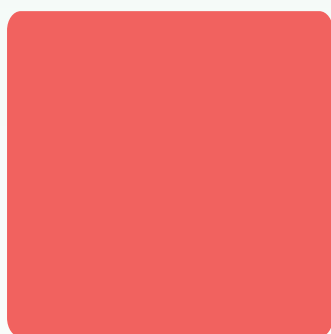
The focus within the HSE NOSP has been on establishing the evidence base to inform the development of this strategic approach, primarily through:

- The recently published report from the [Irish Probable Suicide Deaths Study \(IPSDS\)](#), which has provided further detail on vulnerable populations and risk factors.
- The 2020 [HSE NOSP grant scheme](#) for collaborative research projects on priority groups in Ireland, which aimed to further understanding of the groups that are at increased risk for self-harm and suicide.

In September 2022, the HSE NOSP determined that there was a need for a stronger, evidence-based approach to priority groups and to focus on the 'causes of the causes' by looking at the social determinants of health. The team also identified the need to be responsive to new emergent social determinant information (such as the cost of living challenge).

Section 2

Policy Context





Section 2: Policy Context

There are a number of other national policies (and some legislation) that are relevant to suicide prevention, mental health and well-being. There are also other strategies that focus on specific CfL priority groups (for example Travellers, people who use drugs/alcohol, or people who are homeless). This is important from an implementation perspective as it highlights a diverse range of policy instruments that can reinforce the objectives of CfL as it enters the next phase. The major initiatives since the strategy was launched in 2015 and their relevance to suicide prevention are set out in the table in the Appendix 1.

Sharing the Vision – A Mental Health Policy for Everyone

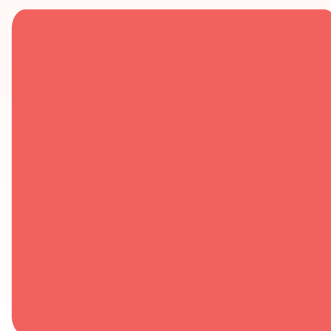
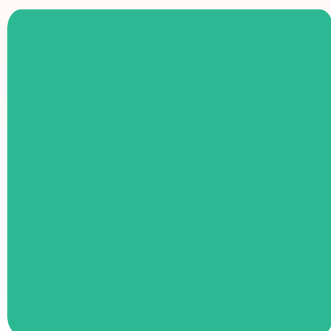
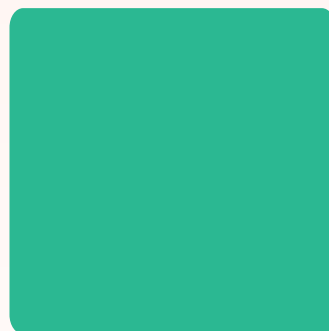
Launched in June 2020, 'Sharing the Vision – A Mental Health Policy for Everyone' is the successor to 'A Vision for Change' that was launched in 2006. Sharing the Vision focuses on developing a broad based, whole system mental health policy for the whole of the population. The vision of the policy is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

This policy supports continued implementation of *Connecting for Life* and specifically states that the Department of Health will extend the timeframe and funding for CfL to 2024.

Specific actions that overlap with CfL (and, in particular, this implementation plan) can be seen in the areas of: stigma reduction; mental health promotion; whole school wellbeing promotion; improved pathways of care; social prescribing; enhanced access to talk therapies, dual diagnosis; enhancement of the National Clinical Care Programme for the Assessment and Management of Patients Presenting to emergency departments following self-harm; the priority groups of homeless people, those in direct provision, travellers and prisoners; and better suicide data. Specific actions are set out in the table in Appendix 1.

Section 3

Development of the new implementation plan





Section 3: Development of the new implementation plans 2020–2022 and 2023–2024

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

In December 2019 the Department of Health presented this recommendation to the Senior Officials Group, who indicated their support for the extension of the strategy. The Department of Health then asked the HSE National Office for Suicide Prevention to lead the development of an [implementation plan for 2020–2022](#) and another for 2023–2024.

The HSE NOSP began a process of consultation with key stakeholders which included: an online survey to gather feedback on any emerging areas of focus for the new implementation plan and updated monitoring and reporting system; and planning meetings with each lead agency. A logic model process was used during the planning meetings to identify inputs, milestones and outputs for each action.

In late 2022, milestones were reviewed and updated for 2023 and 2024. The 2023 and 2024 milestones are reflected in section 7 of this plan.

Section 4

Implementation Structures



Section 4: Implementation Structures

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

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

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

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



Figure 3. Connecting for Life Implementation Structure



Cabinet Committee on Social Policy and Public Services

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

National Cross Sectoral Steering and Implementation Group

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

HSE Cross Divisional Implementation Group

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

HSE National Office for Suicide Prevention

The HSE NOSP holds two distinct functions under CfL. It is a lead agency and support partner in the delivery of CfL actions. As a driver of implementation, HSE NOSP's role is to support, inform, coordinate and monitor the implementation of CfL.

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

Local Implementation Structures

Under Action 2.1.1 of CfL, local structures have been developed to support the implementation of 10 local suicide prevention action plans. Membership and support for each local structure includes senior and middle management from service delivery agencies including statutory and NGO, HSE senior and middle management from key service delivery agencies, service user representatives, family/carer representatives and families bereaved through suicide. Local implementation groups are chaired by senior HSE management.



HSE Resource Officers for Suicide Prevention

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

National working groups

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

Role of the NGO sector

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

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

Goal 1

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

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

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

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

Goal 2

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

NGO partners support the HSE NOSP training programmes (Action 2.3.2).

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

Goal 3

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

Goal 4

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

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



Goal 5

To ensure safe and high quality services for people vulnerable to suicide the HSE NOSP coordinates the Service Level Agreement (SLA) and Quality Assurance process including monitoring and ongoing relationship management with 22 non-governmental organisations funded to provide services that support the implementation of CfL.

Goal 6

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

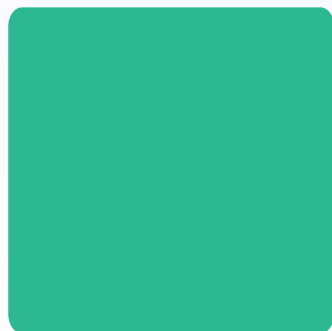
Goal 7

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

HSE NOSP funded agencies in 2023: Pieta, BeLonG To, LGBT Ireland, TENI, Exchange House, First Fortnight, Dublin Simon, Shine, FRC, GAA, MHFI, ISPCC Childline, Turn2Me, SpunOut, NSRF, USI, Samaritans, Aware, Suicide or Survive, MyMind, ICGP and HUGG.

Section 5

Monitoring and Evaluation





Section 5: Monitoring and Evaluation

Throughout the first phase of implementation of CfL there has been a steadfast commitment to ongoing monitoring and evaluation of the strategy, with an overall strategy evaluation planned for 2024.

Quarterly monitoring and reporting system

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

As part of the quarterly reporting process, an update is requested on each action milestone as to whether the milestone is On Track, Needs Attention or Off Track to being achieved in the year. Lead agents are also requested to highlight any 'Issues Arising' that may be hindering the implementation of CfL actions that are brought to the attention of members of the CfL National Cross Sectoral Steering and Implementation Group for discussion and resolution. All reports are published on the [Connecting for Life website](#).

A similar reporting process is also in place to capture funded NGO activity that aligns to CfL actions. Quarterly NGO activity reports are also published on the [Connecting for Life website](#).

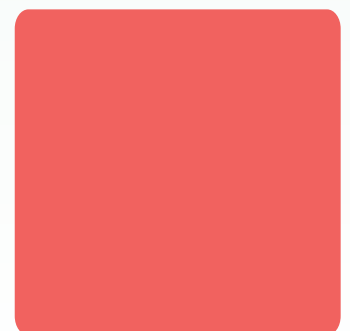
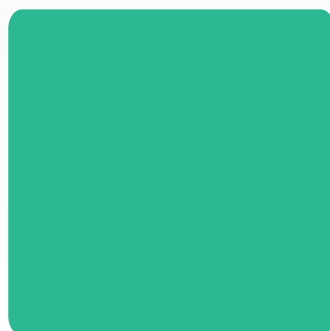
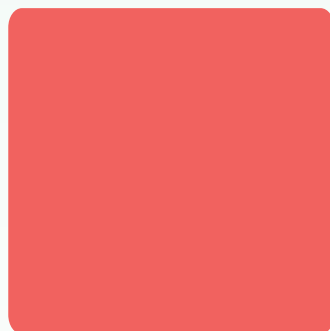
Evaluating the implementation of CfL

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

HSE NOSP will also continue to commission independent primary and secondary research to help inform work at both local and national level. A synthesis of all research commissioned by HSE NOSP from 2015–2020 has also been published (see [here](#)).

Section 6

Communications Plan





Section 6: Communications Plan

The key to developing an understanding of CfL at different levels, is effective communication of the strategy, its purpose and implementation progress. This will help inform and support people, communities, teams and services who work to deliver on specific actions.

While significant communications work has already taken place during CfL, an ongoing and responsive communications approach is required. This will ensure understanding and awareness of key developments and messages for existing and newer audiences, during this implementation period.

Audiences

Primary audiences include:

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

Secondary audiences include:

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

The responsibility to communicate effectively about CfL is with:

1. The HSE National Office for Suicide Prevention

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

2. Connecting for Life Cross Sectoral Implementation and Steering Group

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



Objectives

The main communications objectives associated with CfL are to:

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

Channels

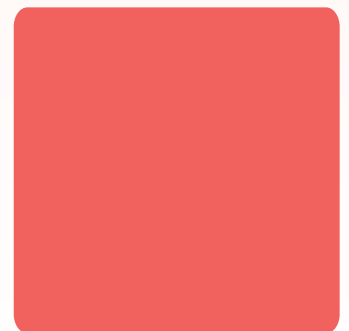
Due to the number of different teams working to implement CfL, clear communication channels are essential so as to ensure each team is purposefully linked and that there are constant feedback loops and improvement cycles. Communications channels have been established or utilised to support this, and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

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

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

Section 7

Action Plan



Section 7: Action Plan

Role of lead and supporting agencies

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

The role of each lead agency includes:

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

Changes to CfL partners

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

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

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

| Newly formed Department (June 2020) | CfL Impact |
|---|---|
| Department of Media, Tourism, Arts, Culture, Sport and the Gaeltacht | The Broadcasting and Media Division moved from DCCAE to the this department which impacts on actions under 1.4. In 2023 The staff and responsibilities of the Broadcasting Authority of Ireland were transferred to Coimisiún na Meán. Now responsible for physical activity/sports actions 1.1.5, 3.1.1 and 5.4.2. |
| Department of Further and Higher Education, Research, innovation and Science | Now responsible for Higher Education Authority actions previously covered by the Department of Education (3.3.3 and 7.4.2). These are still managed via the Higher Education Authority. |
| The equality function of the Department of Justice will transfer to the Department of Children. | This will impact action 3.1.1 in relation to the areas of 'Direct Provision' and 'Equality / Diversity / Inclusion' policy |



Changes to CfL actions

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

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

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

- **Action 5.2.3:** Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE Mental Health Services (and those known to the mental health service) and develop responsive practice modes. Lead: HSE MH.

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

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

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

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

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

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

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



Key Achievements by 2024

Goal 1

- Key deliverables across the 27 actions of the Stronger Together Mental Health Promotion Plan are advanced.
- A sustainable mental health information campaign incorporating online resources, printed materials and regular community engagement. Integration of a full range of online mental health supports with HSE online platforms, including partner organisations supports.
- Greater use of social, community and primary care supports for mental health needs.
- A measured reduction in harm associated with drug use in the night-time economy.
- The publication of the new NPAP to chart the direction of policy on physical activity for the coming years.
- Measurable improved levels of mental health literacy amongst priority groups in CfL that can be identified within national survey.
- A series of reports/journal articles on exposure to suicide bereavement and suicide attempts in the general population and in sub-population groups.
- An improved suite of cohesive stigma reduction campaigns and offers across funded partners and the HSE.
- Roundtable on media reporting is well established and has a clear programme of work, remit and agenda.

Goal 2

- Suicide prevention structures embedded and functioning as business as usual in local areas with clear and regular communications channels in place to ensure flow of information and capture learning. Consistent implementation of related policy (e.g., Sharing the Vision) to avoid duplication and maximise use of available resources.
- A range of evidence based mental health promotion interventions across community, health and education setting
- A range of community based resources are published.
- Guidance on suicide prevention in the workplace published (in line with HSE Mental Health Promotion Plan) and rolled out with training.
- Suite of standardised training programmes for the general public, community care givers, professionals and volunteers provided at a national and Community Healthcare Organisation level are developed.
- Suicide prevention, education and training programmes focused on supporting the practice of frontline health and social care professionals provided.
- Consistent and standardised approach to the provision of education and training provided through the implementation of the National Education and Training Plan, Quality Assurance Framework.
- Effectiveness and cost-effectiveness of suicide prevention education and training monitored and evaluated.

Goal 3

- Increased awareness of suicidal prevention and support throughout the Department of Social Protection by ensuring access for all staff who wish to avail of safeTALK.
- Provision of appropriate training to healthcare staff on awareness raising, suicide prevention and therapeutic interventions.
- Improved access to mental health services for the homeless population.
- Delivery of range of evidence based mental health promotion interventions with priority groups.
- The provision of SAOR training and the provision of brief interventions, including Health Diversion, if legislation is progressed.
- Incorporation of suicide awareness and prevention strategies amongst members of the Defence Forces.
- Inspection model in schools.
- Schools undertaking reviews of wellbeing promotion.
- Increase in the number of student support teams in place in post primary schools.
- Majority of schools will have undertaken CI training.
- Pilot in place for Student Support Teams in primary schools.
- Post Primary schools providing quality Junior Cycle Wellbeing Programmes.
- Provision of psychological care for young people around substance use issues.
- Improved access to early intervention and psychological support services for young people at secondary care level achieved through the further enhancement of CAMHS services, Community Mental Health Team capacity and on-going escalation in capacity at other levels of support, e.g., in primary care, through Jigsaw and online.
- Access to uniform and quality assured mental health services in a range of settings on a 24/7 basis.
- More timely data on suspected suicides is available and used to support Community Response Planning.
- Bereaved families are offered timely support, as appropriate.
- A series of briefing papers from the HSE NOSP Collaborative Research Grant Scheme is published.
- A series of short reports and papers from the IPSDS on groups vulnerable to suicide is published in line with the IPSDS workplan.

Goal 4

- A uniform and consistent approach to suicide and self-harm awareness, assessment and response across the HSE leading to a reduction in rates of suicide and self-harm.
- A reduction in the national rate of hospital presented self-harm, a reduction in repeat self-harm behaviour presenting to hospital and an increase to 90%+ in the percentage of people receiving a bio psychosocial assessment and follow-up after presenting to hospital following self-harm.
- An improved experience of bereavement in the aftermath of a death by suicide in as far as that's possible to achieve.
- Suicide prevention curriculum developed for relevant Health and Social Care courses across HEI's in line with scoping report and recommendations. Key professions and structures identified to implement suicide prevention curriculum.
- Wellbeing Module for the Veterinary Degree Course, UCD. Year 1, Academic Year 2023–2024 developed.
- High quality, evidence informed services are available for everyone impacted by a death by suicide.
- Safe and high-quality services are available for people vulnerable to suicide, funded by HSE NOSP. There is evidence of collaborative working among these organisations
- An improved web presence for HSE NOSP and CfL., including better access to suicide prevention materials

Goal 5

- A reduction in rates of suicide amongst mental health service users and a consistent approach to incident review yielding usable and practical information.
- A uniform and consistent approach to suicide and self-harm awareness, assessment and response in mental health services leading to a reduction in rates of suicide amongst mental health service users and a consistent approach to incident review yielding usable and practical information.
- Improved data from the Incident management Framework to identify trends and inform service improvement

Goal 6

- A series of documents/reports/presentations/briefing aimed at improving our understanding of the prescribing practices influenced to reduce prescribing of relevant medicines and pathways established to facilitate ongoing monitoring of guidance around prescribing practices.
- An overview of the DUMP campaign actions for 2024 and plans for 2025.
- A shared, common national approach to environmental risk relevant to suicidal behaviour and safer environments as indicated by compliance with Mental Health Regulation 22.



Goal 7

- Better quality data on suicide mortality across the entire population, informing improved public health approaches to suicide prevention.
- Increased C-SSHRI membership, all island collaborations and training opportunities for Early Career Researchers.
- Report on overall evaluation of CfL with recommendations.
- Report on evaluation of Suicide Observatory.
- A suite of research materials (including research reports, bulletins, briefings, presentations, articles) which will represent a significant contribution to the national and international knowledge base on suicide prevention and a large body of evidence that will inform the on-going implementation of CfL, both nationally and locally.
- A series of reports, presentations and briefings on findings from the IPSDS which are aimed at improving our understanding of the characteristics of those who died by probable suicide in Ireland.
- The establishment of feedback loops to ensure that the data are used to inform the implementation of the national strategy and area-level CfL suicide prevention action plans, intervention and postvention strategies.
- A recommended tool for assessing good practice in innovation in suicide prevention.
- Documents/reports outlining innovation in suicide prevention.



Goal 1

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

Lead: HSE NOSP

Partners: DOH

Purpose (why are we doing this?)

A module on suicide experience has been included in the Healthy Ireland surveys in 2021 and 2022, and will be included again as a module in 2023. The questions on exposure to suicide bereavement and suicide attempt are completed as an online optional module after respondents have completed the main survey questions. The inclusion of these questions in the Healthy Ireland (HI) survey will help us to understand current levels of suicide bereavement in Ireland and the impact that this has on an individual. In addition, we will obtain baseline measures of suicide attempts in the general Irish population. As a result, we may be able to monitor any changes in reported suicide attempts over time, and to explore the factors that are associated with suicide attempts in Ireland e.g., alcohol use, age, gender, employment status and health difficulties. We may also be able to explore the impact of suicide bereavement on individuals and any correlations between bereavement and suicide attempts, and the risk (e.g., alcohol use) and protective factors (e.g., being married and having children) for suicide prevention.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

- Support from the DoH to allow access to HI data for additional analysis.
- Collaboration with colleagues in the National Suicide Research Foundation (NSRF) in terms of the analysis of the HI data and report preparation.

Milestone 2023

Q1

- Apply for Healthy Ireland (HI) data for 2021 and 2022 through the DoH.

Q2

- Conduct exploratory analysis of HI data on suicide experience module across other domains e.g., age, gender, and health (Q2 2023).

Q3 and Q4

- Prepare written report of findings from analysis of HI data.

Milestone 2024

Q1

- Apply for Healthy Ireland data for 2023 through the DoH.

Q2

- Prepare written report on understanding of suicidal behaviour.

Q3

- Update analysis of HI data on suicide experience modules across the factors associated with suicide attempts and suicide bereavement.

Q4

- Prepare written report of findings from analysis of HI data.

Outputs by end of 2024 What are the products of these milestones?

A series of reports/journal articles on exposure to suicide bereavement and suicide attempts in the general population and in sub-population groups.



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

Lead: HSE H&W

Purpose (why are we doing this?)

Mental health promotion is an essential part of overall mental health with its focus on promoting the mental health and wellbeing of the general population. The Stronger Together Mental Health Promotion Plan enables us to adopt a coordinated approach to planning and implementing mental health promotion across the population from infancy through to adulthood. The 27 actions in the plan considers the needs of specific population group including children, young people, the working age population, older people and other priority groups.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Collaboration with lead and supporting partners across the plan.

Milestone 2023

Q1

- Agree and finalise 2023 milestones with lead and supporting partners and schedule for delivery of milestones.
- Devise reporting template.

Q2

- Meet with lead partners to support implementation of milestones.
- Report on progress.
- Host steering group meeting

Q3–Q4

- Meet with lead partners to support implementation of milestones.
- Report on progress.
- Host steering group meeting.
- Draft milestones for 2024 with lead and supporting partners

Milestone 2024

Q1

- Agree and finalise 2024 milestones with lead and supporting partners and schedule for delivery of milestones.
- Host steering group meeting

Q2

- Meet with lead partners to support implementation of milestones.
- Report on progress.
- Host steering group meeting.

Q3–Q4

- Meet with lead partners to support implementation of milestones.
- Report on progress.
- Host steering group meeting.
- Draft milestones for 2025 with lead and supporting partners.

Outputs by end of 2024 What are the products of these milestones?

Advancing key deliverables across the 27 actions of the Stronger Together Mental Health Promotion Plan.



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

Lead: DoH

Purpose (why are we doing this?)

The vision of Healthy Ireland is to ensure that “everyone can enjoy physical and mental health and wellbeing to their full potential”.

Resilience is the ability to adapt to challenging circumstances. Many of us face challenging circumstances every day and over this past year, we as a nation, have seen our resilience tested like never before. Looking after our wellbeing, both physical and mental, is key to building resilience.

The Healthy Ireland Strategic Action Plan 2021-2025 and Sláintecare Strategic Action Plan 2021-2023 sets out the roadmap for improving and supporting the health and wellbeing of the people of Ireland and the development of a National Mental Health Promotion Plan is one of the priorities for 2022. It is also identified as a priority in Sharing a Vision (2020). Under the “Minding your Mood” pillar in the Healthy Ireland Strategic Action Plan, the development of a coordinated approach to mental health promotion was identified as a priority focus.

More recently, the impact of Covid 19 on mental health and wellbeing has brought a sense of urgency to deliver on this action.

The HSE recently launched the Mental Health Promotion Plan – Stronger Together (2022) which highlights their commitment to integrating the promotion of positive mental health and wellbeing across the health services and with their external partners.

The Healthy Ireland Outcomes Framework sets out four high level outcomes which reflect the broad determinants of health and wellbeing across the life course. The Strategic Action Plan for the Healthy Ireland Framework seeks to deliver on, and improve the outcomes set out in the Healthy Ireland Outcomes Framework and Positive Mental Health is one of the identified Health Outcomes.

It is envisaged that the National Mental Health Promotion Plan will be underpinned by a whole of Government approach and will provide strategic direction for promoting positive mental health in line with international best practice.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Cross-governmental support and a lead and dedicated funding in 2024 to co-ordinate the implementation of the Plan.

Milestone 2023

Q1

- Completion of draft Plan.

Q2

- Second phase consultation.

Q3

- Finalising Plan

Q4

- Launching the Plan

Milestone 2024

This will be dependent on the Plan and the agreed priority actions for implementation

Outputs by end of 2024 What are the products of these milestones?

This will be dependent on the Plan and the agreed priority actions for implementation



Action 1.1.3: Deliver co-ordinated communication campaigns (such as LittleThings, 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 Mental Health Operations

Purpose (why are we doing this?)

To promote mental health in the population as measured by a working definition of mental health literacy which incorporates understanding of ways in which we can mind our mental health, support others and access supports and services as needs be as a continuation of the earlier phase of work as outlined in Action 1.1.3 (the mental health promotion approach). Enhanced and improved signposting of supports will be an ongoing activity while targeted campaigning for specific population groups will be developed for the remainder of the Connecting for Life Implementation Plan.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be achieved through the implementation of Recommendations 2 and 13 of Sharing the Vision. Specific inputs include budget for media plan, cross-functional collaboration between Mental Health, HSE NOSP, Digital, Health and Wellbeing with input from the Sharing the Vision Mental Health Promotion and Digital Workstream and the Digital Mental Health Specialist Group.

Milestone 2023

Q1

- Engage with healthy Ireland to advocate for inclusion of mental health input to Healthy Ireland survey fieldwork and data collection.

Q2

- Review content on www.yourmentalhealth.ie to achieve continuous growth in Irish visits to HSE online mental health information (circa. 1.5m visits per year).

Q3

- Develop a HSE Digital Mental Health work plan for 2023-2024 while developing a longer term Digital Mental health Strategy

Q4

- Development and deployment of digital personalised support options tool on yourmentalhealth.ie

Milestone 2024

Q1

- Ongoing roll-out of the mental health literacy campaign and continued development of online content.

Q2

- Incorporation of any recommendations from the planned Sharing the Vision digital mental health work plan that are relevant to mental health messaging / campaigns.

Q3

- Ongoing roll-out of the mental health literacy campaign and continued development of online content.

Q4

- Review and evaluation of the implementation of this action with reference to ongoing Sharing the Vision mental health promotion and digital plans / launch of longer term national digital mental health strategy.

Increased mental health literacy across the population based on wider definition of MHL. Greater use of social, community and primary care supports for mental health needs. Awareness amongst primary care and mental health service staff of the range of social, community and primary care supports available.

Outputs by end of 2024 What are the products of these milestones?

A sustainable mental health information campaign incorporating online resources, printed materials and regular community engagement. Integration of a full range of online mental health supports with HSE online platforms, including partner organisations supports. Increased mental health literacy across the population based on wider definition of MHL. Greater use of social, community and primary care supports for mental health needs.



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

Lead: HSE Primary Care and National Office for Social Inclusion

Purpose (why are we doing this?)

To develop a better understanding of suicidal behaviour.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Required inputs include collaboration with ED departments, the recruitment of staff for NDTC, and laboratory equipment.

Milestone 2023

Harm Reduction in the Night-time Economy, including International Overdose Awareness Day (IOAD)

Q1

- Preparation for IOAD and the development of harm reduction campaigns for the night-time economy, including 'back-of-house' drug checking at festivals and within night venues in Dublin City Centre. Collaboration with ED departments around early notifications.

Q2

- Preparation for IOAD. Recruitment of staff for NDTC laboratory. Purchase of laboratory equipment. Stakeholder engagement in the night-time economy.

Q3

- IOAD. Back-of-house testing at three festival venues. Ongoing ED collaboration.

Q4

- Review of IOAD 2023. Evaluation & reports in relation to night-time economy harm reduction service.

Hidden Harm Campaign

Q1–Q4

- Dissemination and delivery of training and information around hidden harm.

Milestone 2024

Harm Reduction in the Night-time Economy, including International Overdose Awareness Day (IOAD)

Q1

- Preparation for IOAD and the development of harm reduction campaigns for the night-time economy, including 'back-of-house' drug checking at festivals and within night venues in Dublin City Centre. Collaboration with ED departments around early notifications.

Q2

- Preparation for IOAD. Recruitment of staff for NDTC laboratory. Purchase of laboratory equipment. Stakeholder engagement in the night-time economy.

Q3

- IOAD. Back-of-house testing at multiple venues. Ongoing ED collaboration.

Q4

- Review of IOAD 2024. Evaluation & reports in relation to night-time economy harm reduction service.

Hidden Harm Campaign

Q1–Q4

- Dissemination and delivery of training and information around hidden harm.

Outputs by end of 2024 What are the products of these milestones?

Reduction in harm associated with drug use in the night-time economy.



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

Lead: DoH

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Funding will be needed for community sports programmes and communications campaigns. Partnership with other stakeholders – other Government departments, local authorities, Sport Ireland, the HSE, and others – is essential. The Healthy Ireland Fund already provides supports to Sport Ireland, the Department of Education, and other partners to deliver physical activity supports in collaboration, as does the Sport budget (DTCAGSM). Cross – Government supports for physical activity and sport are co-ordinated through the Sports Leadership Group overseeing implementation of the National Sports Policy (on which DoH are represented) and the NPAP Implementation Group, which is led by DoH and DTCAGSM.

Milestone 2023

Q1

- PQ1 Drafting of new National Physical Activity Plan (NPAP). Mental Health Unit will engage with and support Health and Wellbeing colleagues in the development of the mental health focus of the NPAP.

Q2

- Circulation of draft NPAP to stakeholders and collation of feedback.

Q3

- Finalisation of new physical activity Policy, Strategy or Action Plan.

Q4

- Submission of new NPAP to Government, publication.

All year: Support and oversight, Active School Flag and a number of Healthy Ireland programmes managed with partners. Progression of the DoH, HSE and Sport Ireland Physical Activity Pathways in Healthcare Model, which will provide supports for physical activity to those who may face health related barriers to being sufficiently active.

Milestone 2024

Q1

- NPAP Implementation Group to meet and discuss implementation and priority actions. Sport Ireland and ASF projects funded and managed for 2024.

Q2

- Second IG meeting and review of progress.

Q3

- European Week of Sport, Preparation of budget submission for 2025.

Q4

- Preparation for 2025, publication of 2023 Annual Report.

All year: See 2023

Outputs by end of 2024 What are the products of these milestones?

The publication of the new NPAP will chart the direction of policy on physical activity for the years ahead. European Week of Sport provides opportunities for a number of mass participation events at both national and local level. Sport Ireland, HSE and schools projects providing additional supports for participation.



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

Lead: DTTAS

Purpose (why are we doing this?)

Implementation of the NPAP policy framework is a joint responsibility of D/TCAGSM and the Department of Health. NPAP initiatives have however a strong linkage with the implementation of the National Sports Policy 2018–2027, which is the primary sports policy framework for D/TCAGSM. While both policy frameworks are distinct, their implementation have a shared purpose and objective of promoting increased sport and physical activity participation with associated mental and wellbeing benefits.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

TCAGSM/SPORT IRELAND resources, including Exchequer funding, staff, materials and partnerships with NGBs, LSPs, other sporting organisations, Departments and Agencies.

Milestone 2023

Q1–Q4

- Covering all four quarters during 2023 and throughout the NPAP period, physical activity promotion will continue to be prioritised in the next iteration of the NPAP, which is currently being prepared in collaboration with the Department of Health, the HSE and others, and which is envisaged for publication early next year.

Primary activities/programmes relate to core Sport Ireland grants for NGBs, LSPs and other funded sports bodies such as Active Disability Ireland and Age and Opportunity.

Milestone 2024

Q1–Q4

- See above for 2023.

Outputs by end of 2024 What are the products of these milestones?

Increased numbers of the population playing sport and undertaking physical activity generally, as reported periodically in the Sport Ireland publication, the Irish Sports Monitor.



Action 1.2.1: Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at YourMentalHealth.ie

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be achieved through the implementation of Recommendations 2, 13 and 34 in Sharing the Vision. As with Action 1.1.3 above, specific inputs include budget for media plan, cross-functional collaboration between Mental Health, HSE NOSP, Digital, Health and Wellbeing with input from the Sharing the Vision Mental Health Promotion and Digital Workstream and the Digital Mental Health Specialist Group.

Milestone 2023

Q1

- Align the scope of this action with the relevant Sharing the Vision recommendations by engaging with the relevant implementation leads and workstream leads.

Q2

- Commence the work of the Mental Health Services workstream under Sharing the Vision which incorporates recommendation 34 addressing referral pathways.

Q3

- Develop a HSE Digital Mental Health work plan for 2023-2024 while developing a longer term Digital Mental health Strategy.

Q4

- Development and deployment of digital personalised support options tool on yourmentalhealth.ie.

Milestone 2024

Q1

- Improved signposting of supports and services functionality that is communicated to health sector colleagues and meets the requirements of Recommendation 13 in Sharing the Vision.

Q2

- Service User Journey Framework rolled out to and implemented by all CMHTs .

Q3

- A regularly updated well-functioning corporate HSE mental health site (as part of the overall corporate site).

Q4

- A coordinated and monitored online mental health sector.

Outputs by end of 2024 What are the products of these milestones?

Interactive platform hosting all mental health information, signposting the full range of mental health supports and services and providing a gateway to a range of digital mental health supports.

Produce evidence of easier access to and better use of voluntary and community supports and services.

Service User Journey Framework in operation.



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This will require input from partner organisations to include cross-functional collaboration between Mental Health, HSE NOSP, Digital, Health and Wellbeing with input from the Sharing the Vision Social Inclusion Workstream. This action will also be achieved through the implementation of Recommendation 61 and 63 of Sharing the Vision and through the implementation of the Psychosocial Guidance document developed by Mental Health Operations.

Milestone 2023

Q1

- Agreed list of priority groups for awareness raising activities regarding available supports to reflect relevant Sharing the Vision recommendations and operational issues as they arise.

Q2

- Social Inclusion sub-group to develop a plan to reach those priority groups in keeping with relevant operational priorities and those priorities arising from Sharing the Vision – in particular as they relate to the Social Inclusion workstream.

Q3

- Implementation of strategy to ensure ongoing engagement with priority groups around the provision of mental health information through business as usual.

Q4

- Review of activity in the wider context of mental health campaigning / messaging and digital content development.

Milestone 2024

These milestones are as above for 2023 reflecting a business as usual approach.

Q1

- Ongoing engagement with partner organisations to agreed list of priority groups for awareness raising activities regarding available supports to reflect relevant Sharing the Vision recommendations and operational issues as they arise.

Q2

- Continue to implement plan to reach those priority groups in keeping with relevant operational priorities and those priorities arising from Sharing the Vision – in particular as they relate to the Social Inclusion workstream.

Q3

- Implementation of strategy to reach priority groups through business as usual.

Q4

- Review of activity in the wider context of mental health campaigning / messaging and digital content development.

Outputs by end of 2024 What are the products of these milestones?

Agree a clear strategy and concrete developments concerning the provision of culturally appropriate mental health services.

Provide information on access to health and screening systems for people in Direct Provision, with appropriate referral pathways to mental health services.



Action 1.3.1: Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups.

Lead: HSE NOSP

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

Purpose (why are we doing this?)

People in Ireland remain hesitant to talk openly about their own mental health, and misperceptions about suicidal behaviour persist. The language relating to suicide and mental health is often stigmatising or misleading. Inadequate or ill-informed media reporting can add to this problem. Stigma is a significant problem for people who experience mental health difficulties and their families. It has been identified as one of the most difficult aspects of living with a mental health difficulty. Stigma associated with seeking help and unsafe media portrayals of suicide are considered societal risk factors regarding suicide ideation.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Comprehensive programme of work from NGOS.
Funding support from HSE NOSP.
Mental health Promotion Plan.
Data on suicide stigma.

Milestone 2023

Q1

- Successful delivery of additional stigma reduction activity from NGO partners e.g., First Fortnight.

Q2

- Appropriate alignment of this action and activities with the implementation of Sharing the Vision Recommendation 7 as this progresses.

Q3

- Successful delivery of flagship stigma reduction programmes, e.g., Green Ribbon campaign (see Change).

Q4

- Successful delivery of an improved offering of World Suicide Prevention Day with a concerted focus on suicide related stigma.

Milestone 2024

Q1

- Successful delivery of additional stigma reduction activity from NGO partners e.g., First Fortnight.

Q2

- Appropriate alignment of this action and activities with the implementation of Sharing the Vision Recommendation 7 as this progresses.

Q3

- Successful delivery of flagship stigma reduction programmes, e.g., Green Ribbon campaign (see Change).

Q4

- Successful delivery of an improved offering of World Suicide Prevention Day with a concerted focus on suicide related stigma.

Outputs by end of 2024 What are the products of these milestones?

An improved suite of cohesive stigma reduction campaigns and offers across funded partners and HSE.
Ambition to create awareness at a societal level. Improved awareness around funded national campaigns.



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

Lead: Department of Tourism, Culture, Arts, Gaeltacht, Sports and Media (Broadcasting and Media Unit)

Purpose (why are we doing this?)

With the aim of reducing the potential impact of reporting around suicidal behaviour on online platforms. According to Samaritans Ireland, research has found links between the type (sensationalist) and volume of coverage of suicides by young people, and subsequent suicide clusters and suicides by other young people. For context, many online platforms, including social media companies, currently operate in a self-regulatory environment and so, until the Online Safety and Media Regulation (OSMR) Bill is commenced and relevant binding online safety codes are implemented, engagement and encouragement is the best and most appropriate approach.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

No input necessary from a DTCAGSM perspective though it would be of assistance to Coimisiún na Meán, when established, and the Online Safety Commissioner, for there to be relevant engagement with HSE NOSP around the development of online safety codes which seek to protect from online content which promotes or encourages self-harm or suicide, or makes available knowledge of the means of suicide.

Milestone 2023

Q1

- Commencement of the OSMR Bill; and, Formal establishment of Coimisiún na Meán and appointment of an Online Safety Commissioner.

Q2

- Discussions with Coimisiún na Meán to transfer responsibility for Action.

Q3

- For Coimisiún na Meán to determine¹.

Q4

- For Coimisiún na Meán to determine.

Milestone 2024

Q1–Q4

- For Coimisiún na Meán to determine.

Outputs by end of 2024 What are the products of these milestones?

The establishment of a new media regulator, Coimisiún na Meán, and appointment of an Online Safety Commissioner.

Passing of responsibility for Action 1.4.1 to Coimisiún na Meán.

The implementation of a robust regulatory framework for online safety, including the application of binding online safety codes relating to the promotion or encouragement of self-harm or suicide, and the making available of the knowledge of the means of self-harm or suicide.

¹ While for Coimisiún na Meán to determine, it is envisaged that the development and application of a robust regulatory framework for online safety will be a priority for the new regulator once established. This will facilitate the implementation of binding online safety codes relating to certain forms of harmful online content.



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

Lead: Department of Tourism, Culture, Arts, Gaeltacht, Sports and Media (Broadcasting and Media Unit)

Purpose (why are we doing this?)

For Coimisiún na Meán to determine.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1

Q2

Q3

Q4

Milestone 2024

Q1

Q2

Q3

Q4

Outputs by end of 2024 What are the products of these milestones?



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

This action has been completed. Milestones will now relate to ongoing implementation.

Lead: Press Council of Ireland

Purpose (why are we doing this?)

The Press Council of Ireland operates under a Code of Practice to which all of its member publications must abide. Its member publications include all national newspapers, a large number of online-only publications, local newspapers, magazines and a number of student publications. Its Code of Practice includes a Principle (Principle 10) on the responsible reporting of suicide.

The Press Council was presented with research from Samaritans Ireland to show that certain types of media depictions, such as explicitly describing a method of suicide, or sensational and excessive reporting of suicide, can lead to imitational suicidal behaviour among vulnerable people.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

The Press Council works with organisations such as Headline and Samaritans Ireland, and considers complaints from members of the public and/or representative organisations about the reporting of suicide by member publications of the Press Council of Ireland.

Milestone 2023

Q1–Q4

- Ongoing application of Principle 10 (Reporting of Suicide) of the Press Council's Code of Practice. The Office will continue to consider complaints made by the public and/or representative organisations about possible breaches of Principle 10 of the Code. It will continue to collaborate with HSE NOSP and Headline in any training initiatives they take in regard to suicide reporting and the press.

Milestone 2024

Q1–Q4

- Ongoing application of Principle 10 (Reporting of Suicide) of the Press Council's Code of Practice. The Office will continue to consider complaints made by the public and/or representative organisations about possible breaches of Principle 10 of the Code. It will continue to collaborate with HSE NOSP and Headline in any training initiatives they take in regard to suicide reporting and the press.

Outputs by end of 2024 What are the products of these milestones?

The Office of the Press Ombudsman will continue to ensure that complaints submitted under Principle 10 of the Code of Practice are fully considered so as to ensure the highest ethical standards are applied by the press in the reporting of matters relating to suicide.



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

Lead: HSE NOSP

Purpose (why are we doing this?)

The media have a significant role to play in promoting mental health, actively reducing stigma towards people with mental health difficulties, and reporting suicide safely and responsibly. By working with the industry, including media students, there are opportunities to collaborate to ensure that suicide, mental health and mental illness are responsibly covered in the media. The purpose is that: All forms of Irish media responsibly and accurately cover mental health and suicide. Those affected by suicide, deliberate self-harm, mental health problems or mental illness is not adversely affected by media coverage. The mental health and mental well-being of the population is prioritised by the media in its work.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Funding support from HSE NOSP.

Comprehensive programme of work from Headline and Samaritans.

Milestone 2023

Q1–Q4

- Successful delivery of agreed programmes of work from Headline and Samaritans.
- Development of a potential roundtable network on media reporting. Consult with key stakeholders in the area to establish the potential scope and role of such a roundtable – develop a TOR, discuss potential memberships and initiate the group.

Milestone 2024

Q1–Q4

- Ongoing delivery of agreed programmes of work from Headline and Samaritans.
- Ongoing delivery of a potential roundtable network on media reporting.

Outputs by end of 2024 What are the products of these milestones?

Improved alignment of efforts and initiatives across key partners. Improved collaborative working across key partners. Increased levels of training delivered to media and student cohorts. Greater measurement of activity.



Goal 2

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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

To ensure that needs specific to certain local areas are being addressed and to engage with communities to promote mental health in meaningful visible ways, thereby fostering hope in relation to suicide prevention work. Successful implementation of this action will ensure consistent implementation of related policy mandates such as Sharing the Vision in local areas.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Business as usual meetings with the ROSP leadership group and ongoing involvement of ROSPs in relevant projects and on the 'Green Box' CfL group and in the implementation of Sharing the Vision as appropriate, e.g., through relevant workstreams.

Milestone 2023

Q1–Q4

- Regular engagement between MH Ops / HSE NOSP / ROSPs.

Q2

- The regular engagements (business as usual) relate to the following:
 - Regular update meetings
 - Presentation from HSE MH to ROSPs on the range of partner organisations and supports available

Milestone 2024

Q1–Q4

- Regular engagement between MH Ops / HSE NOSP / ROSPs

Q1

- Ten local CfL implementation plans published and in active implementation mode.

Outputs by end of 2024 What are the products of these milestones?

Suicide prevention structures embedded and functioning as business as usual in local areas with clear and regular communications channels in place to ensure flow of information and capture learning. Consistent implementation of related policy (e.g., Sharing the Vision) to avoid duplication and maximise use of available resources.



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

Lead: HSE NOSP

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Support of local CHOs (including HSE ROSPs).
HSE NOSP NGO partners working in the community.

Milestone 2023

Q1

- Suicide Prevention in the Community book redeveloped.

Q2

- Guidance on suicide prevention in the workplace published (in line with HSE Mental Health Promotion Plan) and rolled out with training.

Q3

- Community Based Suicide Prevention Training Case Study published.

Q4

- Best Practice Guidance for Suicide Prevention Services' updated and published.

Milestone 2024

Q1–Q4

- Ongoing engagement with partners to identify need for additional guidance/protocols.

Outputs by end of 2024 What are the products of these milestones?

Updated "Developing a Community Response to Suicide" document published.

Suicide Prevention in the Community book updated and published.

Community Based Suicide Prevention Training Case Study published.

"Best Practice Guidance for Suicide Prevention Services" updated and published.

Guidance on suicide prevention in the workplace published (in line with HSE Mental Health Promotion Plan) and rolled out with training.



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

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

Lead: HSE NOSP

Partners: Non statutory bodies

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Develop system so that we can capture and refine targets.

Strategic approach to priority groups.

Real time training data.

Focus on NGOs, AGS, DF.

Online training platform and programmes.

Milestone 2023

Q1

- Update Education and Training plan for 2023–2024.

Q2–Q4

- Carry out activities in line with Training and Education Plan.

Q3

- safeTALK suicide prevention gatekeeper training for 16–18 year olds revised and piloted based on research findings.

Q4

- Launch new online training programme.

Milestone 2024

Q1

- Evidence for programme revision for additional priority groups reviewed and changes implemented.

Q1–Q4

- Carry out activities in line with Training and Education Plan.

Outputs by end of 2024 What are the products of these milestones?

Suite of standardised training programmes for the general public, community care givers, professionals and volunteers provided at a national and CHO level.

Suicide prevention, education and training programmes focused on supporting the practice of frontline health and social care professionals provided.

Consistent and standardised approach to the provision of education and training provided through the implementation of the National Education and Training Plan, Quality Assurance Framework.

Effectiveness and cost-effectiveness of suicide prevention education and training monitored and evaluated.

Oversight for the coordination and implementation of the Education and Training Plan provided through the development of appropriate systems, structures and roles at national and CHO Area levels.



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

Lead: HSE H&W

Purpose (why are we doing this?)

To support the mental health and wellbeing of population groups across key settings.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Collaboration with lead and supporting partners across HSE, HSE funded agencies and partners in education sector.

Milestone 2023

Community settings

Q1

- Expansion of social prescribing to former Healthy Ireland funded sites (x9).
- Establishment of 4 new social prescribing services.

Q2–Q4

- Social prescribing services implemented.
- Build evidence base for social prescribing.

Health settings

Q1

- Continued delivery of Stress Control online programme.
- Continued delivery and capacity building for the Minding Your Wellbeing programme.

Q2

- Continued delivery of Stress Control online programme.
- Continued delivery and capacity building for the Minding Your Wellbeing programme.

Q3

- Continued delivery and capacity building for the Minding Your Wellbeing programme.

Q4

- Launch HSE's online stress management programme.
- Continued delivery and capacity building for the Minding Your Wellbeing programme.

Education settings

Q1–Q4

- Development of e-learning emotional wellbeing modules for early years practitioners in collaboration with DCEDIY.
- Development of Year 2 Junior Cycle Emotional wellbeing module for SPHE curriculum.
- Develop and pilot delivery of mental health promotion programme with 1st year veterinary students in UCD.

Milestone 2024

Community settings

Q1–Q4

- Delivery of social prescribing services in every country.

Health settings

Q1–Q4

- Delivery of HSE's online stress balance programme (online & face-to-face).
- Continued delivery of Minding Your Wellbeing programme.

Education settings

Q1–Q4

- Pilot e-learning emotional wellbeing modules in early childhood education settings.
- Launch and implement Year 2 Junior Cycle SPHE emotional wellbeing resources.
- Develop and pilot targeted mental health prevention intervention for third level students at risk of developing mental health difficulties.

Outputs by end of 2024 What are the products of these milestones?

Delivery of range of evidence based mental health promotion interventions across community, health and education setting.



Goal 3

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

Lead: DoH

Purpose (why are we doing this?)

Ireland's overall suicide rate is among the lowest in the OECD, however particular demographic groups have consistently been shown by both national and international research to have increased risk of suicidal behaviour. There are well established socio-environmental factors that shape suicide risk, such as poverty, unemployment, homelessness and domestic violence. The well-established factors that shape suicide risk in some cases fall outside the remit of the Department of Health. It is thus necessary to engage with departments or units to ensure that their policies addressing these issues include suicide reduction elements, so that suicide may be reduced among these populations.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Cross-departmental support. Additional staff in Mental Health Unit so this can receive the required focus.

Milestone 2023

Q1

- Identify suitable courses on OneLearning on which to include a module on suicide awareness when developing policy. Conduct exercise to identify programmes in other relevant departments which do not use OneLearning. Arrange an initial meeting between Department of Health, HSE NOSP, and Department of Taoiseach Social Policy unit to scope out the development of a pathway and process for policy proofing. Meet on a quarterly basis following this initial engagement. Identify which departments and agencies should be represented on the working group.

Q2

- Circulate suicide awareness policy development toolkit to other departments.

Milestone 2024

Q1–Q4

- This will depend on proposals developed regarding circulating the toolkit to other departments and ongoing engagement with these regarding policy-making.

Outputs by end of 2024 What are the products of these milestones?

Toolkit circulated annually to other departments. Engage Department of Taoiseach Social Policy unit to develop a pathway and process for policy proofing.

Analyse how suicide policy proofing was done in other jurisdictions.

Module on suicide included in several relevant policy development courses.



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

Lead: Department of Defence

Purpose (why are we doing this?)

In order to reduce risk of suicide to DF personnel and their families/dependants, in accordance with the DF Mental Health Strategy.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Continued support of our HSE partners, in the areas of training conduct and facilitation.

Milestone 2023

Q1

- Deliver safeTALK training to 3% of DF personnel (min 250 persons).

Q2

- As at Q1 Qualify additional 3 safeTALK instructors.

Q3

- As at Q1 Suicide awareness/prevention open day conducted in each Bde/Fmn. Guest speakers to be invited.

Q4

- As at Q1.

Milestone 2024

Q1

- Deliver safeTALK training to 3% of DF personnel (min 250 persons).

Q2

- As at Q1 Qualify additional 3 safeTALK instructors.

Q3

- As at Q1 Suicide awareness/prevention open day conducted in each Bde/Fmn. Guest speakers to be invited.

Q4

- As at Q1.

Outputs by end of 2024 What are the products of these milestones?

Suicide awareness and prevention strategies to be widely understood and accepted as an important part of DF training culture and environment.



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

Lead: Department of Social Protection

Purpose (why are we doing this?)

To support staff members and customers who may be experiencing suicidal ideation.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Living Works training materials supplied.

Extra staff to attend safeTALK T4T to help with meeting delivery targets.

Extra places for staff to attend ASIST T4T.

New trainers in ASIST to facilitated by shadowing.

Self-care support for trainers from the HSE as discussed.

Staff to attend Bereaved by Suicide and other associated training workshops.

Milestone 2023

Q1

- Continued roll out of safeTALK to all staff regionally in DSP throughout 2023.
- Selfcare support for L&D trainers from HSE and CSEAS provided each quarter throughout 2023.

Q2

- Relevant L&D staff attending safeTALK T4T & ASIST T4T in conjunction with HSE.

Q3

- Relevant L&D staff attending ASIST training in conjunction with HSE.

Q4

- Relevant L&D staff attend Bereaved by Suicide training and associated workshops.

Milestone 2024

Q1–Q4

- Continue the actions prioritised in 2023.
- Ensure all staff in DSP receive relevant suicide prevention training and raise awareness, through safeTALK and ASSIT courses.
- Ensure all L&D trainers remain up to date regarding training material in conjunction with HSE and that self-care is continued in conjunction with the HSE and CSEAS.

Outputs by end of 2024 What are the products of these milestones?

All staff who wish to avail of safeTALK in DSP are catered for and to raise awareness of suicidal prevention and support throughout the Department.

Additional supports for staff regarding suicidal prevention are provided for in line with HSE advice e.g., ASIST and Bereaved by Suicide.



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

Lead: Tusla

Purpose (why are we doing this?)

To ensure that suicide prevention is integrated into all relevant existing policies and future policies to raise awareness of suicide prevention and the need for appropriate training among staff.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1

- CfL rep to link with appropriate Quality Assurance manager to explore if a Tusla national suicide prevention policy should be developed to detail an Agency approach to suicide prevention or to outline other appropriate action.
- To agree a plan for 2024.

Milestone 2024

Q1

- To begin implementation of agreed plan a plan for 2024.

Outputs by end of 2024 What are the products of these milestones?



Action 3.1.1: Integrate suicide prevention into relevant national policies and programmes for people that are at an increased risk of suicide.

Lead: DRCD

Purpose (why are we doing this?)

Through implementation of programmes and policies delivered through and by the Department of Rural and Community Development (DRCD), we will support the delivery of actions set out in Ireland's National Strategy to Reduce Suicide, Connecting for Life.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Engage with colleagues in DRCD and our external stakeholders to support communities as they try to put safeguards in place to prevent suicide and respond to suicidal behaviour. Through the provision of targeted SICAP and other funding supports, we will use targeted approaches to reach those vulnerable to suicide.

Milestone 2023

Q1–Q4

- Continue to distribute suicide prevention advice (as required by NOSP) and incorporate suicide prevention into any relevant policies and programs as they are being produced/developed in DRCD.
- Liaise with our colleagues in Community Development and Rural Development to strengthen the integration of suicide prevention into policy, particularly around exclusion and isolation.
- Liaise with our colleagues, specifically, in DRCD Units - Libraries, PPN, Community & Voluntary Supports, Rural Schemes and key external stakeholders such as Local Authorities and Local and Community Development Committees (LCDCs) to build awareness and understanding of the Connecting for Life Strategy.
- Through the Social Inclusion Community Activation Programme (SICAP) which has established targets to promote health and wellbeing amongst the most vulnerable and disadvantaged individuals in society, including people with mental health difficulties, we will continue to promote and support projects/initiatives in line with the Connecting for Life Strategy.

Milestone 2024

Q1–Q4

- Continue to distribute suicide prevention advice (as required by NOSP) and incorporate suicide prevention into any relevant policies and programs as they are being produced/developed.
- DRCD will continue to focus on awareness-raising work through programmes delivery and policy development and implementation.
- Through SICAP we will continue to focus on supportive work with local communities;
- Through SICAP and other appropriate DRCD programmes, we will focus on targeted approaches to priority groups who are at risk of suicide.

Outputs by end of 2024 What are the products of these milestones?

DRCD's vision is for a sustainable society with individuals and community wellbeing at its heart, supporting thriving communities, and where all communities, urban and rural, have opportunities to grow and develop economically, socially and culturally.

Through the implementation of this vision, DRCD can work/partner with communities, government departments and stakeholders on specific actions that are relevant to suicide prevention including tackling social exclusion, provision of appropriate services, enhancing recreational and cultural facilities.



Action 3.1.2: Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.

Lead: HSE NOSP/An Garda Síochána

Purpose (why are we doing this?)

The HSE NOSP and An Garda Síochána are developing a Joint Working Protocol, titled: *Death by Suspected Suicide*. This sets out the procedure to be followed for the purpose of ensuring:

- Families and communities who have been bereaved are provided with information relating to relevant support services, where appropriate.
- Successful and timely responses to incidents of suspected suicide from relevant agencies.
- Any risks of additional related deaths by suicide in the community are minimised.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Protocol to be signed by AGS and HSE.

Milestone 2023

Q1–Q2

- Data sharing protocol and Memorandum of Understanding with An Garda Síochána signed.

Q3

- Training developed and delivered to all stakeholders.

Q4

- Report on testing in CHO7 and CHO1 completed.

Milestone 2024

Q1–Q4

- Ongoing implementation of protocol. Secure sustainable home for system.

Outputs by end of 2024 What are the products of these milestones?

More timely data on suspected suicides is available and used to support Community Response Planning. Bereaved families are offered timely support, as appropriate.



Action 3.1.2: Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

To ensure enhanced cooperation among agencies in area of suicide prevention and critical incident response. To ensure that interagency cooperation between TUSLA and the HSE results in best practice in the area of suicide prevention, including arrangements for assessing and responding to children at risk of self-harm and suicide. This also requires cross-functional collaboration in the HSE between Mental Health, Disability Services and Primary Care.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

From a Mental Health perspective this Action will be achieved through the Sharing the Vision Children and Young People workstream, with particular reference to recommendation 37

Milestone 2023

Q1

- Support the Children and Young Person workstream under Sharing the Vision in setting up relevant structures and progressing work plans including those relevant to inter-agency collaboration.

Q2

- Ensure the full range of stakeholders required to drive implementation of recommendation 37 is in place to support this work.

Q3

- Review the use the Joint Protocol for Interagency Collaboration Between the Health Service Executive and Tusla – Child and Family Agency to Promote the Best Interests of Children and Families (2020).

Q4

- The Sharing the Vision published quarterly reports will capture progress.

Milestone 2024

Q1

- Evidence of effective inter-agency collaboration with particular reference to the Joint Protocol for Collaboration between the HSE and Tusla.

Q2–Q4

- To be determined.

Outputs by end of 2024 What are the products of these milestones?

For HSE Mental Health, the key product / output will be the successful operation of joint working protocols between the HSE and Tusla to support the people (children and families) involved in complex cases that require inter-agency collaboration.



Action 3.1.2: Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.

Lead: Tusla

Purpose (why are we doing this?)

NRP recommendations that fall outside the remit of Tusla e.g., other public bodies, are brought to the DCEDIY by Tusla's Director of Quality & Regulation.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1

Q2

Q3

Q4

Milestone 2024

Q1

Q2

Q3

Q4

Outputs by end of 2024 What are the products of these milestones?



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

Lead: HSE Primary Care and National Office for Social Inclusion

Purpose (why are we doing this?)

To develop targeted approaches for those vulnerable to suicide.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

NSIO continues to progress the development of Stepped Model of Mental Health, in collaboration with HSE Mental Health, in order to improve access to mental health services for homeless population in line with the Sharing the Vision – A Mental Health Policy for Everyone.

Homeless Housing First Implementation Plan has recognised the needs of those with mental health problems. Funding to support implementation of the HF programme in 2023 has been identified to ensure delivery of wraparound health supports, including specialist mental health posts, to the Housing First programme.

Milestone 2023

Stepped Model of Mental Health:

Q1

- Specialist health posts recruited.

Q2

- Posts are delivering mental health supports to people experiencing homelessness.

Q3

- Posts continue to deliver mental health supports to people experiencing homelessness.

Q4

- Posts continue to deliver mental health supports to people experiencing homelessness.

Housing First Programme:

Q1

- Funding allocated.

Q2

- Posts being recruited.

Q3

- Posts delivering wraparound health supports.

Q4

- Posts delivering wraparound health supports.

Milestone 2024

Q1–Q4

- Monitor progress in 2023 to determine milestones in Q4.

Outputs by end of 2024 What are the products of these milestones?

Improved access to mental health services for the homeless population.



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

Purpose (why are we doing this?)

CfL recognises that certain population groups are at greater risk of suicide. The development of an 'Applying a social determinants of health lens to suicide prevention' Plan (as per Action 3.1.4) will help focus research and evaluation efforts on those with an increased, or potential increased risk of suicidal behaviour. Learning from the HSE NOSP 2021–2022 Collaborative Research Grant Scheme will provide us with new information on certain groups vulnerable to suicide. In addition, data from the Irish Probable Suicide Deaths Study (IPSDS) may provide us with in-depth information on the socio-demographic and clinical characteristics of those that died by probable suicide in Ireland (between 2015–2020).

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Support from colleagues in the HSE NOSP, HSE Mental Health, CfL's Expert Advisory Group (ExAG) and the Data & Intelligence Advisory Group (DIAG), and the research and academic community. Dedicated staff time to collate and synthesise information from both the 2021–2022 Collaborative Research Grant Scheme and the IPSDS.

Milestone 2023

Q1–Q2

- Collation and dissemination of information from the 2021–2022 Collaborative Research Grant Scheme.

Q1–Q4

- Programme of research projects in line with the 'Applying a social determinants of health lens to suicide prevention' Plan.

Q3

- Advertise and award research grants/tenders for groups considered most at-risk in line with Applying a social determinants of health lens to suicide prevention' Plan.

Q1–Q4

- Preparation and dissemination of information from the IPSDS in line with the 'Applying a social determinants of health lens to suicide prevention' Plan.

Milestone 2024

Q1–Q4

- Programme of research projects in line with the 'Applying a social determinants of health lens to suicide prevention' Plan.
- Continued engagement with grants awardees for 'Applying a social determinants of health lens to suicide prevention' Plan.
- Preparation and dissemination of information from the IPSDS in line with the 'Applying a social determinants of health lens to suicide prevention' Plan.

Outputs by end of 2024 What are the products of these milestones?

- A series of briefing papers from the HSE NOSP Collaborative Research Grant Scheme.
- A series of short reports and papers from the IPSDS on groups vulnerable to suicide in line with the IPSDS workplan.
- Finding and lessons learned from the CfL strategic research and evaluation programme of work.



Action 3.1.5: Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide.

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

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

- Dedicated STORM trainer.
- Evaluation support.
- SLA with the ICGP.

Milestone 2023

Q1–Q4

- Ongoing development of STORM training for frontline staff.
- CAMS (Collaborative Assessment and Management of Suicidality) pilot in CHO7 supported and evaluated.
- Suicide prevention curriculum developed for relevant Health and Social Care courses across HEI's in line with scoping report and recommendations.
- Wellbeing Module for the Veterinary Degree Course, UCD. Year 1, Academic Year 2023–2024 developed.

Milestone 2024

Q1–Q4

- Ongoing collaboration with the ICGP to deliver GP education.
- Ongoing development of STORM training for frontline staff.
- Implement findings of CAMS (Collaborative Assessment and Management of Suicidality) pilot in CHO7 evaluation.
- Suicide prevention curriculum developed for relevant Health and Social Care courses across HEI's in line with scoping report and recommendations.
- Wellbeing Module for the Veterinary Degree Course, UCD. Year 1, Academic Year 2023–2024 developed and evaluated.

Outputs by end of 2024 What are the products of these milestones?

Suicide prevention curriculum developed for relevant Health and Social Care courses across HEI's in line with scoping report and recommendations.

Key professions and structures identified to implement suicide prevention curriculum.

Wellbeing Module for the Veterinary Degree Course, UCD. Year 1, Academic Year 2023–2024 developed.



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

Lead: HSE H&W

Purpose (why are we doing this?)

To support the mental health and wellbeing of priority groups identified as being at increased risk of developing mental health difficulties.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Collaboration with lead and supporting partners across HSE, HSE funded agencies.

Milestone 2023

Q1–Q2

- Support launch of HeadStart youth mental health fund and involvement of young people in selection of initiatives to be funded.
- Launch open call for Traveller Wellbeing through Arts and Creativity initiative, selecting 4 programmes to fund for 2023.
- Dissemination of Migrant Mental Health and Wellbeing module across health sector.

Q1–Q2

- Implement Traveller Wellbeing through Arts and Creativity initiative across four sites.
- Dissemination of Migrant Mental Health and Wellbeing module across health sector.

Milestone 2024

Q1–Q4

- Expand on Traveller Wellbeing through Arts and Creativity initiative to include other priority groups.
- Develop and implement mental health promotion training for those working with priority groups.

Outputs by end of 2024 What are the products of these milestones?

Delivery of range of evidence based mental health promotion interventions with priority groups.



Action 3.2.1: Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.

Lead: HSE Primary Care and National Office for Social Inclusion

Purpose (why are we doing this?)

To develop targeted approaches for those vulnerable to suicide.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Additional SAOR staff are required.

Milestone 2023

SAOR Trainings & Preparation for Health Diversion

Q1

- Recruitment of additional SAOR staff for each CHO area. Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Q2

- Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Q3

- Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Q4

- Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Milestone 2024

SAOR Training

Q1

- Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Q2

- Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Q3

- Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Q4

- Continue to deliver 'Train the Trainer' programmes and roll out brief interventions, including Health Diversion, if legislation is progressed.

Outputs by end of 2024 What are the products of these milestones?

The provision of SAOR training and the provision of brief interventions, including Health Diversion, if legislation is progressed.



Action 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: Department of Education

Purpose (why are we doing this?)

The guidelines for mental health promotion were replaced in 2018 by the Department's Wellbeing Policy Statement and Framework for Practice. Therefore, under action 3.3.1 we now report on supporting the implementation of the policy.

The Wellbeing Policy adopts a comprehensive and whole-school approach in schools to the promotion of positive mental health focusing on the entire school community, as well as groups and individual young people with identified need. This spans the curriculum in schools, culture and environment, quality of teaching, learning and assessment, student support and pastoral care, guidance counselling and the provision of professional development for teachers.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Funding to support development and rollout of training.

Increased staffing (admin, psychologists, support service staff e.g., PDST).

Continued engagement with supporting partners.

Improved communication channels to promote the work of NEPS and the Wellbeing Office.

Milestone 2023

Q1

- Develop a pilot programme for counselling supports in primary schools.

Q2

- Engagement with the Department's Communications Section to improve communications on wellbeing supports available to schools.
- Continuation of wellbeing promotion training for schools.

Q3

- Publication by NEPS of guidance on Emotionally Based School Avoidance (EBSA). This guidance has been developed by NEPS to provide schools and parents/guardians with information on Emotionally Based School Avoidance (EBSA) and best practice for schools and families in supporting children and young people to attend and stay in school.
- Training from NEPS for school staff on the promotion of wellbeing and resilience in schools which include upskilling school staff on the use and implementation

of therapeutically-informed approaches in schools. These include trauma-informed approaches, approaches based on the principles of cognitive behaviour therapy, and attachment-aware approaches.

Q4

- Continuation of wellbeing promotion training for schools.

Milestone 2024

Q1

- Phase 2 of wellbeing promotion training for schools.

Q3

- Inspection model in schools to look at wellbeing promotion (date to be confirmed).

Outputs by end of 2024 What are the products of these milestones?

Inspection model in schools.

Schools undertaking reviews of their wellbeing promotion.



Action 3.3.2: Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams (SST) and for the management of critical incidents.

Lead: Department of Education

Purpose (why are we doing this?)

Student Support Teams

Student Support Teams are the structure through which key wellbeing and wellbeing-related policies are implemented in post-primary schools.

Management of critical incidents

When a tragic event happens, the teachers and other adults who work daily with students and who know them well need advice and support.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Increase in number of psychologists in NEPS.

Increase in admin staff.

Milestone 2023

Q1–Q4

- Psychologists to facilitate post-primary schools to improve the Student Support Team process

Q2–Q4

- Develop a pilot for a model of Student Support Teams in primary schools which is an action identified in Cineáltas – the Action Plan on Bullying.

Q1–Q4

- Continue the roll out of critical incident training to all schools via an eLearning platform. This course is aimed specifically at the school's Critical Incident Management Team, but open to all interested staff.

Milestone 2024

Q1–Q4

- Psychologists to facilitate post-primary schools to improve the Student Support Team process.

Q1–Q3

- Support pilot of Student Support Teams in primary schools.

Outputs by end of 2024 What are the products of these milestones?

Increase in the number of student support teams in place in post primary schools.

Majority of schools will have undertaken CI training.

Pilot in place for Student Support Teams in primary schools.



Action 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: Higher Education Authority

Purpose (why are we doing this?)

The National Student Mental Health and Suicide Prevention Framework was developed together with the HSE and higher education sector in September 2020. This action will now focus on ongoing implementation.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Reporting from sector.

HEA staff time to analyse reports.

Alignment with Healthy Campus Framework.

Milestone 2023

Q1

- HEI Progress Reports on Framework Implementation submitted to HEA.

Q2

- Review HEI Progress Reports and produce analytical report.

Q3

- Review Advisory Structure and reconvene CfL working group (or equivalent) to advise on Framework Implementation and Monitoring.

Q4

- HEI Progress Reports on Framework Implementation requested by HEA.

Milestone 2024

Q1.

HEI Progress Reports on Framework Implementation submitted to HEA.

Q2.

Review HEI Progress Reports and produce analytical report.

Q3.

Ongoing implementation, analysis of reports and engagement with advisory group.

Q4.

Ongoing implementation, analysis of reports and engagement with advisory group.

Outputs by end of 2024 What are the products of these milestones?

Synthesized reports on Framework Implementation.

Progression of Framework Implementation on a sectoral level.



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

Lead: Department of Education

Purpose (why are we doing this?)

To prevent and address bullying, cyber bullying, racism, gender identity bullying or sexual harassment, among other areas, in schools.

Cineáltas – the Action Plan on Bullying was published in December and builds on the previous Action Plan on Bullying published in 2013. An implementation will be developed which will outline actions and timeframes. Therefore, we are not in a position at this time to indicate the inputs required.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Implementation plan

Milestone 2023

Q1

- To be completed following agreement on the implementation plan for the new Action Plan on Bullying.

Milestone 2024

Q1

- To be completed following agreement on the implementation plan for the new Action Plan on Bullying.

Outputs by end of 2024 What are the products of these milestones?



Action 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: Department of Education

Purpose (why are we doing this?)

Wellbeing related subjects, in particular SPHE provide specific opportunities to enable the child or young person to understand himself or herself, to develop healthy relationships and to establish and maintain healthy patterns of behaviour.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Supporting partners (NCCA, HSE, PDST, JCT).

Milestone 2023

Q1

- Expected publication of the new SPHE Junior Cycle specification.
- First intake in SPHE Upskilling Programme.

Q2

- Training for schools on the new SPHE Junior Cycle specification.
- Establish development group to work on a specification for the curricular area of Wellbeing at Primary.

Q3

- Rollout of Junior Cycle SPHE specification in schools, September 2023.
- Rollout of 135 hour Junior Cycle PE programme in schools, September 2023.
- Publication of Senior Cycle SPHE specification for public consultation.

Q4

- Further development work on Senior Cycle SPHE.

Milestone 2024

Q1

- Continued support for wellbeing related curricula.

Q2

- Finalisation and publication of Senior Cycle SPHE specification.

Q3

- Rollout of Senior Cycle SPHE specification in schools, September 2024.

Outputs by end of 2024 What are the products of these milestones?

Post Primary schools providing quality Junior Cycle Wellbeing Programmes.



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

Lead: HSE Primary Care and National Office for Social Inclusion

Purpose (why are we doing this?)

To develop targeted approaches for those vulnerable to suicide.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Ensuring a network of adolescent addiction care in each CHO area via HSE staff and collaboration with section 39 agencies.

Jigsaw and Pieta House are also resources available to provide psychological support at primary care level for young people.

Milestone 2023

Psychological care for young people with substance use issues

Q1–Q4

- Ongoing support for each CHO area in relation to the provision of psychological care for young people around substance use issues delivered in conjunction with two Child and Adolescent Consultant Psychiatrists in substance use.

Milestone 2024

Q1–Q4

- Ongoing support for each CHO area in relation to the provision of psychological care for young people around substance use issues delivered in conjunction with two Child and Adolescent Consultant Psychiatrists in substance use.

Outputs by end of 2024 What are the products of these milestones?

Provision of psychological care for young people around substance use issues.



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be implemented through recommendations within the Children and Young Peoples Workstream in Sharing the Vision. Support from AND for Children & Youth Mental Health. Resource to manage digital mental health supports for young people. Input from the Oversight Group for Service Improvement in Child and Youth Mental Health. Continued engagement with community and voluntary sector partners.

Milestone 2023

Q1

- Continue to convene the Youth Mental Health Transition Specialist Group under Sharing the Vision

Q2

- Present plan for enhanced transitions from child and adolescent mental health services into adult services /consult with young people regarding the provision of youth mental health services (StV consultation planned) / Recruit staff for Child and Youth Mental Health Office.

Q3

- Prepare output reports from the work of the Specialist Group and ensure HSE online content on CAMHS and youth mental health is updated (as per 1.2.1 above).

Q4

- Publication of best practice review for child and adolescent / youth mental health service provision based on work commenced with colleagues from the University of Galway.

Milestone 2024

Q1

- Establish office for Child and Youth Mental Health.

Q2

- Prepare and progress a CAMHS service improvement programme in keeping with the outputs of the Sharing the Vision Youth Mental Health Transitions Specialist Group.

Q3

- Ensure CAMHS specific Sharing the Vision recommendations are on track.

Q4

- Review the CAMHS service improvements which have been introduced as new service developments, including the CAMHS Hubs.

Continual improvement in CAMHS performance indicators (as outlined in 2020 milestones). Evidence of effective inter-agency collaboration. Mainstreamed provision of online mental health supports and services.

Outputs by end of 2024 What are the products of these milestones?

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



Goal 4

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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be implemented through the Primary Care Workstream for Sharing the Vision particularly through Recommendation 17 & 18. Follow up with Directors of Nursing and Heads of Service for Mental Health to complete review of 7/7 service provision. Inputs from Primary Care/ HSE Digital regarding communication of care pathways information.

Milestone 2023

Q1

- The work of the primary care mental health group under Sharing the Vision is working on approaches to shared care between primary care and mental health services.

Q2

- Progress the e-Referral project to scale up the use of the generic HSE e-referral form between general practice and mental health services.

Q3

- Continue the service improvement work in relation to crisis resolution services, e.g. crisis cafes.

Q4

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

Milestone 2024

Q1

- Ensure that the development of the CHN and PCT operating models adopt the mental health consultation/liaison model (#17 from Sharing the Vision).

Q2

- An implementation plan with updated recommendations from Advancing the Shared Care Approach between Primary Care & Specialist Mental Health Services (2012) (#18 from Sharing the Vision).

Q3

- A shared physical health protocol for mental health service users presenting to GPs (#19 from Sharing the Vision).

Q4

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

Outputs by end of 2024 What are the products of these milestones?

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



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

Currently there are no standard services to support individual with co-existing mental health and substance use issues, the NCP DD will develop an evidence based model of care to support this vulnerable group of people, with 40% of people accessing mental health services having substance use issues and in the region of 80% of individuals in addiction services having mental health issues this is a very large portion of the community. The onset of COVID 19 magnified this issues and more people now than ever have the need for a tiered system of support.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be achieved through the implementation of Recommendation 57 in Sharing the Vision. Funding, staff, training, interagency working, collaboration, recovery oriented systems, collaboration with other agencies such as DRHE etc.

Milestone 2023

Identify pilot sites and for a tiered model of integrated service provision for individuals with a dual diagnosis (e.g. substance misuse with mental illness) and implement a new model of care.

Q1

- Have the model of care endorsed by the college of psychiatrists.

Q2

- Publish the model of care, continue with recruitment of three sites (CHO 3 adult, CHO 4 adult and CHO 9 adolescent).

Q3

- Have base location for CHO 3 open.
- Continue working with CHO 9 on the national rehabilitation centre.
- Commence evaluation of programme.
- Commence training of staff in the HSE and voluntary sector.

Q4

- Continue with the recruitment of the teams.

Milestone 2024

Q1

- Have base location for CHO 3 open.
- Open national rehabilitation centre.
- Continue to expand the three initial sites.
- Continue with evaluation.
- Continue with training.
- Broaden the members of the seeking safety network across the HSE.

Q2

- Subject to funding and provision of premises expand the initial site to another 4 adult teams and one adolescent team.

Q3

- Review expansion of the service and consider in the estimates process for 2025.

Q4

- Embed and mainstream the tiered model of integrated service provision for or dual diagnoses.

Outputs by end of 2024 What are the products of these milestones?

Develop dual diagnosis treatment for service users with mental health and substance misuse issues.



Action 4.1.3: Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under Probation Services in the community. The Irish Prison Service and the HSE National Forensic Mental Health Service will complete an agreed memorandum of understanding on improved links through the NFMHS Prison In-reach Service and the Probation Service will engage with the HSE on maintaining and developing access to community psychiatric services.

Lead: DJE Partners: IPS, Probation Service, HSE MH

Purpose (why are we doing this?)

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1

•

Milestone 2024

Q1

•

Outputs by end of 2024 What are the products of these milestones?



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be achieved through the implementation of Recommendation 91 in Sharing the Vision. The Suicide and Self-Harm Awareness, Assessment and Response Project guidance to be published and made available online. Stakeholders to be advised via relevant communication channels. Continued input of the working group and steering group membership for the 'Suicide and self-harm awareness, assessment and response' project will be required in order to publish the guidance and communicate to stakeholders.

Milestone 2023

Q1

- Agree approach to finalising SSHAARP guidelines.

Q2

- Reconvene sufficient membership of the original working group to finalise guidelines.

Q3

- Publish guidelines and disseminate to all stakeholders.

Q4

- Review awareness / acceptability of guidelines amongst relevant staff.

Milestone 2024

Q1

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

Q2

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

Q3

- To be determined.

Q4

- To be determined.

Outputs by end of 2024 What are the products of these milestones?

Put in place appropriate monitoring and reporting processes related to self-harm and suicidality among people attending mental health services.

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



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

To meet identified need and ensure full implementation of the national clinical programme.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be achieved through the implementation of Recommendation 23 in Sharing the Vision.

Additional Data manager time is required to manage and report on the data at national and local site level.

Full time permanent data manager.

Support from eHealth to progress the setup of CASTOR to collect data from each site and replace current data collection method.

Increase in Programme manager time from 0.3 to 1.0.

Uplift of Nurse Lead post from Assistant National Director to Director of Nursing to reflect the national role.

Funding for training events both online and in person.

Milestone 2023

Secure funding to recruit eleven additional clinical nurse specialists as per National Clinical Programme requirements.

Q1–4

- Broaden the offering of assessment services (e.g. SCAN) to GPs nationally for individuals that self-harm.
- Deliver comprehensive training and education programmes using integrated learning approaches across disciplines.
- Develop a clinical or peer supervision framework that will meet the needs of the clinical nurse specialists delivering the NCPSHSI nationally.
- Identify a training provider, secure funding for peer supervision training and develop the support structures to ensure successful sustainable implementation of training and education programmes.
- Publish data reports and trends from database.
- Publish up to three peer-reviewed articles from the database.
- Measure service user and family or supporters' satisfaction with service.

Milestone 2024

Q1

- Design service user feedback on experience of NCP. Implement and evaluate.

Q2

- Standard Pathway for CAMHS presentations to ED agreed across the country.

Q3

- Rolling training programme is funded and delivered.

Q4

- Continue to publish research and audit outputs.

Outputs by end of 2024 What are the products of these milestones?

Develop clear and consistent approaches towards those that have self-harmed and presented at emergency departments and other locations, including primary care and CMHTs.

Put high-quality data in place that is reliable and quality assured.

Publish service reports twice per year.

Ensure regular feedback process is in place for service users.

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



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

A Sharing the Vision (StV) mental health in primary care specialist group/workstream has been convened to deliver enhanced and integrated services in primary care settings for people experiencing mental health difficulties. As part of its remit, the group will work to enhance access to talk therapies (StV recommendation 16), which will involve the development of a layered care service model for talk therapies. The group will also progress shared care working between primary care and mental health services while contributing to plans for digital service provision, e.g., online CBT.

In the meantime, the HSE continue to directly provide and fund provision of talk therapies through partner organisations.

In addition to the Sharing the Vision group outlined above, work will continue on the implementation of the Model of Care for adults accessing talk therapies while attending specialist mental health services, including completion of recruitment into the CHO demonstration sites.

Milestone 2023

Q1

- Continue development and implementation of psychology talk therapy initiatives.

Q2

- Continue to provide guided online CBT.

Q3

- Implement research and evaluation framework for psychology talk therapy initiatives.

Q4

- Achieve outputs from the primary care mental health specialist group.

Milestone 2024

Q1

- In 2024, quarterly reports will be received and published from the primary care mental health group under Sharing the Vision.

Q2–Q4

- As above.

Outputs by end of 2024 What are the products of these milestones?

Improve access to talk therapy services within primary care, delivered by accredited providers in general practice and community settings.

Provide guided online CBT.

Put an appropriate governance structure in place for the delivery of talk therapies.

Improve access to psychology services at primary care level.



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

To ensure a consistent range of supports are in place for everyone impacted by a death suspected to be by suicide, ensuring that families of mental health service users in particular are provided the appropriate amount of information and support.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Input and guidance of the National Suicide Bereavement Support Advisory Group.

Milestone 2023

Q1

- Continue to convene National Suicide Bereavement Support Advisory Group.

Q2

- Continue to progress with the children's book addressing the experience of suicide bereavement from children's' perspectives.

Q3

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

Q4

- Continue to develop supports to be signposted via the Coroners Service.

Milestone 2024

Q1

- Continue to convene National Suicide Bereavement Support Advisory Group.

Q2–Q3

- To be determined.

Outputs by end of 2024 What are the products of these milestones?

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



Action 4.3.2: Commission and evaluate bereavement support services.

Lead: HSE NOSP

Partners: HSE: PC, CHOs

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Funding.

SLAs with NGOs.

Milestone 2023

Q1

- Service Level Agreements (SLAs) for funding of national suicide bereavement services agreed.

Q1–Q4

- Suicide Bereavement Liaison Officer (SBLO) Service report published and recommendations implemented.
- Ongoing engagement with NGOs.

Milestone 2024

Q1

- Service Level Agreements (SLAs) for funding of national suicide bereavement services agreed.

Q1–Q4

- Ongoing engagement with NGOs.

Outputs by end of 2024 What are the products of these milestones?

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



Goal 5

Action 5.1.1: Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure.

Lead: HSE NOSP; Partners: Non-statutory partners

Purpose (why are we doing this?)

The implementation of action 5.1.1 was realised through the development and publication of the Best Practice Guidance for Suicide Prevention Services in 2019. Some key developments have taken place since then including:

- The Charity Regulator with the launch of the charity regulator code has taken the lead in relation to governance and compliance for NGOs since 2020
- An external evaluation carried out by the Centre for Effective Services (CES) of the project in 2021 which highlighted challenges for implementation
- In 2019 the HSE NOSP created the role of NGO programme manager who manages the relationships with funded NGO partners and works with finance colleagues to ensure a robust Service Level Agreement (SLA) process and the alignment of funding with the goals and actions of the national CfL strategy.

The implementation of action 5.1.1 is now realised through the coordination of the Service Level Agreement (SLA) and Quality Assurance process including the monitoring and ongoing relationship management with 22 non-governmental organisations funded to provide services that support the implementation of CfL.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Verify NGO partner compliance with the Charity Regulator.

Ensure that a service level agreement (SLA) is in place with all NGOs in receipt of funding from the HSE.

Milestone 2023

Q1

- Service Level Agreements aligned to Connecting for Life actions agreed and signed.

Q1–Q4

- Quarterly NGO monitoring reports published.
- Collaborative working promoted – host and facilitate monthly networking call.

Q13

- 2024 Service Level Agreement process initiated.

Milestone 2024

Q1

- Service Level Agreements aligned to Connecting for Life actions agreed and signed.

Q1–Q4

- Quarterly NGO monitoring reports published.
- Collaborative working promoted – host and facilitate monthly networking call.

Q13

- 2024 Service Level Agreement process initiated.

Outputs by end of 2024 What are the products of these milestones?

Any HSE funded services for people vulnerable to suicide are safe and high-quality.



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

Lead: Department of Education

Purpose (why are we doing this?)

Guidance facilitates people throughout their lives to manage their own educational, training, occupational, personal, social, and life choices so that they reach their full potential and contribute to the development of a better society.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

A new Guidance Policy Unit will be established within the Curriculum and Assessment Policy Unit (CAP) of the Department of Education to lead on guidance policy for schools and to collaborate with stakeholders including other Government Departments to support lifelong Guidance.

Milestone 2023

Q1

- Guidance Policy Unit in place (further detail will be available when the Guidance Unit is in place)

Outputs by end of 2024 What are the products of these milestones?



Action 5.1.3: Provide support and resources for the implementation of the Department's curriculum and programmes in the promotion of wellbeing in the school community. Facilitate access to appropriate mental health and suicide prevention training for teachers, e.g., through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise, as appropriate, with Government agencies.

Lead: Department of Education

Purpose (why are we doing this?)

To facilitate access to appropriate mental health and suicide prevention training for teachers.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Supporting partners – members of the Wellbeing Inter-agency Group.

Milestone 2023

Q1

- Foster links between HSE NOSP and the agencies and services represented on the Wellbeing Inter-agency Group.

Q2

- Highlight the trainings available through our wellbeing CPD directory.

Milestone 2024

Outputs by end of 2024 What are the products of these milestones?



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

Lead: Department of Health

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

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



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

Lead: HSE NOSP, DJE

Purpose (why are we doing this?)

To improve the communications association with CfL, and support the development of evidence-based suicide prevention materials in Ireland.

Improve the accessibility of evidence-based suicide prevention materials in Ireland.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Supporting partners i.e., HSE Digital and HSE ICT.

Milestone 2023

Q2

- Work with HSE digital as a stakeholder in the development of the HSE corporate site.

Q3

- Deliver replacement websites for HSE NOSP.ie and CfL.

Q4

- Implement a new system for communications with stakeholders, e.g., email communication, digital.

Milestone 2024

Q1–Q4

- Ongoing development of replacement websites and enhanced communication system.

Outputs by end of 2024 What are the products of these milestones?

An improved web presence for HSE NOSP and CfL.

Improved access to suicide prevention materials.



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

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

The Suicide and Self-Harm Awareness, Assessment and Response Project guidance to be published and made available online. Stakeholders to be advised via relevant communication channels.

Continued input of the working group and steering group membership for the 'Suicide and self-harm awareness, assessment and response' project will be required in order to publish the guidance and communicate to stakeholders.

Milestone 2023

Q1

- Agree approach to finalising SSHAARP guidelines.

Q2

- Reconvene sufficient membership of the original working group to finalise guidelines.

Q3

- Publish guidelines and disseminate to all stakeholders.

Q4

- Review awareness/acceptability of guidelines amongst relevant staff.

Milestone 2024

Q1

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

Q2

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

Q3

- To be determined.

Q4

- To be determined.

Outputs by end of 2024 What are the products of these milestones?

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



Action 5.2.2: Strengthen the data systems to report and learn from investigations and reviews on child protection and deaths of children in care in order to review the profile of need and requisite service response to vulnerable young people who are in the care of the state or known to TUSLA.

Lead: Tusla

Purpose (why are we doing this?)

Tusla has system in place where child deaths and serious incidents are notified and managed as per the Incident Management Policy (2021) and the Interim Guidance for Tusla on the Operation of the National Review Panel (2021).

All incidents are recorded centrally on the National Incident Management System (NIMS).

As per the Tusla Incident Management Policy the local area/service undertakes a review of an incident to identify learning. The review reports are subsequently provided to the NRP and HIQA.

The Tusla Incident Management Policy was revised in 2021. New suite of guidance documents was also developed to assist staff throughout the incident management process. On-going briefing and training sessions are provided to staff as part of the launch of the revised policy.

The National Review Panel (NRP) is commissioned by Tusla but is functionally independent. Its purpose is to conduct reviews of child deaths and serious incidents and produce reports that are factually based and identify points of learning with a view to improving the quality of services provided to children and families.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Continued training and briefing sessions for staff.

Milestone 2023

- E-Learning programme for staff in relation to incident management

Milestone 2024

Outputs by end of 2024 What are the products of these milestones?

As the Incident Management Framework matures the agency builds-up valuable data to identify trends and inform service improvement.



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

Lead: HSE Mental Health Operations

This action is covered by action 7.2.2. No longer reported on.



Action 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: Department of Justice

Purpose (why are we doing this?)

As part of its role in Cfl, Ireland's National Suicide Reduction Strategy, The Irish Prison Service has committed to reviewing, analysing and learning from each episode of self-harm within the prison estate.

The Self-Harm Assessment and Data Analysis (SADA) Project provides robust information relating to the incidence and profile of self-harm within prison settings, identifies individual- and context-specific risk factors relating to self-harm, as well as examining patterns of repeat self-harm. Such information can be used as an evidence base to inform the identification and management of prisoners who engage in or who are at-risk for self-harm, and to develop effective prevention initiatives.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

NSRF support.

Milestone 2023

Q1

- Data collection and analysis.

Q2

- Data collection and analysis.

Q3

- Review of data through the Death in Custody/Suicide Prevention Group in each prison.

Q4

- Launch of SADA report.

Milestone 2024

Q1

- Data collection and analysis.

Q2

- Data collection and analysis.

Q3

- Review of data through the Death in Custody/Suicide Prevention Group in each prison.

Q4

- Launch of SADA report.

Outputs by end of 2024 What are the products of these milestones?

The Death in Custody/Suicide Prevention Group in each prison has implemented measures to reduce incidences of suicide based on the findings of the SADA report.



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

Lead: Department of Justice

Purpose (why are we doing this?)

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1–Q4

- Ongoing audit and implementation of audit recommendations.

Milestone 2024

Q1–Q4

- Ongoing audit and implementation of audit recommendations.

Outputs by end of 2024 What are the products of these milestones?



Action 5.4.1: Develop a National Training Plan, building on the HSE NOSP Review of Training

Lead: HSE NOSP

Partners: Wide range of statutory and non-statutory organisations who deliver training programmes

Purpose (why are we doing this?)

This action is covered by action 2.3.1



Action 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: Department of Justice

Purpose (why are we doing this?)

To support a vulnerable population to have access to mental health services and continuity of care at a key transition point.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

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

Milestone 2023

Q1–Q4

- Update IPS seclusion policy with new NICE guidance.
- Continue to support Dublin 7 initiative which supports prisoner with a care navigator for 12 weeks post-release.

Milestone 2024

Q1

Q2

Q3

Q4

Outputs by end of 2024 What are the products of these milestones?



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

Lead: Department of Social Protection

Purpose (why are we doing this?)

The DSP staff regularly come in contact with vulnerable customers who may be at risk of suicide or self-harm.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Living Works training materials supplied.

Five more staff trained in T4T to deliver safeTALK in DSP.

Two staff to attend ASIST T4T and facilitate delivery in DSP.

Self-care support for trainers from the HSE as discussed.

Staff to attend Bereaved by Suicide training.

Milestone 2023

Q1

- Three safeTALK planned.

Q2

- Six safeTALK planned & ASIST training to be completed.

Q3

- Six safeTALK planned 2 ASIST courses shadowed and one completed.

Q4

- Five safeTALK planned & two ASIST delivered to DSP staff.

Milestone 2024

Q1–Q4

- safeTALK and ASIST training delivered to meet demand.

Outputs by end of 2024 What are the products of these milestones?

More competent staff trained to support both customers and our colleagues who may be vulnerable or at risk of self-harm or suicidal ideation.



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

Lead: HSA

Purpose (why are we doing this?)

The HSA is committed to healthy and safe working lives and enterprises in Ireland. The Authority wants to realise a safe and healthy working life for people in Ireland and to foster an environment where businesses can grow and prosper.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

The ongoing funding and resourcing of the occupational health division within the HSA. In addition, we require the ongoing support and input of our external partners.

Milestone 2023

Q1

- Launch a psychosocial risk assessment guidance document for online content moderation.

Q2

- Launch media campaign to raise awareness of work-related stress.

Q3

- Undertake a campaign of inspections on bullying across different sectors.

Q4

- Complete year one of a programme focusing on psychosocial risk assessments.

Milestone 2024

Q1

- Launch on renewed WorkPositiveCI website.

Q2

- Commencing year two of a programme focusing on psychosocial risk assessments

Outputs by end of 2024 What are the products of these milestones?

- A psychosocial risk assessment guidance document for online content moderation.
- Completing two-year programme on psychosocial risk assessments.
- Completed media campaigns to raise awareness of work-related stress.
- Continue to support businesses in managing work-related stress, psychosocial hazards and bullying.
- Completed inspection campaign on bullying.
- Completed inspection campaign on violence & aggression.
- WorkPositiveCI continue to support and guide workers and businesses on how to engage with psychosocial matters at work.



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

Lead: Department of Defence

Purpose (why are we doing this?)

In order to reduce risk of suicide to DF personnel and their families/dependants, in accordance with the DF Mental Health Strategy.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Continued support of our HSE partners, in the areas of training conduct and facilitation.

Milestone 2023

Q1

- Deliver safeTALK training to 3% of DF personnel (min 250 persons).

Q2

- As at Q1 Qualify additional 3 safeTALK instructors.

Q3

- As at Q1 Suicide awareness/prevention open day conducted in each Bde/Fmn. Guest speakers to be invited.

Q4

- As at Q1

Milestone 2024

Q1

- Deliver safeTALK training to 3% of DF personnel (min 250 persons).

Q2

- As at Q1 Qualify additional 3 safeTALK instructors.

Q3

- As at Q1 Suicide awareness/prevention open day conducted in each Bde/Fmn. Guest speakers to be invited.

Q4

- As at Q1

Outputs by end of 2024 What are the products of these milestones?

Suicide awareness and prevention strategies to be widely understood and accepted as an important part of DF training culture and environment.



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

Lead: DoH

Purpose (why are we doing this?)

To ensure staff in the Department of Health are prepared to identify risk factors and follow the procedures set out for taking appropriate actions while in contact with people who are vulnerable to/at risk of suicidal behaviour. To promote the HSE suicide training programmes with L&D colleagues in the civil and public sector.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Funding, Staff Engagement, Trainer Availability

Milestone 2023

Q1

- Identify staff in the Department who come into contact with people who are vulnerable to/at risk of suicidal behaviour.
- Identify staff training needs.

Q2

- Make LivingWorks Suicide Prevention Skills Online course available to staff.

Q3

- Organise safeTALK training.
- Prepare and issue an infographic with the key actions.

Q4

- Research more specific training for relevant staff as identified.

Milestone 2024

Q1

- Identify staff in the Department who come into contact with people who are vulnerable to/at risk of suicidal behaviour, particularly in light of staff changes.
- Evaluate 2023 actions.
- Identify staff training needs.

Q2

- Promote training resources available.

Q3

- Re-advertise LivingWorks Suicide Prevention Skills Online course.

Q4

- Organise safeTALK Training.

Outputs by end of 2024 What are the products of these milestones?

Staff in key areas are supported with the knowledge and skills to know how to identify people who are vulnerable to/at risk of suicidal behaviour.



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

Lead: LGMA

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1–Q4

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

Milestone 2024

Q1–Q4

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

Outputs by end of 2024 What are the products of these milestones?

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



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

Lead: DoH

Purpose (why are we doing this?)

There is a need for agencies to have good-practice guidelines, clear care protocols, appropriate training and supervision mechanisms, to allow them to support people experiencing distress more effectively. Maintaining quality and standards and having good governance and accountability structures in place can help to protect service users and providers, and enhance the professionalism and safety of the service.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1

- Communication to medical bodies and other organisations to make them aware of HSE NOSP's array of services.

Q2 & Q3

- Provide access to suicide awareness training courses to bodies that reverted to the Department earlier in the year. This work was commenced in 2022 and will continue into 2023.

Q4

- Conduct survey of all professional regulatory bodies and agencies to find out how many have provided suicide awareness training across the lifetime of CfL. This will guide and give us a basis point for the development of the work programme for 2024.

Milestone 2024

Q1

Q2

Q3

Q4

Outputs by end of 2024 What are the products of these milestones?

All professional regulatory bodies will provide access to suicide awareness and prevention training on an ongoing basis, for members.



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

Lead: Tusla

Purpose (why are we doing this?)

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Support from NSPO

Milestone 2023

Q1

- Identify national lead to progress a Tusla training plan with HSE NOSP.

Q2

- Identify local training officers to provide a direct link with local OSP trainers to improve communication and planning between the 2 agencies.

Q3

Q4

- Agree a national training plan for suicide prevention.

Milestone 2024

Q1

- To begin implementation of agreed plan

Q2

Q3

Q4

Outputs by end of 2024 What are the products of these milestones?



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

Lead: Department of Justice

Purpose (why are we doing this?)

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)
CAMS training.

Milestone 2023

Q1–Q4

- Complete pilot of i-fight depression tool in Cork and implement CAMS across prison psychology services.

Ongoing engagement with HSE NOSP as part of Healthy Prisons initiative.

Milestone 2024

Q1

Q2

Q3

Q4

Outputs by end of 2024 What are the products of these milestones?

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



Goal 6

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

Lead: DoH

Purpose (why are we doing this?)

Restricting access to means of suicidal behaviour has consistently been shown to be an effective approach to reducing suicide across countries and settings. Action 6.1.1 is focused on reducing harm by utilising appropriate medication management practices, including restricting access to means, promoting correct use, and removal of excess/extraneous product. This will be associated with a reduction in self-harm and suicide rates.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Development of a national pilot DUMP scheme with a view to a full national rollout in 2024.

Support and promote the development of appropriate guidance/education materials to the health system.

Explore ways of supporting the appropriate authorities in restricting illicit access to benzodiazepines and other relevant drugs.

Collaborate in or commission as appropriate the gathering/production of information/data around the usage of and access to these products.

Development of a working group, following analysis of the implications of the data, to produce recommendations in this space.

Milestone 2023

Q2

- Completed engagement with the relevant regulators around the development and dissemination of appropriate guidance/education materials.
- Data/information gathered around the usage of and access to these products.

Q3

- Engaged with the relevant authorities in relation to restricting access to benzodiazepines and other relevant drugs.

Q4

- National pilot DUMP scheme developed.
- Analysed implications of the data gathered around usage of and access to these products.

Milestone 2024

Q1

- Developed a working group to produce recommendations in this space, following analysis of data gathered around usage and access.

Q2

- Conducted survey of members of relevant regulatory bodies around engagement with guidance/education materials.

Q3

- Engaged with appropriate authorities to ensure they are complying with agreed restrictions on the use of Benzodiazepines and other relevant drugs.

Q4

- Full national rollout of DUMP scheme.

Outputs by end of 2024 What are the products of these milestones?

Prescribing practices influenced to reduce prescribing of relevant medicines.

Pathways established to facilitate ongoing monitoring of guidance around prescribing practices.



6.1.2: Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems.

Lead: DoH

Purpose (why are we doing this?)

Paracetamol is the drug most frequently taken in intentional and accidental overdose in Ireland. Each year the National Self-Harm Registry Ireland (NSHRI) records approximately 2,300 acts of hospital-presenting intentional overdose with paracetamol, and rates have increased among young people under 25 years since 2007.

Statutory pack size and sales legislation regulating paracetamol sales introduced in Ireland since 2001 have led to a decrease in deaths involving paracetamol and a reduction in the toxicity of paracetamol overdose. However, research has shown that adherence to existing legislation in Ireland is poor and Ireland still has one of the highest incidences of intentional overdose with paracetamol in Europe.

To address this growing concern, an interdisciplinary paracetamol working group (WG) was set up in 2020 with the aim to collaborate on actions aimed at preventing paracetamol overdose by optimising adherence to existing legislation in place that limits access to paracetamol in pharmacy and retail settings.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

The success and impact of this WG depends on several factors and components, including:

WG member engagement: Ongoing multi-sectoral commitment and active engagement of WG members to facilitate the delivery of the 8 key actions of the group, in addition to the continuation in the leadership of the WG by its two co-Chairs.

Financial resources: Including the provision of salary, the graphic design resources of the HSE National Office for Suicide Prevention (HSE NOSP), and material storage costs incurred by the project and an allocated budget to facilitate project dissemination costs (including printed flyer insertion into magazines and local conference attendance costs).

Beyond the current WG activities a programme of resource development and evaluation is proposed. This programme would involve a multi-study and multi-method review and evaluation of activities to prevent paracetamol overdose in Ireland. In addition this programme would incorporate the development and optimisation of staff training, particularly targeting retail staff, promoting adherence to the current paracetamol sales legislation.

Investment for the delivery of this programme has not yet been estimated but could be developed and presented.

Milestone 2023

Q1

- Research dissemination to key stakeholders and knowledge users.
- Finalisation of the suite of optimised materials detailing the paracetamol legislation for dissemination to the retail and pharmacy sector.
- Creation and circulation of a dissemination plan for the circulation of the suite of optimised materials.
- Application of ethical approval for a baseline and follow-up consultation survey targeting pharmacy and retail staff.
- Follow-up on recent progress regarding the Disposal of Unused Medication Properly (DUMP) campaign.
- Convene a WG-wide meeting.

Q2

- Research dissemination to key stakeholders and knowledge users.

- Creation and circulation of a dissemination plan for the consultation survey.
- Development and circulation of the baseline consultation survey, using Qualtrics.
- Analyse and present the results of the baseline consultation survey.
- Planning for pharmacy and retail market surveillance in conjunction with the Pharmaceutical Society of Ireland and the Health Products Regulators Authority.
- Convene a WG-wide meeting.

Q3

- Research dissemination to key stakeholders and knowledge users.
- Development and circulation of the follow-up consultation survey, using Qualtrics.
- Analyse and present the results of the follow-up consultation survey, focusing on changes since baseline.



- Follow-up on actions and activities regarding the Disposal of Unused Medication Properly (DUMP) campaign.

- Convene a WG-wide meeting.

Q4

- Research dissemination to key stakeholders and knowledge users.
- Review and optimise materials detailing paracetamol legislation, based on the findings of the baseline and follow-up consultation surveys.
- Conduct planned market surveillance within the pharmacy and retail sector.
- Prepare a brief report detailing the activities achieved by the WG in 2023.
- Convene a WG-wide meeting, to include a discussion on the activities of the WG in 2024.
- Seek funding opportunities for a programme of resource development and evaluation and seek funding opportunities for this work.

Milestone 2024

Q1

- Research dissemination to key stakeholders and knowledge users.
- Review the prospective work plan of the WG for 2024.
- Submit a grant to conduct the above-mentioned programme of resource development and evaluation.
- Prepare a peer-review publication detailing the findings of the baseline and follow-up consultation survey results, for an international journal.
- Follow-up on actions and activities regarding the Disposal of Unused Medication Properly (DUMP) campaign.
- Convene a WG-wide meeting.

Q2

- Research dissemination to key stakeholders and knowledge users.
- Complete and submit ethical approval to conduct research within the above-mentioned programme of resource development and evaluation.
- Plan ongoing pharmacy and retail market surveillance.
- Convene a WG-wide meeting.

Q3

- Research dissemination to key stakeholders and knowledge users.
- Commence actions of the programme of resource development and evaluation.
- Conduct ongoing pharmacy and retail market surveillance.
- Convene a WG-wide meeting.

Q4

- Research dissemination to key stakeholders and knowledge users.
- Continue actions of the programme of resource development and evaluation.
- Draft and present a brief report detailing pharmacy and retail market surveillance.
- Prepare a brief overview of DUMP campaign actions to date and plans for 2025.
- Convene a WG-wide meeting.

Outputs by end of 2024 What are the products of these milestones?

Periodic multi-media dissemination outputs regarding means restriction interventions in relation to intentional overdose.

An agreed 2024 work plan in support to the paracetamol WG.

A grant proposal to deliver a programme of resource development and evaluation in relation to intentional overdose with paracetamol.

An ethics application regarding the above-mentioned programme of resource development and evaluation.

An international peer-review publication presenting the findings of the paracetamol WG consultation surveys.

A brief report detailing pharmacy and retail market surveillance on intentional overdose with paracetamol.

A brief overview of the DUMP campaign actions for 2024 and plans for 2025.



Action 6.2.1: Local Authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.
Lead: LGMA

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

HSE NOSP and Local Authority Support.

Milestone 2023

Q1

- Engagement to take place with Healthy Ireland Healthy Communities Coordinators.

Q2

- Engagement to take place with new (Oct 2022) CCMA RCCH Committee.

Q3

- Work with HSE NOSP to develop toolkit for preventing suicide in public places.

Q4

- Work with HSE NOSP to develop toolkit for preventing suicide in public places.

Milestone 2024

Q1–Q4

- Work with HSE NOSP to toolkit guidance for preventing suicide in public places, across leaning sites and others as appropriate.

Outputs by end of 2024 What are the products of these milestones?

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



Action 6.2.2: Implement a strategy to improve environmental safety within the HSE mental health services (e.g., ligature audits).

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

A shared, common national approach to environmental risk relevant to suicidal behaviour and safer environments as indicated by compliance with Mental Health Regulation 22. This should form part of business as usual for mental health services and for those working in compliance, quality and safety across the HSE. Specifically, the guidance in relation to ligature audits needs to be updated.

Milestone 2023

Q1

- Consult with NHS colleagues regarding possible need to review the national guidelines on ligature risk reduction/audit.

Q2

- Re-convene national steering group to assess the evidence in relation to ligature audit and revise national guidelines accordingly.

Q3

- Publish revised guidelines on ligature audits.

Q4

- Review reports from the MHC on compliance with Mental Health Regulation 22.

Milestone 2024

Q1

- Continue to convene national steering group to assess environmental safety more broadly, i.e. beyond ligature risk.

Q2

- Actions and milestones to be determined by the steering group.

Q3

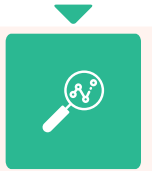
- To be determined.

Q4

- Review reports from the MHC on compliance with Mental Health Regulation 22.

Outputs by end of 2024 What are the products of these milestones?

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



Goal 7

7.1.1: Conduct proportionate evaluations of all major activities conducted under the aegis of CfL; disseminate findings and share lessons learned with programme practitioners and partners.

Lead: HSE NOSP

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Dedicated staff time to assist with the overall evaluation of CfL e.g., advertisement of tender, compiling reports, general administration support, funding from M&E budget.

Evaluation support from CfL's Expert Advisory Group (ExAG), CfL's Data Intelligence & Advisory Group (DIAG), the National Suicide Research Foundation (NSRF), independent evaluators/researchers, and implementation partners.

Milestone 2023

Q1

- Finalise business case for overall evaluation of CfL.

Q1–Q4

- Ongoing engagement with NSRF in relation to evaluation & research programme of work.

Q2–Q3

- Advertise and award tender for overall evaluation of CfL.

Q2–Q4

- Establish Steering Group to oversee evaluation of CfL.

Q3–Q4

- Provide administrative support for overall evaluation of CfL.

Q2

- Advertise and award tender for evaluation of Suicide Observatory.

Q2–Q4

- Ongoing oversight of evaluation of Suicide Observatory.

Milestone 2024

Q1–Q4

- Provide administrative support for overall evaluation of CfL.

- Ongoing engagement with NSRF in relation to evaluation & research programme of work.

Q1–Q2

- Facilitate stakeholder interviews with lead agents.

Q4

- Finalise report on overall evaluation of CfL with recommendations for next iteration of CfL.
- Stakeholder engagement event for findings of evaluation of CfL.

Outputs by end of 2024 What are the products of these milestones?

Report on overall evaluation of CfL with recommendations.

Report on evaluation of Suicide Observatory.

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



Action 7.2.1: Develop capacity for observation and information gathering on those at risk of or vulnerable to suicide and self-harm. This includes children/young people in the child welfare/ protection sector and places of detention, including prisons.

Lead: Tusla

Purpose (why are we doing this?)

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Milestone 2023

Q1

Q2

- CfL rep to identify and link with appropriate staff in residential services.

Q3

- CfL rep to work with appropriate staff in Children's residential service to outline existing policies and procedures for those children or young people vulnerable to suicide and self-harm.

Q4

- Agree a plan for 2024 to address any outstanding issues.

Milestone 2024

Q1

- To begin to implement agreed plan.

Outputs by end of 2024 What are the products of these milestones?



Action 7.2.2: Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Cfl.

Lead: HSE Mental Health Operations

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

This action will be achieved through the implementation of Recommendation 91 in Sharing the Vision. Input from HSE QPS / QSUS colleagues and the State Claims Agency.

Input from the NSRF.

Engagement with Community Operations Incident Review and Patient Safety Group.

Continued adherence to the HSE Incident Management Framework.

Publication and dissemination of the Incident Specific Review Guidance for Community Mental Health Service Users' Suspected Suicides.

Learning and any recommended next steps from the Suicide Mortality Data Completeness Study (NSRF, HSE, MHC 2023).

Milestone 2023

Evaluate pilot of new guidance on responding to suspected suicides and self-harm.

Q1

- Completion of suicide mortality data completeness study.

Q2

- Consultation on data completeness study.

Q3

- Publication of incident specific review tool (community mental health services).

Q4

- Further consideration of the previously reviewed National Confidential Inquiry into Suicide and Homicide (UK).

Milestone 2024

Q1

- Workshop with key stakeholders to review activities in 2023 related to suicide mortality data and incident review.

Q2–Q3

- To be determined.

Outputs by end of 2024 What are the products of these milestones?

Put in place appropriate monitoring and reporting processes related to self-harm and suicidality among people attending mental health services.

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



Action 7.2.3: Collect, analyse and disseminate high quality data on suicide and self-harm and ensure adequate access to, and understanding of the data among those working in suicide prevention across all sectors.

Lead: HSE NOSP

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

Purpose (why are we doing this?)

The Irish Probable Suicide Deaths Study (IPSDS) is a collaborative project involving the HSE National Office for Suicide Prevention (HSE NOSP), Irish coroners and the Health Research Board (HRB). It was established under CfL, Ireland's National Strategy to Reduce Suicide (2015–2024), in order to improve surveillance, evaluation and high-quality research relating to suicidal behaviour. The aims of the IPSDS are to: (i) Improve understanding of the demographic, social and clinical characteristics of those who die by probable suicide in Ireland, using a broad definition of a suicide death; (ii) Identify risk factors for probable suicide and; (iii) Inform the planning, implementation and evaluation of suicide prevention measures in Ireland.

This action also sees HSE NOSP working with other stakeholders (such as the Irish Prison Service and the National Suicide Research Foundation) to support data analysis.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Support from HSE NOSP and HSE MH Ops and the NSRF.

Support from Cfl's DIAG, the ExAG, along with the Health Research Board and the Coroner's Society of Ireland.

Advanced statistical analysis on IPSDS dataset.

Dedicated staff time to clean data for 2019 and 2020 for IPSDS.

Milestone 2023

Q1–Q2

- Addition of 2019 and 2020 data to the dataset.

Q1–Q3

- Internal use of data for planning purposes e.g., data for ROSPS and for the HSE NOSP's 'Applying a social determinants of health lens to suicide prevention' Plan.

Q1–Q4

- Agree a programme of work with the DIAG for the IPSDS.
- Prepare and disseminate reports and presentations on data from the IPSDS.

Q4

- Work with colleagues in the NSRF to disseminate information from the National Self-Harm Registry Ireland (NSHRI) to relevant stakeholders.
- Work with colleagues in the NSRF to disseminate information from the Self-Harm Assessment and Data Analysis (SADA) Project report.

Milestone 2024

Q1–Q4

- Continued use of data from the IPSDS for internal and external planning purposes.

Q1–Q2

- Continued dissemination of reports and presentations on data from the IPSDS.

Q4

- Work with colleagues in the NSRF to disseminate information from the NSHRI to relevant stakeholders.
- Work with colleagues in the NSRF to disseminate information from the SADA report.

Outputs by end of 2024 What are the products of these milestones?

A series of reports, presentations and briefings on findings from the IPSDS which are aimed at improving our understanding of the characteristics of those who died by probable suicide in Ireland.

The establishment of feedback loops to ensure that the data are used to inform the implementation of the national strategy and area-level Cfl suicide prevention action plans, intervention and postvention strategies.



Action 7.3.1: The Justice and Health sectors will engage with the Coroners, Garda Síochána, HSE 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: Department of Justice

Purpose (why are we doing this?)

To improve efficacy and reliability of data on suicide.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

We will need a continuation of the support and work being done by partners outlined above: DoH, HSE NOSP, CSO, AGS, IPS, the Coroners and the NSRF.

Milestone 2023

Q1

- Quarterly reporting of relevant work shared with the *CSO Liaison Group on Suicide Statistics*
- DoH to look at potential work on the refinement of the reporting of suicide statistics
- HSE NOSP to continue work on Irish Probable Suicide Deaths Study (IPSDS) for 2019 and 2020
- DoJ and IPS to continue work on the production of SADA, with support from HSE NOSP, and also review reporting of deaths in custody

Q2

- As above.

Q3

- As above.

Q4

- As above.

Milestone 2024

Q1

Q2

Q3

Q4

Outputs by end of 2024 What are the products of these milestones?

Improved understanding of ongoing work in the area of collating and reporting suicide statistics

Refinement of the availability of data and the reporting of data on suicide.



Action 7.4.1: Support research on risk and protective factors for suicidal behaviour in groups with an increased risk (or potential increased risk) of suicide behaviour (see Strategic Goal 3).

Lead: HSE NOSP

Partners: DoH

Purpose (why are we doing this?)

This action is covered by action 3.4.1



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

Lead: Higher Education Authority

Purpose (why are we doing this?)

The C-SSHRI initiative (Connecting Suicide and Self-Harm Researchers on the island of Ireland) was established in 2020 to contribute to the co-ordination and streamlining of research completed by third-level institutions. C-SSHRI is managed by the NSRF in collaboration with the HSE National Office for Suicide Prevention (HSE NOSP) and the Higher Education Authority (HEA). C-SSHRI will host meetings with suicide and self-harm researchers as well as research training and workshops and knowledge translation events as they have in previous two years. C-SSHRI's meetings, research training and workshops encourage, support and foster collaboration between researchers through networking and capacity building.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Funding to support the C-SSHRI network.

Milestone 2023

Q1–Q4

- National Suicide Research Foundation (NSRF) update on C-SSHRI initiative (Connecting Suicide and Self-Harm Researchers on the island of Ireland).
- National Suicide Research Foundation (NSRF) to continue to run C-SSHRI initiative (Connecting Suicide and Self-Harm Researchers on the island of Ireland) with support of HEA.

Milestone 2024

Q1–Q4

- Subject to funding, National Suicide Research Foundation (NSRF) to continue to run C-SSHRI initiative (Connecting Suicide and Self-Harm Researchers on the island of Ireland) with support of HEA.

Outputs by end of 2024 What are the products of these milestones?

Increased C-SSHRI membership, all island collaborations and training opportunities for Early Career Researchers.



Action 7.4.3: Develop working partnerships with centres of expertise to support evaluation and research, knowledge transfer and implementation support between researchers, policy makers and service providers.

Lead: HSE NOSP

Purpose (why are we doing this?)

Knowledge translation (as defined by [HSE Research & Development](#)) seeks to reduce the gap between research and practice and make sure effective innovations are used in policy and practice. In order to achieve this, the HSE NOSP has established both internal and external collaborative working partnerships. These partnerships are essential in bringing multiple stakeholders together to 'find, create, share and use knowledge between those who create knowledge and those who use it' (see [HSE Research & Development](#)). The HSE NOSP is working collaboratively with partners in the HSE, the non-governmental sector, academic institutions and centres for expertise to support evaluation and research and the transfer of this knowledge between researchers, policy makers and service providers. These partnerships will also help to ensure research is streamlined to avoid duplication, and that the evaluation and research findings are used to inform service delivery.

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Key supporting partners include the Cfl ExAG, Cfl DIAG, the National Suicide Research Foundation (NSRF), the Health Research Board (HRB), the Centre for Effective Services (CES) and academic partnerships (including University College Cork (UCC), University College Dublin (UCD), Trinity College Dublin (TCD), National University of Maynooth (NUIM), National University of Galway (NUIG), and our Non-Governmental Organisation (NGO) Partners. Dedicated time to attend research events to disseminate evaluation and research findings and for these to include networking opportunities.

Milestone 2023

Q1–Q4

- Continued attendance at C-SSHRI, Planet Youth, ExAG and DIAG meetings (Q1–Q4 2023) to ensure knowledge translation of important research findings.

Q1–Q4

- Dissemination of findings from for example, the IPSDS, to collaborative partners and other key stakeholders and knowledge users.

Q2

- Showcasing research in suicide prevention event for findings from the 2021–2022 Collaborative Research Grant Scheme.

Q1–Q4

- Establishment of new working partnerships through further evaluation and research grants through the year.

Milestone 2024

Q1–Q4

- Continued attendance at C-SSHRI, Planet Youth, ExAG and DIAG meetings to ensure knowledge translation of important research findings.

Q1–Q4

- Dissemination of findings from for example, the IPSDS, to collaborative partners and other key stakeholders and knowledge users.

Q1–Q4

- Establishment of new working partnerships through further evaluation and research grants through the year.

Q4

- Attendance ESSSB conference in 2024.

Outputs by end of 2024 What are the products of these milestones?

Conference abstracts and proceedings.

Booklet of grant scheme Briefing Papers.



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

Lead: HSE NOSP

Partners: Third level institutions

Purpose (why are we doing this?)

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

Inputs for 2023 and 2024 (what do we need to help us? E.g., funding, staff, materials, supporting partners)

Funding to support work on innovative approaches to suicide prevention.

Support from colleagues in HSE NOSP, HSE MH Ops, and the NSRF.

Milestone 2023

Q1

- Review Briefing Papers from Grant Scheme for Collaborative Research Projects and liaise with researchers on final outputs derived from their research.

Q2

- Facilitate Showcase of Research from the Collaborative Grant Scheme.

Q3

- Compile Report with Briefing Papers from all projects under the Grant Scheme for Collaborative Research Projects.

Q4

- Continue to liaise with and support follow-on research projects initiated by the Grant Scheme for Collaborative Research Projects

Milestone 2024

Q1–Q2

- Continue to liaise with and support follow-on research project(s) initiated by the Grant Scheme for Collaborative Research Projects.

Q3–Q4

- Compile findings from ongoing research project(s) initiated by the Grant Scheme for Collaborative Research Projects.

Q2–Q3

- Update information on innovation in suicide prevention.

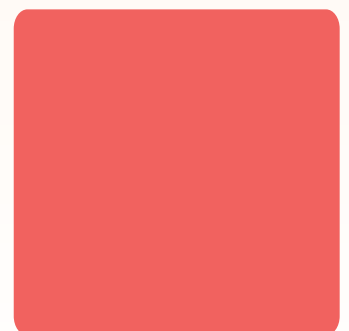
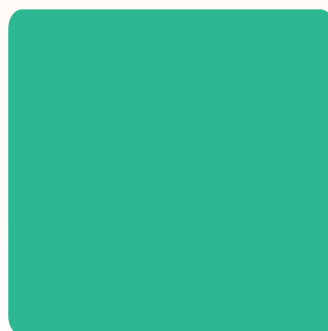
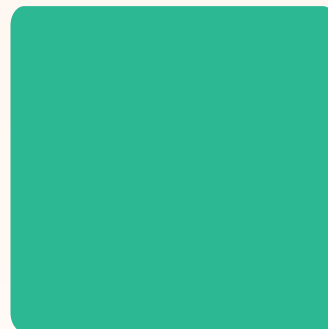
Outputs by end of 2024 What are the products of these milestones?

Report of Briefing Papers from initial Grant Scheme for Collaborative Research Projects.

Report of Briefing Papers from follow-on research project(s) which were initially facilitated and funded by the Grant Scheme for Collaborative Research Projects.

Section 8

Appendices





Section 8: Appendices

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

| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|--|--|---|
| Taoiseach | | |
| Department of the Taoiseach (jointly sponsored by the Departments of Finance and Public Expenditure & Reform) Understanding Life in Ireland: A Well-being Framework (2021) | <p>Ireland's Well-being Framework is a cross-government initiative to help improve our understanding of quality of life and to measure how we are progressing overall as a country. This can help us better align policy decisions with people's experiences.</p> <p>The importance of taking a new and broader approach to understanding people's lives has never been clearer, particularly reflecting on our experience of the COVID-19 pandemic.</p> <p>A Well-being Framework has the advantage of bringing economic, societal and environmental impacts together under one Framework. It also places a particular focus on equality and sustaining well-being into the future. It includes 11 dimensions of well-being, which capture the areas that matter most to the people of Ireland for a good quality of life, areas such as housing, skills, work, health and community.</p> | <p>The framework includes mental health as one of its dimensions of wellbeing. The framework Reports note that mental wellness is an essential aspect of health and has strong linkages with subjective well-being. This aspect explores good mental health which allows individuals to cope with the normal stresses of life. It also includes the incidence of poor mental health such as the incidence of depressive symptoms, mental illnesses, addiction, or adverse outcomes based on mental health. Mental wellness also promotes resilience, which supports sustainability.</p> <p>One of the indicators here is the Population Reporting Depression. This refers to the percentage of persons aged 15 years and over that reported having some form of depression in the previous 2 weeks.</p> |
| Health | | |
| Department of Health Review of the Mental Health Act 2001 (report published March 2015; update of legislation estimated for 2021), | The Mental Health Act 2001 sets out the law on how and why a person can be admitted to a psychiatric hospital and their rights as a patient. It ensures: that the best interest of the person will be the most important thing to consider when making decisions; a person's right to information is protected; the right to review through a system of Mental Health Tribunals; and high standards of care are provided for people using Mental Health Services. | The 2015 review made 165 recommendations, the bulk of which relate to changes to our mental health legislation. In particular, the changes seek to move away from the often paternalistic interpretation of the existing legislation, to one where insofar as is possible, the individual has the final say in what he or she deems to be in his or her best interests and receives the best possible quality of service required to attain the highest standard of mental health. |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|--|--|---|
| Health | | |
| Department of Health Sláintecare (2017), | Sláintecare is the ten-year programme to transform Ireland's health and social care services. It is a cross-party parliamentary and political agreement which seeks to create universal healthcare, a single-tier system based on health need, rather than ability to pay. | Sláintecare commits to enhancement of community mental health services and additional investment to develop mental health services. The implementation plan cites key Mental Health initiatives and to review recommendations of the Mental Health Act 2001 among its activities. Sláintecare also supports mental health programmes all over Ireland through the Integration Fund. |
| Department of Health, National Youth Mental Health Task Force Report (2017) | <p>The National Youth Mental Health Task Force was established in response to an undertaking in the Programme for Partnership Government to provide national leadership in the field of youth mental health and to enhance how the public, private, voluntary and community sectors work together to improve the mental health and wellbeing of young people.</p> <p>The Task Force was sensitive to youth mental health recommendations contained within existing Mental Health and Suicide Prevention strategies (Vision for Change and Connecting for Life) and wished to consider additional youth-focused supports to broaden mental health service provision in Ireland.</p> | Relevant recommendations include: the development of evidence based mental health awareness campaigns; evidenced-based gate keeper mental health training programmes; investment in age-appropriate, scalable digital youth mental health supports; implementation of the wellbeing junior cycle curriculum; the provision of mental health supports to young people at the primary care level to reduce the pressure on the tertiary referral services and improve waiting times; the funding of a strategic national research programme on youth mental health; and the publication of legislation to give effect to the recommendations of the Expert Group on the Review of the Mental Health Act, 2001 with regard to children, including reforming the consent provisions, to allow young people under 18 direct access to mental health services |



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



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|---|--|--|
| Health | | |
| Department of Health, Sharing the Vision – A Mental Health Policy for Everyone (June 2020) | <p>A Mental Health Policy for Everyone' is the successor to 'A Vision for Change' that was launched in 2006. Sharing the Vision focuses on developing a broad based, whole system mental health policy for the whole of the population. The vision of the policy is to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual. This mental health system should deliver a range of integrated activities to promote positive mental health in the community; it should intervene early when problems develop; and it should enhance the inclusion and recovery of people who have complex mental health difficulties. Service providers should work in partnership with service users and their families to facilitate recovery and reintegration through the provision of accessible, comprehensive and community-based mental health services.</p> <p>This policy supports continued implementation of the Connecting for Life and specifically states that the Department of Health will extend the timeframe and funding for the strategy for Connecting for Life (CfL) to 2024.</p> | <p>Specific actions which overlap with CfL (and specifically this implementation plan) can be seen in the areas:</p> <p>Domain 1 Promotion, Prevention and Early Intervention</p> <ul style="list-style-type: none">• Develop a strategic whole community National Stigma Reduction Plan for publication and annual review with specific outcomes and targets.• Healthy Ireland should develop a dedicated National Mental Health Promotion Plan with appropriate resourcing. The proposed National Mental Health Promotion Plan and the existing work of Connecting for Life should incorporate targeted mental health promotion and prevention actions that recognise the distinct needs of priority groups.• Evidence-based digital and social media channels should be used to the maximum to promote mental health and to provide appropriate signposting to services and supports• All schools and centres for education will have initiated a dynamic Wellbeing Promotion Process by 2023, encompassing a whole-school/centre approach.• Led by DoH, a protocol should be developed between the DES and the HSE on the liaison process that should be in place between primary/post-primary schools, mental health services and supports such as NEPS, GPs, primary care services and specialist mental health services. |



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



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|----------------------------------|----------|--|
| Health | | |
| | | <ul style="list-style-type: none">• A tiered model of integrated service provision for individuals with a dual diagnosis (e.g., substance misuse with mental illness) should be developed to ensure that pathways to care are clear.• In order to address service gaps and access issues, a stepped model of integrated support that provides mental health promotion, prevention and primary intervention supports should be available for people experiencing homelessness. Assertive outreach teams should be expanded so that specialist mental healthcare is accessible to people experiencing homelessness. Further, Domain 3 Social Inclusion provides for additional housing support for those with mental health difficulties.• Persons in Direct Provision services and refugees arriving under the Irish refugee protection programme should have access to appropriate tiered mental health services through primary care and specialist mental health services. <p>Domain 4 Accountability and Continuous Improvement</p> <ul style="list-style-type: none">• The Department of Justice and the Implementation and Monitoring Committee, in consultation with stakeholders, should determine whether legislation needs to be amended to allow for greater diversion of people with mental health difficulties from the criminal justice system.• The Justice and Health sectors should engage with the coroners, the Garda Síochána, the National Office for Suicide Prevention, the CSO and research bodies in relation to deaths in custody, recording deaths by suicide and open verdicts, to further refine the basis of suicide statistics.• Review current reporting and monitoring of levels and patterns of self-harm and suicidality among people attending mental health services. |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|--|--|--|
| Health | | |
| Department of Health, National Traveller Health Action Plan (2022–2027) | <p>The National Traveller Health Action Plan (2022–2027) – “Working together to improve the health experiences and outcomes for Travellers” estimates that there are around 61,904 Travellers in Ireland, which equates to 1.2% of the overall population. It cites the All Ireland Traveller Health Traveller Study finding that suicide accounts for approximately 11% of all deaths within the Traveller community which is 6 times the national rate.</p> <p>The policy outlines significant Traveller health inequalities that must be addressed during the 5-year period of 2022–2027. It takes a whole-of government and social determinants’ approach to addressing Traveller health inequalities in line with the NTRIS, Healthy Ireland and Sláintecare. The social determinants relating to Traveller health include: Family size; Accommodation and living conditions; Education; Employment; Discrimination; Income; Lifestyle; and Trust in health services.</p> | <p>The Action Plan contains six mental health/suicide prevention actions and incorporates the six actions from the National Traveller and Roma Inclusion Strategy (NTRIS)</p> <p>The actions are:</p> <p>Action 17. National Social Inclusion Public Health as well as Regional Departments of Public health Leads and THUs to work in partnership to support preventive and clinical health programmes e.g., health inequalities cancer, COPD, chronic diseases, mental health and addiction.</p> <p>Action 25. Ensure the local Connecting for Life Implementation Plans include Traveller-specific actions as relevant to the local area and promote Traveller representation on groups as appropriate.</p> <p>Action 26. Support and resource peer-led initiatives focused on Traveller men’s health to improve mental health and wellbeing</p> <p>Action 27. Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.</p> <p>Action 28. Work with the HSE to develop programmes to address mental health issues for young Travellers.</p> <p>Action 27. Support and further develop culturally safe services to respond to the mental health needs of Travellers in consultation with Travellers and organisations.</p> <p>Action 28. Work with the HSE to develop programmes to address mental health issues for young Travellers.</p> <ul style="list-style-type: none">• Action 66. The Health Service Executive, in consultation with Traveller organisations, will continue to address the prevalence, range and treatment of chronic health conditions amongst travellers e.g., diabetes, asthma, cardiovascular and circulatory conditions, poor mental health and suicidal ideation. |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|----------------------------------|----------|---|
| Health | | |
| | | <ul style="list-style-type: none">• Action 88. The Health Service Executive will develop targeted interventions and educational materials to support good mental health, suicide prevention and promote self-esteem and self-acceptance for young Travellers.• Action 89. The Health Service Executive (National Office for Suicide Prevention) will develop communication campaigns to reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority populations including the Traveller and Roma communities.• Action 90. A review by the HSE National Office for Suicide Prevention of its funding of Traveller projects will assess the effectiveness of existing programmes and provide guidance in relation to future initiatives.• Action 91. The Health Service Executive (National Office for Suicide Prevention), in consultation with Traveller organisations, will conduct research on suicide and self-harm in the Traveller community, as part of the implementation of Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015–2020.• Action 92. In collaboration with Traveller organisations and other relevant stakeholders, the Health Service Executive (National Office for Suicide Prevention) will provide training and guidance to improve recognition of, and response to, suicide risk and suicidal behaviour among Travellers through programmes such as Assist and safeTALK. The HSE National Office for Suicide Prevention will link with the Health Service Executive's Social Inclusion Unit to ensure effective approaches are taken.• Action 30. Prioritise the implementation of actions relating to Travellers in Sharing the Vision and Connecting for Life. (Connecting for Life Action 2.3.3, 3.1.6) |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|---|---|--|
| Health | | |
| HSE, Stronger Together, the HSE Mental Health Promotion Plan (2022–2027) | <p>Stronger Together is the first mental health promotion plan to be published by the HSE and highlights an organisational commitment to integrating the promotion of mental health and wellbeing across our health services, in collaboration with external partners.</p> <p>The HSE Mental Health Promotion Plan takes a life course and settings-based approach, including actions that identify key opportunities for enhancing protective factors and minimising risk factors. It incorporates evidence-based interventions at key life stages from early childhood to older age and in key settings such as homes, schools, workplaces, HSE settings, and communities.</p> <p>A health equity lens was applied to all actions, including a number with specific reference to priority groups that bear a disproportionate impact of poor mental health in comparison to the general population.</p> <p>The timing of Stronger Together is very important, as the country is emerging from lengthy periods of recurring lockdowns and hardship experienced by healthcare workers, families, and individuals across Ireland due to the Covid-19 pandemic.</p> | <p>Theme: Growing and Learning Well.</p> <p>Actions reflective of CfL Goal three actions include:</p> <ul style="list-style-type: none">• 5. Strengthen supports for health and wellbeing in early learning and care and school-age childcare settings• 6. Support social and emotional learning in primary and post primary schools, through collaboration with DE.• .8. Support and strengthen the mental health and wellbeing of children and young people through the Children and Young People's Services Committees (CYPSC) mental health and wellbeing subgroups at county level.• 9. Develop joint initiatives with the NGO sector to build the capacity of people who work with young people to promote youth mental health.• 10. Develop, implement, and evaluate mental health promotion initiatives focused on promoting student connectedness and belonging in further and higher education settings aligned to the Healthy Campus Framework and the Higher Education Authority (HEA) Mental Health and Suicide Prevention Framework. |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|----------------------------------|----------|---|
| Health | | |
| | | <p>Theme: Belonging Well</p> <p>Actions reflective of CfL Goal two actions include:</p> <ul style="list-style-type: none">• 11. Integrate social prescribing across the HSE, in partnership with the community and voluntary sector as outlined in the HSE Social Prescribing Framework.• 12. Support the implementation of community-wide mental health promotion initiatives based on the principles of empowerment, inclusion, and coproduction.• 13. Support the implementation of initiatives to address the impact of loneliness and social isolation across the life cycle. <p>Theme: Equally Well</p> <p>One of the goals of the plan is to reduce inequities in mental health and wellbeing. Actions will take cognisance of the mental health and wellbeing needs of different population groups. Tailored co-designed mental health promotion interventions are essential in order to meet the needs of socially excluded groups. Priority groups reflect those set out in Connecting for Life.</p> <p>Actions reflective of CfL Goal three actions include:</p> <ul style="list-style-type: none">• 18. Facilitate access to mainstream mental health promotion programmes for socially excluded groups.• 19. Support and co-design mental health literacy initiatives for priority groups through dedicated communications campaigns and resources.• 20. Develop and implement mental health promotion training for those working with priority groups.• 21. Further strengthen the provision of co-produced mental health promotion programmes for people with mental health difficulties in line with the principles of the National Framework for Recovery in Mental Health.• 22. Scale up and further strengthen existing Traveller mental health promotion initiatives within the existing Traveller health infrastructure. |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|---|---|--|
| Health | | |
| HSE, National Framework for Recovery in Mental Health 2018–2020. | Recovery was first identified as an objective in policy in Vision for Change. This is a framework for improved quality in and a person-centred mental health care service. Organised around four principles (lived experience of the service user; coproduction; organizational commitment; and learning and practice. See also: HSE's Advancing Recovery in Ireland (ARI) Framework which is a collaborative initiative now merged with the Office for Mental Health Engagement. | No specific reference to recovery as a key principle in suicide prevention or to the work of HSE NOSP. The framework remains highly relevant to suicide prevention. |
| HSE, Best Practice Guidance on Mental Health Services, 2019 | This provides a guidance framework for implementation of all relevant mental health policies and procedures in mental health services, based on a recovery framework and intent to implement in mental health services the existing National Standards for Safer Better Healthcare through improvements in the quality and safety of healthcare services in Ireland. | <p>The guidance includes specific references to suicide prevention in two main areas: a) provision of information about services such as self-harm liaison nurses in Emergency Departments, Suicide Crisis Assessment Nurses (SCAN) available to GPs; b) guidance in managing risk to self; b) inclusion of precautions / assessing and managing a range of risks including to self, and suicide and self-harm in risk management policies. The guidance does not cross-reference to other policy areas or guidance such as mental health promotion.</p> <p>Note: The HSE NOSP Best Practice Guidance on Suicide Prevention used the same framework adapted to and updated with relevance to suicide prevention. It is therefore intended to complement the Best Practice Guidance on Mental Health.</p> |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
|---|---|---|
| Health | | |
| HSE, National Clinical Programme for Self-Harm and Suicide-related Ideation Updating the National Clinical Programme for the Assessment and Management of Patients presenting to the Emergency Department following Self-Harm , 2022 | <p>The NCPSH refers to all persons who present to their GP or to the ED following an act of self-harm or with suicide-related ideation. The NCPSH refers to all ages, including children up to 18 years of age, adults, and older adults aged over 65 years. It aims to ensure that every individual who presents to General Practice, Emergency Department, Community Mental Health Team or CAMHS following self-harm, or with suicide related ideation, receives a timely, expert assessment of their needs, and is connected to appropriate next care. That the individual and their family are valued and supported, by staff who themselves are valued and supported.</p> <p>The four clinical components – an empathic response, an expert assessment and intervention, family involvement and follow-up, and bridging to next care – should be offered to all patients who present following self-harm or with suicide-related ideation.</p> | <p>The NCPSH aligns with the mission, values and principles of Connecting for Life (CfL), the national suicide prevention strategy 2015–2020. It specifically addresses strategic goals 3, 4 and 5: to focus on priority groups, to provide better access to support, and to ensure high-quality services. It states that the mental health teams should provide regular training for ED staff on mental health and suicide awareness and Connecting for Life and recommends that all clinicians working with the clinical programme should develop a close working relationship with the local Resource Officer for Suicide Prevention.</p> <p>The programme cautions that standalone and locally developed risk assessment tools should not be used. Clinical risk assessment processes should be improved, with emphasis placed on building relationships and on gathering good-quality information on the current situation, on past history and on the current social circumstances, to inform a collaborative approach to management using safety planning.</p> |
| Model of Care for People with Mental Disorder and Co-existing Substance Use Disorder (Dual Diagnosis) | | |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
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| Rural development | | |
| Government of Ireland/ Dept. of Rural & Community Development, Realising Our Rural Potential – Action Plan for Rural Development, 2018² | To be replaced soon by a new whole of government rural development policy to be drawn up by the Department of Rural and Community Development. It will follow on from the Action Plan for Rural Development 2017–2019. This includes 5 key pillars and over 270 actions. There is one specific action that cross-references Connecting for Life, and reference is made to local services in improving mental wellbeing and addressing isolation in rural areas, for example, through ‘Sheds for Life’ programme for men (Action 67). | Action no. 20: In line with the Connecting for Life Programme, provide support for local strategies across rural Ireland to address suicide and improve mental wellbeing. Specific actions that are relevant to suicide prevention include tackling social exclusion, provide services to people living in remote areas, enhancing recreational and cultural facilities and improving job opportunities particularly for young people. |
| Children and Youth | | |
| Department of Children and Youth Affairs, National Youth Strategy, 2015–2020 | The National Youth Strategy has its basis in Better Outcomes, Brighter Futures – National Policy Framework for Children & Young People 2014–2020 and complements the National Strategy on Children and Young People’s Participation in Decision-Making 2015–2020). The National Youth Strategy takes a cross-sectoral, whole-of-society approach to supporting young people in their everyday lives (based on five outcomes: active and healthy, achieving their full potential in learning and development, safe and protected from harm, have economic security and opportunity, and are connected and contributing to their world). | Objective 1: Active and healthy, physical and mental well-being. Objective 1.10: Implement Connecting for Life, Ireland’s National Strategy to Reduce Suicide 2015–2020 (2015) as it relates to young people Objective 1.11: Optimise the potential of youth services in promoting suicide prevention as part of those strategies and plans which focus on young people Objective 1.12: Promote the guidelines document <i>Technology, mental health and suicide prevention in Ireland: A good practice guide</i> to ensure the safe and responsible delivery of online support services for young people. |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
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| Children and Youth | | |
| Department of Children and Youth Affairs, LGBTI+ Youth Strategy, 2018– 2020: LGBTI+ young people: visible, valued and included | The strategy contains three high-level goals: Goal 1: Create a safe, supportive and inclusive environment for LGBTI+ young people. Goal 2: Improve the physical, mental and sexual health of LGBTI+ young people. Goal 3: Develop the research and data environment to better understand the lives of LGBTI+ young people. It refers to other national strategies targeted at-risk groups, including Connecting for Life. Others identified are: Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025; Reducing Harm, Supporting Recovery – the National Drug and Alcohol Strategy, 2017–2025; and the National Sexual Health Strategy 2015–2020. | The strategy refers to mental health problems, including higher rates of severe stress, anxiety, depression, self-harm and attempted suicide. Objective 11(b): Develop targeted early intervention initiatives and services to reduce the risk of mental health problems for LGBTI+ young people, including suicide and self-harm. (led by Department of Health) |
| Justice: Specific target groups | | |
| Coroners (Amendment) Act 2019 | This Act amends the existing Principal Act (the Coroners Act 1962) to significantly clarify, strengthen and modernise coroner powers in the reporting, investigation and inquest of deaths. The Act broadens the scope of enquiries at inquest and clarifies that they are not limited to establishing the medical cause of death, but that they may also seek to establish, to the extent the coroner considers necessary, the circumstances in which the death occurred. | Deaths reportable to the Coroner include any death which may be by suicide. |



| Legislation/ Policy /Strategy | Overview | Reference to and/or relevance to suicide prevention |
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| Justice: Specific target groups | | |
| Department of Justice, National Traveller and Roma Inclusion Strategy, 2017-2021 | There are ten strategic themes designed to promote Traveller and Roma inclusion (marking a shift in emphasis from previous strategies from integration to inclusion). These are: employment and Traveller economy, children and youth, health, gender equality, anti-discrimination, accommodation, Traveller and Roma communities, and public services. Each of the ten strategic themes has objectives and actions. | Reference is made to ERSI data that the suicide rate is almost seven times higher among Traveller males than in the general population (p.10). Specific commitments are made under the health theme on suicide prevention with the following objective: 'The rate of suicide and mental health problems within the Traveller and Roma communities should be reduced and positive mental health initiatives should be put in place.' A large number of actions are recommended on access to services, reducing self-harm, suicide prevention and better research (see actions 87-96). |
| Department of Justice, Migrant Integration Strategy, 2017-2020 | <p>The strategy provides a framework for action on integration by Government and diverse sectors and organisations. It starts from the principle that integration is the responsibility of Irish society as a whole and will require action by Government, public bodies, service providers, businesses, NGOs but also by local communities. It seeks to encourage local communities to take action to promote integration.</p> <p>Vision: 'The vision of this Strategy is that migrants are facilitated to play a full role in Irish society, that integration is a core principle of Irish life and that Irish society and institutions work together to promote integration.'</p> <p>There are general actions and specific actions on citizenship/ long term residence; access to public services and social inclusion; education; employment and pathways to work; health; integration into the community; political participation; intercultural awareness and combating racism and xenophobia; volunteering; and sport.</p> | No specific reference is made to risks of social exclusion and the potential role of suicide prevention, although many of the actions can impact on suicide prevention. |



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



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



Appendix 2: Glossary of abbreviations

AVFC – A Vision for Change

BAI – Broadcasting Authority of Ireland

C19PRC – Covid-19 Psychological Response Consortium

CAMHS – Child and Adolescent Mental Health Services

CBT – Cognitive Behavioural Therapy

CES – Centre for Effective Services

CfL – Connecting for Life

CHN – Community Health Network

CHO – Community Healthcare Organisation

CMH – Central Mental Hospital

CMHTs – Community Mental Health Teams

CNS – Clinical Nurse Specialist

CPD – Continuing Professional Development

CSEAS – Civil Service Employee Assistance Service

CSO – Central Statistics Office

CYPSC – Children & Young People's Services Committee

DAFM – Department of Agriculture, Food and the Marine

DBEI – Department of Business, Enterprise, and Innovation

DCCA – Department of Communications, Climate Action and Environment

DCYA – Department of Children and Youth Affairs

DEASP – Department of Employment and Social Protection

DES – Department of Education and Skills

NEPS – National Educational Psychological Service

DF – Defence Forces

DHPLG – Department of Housing, Planning and Local Government

DJE – Department of Justice and Equality

DoD – Department of Defence

DoH – Department of Health

DRCD – Department for Community and Rural Development

DSP – Department of Social Protection

DTTAS – Department of Transport Tourism & Sport

EAG – Evaluation Advisory Group

ED – Emergency Department

FRC – Family Resource Centres

GP – General Practitioner

H&W – Health and Well-being

HEA – Higher Education Authority

HEI – Higher Education Institutions

HI – Healthy Ireland

HRB – Health Research Board

HRB – Health Research Board

HSA – Health & Safety Authority



HSE – Health Service Executive

ICGP – Irish College of General Practitioners

IPS – Irish Prison Services

IPSDS – Irish Probable Suicide Deaths Study

ISC – Irish Sports Council

KPI – Key Performance Indicator

LA – Local Authorities

LCOP – Learning Community of Practice

LGBTI+ – Lesbian Gay Bisexual Transgender Ireland

LGMA – Local Government Management Agency

MHL – Mental Health Literacy

MHFI – Men's Health Forum in Ireland

MOU – Memorandum of Understanding

MYWB – Minding Your Wellbeing

NCP – National Clinical Programme

NDRDI – National Drug Related Deaths Index

NEPS – National Educational Psychological Service

NGO – Non Government Organisation

NOSP – National Office for Suicide Prevention

NSRF – The National Suicide Research Foundation

NSHRI – National Self-harm Registry Ireland

OSMR – Online Safety and Media Regulation

PC – Press Council

HSE PC – Primary Care

PPPG – Policies, Procedures, Protocols and Guidelines

QAF – Quality Assurance Framework

QPS – Quality and Patient Safety

QSUS – The Quality Service User Safety

RICO – Regional Integrated Care Organisations

ROSP – Resource Officers for Suicide Prevention

RSE – Relationships and Sexuality Education

SBLO – Suicide Bereavement Liaison Officer

SCAN – Suicide Crisis Assessment Nurse

SI – Social Inclusion

SLA – Service Level Agreement

SPHE – Social, Personal and Health Education

SUFMC – Service users, family members and carers

T4T – Training for Trainers

TAG – Technical Advisory Group

TOR – Terms of Reference

USH – Understanding Self Harm

USI – Union of Students in Ireland

WHO – World Health Organisation



Connecting for Life



Rialtas na hÉireann
Government of Ireland