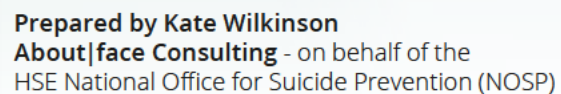


## across area-level Connecting for Life Suicide Prevention Action Plans



# Showcasing Innovation across area-level Connecting for Life Suicide Prevention Action Plans

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## Introduction

The HSE National Office for Suicide Prevention (NOSP), has a role to effectively co-ordinate, support, monitor and evaluate the implementation of Connecting for Life (CfL), Ireland's National Strategy to Reduce Suicide 2015-2024<sup>1</sup>. The implementation of Connecting for Life at a local/area-level happens through locally developed CfL suicide prevention action plans, which are being implemented by multisectoral steering and working groups. All actions in the local area plans are aligned to actions and objectives in the national strategy. The HSE Resource Officers for Suicide Prevention (ROSPs) are the key drivers of this work, as they are required to coordinate and support local implementation.

This document covers part one of a wider project looking at innovation and the self-evaluation of suicide prevention at an area-level. Details of the 12 projects (dating from 2015 onwards) that were selected for the Innovation Showcase can be found in this document.

## Objectives

The objective of the CfL Innovation Project was to showcase good/innovative practices happening across the country under the 17 CfL area-level suicide prevention action plans, by working with key stakeholders to:

- Define the evaluation criteria for good/innovative practices in suicide prevention (and strategic planning, implementation, monitoring and evaluation).
- Select good/innovative practices to be showcased.
- Identify and put in place, a range of platforms and strategies for sharing and discussing the innovations and learning(s).

## Method

Working with the Steering Group<sup>2</sup> the project consultant designed and disseminated a survey to all ROSPs with the intention of capturing the following information around innovative projects and practice at a local level:

- Description of the project/activity
- Project Lead
- Project Partners
- Stage of implementation
- Role of stakeholders
- Explanation of what is innovative about the project
- Project/activity outputs and outcomes
- Project/activity beneficiaries
- Project/activity costs
- Project/activity scalability/replicability

## Definition of Innovation

The ROSPs were asked to consider the following in relation to identifying *innovative practice* in their area. Innovation:

- Is likely to be driven by emerging work, as well as the actions in the local plan.
- May be practices and activities/interventions that have shown evidence in improving outcomes in suicide prevention and improved mental health, when implemented in a real-life setting, and are likely to be replicable in other areas.
- May be new or different activities, that provide a successful and cost-effective way of delivering better mental health care, which might be run by anyone from a Non-governmental Organisation (NGO), government, community group or for-profit programme, or a research project to develop and test a new way of working or to adapt an existing method to a new setting.

<sup>1</sup> <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/connecting%20for%20life.pdf>

<sup>2</sup> Kate Wilkinson, Aboutface Consulting Ltd.; Dr. Gemma Cox, HSE NOSP Evaluation Manager; Sarah Woods, Lead for Strategy Coordination, Quality and Education; & Emer Mulligan, HSE Resource Officer for Suicide Prevention, HSE Cavan Monaghan Mental Health Services

ROSPs were asked to *'think outside the box'* and consider that the innovation may be the way in which an action is implemented, as well as the action itself, e.g., the HOW as well as the WHAT; ways of working, connections, partnerships, system workarounds, relationships, stakeholder engagement etc.

## Selection Criteria

A submission/scoring framework was developed in order to ensure consistency in submission assessment. Each submission received a score out of 10 for each of the ten criteria, by members of the Project Steering Group. However, the Project Steering Group noted that the use of the word 'innovation' was limiting in some respects, and an alternative review approach was discussed, based on evidence of promising practice.<sup>3</sup> The revised approach considered the submissions from a promising practice perspective as defined and described below.

The aim of 'best practices' and 'promising practices' research is to evaluate an activity that is determined by peers to be highly effective and representative of really good practice, and/or because it is unique and of special interest. Best and promising practices can include the following types of interventions:

- **Activity.** A way of doing particular kinds of work that may have an impact.
- **Programme.** A group of related activities that is intended to produce outcomes.
- **Agency.** A collection of programmes and activities within an institutional framework.
- **Policy.** A stated principle or rule to guide decisions and courses of action designed to have an impact on a specified issue.
- **Community Response.** An organised effort by a community to address a specified issue.

The evaluation framework has the following hierarchy:

- **Best Practice.** A Best Practice is an intervention, method or technique that has consistently been proven effective through the most rigorous scientific research.
- **Promising Practice.** An intervention is considered promising practice where there is sufficient evidence to claim that the practice is proven effective at achieving a specific aim or outcome, consistent with the goals and objectives of the activity or programme.
- **Emerging Practice.** Emerging Practices are interventions that are new, innovative and that hold promise based on some evidence of effectiveness or change that is not research-based and/ or sufficient to be deemed a 'promising' or 'best' practice.

## Sharing the Learning and Feedback Loops

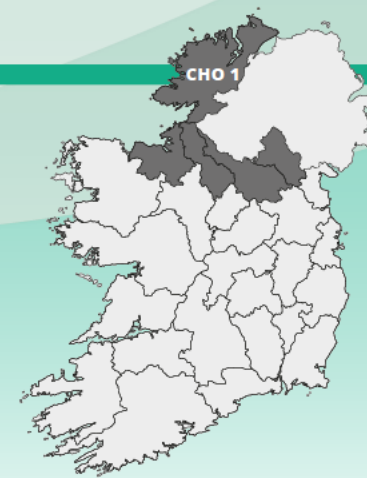
Overall, there were 22 submissions from across the 17 plans. After submission from the ROSPs and assessment by the Project Steering Group, clarification was sought on areas of some submissions. The showcase event for the 12 selected submissions was put on hold due to the pandemic. Instead, a summary of successful submissions and activities was prepared and shared with the ROSPS. Information on the selected projects for the showcase (including a progress update to March 2021) along with a list of the additional community-based and communication projects that demonstrated good suicide prevention practice can be found in the following pages.

Contact details for all HSE Resource Officers for Suicide Prevention can be found at <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/resourceofficers/>

<sup>3</sup> What Works and for Whom? Part One - A Hierarchy of Evidence for Promising Practices Research. Canadian Homelessness Research Network, 2013.

# Advanced Suicide Awareness Programme (ASAP)

Sean McGrory (ROSP) CHO1 Donegal



## Description of project/activity

The National Suicide Research Foundation (NSRF) developed the Advanced Suicide Awareness Programme (ASAP) training modules to inform and enhance staff understanding of suicide risk and management, comprising three levels: Trainee General Practitioners (GPs) and Non-Consultant Hospital Doctors (NCHDs) and Consultants and Nursing staff. Modules explore the principles of suicidal behaviour, understanding suicide risk, appropriate recording of behavioural state, and the concept of practitioner bias. Training for nurses takes place on a one-to-one basis in a two-hour session and considers factors such as lack of confidence and fear of repercussion in an acute setting. An additional core objective is to provide a framework in which the GP can manage suicidality within a GP setting. The HSE Psychology Department will be offering this training within the Donegal Mental Health Services as part of the Connecting for Life Suicide Prevention Plan.



## What is innovative about the project?

ASAP represents a series of training sessions currently specific to County Donegal, mindful of its rural setting and its diverse population. It is the first time Psychiatry NCHDs have received on-going, structured training to advance their understanding of suicide and self-harm, exploring areas such as self-care, risk factors and assessment. The programme is suitably adjusted for delivery to trainee GPs, and once more for nursing staff.



## What are the project outputs and outcomes?

A companion volume for the ASAP has been developed by the NSRF, providing a valuable resource for staff involved in psychiatric care. Eight group sessions for NCHDs and Trainee GPs are delivered over a typical six-month rotation. Nursing sessions are delivered on request or by management recommendations. An internal audit of ASAP revealed high levels of satisfaction and increased awareness of suicidality. It also reported improved confidence when assessing the risk of suicide in a clinical setting. Sessions reached full capacity and now include Consultant Psychiatrists who regularly share their experience, which is a valuable additional component.



## What are/were the costs associated with the project/activity implementation?

The principal cost relates to the full-time employment of a Mental-Health Research Officer based in Letterkenny.



## Can the project/activity be scaled up and/or replicated in other areas?

ASAP is a structured programme that could be easily replicated in other areas of the HSE.

**PROJECT LEAD:** Dr Colette Corry, National Suicide Research Foundation (NSRF); Professor Ella Arensman, School of Epidemiology and Public Health, University College Cork

**PROJECT PARTNERS:** Health Service Executive, Donegal, Project Stakeholders: This is an HSE Donegal initiative in collaboration with the NSRF. Initial report findings were launched by the HSE in 2016. A steering group comprising senior management from NSRF, Psychiatry, Nursing, Psychology and the Suicide Resource Office oversee the programme

**STAGE OF IMPLEMENTATION:** Implementing and Operationalising (currently on hold)

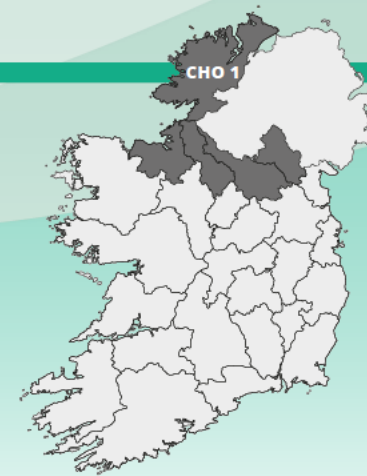


Connecting for Life



# GP Pathway to Services for the Suicidal Patient

Sean McGrory (ROSP) CHO1 Donegal



## Description of project/ activity

Emergency Departments (EDs) in Ireland typically report a high footfall of patients presenting in suicidal distress, and HSE management report that EDs may not always be the most appropriate place for these individuals. Negotiation involving General Practitioners (GPs), ED and Psychiatric management resulted in the development of the 'GP Pathway to Services' which clearly defines alternative routes to optimal services, aiming to bypass presentation to the ED in all but those cases which involve physical injury. The final document, a single laminated and colour-coded A4 sheet was sent to every GP in County Donegal, including NowDoc services. With access restricted to GPs HSE Department of Psychiatry and the ED, the document seeks to bypass non-effective 'crash landings' to the ED and includes:

- Three-level risk characteristics
- Referral pathway directed towards optimal service
- Contact details and hierarchy of accessibility

The document has recently been updated to reflect changes in the organisational landscape with new services and practices coming into effect, and it has also been printed onto an A4 mouse mat and distributed to Donegal GPs.



## What is innovative about the project?

An original concept, previously unheard of, which provides support for GPs when treating patients presenting in psychiatric distress, leading them away from the default destination of the ED. It is particularly useful for younger, less experienced GPs as it provides criteria, signposts and confidential contact numbers of services and Psychiatry.



## What are the project outputs and outcomes?

A resource specific to GPs to assist in caring for suicidal presentations. Now an established initiative available in all GP practices in County Donegal.



## What are/were the costs associated with the project/activity implementation?

Research time for the pathway content and printing costs, including reviewed versions bi-annually.



## Can the project/activity be scaled up and/or replicated in other areas?

The pathway to services can be easily replicated for GPs in any area of Ireland.

**PROJECT LEAD:** Dr Colette Corry, National Suicide Research Foundation (NSRF);  
Professor Ella Arensman, School of Epidemiology and Public Health, University College Cork

Dr Paul Stewart, General Practitioner

**PROJECT PARTNERS:**  
HSE Mental Health Services, National Suicide Research Foundation

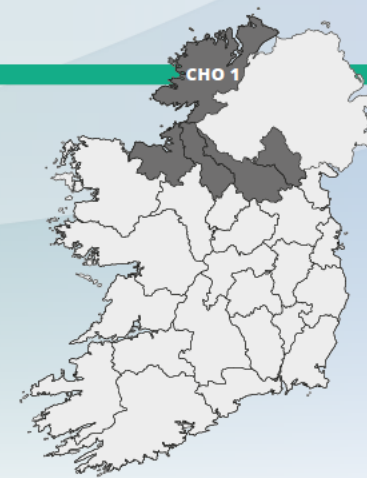
**STAGE OF IMPLEMENTATION:**  
Implementing and Operationalising



Connecting for Life

# The Family/Carer Information Pack

Sean McGrory (ROSP) CHO1 Donegal



## Description of project/ activity

The Family Information Pack was developed in line with recommendations from the 2016 report, 'A study of sudden untimely deaths including suicide by those in the care of Donegal Mental Health Services'. In the report, family members perceived procedures with regard to disclosure, legal process, patient autonomy and staff hierarchy as a barrier to effective treatment. Both family members and service users consistently expressed their inability to communicate with certain staff, caused primarily by a failure to verbally understand some psychiatric team members during the consultation. In addition, some family members felt that valuable collateral information they offered to staff was dismissed by the clinical team. The HSE Mental Health Services responded by developing an information pack addressing treatment, policy and legal processes for family members and service users at the time of admission. The information has recently been reviewed and updated.



## What is innovative about the project?

This is the first time a pack has been developed in this format. Questions and appropriate responses were prepared following interviews with bereaved family members, to address their concerns and grievances. Every aspect of development was scrutinised, such as its leaflet-style content to encourage sharing among

family members, colour-coded questions, and language appropriate to a reading age of 12 years to account for literacy and language limitations. The pack is enclosed in a sleeve that featured the artwork of a previous, now deceased Mental Health service user. The piece, called 'forget-me-not' is a poignant reminder of the isolation and loneliness of the psychiatric patient and their families.



## What are the project outputs and outcomes?

The pack provides family members with tailored and detailed information for when a loved one is admitted to the Letterkenny Acute Psychiatric Unit. The pack is also of value to staff members who may find it easier to discuss individual cases with next of kin, addressing specific content from the pack.



## What are/were the costs associated with the project/activity implementation?

Design and printing costs.



## Can the project/activity be scaled up and/or replicated in other areas?

The Family/Carer Pack is easily replicated to suit any area or mental health setting and there are plans in place for this to happen in different areas of the country.

## PROJECT LEAD:

Dr Colette Corry, National Suicide Research Foundation (NSRF)

Professor Ella Arensman, School of Epidemiology and Public Health, University College Cork

## PROJECT PARTNERS:

HSE Mental Health Services

## STAGE OF IMPLEMENTATION:

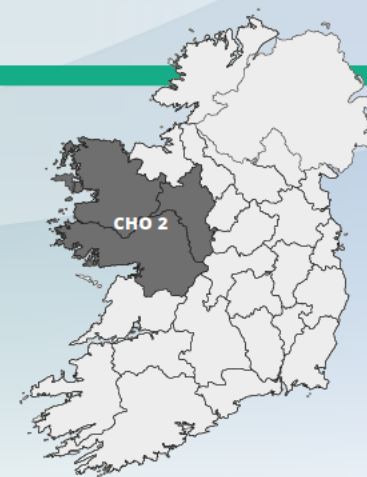
Implementing and Operationalising



Connecting for Life

# Clinical testing of a Mobile Health-Based Safety Planning Intervention for patients at risk of suicide and self-harm in Irish Mental Health Services

Mary O'Sullivan (ROSP) CHO2 Community Healthcare West



## Description of project/ activity

With funding provided by the HSE National Office for Suicide Prevention (NOSP), development, testing and enhancement of an app, known as the SafePlan app, is being undertaken. This safety planning app is designed to be used as an adjunct to therapy for individuals engaging with health services who are at risk of suicide or self-harm. The app was developed, following a review which identified a functionality gap, whereby none of the existing apps were combining the capabilities of safety plans, diaries and other therapeutic intervention worksheets in one place. Explorations are at an early stage in relation to evaluation of the 50808 text line and the use of machine learning. In 2021, a trial of the SafePlan app in the Child and Adolescent and Adult Mental Health Services, HSE in Community Healthcare Organisations 2 and 3 will be initiated, once ethical approval has been secured.



## What is innovative about the project?

Other apps reviewed have tended to focus on one support method only (e.g., safety plans, diaries and other therapeutic intervention worksheets) and the majority of them failed to provide any reporting tools for sharing user data. The SafePlan app has been designed to include the following core features: Interactive Safety Planning, inbuilt Ecological Momentary Assessment (facilitates integrated monitoring of biological, psychological and social factors within the app and this data is timestamped), DBT diary support and Sharing Capability (shared with named helpers to support the activation of the person's support network). It also acts as an adjunct to face-to-face therapy.



## What are the project outputs and outcomes?

**Outputs:** Testing of the SafePlan App leading to ongoing development, published papers to disseminate findings, and analysis of some of the 50808 text line data.

**Outcomes:** The expected outcomes of this project are: to establish the feasibility and acceptability of the SafePlan intervention within a mental health service setting, to identify the barriers and facilitators to intervention implementation, to establish the impact of the intervention by comparing pre and post measures of suicidality, to determine the potential effectiveness of the SafePlan intervention as an adjunct to treatment as usual when compared to treatment as usual supplemented with a paper-based safety plan, and to develop new insights from the Irish 50808 Text Line data.



## What are/were the costs associated with the project/activity implementation?

The NOSP provided €10,500 in 2020, with additional funding in place for 2021 of €25,000. All key stakeholder expertise and time provided free with the support of their organisations.



## Can the project/activity be scaled up and/or replicated in other areas?

There is scope for replicability in the future. A pilot randomised control trial of the SafePlan app will initially be conducted in the HSE West and Midwest areas.

### PROJECT LEAD:

Dr Ruth Melia, Senior Clinical Psychologist, CAMHS, HSE (CHO 3)

### PROJECT PARTNERS:

NUIG: Dr John Bogue, Head of School and Director of the Doctoral Programme in Clinical Psychology, Professor Jim Duggan and Dr Karen Young, Discipline of Information Technology; HSE: Derek Chambers, National Mental Health Lead on Connecting for Life, Dr Shane McInerney, Consultant Psychiatrist with Special Interest in Mood Disorders, Galway Roscommon Mental Health Services, Mary O'Sullivan, HSE ROSP and HSE NOSP (as funders); and Ian Power and colleagues in the 50808 Text Line

### STAGE OF IMPLEMENTATION:

Planning and Resourcing

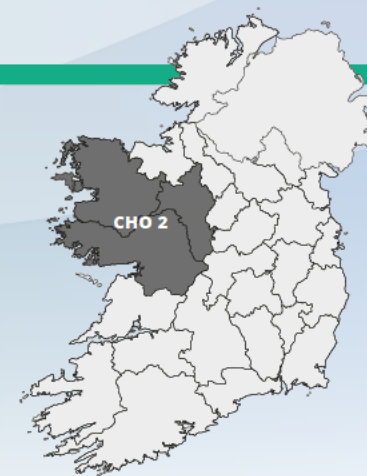


Connecting for Life



# Seas Suas Programme, NUI Galway. Stand Up: You can Make a Difference

Mary O'Sullivan (ROSP) CHO2 Community Healthcare West



## Description of project/ activity

The *Seas Suas Programme* is about expressing empathy, compassion & understanding, with proactive bystander intervention and increased Social Responsibility. It is a holistic bystander intervention skills programme led out by the National University of Ireland (NUI) Galway Chaplaincy Centre. Seas Suas aims to develop proactive attitudes toward supporting oneself and others, through improving mental and emotional health, developing intervention skills, and embedding a culture of empathy and respect in the university community. The programme is based on a Bystander Model used in the University of Arizona. The Chaplaincy has run nine programmes to date between 2015 and March 2021 with significant uptake of the programme e.g., there were 220 students and staff on the programme run in February 2020. Due to Covid-19, an online format was adopted in November 2020 and March 2021, where two smaller groups completed the training, with additional supports put in place for participants.



## What is innovative about the project?

The programme speakers deliver a series of interactive lectures on topics such as empathetic communication, mental health, suicide prevention, alcohol and drugs use, sexual consent and internet safety. The programme contributes positively to curriculum vitae (CV) and future employment prospects, where participants receive the ALIVE certificate awarded by the President of NUI Galway. ALIVE (A Learning Initiative and the Volunteering Experience) was established by the university to harness, acknowledge and support the contribution that NUI Galway students make by volunteering. Student Services in NUI Galway (which includes the Access Centre [Access, Disability and Mature Students], Accommodation and Welfare, the Career Development Centre,

Chaplaincy, the Societies Office and Student Counselling) will carry out an External Quality Review of the programme in 2021.



## What are the project outputs and outcomes?

The outputs and outcomes are to expand a culture of support and care in the university's community, to encourage students to be more observant of fellow students in need of help, to gain valuable experience and knowledge, and to learn new skills to respond safely and to improve the health, well-being and engagement of students, enabling them to get the most out of their time at NUI Galway.

Following the successful completion of the Seas Suas programme, participants are encouraged to put the aims of Seas Suas into action in a variety of ways. Participants contribute to a number of specific events such as Mental Health Week, the Green Ribbon Campaign, helping with the Exam Support Team and assisting with Student Orientation.



## What are/were the costs associated with the project/activity implementation?

Funding the cost of one dedicated Project Worker to coordinate delivery of the programme, programme administration costs e.g., refreshments, meals and promotional materials.



## Can the project/activity be scaled up and/or replicated in other areas?

Other third level colleges could consider introducing this programme model.

### PROJECT LEAD:

Jimmy McGovern, Support Worker and Seas Suas Programme Manager, Fr. Ben Hughes, Chaplain, Chaplaincy & Well-being Centre, NUI Galway

### PROJECT PARTNERS:

Community and voluntary sector, HSE ROSP

### STAGE OF IMPLEMENTATION:

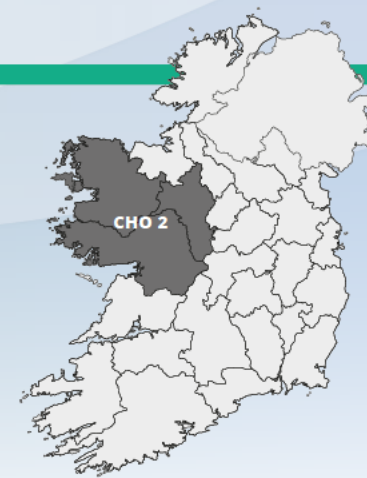
Implementation



Connecting for Life

# The Eden Programme

Mary O'Sullivan (ROSP) CHO2 Community Healthcare West



## Description of project/activity

The Eden Programme is a 26 week programme that is educational in nature with a therapeutic element. Its target audience is adults who have attempted suicide or have had suicidal thoughts. It seeks to support participants to become more aware of their psychological state, develop tools to manage their own wellness, to identify a range of supports in their own community and to move away from suicide as an option of choice in times of crisis. Suicide or Survive (SOS) has carefully reviewed and documented the content of the programme, as well as the infrastructural supports necessary to run this programme safely, which will aid in its transferability to another setting. The programme has been adapted to be delivered online with some modifications to the materials, delivery method and patient safety to accommodate this process.

Evaluations and reviews are undertaken on an ongoing basis, including participants taking part in a psychological assessment at the beginning and end of the programme to ensure that their voice is heard, the provision of external supervision for programme facilitators and reviews mid-way and on completion of the programme. An external independent evaluation has also taken place.

**Outcomes:** The Eden Programme provides a group experience where participants can learn from both the facilitators and each other, empowering participants to take care of their mental health on a day-to-day basis and, more particularly, in times of emotional crisis. The programme also addresses the stigma that exists around mental ill-health and suicide. Positive outcomes, as described by participants, are as follows: "I feel I have control of myself again – my mind. I feel I own my mind more than I did and through Eden I learned to accept personal responsibility, which was such a relief."

## PROJECT LEAD:

Mary Kilcommins Greene, Director of HSE National Counselling Service, HSE West

## PROJECT PARTNERS:

Suicide or Survive (SOS) management (Paula Lawlor, National Eden Programme Manager) and Eden facilitators/coordinators, HSE National Counselling Service Community Healthcare West Eden programme facilitators and coordinators, HSE ROSPs, HSE NOSP (as funders)

## STAGE OF IMPLEMENTATION:

Implementing and Operationalising



## What is innovative about the project?

The Eden Programme is creative and innovative in its approach, in terms of harnessing participants' own strengths and providing them with the tools to improve their own mental wellness. Its unique features include offering another option in terms of support to adults who have contemplated or attempted suicide, which complements other existing supports available in this area, i.e. group support to a high risk, rural-dwelling population. This requires high clinical governance standards being put in place and strong interagency working between a statutory and non-statutory service.



## What are/were the costs associated with the project/activity implementation?

The programme cost of €192,103 was funded by the HSE NOSP, and this covers the delivery of all stages of the programme and associated costs in three sites (Galway City, Castlebar and Roscommon Town) over a 12-month period, with a maximum of 16 participants per site.



## Can the project/activity be scaled up and/or replicated in other areas?

All measures are in place to facilitate transferability of this safe and supportive service, offering value for money and transferability of knowledge and skills to other potential sites in Ireland. Dublin City University (DCU) are currently carrying out an evaluation of the online Eden Programme.



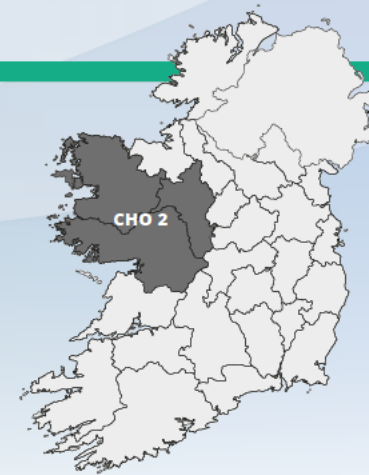
## What are the project outputs and outcomes?

**Outputs:** Managed by SOS, SOS and the HSE have established a rigorous quality assurance process for the programme.



Connecting for Life

## The WITH Project (Well-being In The Home): a young person's guide to parental Mental Health) Siobhan McBrearty (ROSP) CHO2 Community Healthcare West



### Description of project/ activity

The WITH project (Well-being In The Home) is a young person's guide to parental Mental Health and was developed in response to the lack of support and information available in Ireland to a significant cohort of young people (estimated up to 20%), who are affected by this issue. It is a South Mayo HSE Child and Adolescent Mental Health Services (CAMHS) initiative, in collaboration with Mindspace Mayo and a group of young people who have been central to the design and development of the WITH project logo, the acting in the video series and the launch of the WITH project in October 2019. The project comprises a series of informational videos about the types of mental health difficulties parents may experience, how they may affect the young person, parental recovery, self-care and information on supports available to the youth cohort. More recently, three additional videos have been produced and awareness raising of the resource continues.



### What is innovative about the project?

Research evidence indicates that parental mental health distress can have long-term impacts on children and young people, leading to academic, social, emotional, behavioural challenges, and even mental health negative sequelae. The WITH project is the first ever online resource in Ireland for children and young people affected by parental Mental Health distress.

It is a youth-led and inter-agency collaboration that has resulted in the development of support and information resources for young people affected by these issues, with tips on self-care, wellness and resilience.



### What are the project outputs and outcomes?

The outputs are a series of 9 informational videos for young people that provide information on how they can mind themselves and increase their resilience in what can be very challenging life & family situations ([youtube.com/c/thewithproject](https://youtube.com/c/thewithproject)). A further 3 videos are currently being prepared and will be integrated into the existing YouTube page.



### What are/were the costs associated with the project/activity implementation?

The €40,000 cost was covered by the Department of Children and Youth Affairs Quality and Capacity Building Initiative funding in 2017.



### Can the project/activity be scaled up and/or replicated in other areas?

The resources are available nationally already. The WITH template could be used to offer additional adolescent specific informational resources online (e.g., their own Mental Health, issues relating to gender identity / orientation etc).

### PROJECT LEAD:

Dr Sharyn Byrne (CAMHS Senior Clinical Psychologist, Castlebar, Co. Mayo)

### PROJECT PARTNERS:

Mindspace Mayo (Peadar Gardiner, Project Manager) and the WITH project youth group

### STAGE OF IMPLEMENTATION:

Implementing and Operationalising

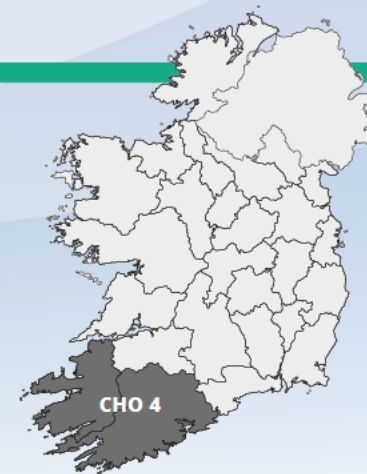


Connecting for Life



# Suicide and Self-Harm Observatory (SSHO)

Martin Ryan (ROSP) CHO4 Community Healthcare Cork and Kerry



## Description of project/ activity

In Ireland, the process of verification, registration and classification of causes of death, including suicides can take up to two years due to the requirement for a Coroner's inquest, and the involvement of An Garda Síochána, pathologists, and the Vital Statistics Registrars. Access to a real-time surveillance system, which can be measured against Central Statistics Office data assists in early identification of emerging suicide and self-harm clusters, enabling timely responses to people affected by suicide and self-harm. Aligned to international best practice, the Suicide and Self-Harm Observatory (SSHO) has been developed to obtain data on suspected suicide deaths on a real-time (fortnightly) basis. The SSHO database includes 16 data items that capture demographic information relating to the deceased, circumstances around the death and mental health service use.



## What is innovative about the project?

Until the launch of the SSHO, there was no real-time suicide surveillance system in Ireland. The pilot, led by the National Suicide Research Foundation and funded by the HSE National Office for Suicide Prevention was conducted in County Cork between December 2018 and February 2021. The findings from the pilot demonstrated multiple data driven benefits for suicide and self-harm prevention. In addition, the SSHO fulfils both national and international objectives based on the need for real-time suicide mortality data in policies and strategies in Ireland and internationally.



## What are the project outputs and outcomes?

The SSHO has a number of valuable outputs including:

- (a) the provision of more timely responses to those needing support after a suspected suicide.
- (b) more timely activation of local response plans for emerging suicide contagion and clusters.
- (c) access to location data where people frequently take their lives, enabling the implementation of suicide prevention measures aimed at restricting access to means.
- (d) the validation of unverified media reports of contagion, and in responding to media requests thus limiting the spread of misinformation.
- (e) the provision of data to inform multiple briefings, as requested by the Department of Health and the National Office for Suicide Prevention on deaths by suspected suicide, and meeting an increasing number of requests from a wide range of stakeholders during the COVID-19 pandemic.



## What are/were the costs associated with the project/activity implementation?

The costs involved in the SSHO pilot study in County Cork amount to €30,000 per year.



## Can the project/activity be scaled up and/or replicated in other areas?

The National Office for Suicide Prevention is exploring how to offer the SSHO nationally, aligned to other data and surveillance related work that they are leading on.

### PROJECT LEAD:

National Suicide Research Foundation (NSRF), HSE South, Health Research Board, University College Cork, Connecting for Life Cork stakeholders

### PROJECT PARTNERS:

Central Statistics Office (CSO), An Garda Síochána Cork, Cork Coroners

### STAGE OF IMPLEMENTATION:

Pilot

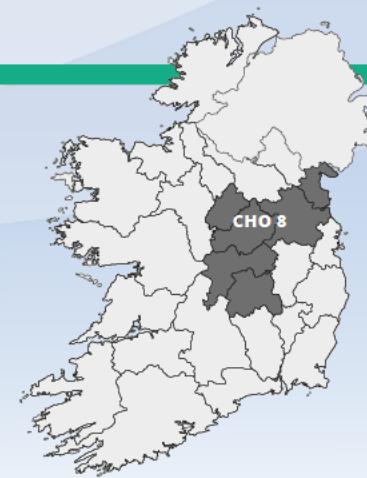


Connecting for Life



# Development of a Local Co-ordinated Crisis Response Plan for the Traveller Community

Josephine Rigney and Eddie Ward (ROSPs) CHO8 Midlands Louth and Meath Community Healthcare



## Description of project/activity

A 'Guide to developing a Local Co-Ordinated Crisis Response Plan for the Traveller Community' was developed in 2018 by Offaly Traveller Movement. This guide sets out a template and framework for other Traveller organisations to follow in developing Local Co-ordinated Crisis Response Plans in partnership with relevant organisations and services in their areas. The aim of the Response Plan is to initiate, implement and monitor a planned, culturally appropriate and integrated response to an assessed crisis within the Traveller community. The response that is activated for 4-6 weeks, is overseen by a Co-Ordinator, a Core Team representing key mental health and Traveller services and organisations and an Extended Team consisting of the wider local statutory, community and voluntary services and organisations within the relevant geographical area.



## What is innovative about the project?

The occurrence of a crisis can have a devastating effect on any community's mental health and wellbeing. However, Travellers can be more susceptible to mental health difficulties due to a number of influencing factors including bullying, discrimination, racism, unemployment, suicide, ill health, chronic illness, poverty and lack of accommodation (AITHS Team, 2010; EHI & NTWF, 2017). When crises occur within the Traveller community, they tend to be complex and multiple, and concerns can escalate very quickly.

Due to the higher rate of suicide and poorer levels of mental health within the Traveller community, a culturally appropriate Co-ordinated Crisis Response Plan is needed. Such a plan would seek to support the community and

provide pathways of referral during a crisis to ensure that the needs of the local Traveller community are prioritised and addressed.



## What are the project outputs and outcomes?

The expected output is the development of a Local Co-ordinated Crisis Response Plan in each county in the Community Healthcare Organisation (CHO) area..

**Outcomes:** Increased competence and confidence within the Traveller community to respond to crises that may occur. Increased awareness of available resources and services. Increased collaboration and mutual knowledge between all the partners involved. Increased opportunity for partnership building and future networking.



## What are/were the costs associated with the project/activity implementation?

€8,500 across 5 counties in the Community Healthcare area.



## Can the project/activity be scaled up and/or replicated in other areas?

The project can be replicated as the Guide framework can be amended to suit other vulnerable groupings, demographics or age cohorts. The involvement of the HSE Traveller Mental Health Co-ordinator is essential to ensure sharing of knowledge and learning and avoid duplications or barriers. The co-operation and involvement of relevant County Traveller organisations at the exploratory stage is essential to ensure incorporation and buy-in.

## PROJECT LEAD:

Petra Daly, HSE Traveller Mental Health Co-Ordinator

## PROJECT PARTNERS:

HSE ROSPS, Offaly Traveller Movement, Navan Traveller Workshop, Meath Traveller Health Project, Laois Traveller Action Group, Longford Primary Healthcare Project, Westmeath Primary Healthcare Project

## STAGE OF IMPLEMENTATION:

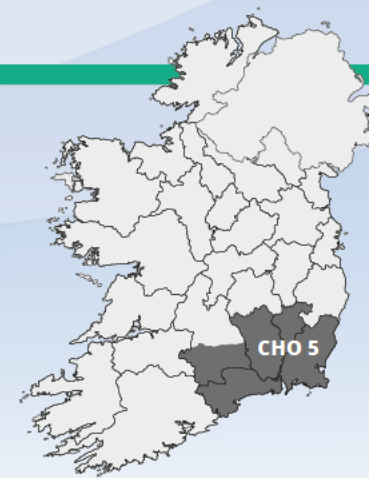
Exploring and Preparing



Connecting for Life

# Building Connectedness in our School Communities

Tracy Nugent (ROSP) CHO5 HSE South East Community Healthcare



## Description of project/ activity

An event was held for the entire school staff from five post primary schools in Wexford Town, aimed at strengthening the capacity of the school community to promote mental health and wellbeing, and to respond to critical incidents in schools. The target group was every staff member in each school regardless of their role. The day included keynote speakers, taster sessions on available information, training and supports relevant to mental health and information stands hosted by service providers in Wexford. As a result of this initiative, funding was approved in 2020 through the Community Mental Health Fund under Healthy Ireland to replicate the event in Enniscorthy, Gorey and New Ross. This was paused due to Covid but plans are afoot to do an online version in Q3/4 2021.



## What is innovative about the project?

The innovation for this project is that the event tackled pertinent issues relating to mental health while taking a whole school approach. Schools generally operate on an individual basis and can sometimes struggle with collaboration with outside agencies. The focus of the events is to develop ongoing and sustainable relationships, access to supports and services and continuing professional and personal development for all school staff.



## What are the project outputs and outcomes?

The first event accommodated 5 schools with more than 300 school staff in attendance. There were 4 keynote speakers, 16 information taster sessions, and 20 service providers from Wexford hosted information stands on the day. 147 participants completed an evaluation of the event. The evaluation clearly showed the outcomes of the event and participants reported that they were more informed on how to respond to mental health related issues experienced in school communities. The event increased mental health resilience and the personal and professional capacity of school staff, it enhanced skills to respond to the needs of young people, it promoted empowerment of the school community and increased knowledge in relation to access to information, training, supports and services.



## What are/were the costs associated with the project/activity implementation?

Approximately €12,000 per event (4 events). Funding was provided from all stakeholders with minimal costs incurred by HSE Mental Health.



## Can the project/activity be scaled up and/or replicated in other areas?

The format and structure of the event can be replicated in other areas if the necessary funding is secured.

## PROJECT LEAD:

HSE Regional Suicide Resource Office

## PROJECT PARTNERS:

HSE ROSPS, Connecting for Life Wexford Implementation Steering Group, Wexford CYPSC Youth Mental Health subgroup, Wexford Education Centre, Post Primary Schools, NEPS and a range of Service Providers working in the area of mental health promotion and suicide prevention from Wexford and the region

## STAGE OF IMPLEMENTATION:

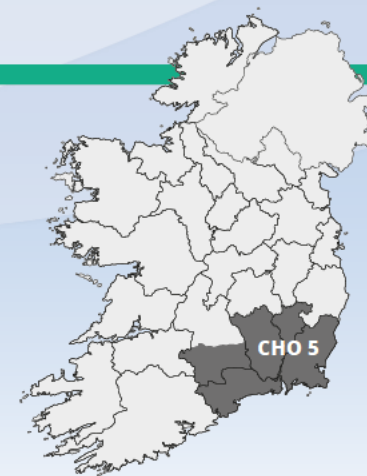
Implementing and Operationalising



Connecting for Life

# Carlow Community Wellbeing Programme

Tracy Nugent (ROSP) CHO5 HSE South East Community Healthcare



## Description of project/activity

This programme is for people to become Wellbeing Champions within their own community groups, to be the point of contact for information, advice and signposting to mental health services and supports. All community groups attached to Carlow PPN (Public Participation Network) were targeted to put forward a Champion to complete the programme and bring the learning back to their community group. Sixteen groups participated in the programme, and it will be manualised so it can be used in other areas. The programme is currently paused due to the Covid 19 pandemic, but will resume when it is safe to do so.



## What is innovative about the project?

The Community Wellbeing Champions programme is innovative in that it mirrors programmes that only exist in large/national organisations, for example the GAA Health and Wellbeing Officers. The programme allows every community group, regardless of the group's activity, size or makeup, to have a point of contact for anyone who requires a listening ear, information on health and wellbeing or signposting to supports and services.



## What are the project outputs and outcomes?

The outputs are that 16 participants are trained in each element of the programme. Participants are aware of their role within their community group and clear structures are in place. The programme manual will be available for other areas to use to set up similar programmes. The expected outcomes are that community groups, small or large, have access to someone who has been trained and is supported to be the first point of contact in terms of information and signposting to health and wellbeing services and supports. The Champions themselves have increased knowledge and understanding of mental health supports thus enhancing their own resilience.



## What are/were the costs associated with the project/activity implementation?

This is a low cost initiative as most of the stakeholders involved deliver the training as part of their work. The costs include venue hire, refreshments and travel.



## Can the project/activity be scaled up and/or replicated in other areas?

Plans are currently underway to extend the programme into Kilkenny but it could also be replicated in all counties in HSE South East Community Healthcare, and nationally.

### PROJECT LEAD:

HSE Regional Suicide Resource Office

### PROJECT PARTNERS:

HSE ROSPs, Connecting for Life Carlow Implementation Steering Group members, Carlow Public Participation Network (PPN), Community Wellbeing Champions, training providers including Mental Health Ireland, HSE Substance Misuse, Carlow Regional Youth Service and the HSE Regional Suicide Resource Office

### STAGE OF IMPLEMENTATION:

Implementing and Operationalising

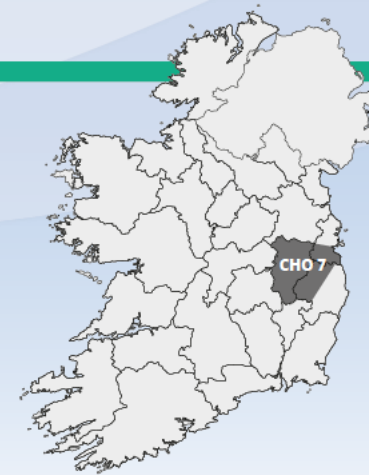


Connecting for Life



# Jobstown Safe Talk Project

Emma Freeman (ROSP)  
CHO7 Dublin South, Kildare and West Wicklow Community Healthcare



## Description of project/activity

Following a high number of suicides in the Jobstown community, local community leaders came together to take part in safeTALK training with the idea of supporting Jobstown residents. They developed a video to publicise, who is 'Safe to Talk to' in Jobstown, with the theme that no Jobstown resident in distress would be further than five minutes away from someone who was 'Safe to Talk to'. This had a positive effect on help-seeking within the community. In recognition of the impact and innovation of the project, funding was secured through HSE NOSP to develop subsequent videos charting the impact that this project had on participants and those who sought their help. There are currently 88 individuals trained in SafeTALK and a number of them have also gone on to train in Applied Suicide Intervention Skills Training (ASIST). The Jobstown SafeTALK project won the Dublin People Volunteer of the Year award and the Healthcare Centre's National Community Mental Health Award in 2019.



## What is innovative about the project?

This project was developed by the local community itself, rather than being service led, in response to concerns around the number of suicides in their area. The grass roots approach has ensured that it is accessible to all members in the local community and has seen a significant increase in help-seeking with the local community by showing Jobstown residents the faces of community leaders who are trained in suicide awareness. It includes all genders, ages, backgrounds so there is someone for everyone. As it is not service led, it is not

dependent on service opening hours and accessibility. Individuals can access the service in an environment that they feel comfortable to talk in and with someone who they would know from within their own community.



## What are the project outputs and outcomes?

**Outputs:** Time given voluntarily by local people to attend training, participate in film making, actively listening and supporting people with suicidal ideation/intent. Where appropriate, the Resource Officer for Suicide Prevention (ROSP) is available to advise and support participants around service referral.

**Outcomes:** Improved help-seeking by people who are in distress including difficult to reach cohorts. Improved pathways to care for people at risk of suicide.



## What are/were the costs associated with the project/activity implementation?

Initial costs are zero, and the follow up filming was €15,000. New projects cost approximately €5,000.



## Can the project/activity be scaled up and/or replicated in other areas?

The project is already being upscaled in other geographical areas and other specific communities i.e. pubs, barbers, hairdresser and ethnic groups. An independent scalability assessment is being carried out by an independent consultant to assess on what scale this can be replicated in other communities.

### PROJECT LEAD:

Emma Freeman (ROSP) Dublin South, Kildare and West Wicklow Community Healthcare

### PROJECT PARTNERS:

Jobstown Community

### STAGE OF IMPLEMENTATION:

Business as usual



Connecting for Life



## Additional innovation projects that merit special mention

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Lifting the Silence on Suicide, Thomas McBride, CHO 1 Sligo and Leitrim

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Collaborative Interagency Health Promotion and Awareness Raising Events, Emer Mulligan, CHO 1 Cavan and Monaghan

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Youth and Adult Mental Health Resource Booklets, Martin Ryan, CHO 4

---

Clergy and Undertakers Group to Understand Roles in a Suspected Suicide, Mick Collins, CHO 3

---

Student Support Team Training, Donagh Hennebry, CHO 4

---

Wellbeing Charter For Cork City FC/Nationally, Martin Ryan, CHO 4

---

Waterford Greenway Signage, Tracy Nugent, CHO 5

---

Community and Statutory Supports - Community Well-being Day, Sandra Taylor and John Duffy, CHO 9

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Connecting for Life

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