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Connecting for Life

Report to the  
**National Cross Sectoral Steering and  
Implementation Group**  
*Q1 2019*

HSE National Office for Suicide Prevention (10<sup>th</sup> April 2019)

## INTRODUCTION

This report gives an outline of *Connecting for Life (CfL)* activity during Quarter 1 of 2019. *CfL* action lead agents were requested to provide an update on the activity of their relevant lead actions during the period Q1, 2019. They were also requested to give an outline of activity proposed to take place in Q2. The purpose of this report is to focus primarily on the 'red flag' issues that are hindering the implementation of *CfL*. A bi-annual implementation progress report (published in July and December) gives a more detailed analysis of overall implementation activity.

### Dashboard Templates received and included in this report from:

- HSE Mental Health
- HSE National Office for Suicide Prevention
- HSE Primary Care
- HSE Health & Wellbeing
- Broadcasting Authority of Ireland
- Department of Employment Affairs & Social Protection
- Press Council of Ireland
- Department of Rural and Community Development
- Department of Communications Climate Action & Environment
- Department of Defence
- Health and Safety Authority/ Department of Jobs, Enterprise and Innovation
- Higher Education Authority
- Department of Justice/Irish Probation Service
- Department of Education and Skills
- Department of Health
- Department of Agriculture, Food and the Marine
- Department of Transport, Tourism & Sport
- Department of Children and Youth Affairs
- TUSLA

### Dashboard Templates not received from the following:

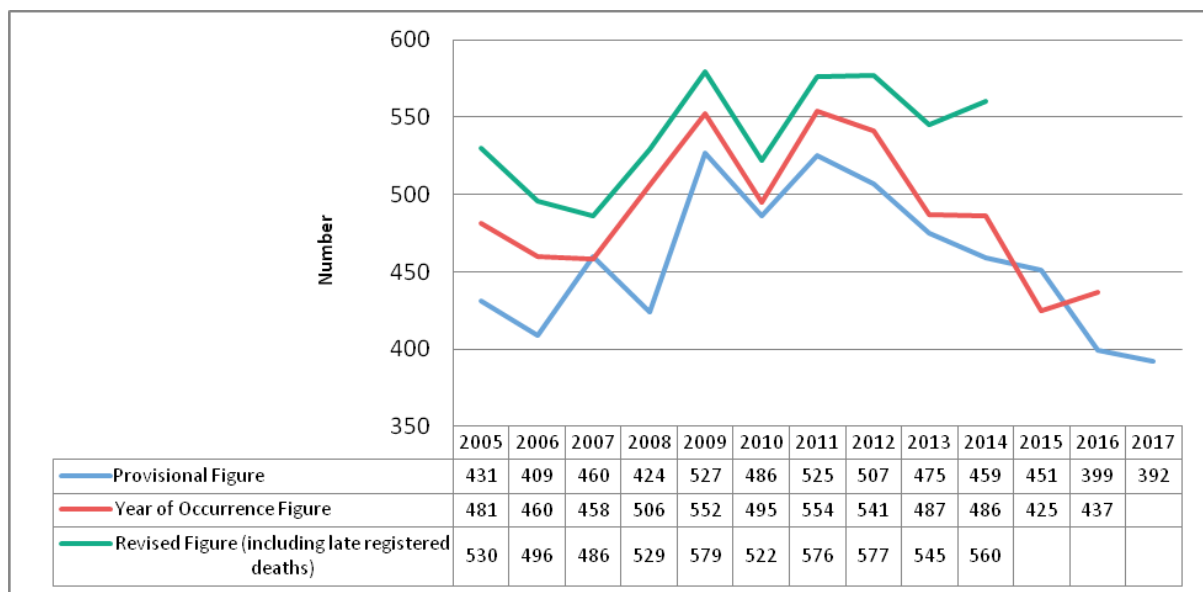
- HSE Acute Hospitals
- Local Authorities

## UPDATE ON SUICIDE AND SELF-HARM STATISTICS

Since the previous *Connecting for Life* reporting period, there has been no updated data published in relation to suicide and self-harm data.

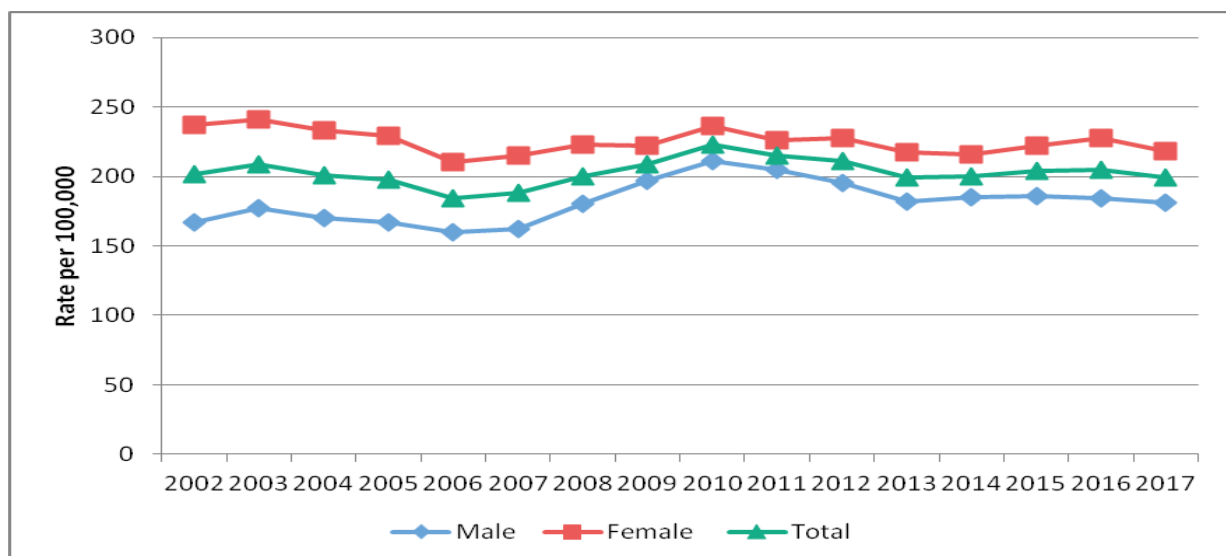
### SUICIDE STATISTICS

On 31 October 2018, the Central Statistics Office (CSO) published *year of occurrence* suicide data for 2016. It shows that there were 437 deaths by suicide (350 Male and 87 Female) in 2016. The CSO also published 'late registered' deaths for 2014 (n=74), which makes up over 13% of the revised suicide figure. The graph below incorporates this latest data as well as giving an outline of the three sets of suicide figures released by the CSO 2005-2017. To view the NOSP Briefing on suicide statistics, click [here](#).



### SELF-HARM STATISTICS

The 2017 National Self-Harm Registry Report was launched on 4 October 2018. The graph below outlines the rate of self-harm by total and gender for the time period 2002-2017.

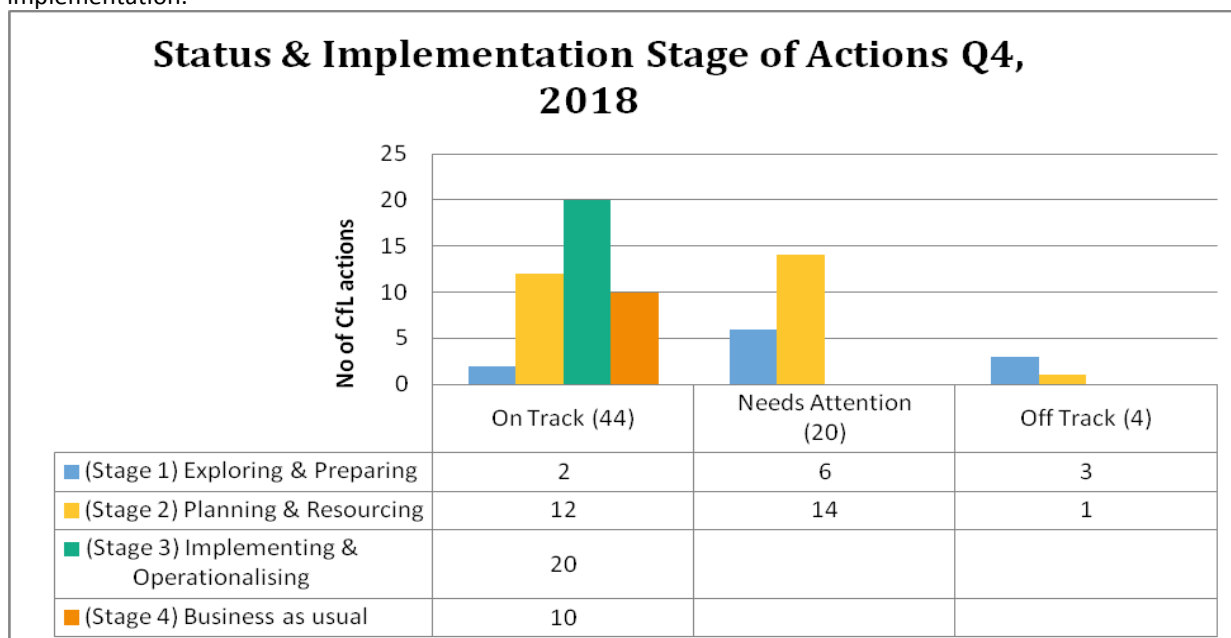


The rate of self-harm in 2017 (199 per 100,000) was 3% lower than 2016. The rate is 11% lower than the peak rate of 223 per 100,000 in 2010. However, the rate in 2017 was still 6% higher than in 2007

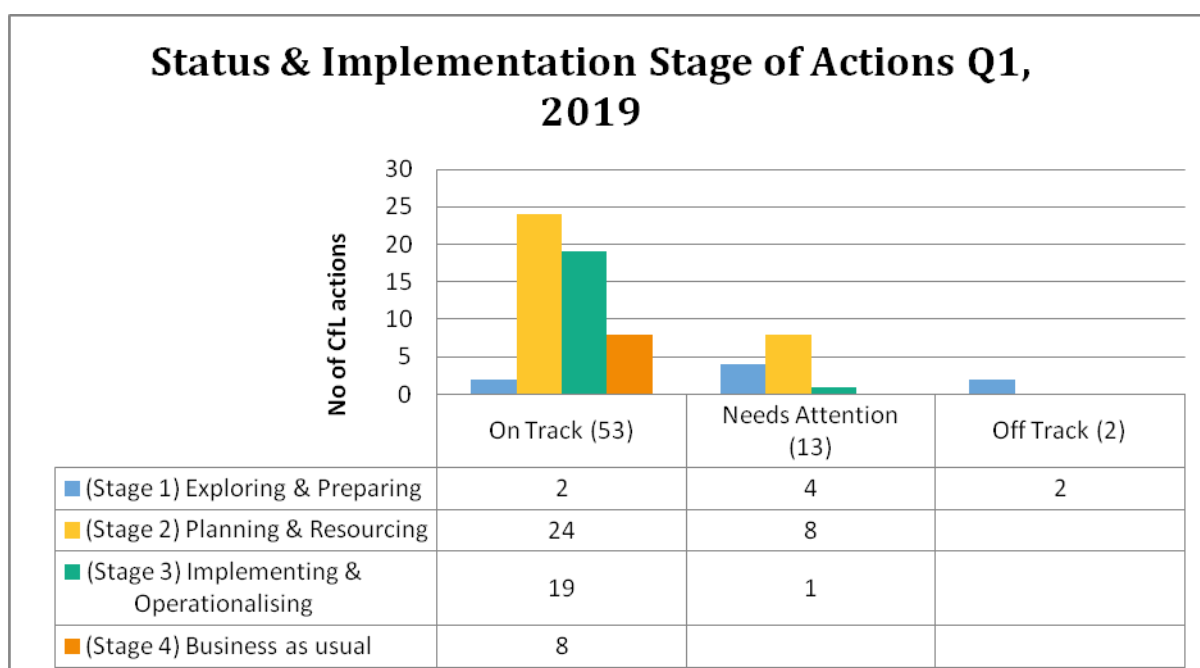
### OUTLINE OF CFL IMPLEMENTATION PROGRESS (Q4 2018 & Q1 2019)

The graphs below give an overview of the status (i.e. On Track, Needs Attention, Off Track) and implementation stage (based on the Centre for Effective Services stages of implementation) of *CfL* actions as of Q4, 2018 and Q1, 2019. It is important to note that the status and implementation stage of actions is self-reported by *CfL* Lead Agents and not linear.

As part of the Q4, 2018 reporting period, out of 69 actions within *CfL*, an update on progress was received for 68 actions. Based on *CfL* activity reported for Q4, the majority of actions (n=27) are in 'Stage 2' implementation.



As part of the Q1, 2019 reporting period, out of 69 actions within *CfL*, an update on progress was received for 68 actions. Based on *CfL* activity reported for Q1 2019, the majority of actions (n=32) are in 'Stage 2' implementation.



## OVERVIEW OF IMPLEMENTATION PROGRESS, Q1 2019

**Goal 1:** TO IMPROVE THE NATION'S UNDERSTANDING OF, AND ATTITUDES TO, SUICIDAL BEHAVIOUR, MENTAL HEALTH AND WELLBEING

### **Campaigns & Communications- evidence of progress**

- Campaign activity to promote yourmentalhealth.ie on-going during Q1. Mental Health and Communications met in Q1 and agreed to formally close the Little Things campaign. It was agreed to establish a Mental Health Campaigns Working Group for future planning (ACTION 1.1.3)
- For the first time, The [Press Council](#) of Ireland upheld a complaint (under Principle 5.4 of the Code of Practice) made by Headline against The Sunday Times on the detailed description of a Mountjoy prisoner's suicide. (ACTION 1.4.3)

### **Improved service delivery- evidence of progress**

- Launch of 'Hidden Harm' resource by HSE and TUSLA, aiming to support children whose parents misuse alcohol and other drugs (ACTION 1.1.4)

**Goal 2:** TO SUPPORT LOCAL COMMUNITIES' CAPACITY TO PREVENT AND RESPOND TO SUICIDAL BEHAVIOUR

### **CfL local area planning process- evidence of progress**

- National CfL guidance document for HSE Resource Officers for Suicide Prevention and Heads of Service updated (ACTION 2.1.1)

### **Improved service delivery- evidence of progress**

- Education and Training Plan completed (ACTION 2.3.1)

### **Capacity Building- evidence of progress**

- On-going delivery of suicide prevention training to individuals throughout Q1; safeTALK (n=3,137), ASIST (n=1,017), ASIST Tune-Up (n=21), Understanding Self-Harm (n=421), STORM (n=25) (Action 2.3.1)
- Activity from Health & wellbeing as part of the implementation of (ACTION 2.3.3)
  - o 42 teachers trained in delivery of Zippy's friends
  - o 29 teachers trained in delivery of MindOut
  - o 16 mental health lesson plans piloted among teachers.
  - o 33 Minding Your Wellbeing courses delivered to HSE and front line interagency staff

**Goal 3:** TO TARGET APPROACHES TO REDUCE SUICIDAL BEHAVIOUR AND IMPROVE MENTAL HEALTH AMONG PRIORITY GROUPS

### **Improved service delivery- evidence of progress**

- Scoping of existing guidelines/protocols/policies and first meeting of national cross sectoral working took place in February 2019. (ACTION 3.1.2)

### **Capacity Building- evidence of progress**

- Activity from Health & wellbeing as part of the implementation of (ACTION 3.1.6)
  - o Guidance for Effective Engagement with Men's Sheds' delivered to 12 Healthy Food Made Easy tutors
  - o Engage Training: Two trainings in January in CHO6 and CHO5 to a total of 15 participants
  - o Delivery of Introduction to Youth Mental Health and minding Youth Mental Health workshops to staff and volunteers who work with young people between the ages of 12 and 25 years
- Figures released as part of the implementation of SAOR training show that over 1,400 staff were trained in 2018 (ACTION 3.2.1)
- 401 post primary schools completed critical incident response training (ACTION 3.3.2)

**Goal 4:** TO ENHANCE ACCESSIBILITY, CONSISTENCY AND CARE PATHWAYS OF SERVICES FOR PEOPLE VULNERABLE TO SUICIDAL BEHAVIOUR

### **Improved service delivery- evidence of progress**

- A review of the prevalence of mental health difficulties in the Irish adult population has been completed, and an appraisal of the evidence-base for the effectiveness of talking therapies is underway. (ACTION 4.2.1)

- A literature review and mapping of services underpinning the planned model of care (for bereavement support) have been written. (ACTION 4.3.1)

**Capacity Building- evidence of progress**

- In relation to 7/7 mental health service delivery, 36/48 vacancies filled – with a further 8 posts accepted (ACTION 4.1.1)
- Review of SCAN service completed and to be presented to Directors of Nursing on 10/04/2019 (ACTION 4.1.1)

**Goal 5: TO ENSURE SAFE AND HIGH QUALITY SERVICES FOR PEOPLE VULNERABLE TO SUICIDE**

**Improved service delivery- evidence of progress**

- Finalisation of best practice guidance document, including legal proofing, design and print and finalisation of implementation plan. (ACTION 5.1.1)
- In relation to the regulation of health and social care professionals, members were officially appointed to the Counsellors and Psychotherapists Registration Board on 25/02/2019 (ACTION 5.1.4)
- The National Clinical Guideline developers' manual has been updated and published. A procedure is included to ensure Clinical Guideline developers consider suicide and self-harm reduction when drafting clinical guidelines and include as necessary (ACTION 5.4.5)

**Capacity Building- evidence of progress**

- As part of the implementation of (ACTION 5.4.2):
  - o Within Dept Employment Affairs & Social Protection: 63 staff received safeTALK and 70 staff received stress awareness and resilience training

**Goal 6: TO REDUCE AND RESTRICT ACCESS TO MEANS OF SUICIDAL BEHAVIOUR**

**Improved service delivery- evidence of progress**

- The 2017 Mental Health Commission report on compliance with Regulation 22 (premises) and ligature risk specifically was reviewed - the non-compliance of 30 approved centres was, at least in part, due to ligature risk in 2017. (ACTION 6.2.2)

**Goal 7: TO IMPROVE SURVEILLANCE, EVALUATION AND HIGH QUALITY RESEARCH RELATING TO SUICIDAL BEHAVIOUR**

**Engaging with evidence- evidence of progress**

- CfL Interim Strategy Review published (ACTION 7.1.1)
- Survey of CfL implementation strategies and structures published (ACTION 7.1.1)
- Submissions made as part of the International Association for Suicide Prevention 2019 Conference (ACTION 7.4.3)

### OVERVIEW OF PROGRESS BY CFL ACTION LEAD AGENT

The table below gives an outline of the self-reported implementation progress by *Cfl* action Lead Agent for Q3, as well as outlining as to whether or not activity is planned to take place in Q4.

Name of Government Department /State Agency	Number		Status	Implementation Stage	No. actions for which activity planned Q2, 2019
	Lead Actions assigned	for which update received Q1 2019			
HSE Mental Health (MH)	17	17	11=On Track 6= Need Attention	7 = Planning & Resourcing 8 = Implementing & Operationalising 2=Business as usual	17
HSE National Office for Suicide Prevention (NOSP)	17	17	13=On Track 4=Need Attention	3 = Exploring &Preparing 11=Planning & Resourcing 3=Implementing & Operationalising	17
HSE Primary Care (PC)	6	6	6=On Track	1 = Exploring &Preparing 5=Planning & Resourcing	6
HSE Health & Wellbeing (H&W)	3	3	2=On Track 1=Off Track	1=Exploring and Preparing 2=Implementing & Operationalising	3
Department of Education and Skills (DES)	7	7	7=On Track	3 =Planning & Resourcing 2=Implementing & Operationalising 2=Business as usual	7
Department of Employment Affairs & Social Protection (DEASP)	2	2	2=On Track	1=Exploring & Preparing 1=Business as usual	2
Department of Rural and Community Development (DRCD)	2	2	2=On Track	1=Planning & Resourcing 1=Implementing & Operationalising	2
Department of Communications Climate Action & Environment (DCCAIE)	1	1	1=On Track	1=Planning & Resourcing	1
Broadcasting Authority of Ireland (BAI)	1	1	1=On Track	1=Business as usual	1
Press Council of Ireland (PCoI)	1	1	1=On Track	1=Business as usual	1
Health & Safety Authority (HSA)	1	1	1=On Track	1=Planning & Resourcing	1
Higher Education Authority (HEA)	3	3	1=On Track 1=Needs Attention 1=Off Track	2=Exploring & Preparing 1=Planning & Resourcing	3
Department of Justice/An Garda Siochana/IPS	10	10	8=On Track 2=Needs Attention	5 = Planning & Resourcing 5 = Implementing & Operationalising	10
Department of Defence	2	2	2=On Track	2=Implementing & Operationalising	2
Department of Health (DoH)	9	9	5=On Track 3=Need Attention 1=Off Track	4=Exploring & Preparing 1=Planning & Resourcing 1=Implementing & Operationalising 3=Business as usual	9
Department of Agriculture, Food & the Marine (DAFM)	2	2	2=On Track	1=Planning & Resourcing 1=Implementing & Operationalising	2
Department of Transport, Tourism & Sport (DTTAS)	3	3	3=On Track	1=Exploring & Preparing 1= Planning & Resourcing 1=Implementing & Operationalising	3
Department of Children & Youth Affairs/ TUSLA	4	4	4=On Track	1=Exploring & Preparing 3=Planning & Resourcing	2

## KEY CFL IMPLEMENTATION CHALLENGES

Implementation Challenges	CfL Actions Impacted	Lead Agent	Commentary
<b>Planning &amp; Resourcing (staff, financing etc)</b>			
Project Planning	4.1.3 Those in the Criminal Justice System have continued access to appropriate information and treatment in prisons and while under Probation services	DJE	<b>(Comment):</b> The Probation Service have reported 'no engagement' from the Central Mental Hospital (CMH) in relation to the provision of joint mental health training between CMH staff and Probation Service.
	5.4.4 Incorporation of suicide prevention training as part of undergraduate curriculum	HEA	<b>(CfL Dashboard entry):</b> Action is not sole responsibility of HEA as it does not influence undergraduate curriculum
Staffing	2.3.3 Delivery of mental health promoting programmes	HSE H&W	<b>(CfL Dashboard entry):</b> Plan for national roll out of stress control to HSE staff and service users can't proceed until H&W National lead for Wellbeing and Mental Health in place. (Also funding dependent)
	3.3.7 Deliver early intervention and psychological support service for young people at secondary care level	HSE MH	<b>(Comment):</b> No available human resource allocated as part of the Choice and Partnership Approach (CAPA) commencement, however work continues in relation to the completion of the CAMHS Operating Guidelines
	4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service	HSE MH	<b>(CfL Dashboard entry):</b> Recruitment challenges - PNA instruction to members not to comply (in relation to the implementation of the 7/7 service provision project) in areas where Allied Health Professional (AHP) posts are being put in place.
	4.1.3 Those in the Criminal Justice System have continued access to appropriate information and treatment in prisons and while under Probation services	DJE	<b>(Comment):</b> Difficulties in recruiting suitable candidates regarding the appointment of a Consultant Forensic Psychiatrist to Castlerea Prison
	4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme	HSE MH	<b>(CfL Dashboard entry):</b> Ongoing difficulty recruiting Clinical Nurse Specialist posts
<b>Systems challenges</b>			
Restructuring	1.1.2 Develop/implement Mental Health and Wellbeing Promotion Plan	HSE H&W, DOH HI	<b>(CfL Dashboard entry):</b> Restructuring currently underway within H&W and change in governance with regard to Wellbeing & MH has impeded the establishment of steering committee

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