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A Review of Research carried out as part of Connecting for Life

April 2021



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Glossary of Acronyms

BPD: Borderline Personality Disorder

CAMS: Collaborative Assessment and Management of Suicidality

CfL: Connecting for Life

CHO: Community Health Organisation

DBT: Dialectical Behaviour Therapy

DBT STEPS-A: Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents

DMHS: Donegal Mental Health Service

DRO: Data Registration Officers

ED: Emergency Department

GP: General Practitioner

GKT: Gatekeeper Training

HOPE: Healthy Options Project Erris

HRB: Health Research Board

HSE: Health Service Executive

IAUCC: Irish Association of University and College Counsellors

IMSA: Irish Men's Sheds Association

LGBTI: Lesbian, Gay, Bisexual, Transsexual, Intersex

MAMRM: Middle-Aged Men at Risk of Marginalisation

MSLS: Mayo Suicide Liaison Service

NCISH: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness

NDRDI: National Drug-Related Deaths Index

NOSP: National Office for Suicide Prevention

NSHRI: National Self-Harm Registry Ireland

NSRF: National Suicide Research Foundation

NTSPS: National Traveller Suicide Prevention Service

POWER: Promoting Our Wellness and Recovery

TOT: Training of Trainers

T2WB: Travelling to Wellbeing

SATS: Suicide Assessment and Treatment Service

SHIP: Self-Harm Intervention Programme

SPC: Social Prescribing Co-ordinator

SROI: Social Return on Investment

SSIS-PAM: Suicide Support and Information System - Psychological Autopsy Model

USI: Union of Students in Ireland

Executive Summary

The National Office for Suicide Prevention's *Connecting for Life* (CfL) strategy 2015-2025 envisions an Ireland in which incidences of suicide and self-harm are reduced, both among the general population and among specific vulnerable groups. NOSP hope to create an environment where people are empowered to improve their mental health. To achieve this vision, NOSP has invested in research, interventions and services which aim to support people's mental health and to advance knowledge of the risk factors for self-harm and suicide.

This report provides a summary and thematic analysis of research carried out under CfL between 2015 and 2020. The research included here is wide-ranging and addresses topics as diverse as peer prisoner mentoring and social prescribing interventions. A brief overview of themes emerging from the analysis is presented below:

Target groups: Men, young people, and those with existing mental health issues were especially well represented in this collection of research.

Efficaciousness of interventions: Positive trends rather than statistically significant results predominate due to the evaluation methods used. Based on these positive trends, twelve services or interventions recommend themselves for scale-up.

Collaboration: Being able to work effectively with other organisations and agencies was considered important for approximately half these programmes. In several cases, collaboration was seen as essential to effective service provision.

Fidelity v adaptation: There is often a tension between reproducing core elements with fidelity and having the flexibility to adapt to local circumstances. Getting the balance right can be challenging, especially during efforts to scale up a programme or intervention.

Barriers to access: Several studies identified barriers which made it difficult for service users to access the help they need: a lack of clear care pathways, isolation and lack of transport in rural areas and resource constraints experienced by many vital services.

Service user engagement: Outreach, quality information provision, the creation of a safe environment, being more responsive to need and involving service users in their own recovery were suggested as ways to combat difficulties reaching and retaining service users.

Tiered supports: There are varying levels of mental health difficulty in the population, and tiered supports with both universal and targeted elements are one possible solution.

Staff supports: It is vital to have support for frontline mental health staff, especially those

working with high-risk groups. Supports suggested here include training, clinical and research networks, peer learning networks, clinical supervision and reflective practice.

Media monitoring and guidance: Irish journalists generally conform to best practice guidance around suicide reporting, and with adequate support, they could make a significant contribution to the de-stigmatisation of mental illness, self-harm and suicide.

Importance of a strengths-based approach: It is important to take a strengths-based approach, especially when trying to engage with men. This approach emphasises hope, optimism and solutions in contrast to a deficit-based approach, which focuses on problems.

Use of existing resources and infrastructure: The use of existing resources/infrastructure can increase chances of programme success, e.g., through increasing cost-effectiveness, improving local integration of services and increasing levels of service user trust.

Innovation: Innovation was present in many of the reports, either in terms of the evaluation methodology employed, the nature of the intervention or the approach to implementation or research in areas where there is a dearth of empirical knowledge or information.

During this analysis, the contents of the reports were mapped against CfL goals, objectives and priority groups, and several knowledge gaps were identified, and recommendations made about how to address them:

Outcomes data: NOSP should support more longitudinal research and should develop a standardised reporting template for relevant programmes to streamline data collection.

Priority groups: NOSP should create a strategic plan that governs the type of research commissioned, thus ensuring that all priority groups receive some of the focus.

Alignment with goals: NOSP should commission research addressing Goal 6 of *Connecting for Life* and its corresponding objectives.

Alignment with objectives: Five NOSP objectives are not addressed in the current collection of research (see table 4, p.66). Two of these contain high-level actions which potentially need to be addressed directly by NOSP. In addition, NOSP should develop a four-year research and evaluation plan to ensure appropriate research is commissioned.

Outcomes: NOSP should use NSHRI data to assess the impact, effectiveness and cost-effectiveness of major CfL investments. In addition, it should create a tool compendium of recommended, open access measurement tools for those working under CfL.

Cost: NOSP should commission more cost-based research of programmes and other interventions carried out under CfL.

Section 1: Overview of the report

This report summarises the key learning from research/evaluations commissioned as part of *Connecting for Life (CfL)*, Ireland's Strategy to Reduce Suicide 2015-2025. Following this introductory section, it is organised into five sections, as follows:

Section 2 provides the background and context for this research report, and an overview of *Connecting for Life* as the national strategy to reduce suicide.

Section 3 provides a description of all research reports included in this report and an analysis of key findings reported.

Section 4 provides an overview of the main themes emerging from research reports analysed as part of this report.

Section 5 summarises the key knowledge gaps that currently exist in the body of research commissioned so far and provides a series of recommendations as to how these gaps can be best addressed, going forward.

Section 2: Background and context

This report has been commissioned by the National Office for Suicide Prevention (NOSP) to conduct a review of *Connecting for Life* (CfL) commissioned research/evaluations and synthesis of the findings. The aim of this research is to provide a synthesis of existing research, identify knowledge gaps, and formulate next steps to obtain these insights. It is envisaged that this synthesis will provide the basis for additional communications resources to assist in the dissemination of key findings emerging from the research included in this review and support the final implementation phases of the CfL strategy.

2.1 The policy context

The HSE National Office for Suicide Prevention (NOSP) supports, drives and co-ordinates the implementation, monitoring and evaluation of Ireland's national suicide prevention strategy, *Connecting for Life* (CfL). CfL was launched in 2015 and in 2020 approval was granted to extend the strategy until 2024.

The HSE NOSP and the Department of Health undertook a public consultation as part of the development of CfL to ensure that all stakeholders had the opportunity to share their views and recommendations for the strategy. The engagement process included receiving submissions from members of the general public, service and family users, professional bodies and community interest groups. Non-statutory partners were involved in the Strategic Planning Oversight Group and advisory groups. The development of the whole of government strategy was supported by bi-lateral discussions lead by the Department of Health with departments from across government.

The vision of *Connecting for Life* is:

'an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing.' (pg. ix)

The vision of the strategy is to be achieved through working towards the following seven goals:

1. Better understanding of suicidal behaviour
2. Supporting communities to prevent and respond to suicide behaviour
3. Targeted approaches for those vulnerable to suicide
4. Improved access, consistency and integration of services
5. Safe and high-quality services
6. Reduce access to means
7. Better data and research.

Each goal is based on a series of 23 underlining objectives that cumulatively support the achievement of the goals, supported by 69 actions.

The two primary defined outcomes of the strategy are reduced rates of suicide in the whole population and amongst specific priority groups and reduced rate of presentations of self-harm in the whole population among specified priority groups.

As a strategy, CfL is based on the foundations of suicide prevention work that has been carried out in Ireland as part of the previous strategy to reduce suicide, *Reach Out*, the national strategy for action on suicide prevention 2005-2014 (Health Service Executive, 2005).

An interim independent review of the implementation of CfL was carried out and published at the beginning of 2019 (NOSP, 2019). The aim of the review was to provide an independent assessment of progress made by the 22 government departments/state agencies in delivering on their commitments made under the strategy. This was achieved by examining the extent to which the key actions of the strategy were on track to being achieved by 2020, and by identifying the implementation enablers and challenges for the strategy. Some degree of implementation progress was found for all strategic goals, although some areas were highlighted as having limited progress made. The interim review concluded that progress had been made in the implementation of the strategy, but that work was still required before the vision of the strategy can be achieved.

The interim review stressed that consistent implementation of the strategy was required beyond 2020 to achieve more progress in implementation. To this end it recommended that the Department of Health extend the life and funding for CfL beyond 2020. In November 2020, the extension of CfL up to 2024 was approved. An implementation plan for the period 2020-2022 was developed by NOSP to support the continued delivery of the strategy.

Suicide prevention is reinforced through several other national policies and strategies. *Sharing the Vision - a Mental Health policy for Everyone*, Ireland's new national mental health policy supports CfL. The policy was launched in June 2020 as a successor to *A Vision for Change*, which came to the end of its ten-year term in 2016. It seeks to develop a broad base of mental health support for the whole of the population, "to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual" (pg. 16). The Implementation Plan for CfL references areas where specific actions overlap with the national policy, such as in stigma reduction, better quality data and enhanced access to services.

This research project has worthwhile recommendations to make concerning key findings and identification of existing knowledge gaps and how these can be suitably addressed as part of the extended life of the CfL strategy.

2.2 Research included in this report

The rationale for including research in this review process was research that was either directly commissioned by NOSP or funded by NOSP and commissioned by NGO partners working toward strategic goals of NOSP which has:

- Been published publicly or explicit consent has been received from the authors / data owners of the research
- Funded by NOSP / HSE
- Research carried out and / or published over the first term of *Connecting for Life 2015-2020*
- Research which meets the criteria above and has been identified by NOSP as relevant and supplied to the authors of this report.

Research identified as out of scope for this research report is:

- Research not commissioned by NOSP or submitted to NOSP by services, organisations or projects working towards the strategic goals of *Connecting for Life*
- All of the National Suicide Research Foundation's (NSRF) research programme of work – relevant project were included.
- Research commissioned by NOSP before 2015.

2.3 Methodology

This report is the product of a secondary research project which is a narrative integrative synthesis of research carried out by external partners, which was either commissioned by NOSP or provided to NOSP as part of the collaborative work under *Connecting for Life*. A total of thirty-one research reports are included in the review.

In the initial stages of the synthesis, a coding framework for analysis of each research report was developed which screened all reports on the following domains:

- Type of report
- Research Methodology
- Audience
- Findings and key messages
- Identified alignment with CfL priority groups
- Identified alignment with CfL goals

- Relevant primary CfL objective
- Relevant secondary CfL objective
- Research outcomes specified
- Account of innovation present in research / intervention / service / programme if appropriate.

A list of all reports included in the analysis is included in the appendix.

Section 3: Services, programmes and projects supported as part of Connecting for Life

In total there were thirty-one studies reviewed as part of this report. These studies were published over 2015-2020 and represent a diverse mix of evaluations of programmes and interventions, service reviews, exploratory studies and national surveys. An overview of each report, the research methodology employed, and type of report are provided below in Table 1.

Report title	Year	Research team	Type of report	Research methodology
Evaluation of the HOPE Social Prescribing Project	2015	National Suicide Research Foundation	Independent report / evaluation	Mixed methods programme evaluation
Responding to the suicide bereaved: The Mayo model	2015	Gordon, E. et al.	Independent report / evaluation	Qualitative programme evaluation
Donegal social prescribing for health & wellbeing: evaluation report	2015		Independent report / evaluation	Mixed methods programme evaluation
Reaching out in college: help-seeking at third level in Ireland	2015	Karwig, G et al.	Independent report / evaluation	Mixed methods exploratory study
Review and preparation of a development plan for selected NOSP-funded Traveller projects	2016	Bookle, S.	Independent report / evaluation	Qualitative service review
Mojo Kildare evaluation	2016	Keenaghan Collaborative	Independent report / evaluation	Mixed methods programme evaluation
Development of quality assessment and outcomes framework for Men's Sheds in Ireland 2015-2016	2016	Keenaghan Collaborative	Independent report / evaluation	Qualitative (to support the development of a quality assessment and outcomes framework)
Samaritans caller behaviour research	2016	Mulvenna, M. D. et al.	Other	Quantitative exploratory study

Report title	Year	Research team	Type of report	Research methodology
Mental health consultations in a general practice out of hours service – informing the future direction of services	2016	Collins, C. et al.	Independent report / evaluation	Quantitative exploratory study
'Connecting with Young Men' Engage Unit 6 - National Men's Health Training Programme: an evaluation	2016	Grace, B. et al.	Independent report / evaluation	Mixed methods programme evaluation
"... If you're not part of the institution you fall by the wayside": service providers' perspectives on moving young men from disconnection and isolation to connection and belonging"	2016	Grace, B. et al.	Other	Qualitative exploratory study
Responding to self-harm: An evaluation of the self-harm intervention programme (SHIP)	2016	Quality Matters	Independent report / evaluation	Mixed methods programme evaluation and Social Return on Investment (SROI) analysis
LGBTIreland Report	2016	Higgins, A. et al.	Independent report / evaluation	Mixed methods exploratory study
A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service	2016	National Suicide Research Foundation	Independent report / evaluation	Mixed methods review
Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for	2017	Flynn, D. et al.	Independent report / evaluation	Mixed methods programme evaluation

Report title	Year	Research team	Type of report	Research methodology
Adolescents (DBT STEPS-A):				
Dialectical Behaviour Therapy in Ireland – 2017 gap analysis report	2017	Flynn, D. et al.	Report to funder	Qualitative service review
Report assessing Headline’s performance of its media monitoring, media response and media education functions.	2017	Flynn, R.	Independent report / evaluation	Qualitative programme evaluation
Promoting Our Wellness and Recovery (POWER): Peer prisoner mentoring evaluation study	2017	Doyle, L. et al.	Independent report / evaluation	Qualitative programme evaluation
Reporting mental health and suicide: challenges facing journalists	2018	O’Brien, A.	Report to funder	Qualitative
Middle-aged men and suicide in Ireland	2018	O’Donnell, S. and Richardson, N.	Report to funder	Qualitative
Review of the National Self-Harm Registry Ireland	2018	Gunnell, D. and Hallett, J.	Independent report / evaluation	Qualitative service review
The National Dialectical Behaviour Therapy Project, report 2013-2018	2018	Flynn, D.	Other	Mixed methods service review
A national investigation into patient suicide and homicide in Ireland: a development proposal	2018	Appleby, L. et al.	Other	Qualitative
Using coronial data to identify deaths in people with risk factors for self-	2018	Health Research Board	Other	Mixed methods

Report title	Year	Research team	Type of report	Research methodology
harm: report on the outcome of a feasibility study				
Independent evaluation of the Jigsaw service model	2018	Community Consultants	Independent report/evaluation	Mixed methods
Evaluation of See Change	2018	Cooke, S. and Montgomery, P.	Independent report/evaluation	Mixed methods
Evaluation of the implementation of the range of delivery models of suicide prevention gatekeeper training	2020	Dr Katrina Collins Consultancy Services	Other	Qualitative evidence review
Rapid Assessment and Community Response to suicide and suspected suicide in Dublin South	2020	S3 Solutions Ltd.	Other	Mixed methods review
Scalability Assessment of the North Dublin Psychology Suicide Assessment and Treatment Service (SATS)	2020	Centre for Effective Services (CES)	Independent report/evaluation	Mixed methods scalability assessment
The harmful impact of suicide and self-harm content online: A Review of the Literature	2020	National Suicide Research Foundation	Other	Qualitative evidence review
Building Capacity for the Evaluation of Social Prescribing: Evaluability Assessment	2020	S3 Solutions and Elemental	Other	Qualitative evaluability assessment

Table 1. Summary of studies reviewed in this report

3.1 The HOPE Social Prescribing Project

3.1.1 Introduction

The Healthy Options Project Erris (HOPE) is provided by the Family Centre Castlebar, Co. Mayo, in partnership with local family doctors, the Erris PCT, local community organisations and the HSE. The project links people to activities and groups in the Erris area that they might enjoy and from which they may benefit.

3.1.2 Methodology

An independent evaluation of the project was carried out by the National Suicide Research Foundation using a prospective uncontrolled cohort study including a baseline assessment, a follow up assessment and another 3-month follow up assessment. A qualitative process evaluation of implementation was also carried out via interviews with 21 stakeholders.

3.1.3 Key findings

Social prescribing, which is slowly emerging in Ireland as a community-based intervention, is a mechanism for linking patients with non-medical sources of support within the community. It is usually delivered via primary care; however, there are a wide range of models and referral pathways. It has been predominantly used for people with mild to moderate mental health issues, and while independent evaluations of this intervention are limited, there is some positive emergent evidence attesting to its efficacy.

The HOPE project showed some positive trends in improving mental health outcomes for participants: decreased psychological distress, increased resilience and increased general help seeking behaviour. However, none of these results were statistically significant.

Qualitative interviews with participants in the project raised themes highlighting the positive contribution the HOPE project was making to their lives, including helping them to cope with feelings of isolation, anxiety or illness, to adapt to lifestyle changes and to build confidence. It also aided participants with becoming more socially active and more aware of resources in their area. In addition, many people developed friendships with other participants.

The process evaluation with stakeholders emphasised the wide range of supports offered as part of the project and the informal nature of referrals to the project. Some difficulties highlighted were client reluctance to avail of the service, difficulties in targeting remote areas, lack of transport and not having access to the service on a full-time basis. Stakeholders reported it was particularly effective for individuals with mild mental health issues. Recommendations included having flexibility regarding the number of sessions to meet individual need and including a group educational element to normalise the experience and promote self-care.

3.2 Mayo Suicide Liaison Service

3.2.1 Introduction

Mayo Suicide Liaison Service (MSLS) is a suicide bereavement support service, established with the support of NOSP and provided by a liaison worker located in an existing family centre with experience in bereavement support. An independent evaluation was conducted exploring the development of the service over three years and its contribution to meeting the needs of the suicide bereaved with a view to informing national postvention service delivery.

3.2.2 Methodology

Multiple stakeholders were consulted using semi-structured interviews, a focus group and an online survey. Service and promotional documents were also analysed.

3.2.3 Key Findings

The MSLS was found to provide a quality service in line with best practice that was very successful in meeting the needs of its service users. It was concluded that the model's core elements could be replicated elsewhere, but that any attempt to introduce a similar model in other locations should be sensitive to local context and available resources.

In setting up a service of this type, a partnership approach is very important. It is vital to choose a host organisation where service users feel comfortable. Collaboration with other local services is also crucial to encourage referrals and ease transfer to follow-up services. In addition, it is recommended that the service be designed in partnership with service users.

The stepped approach of MSLS (crisis response / ongoing support / facilitated referral), its high level of responsiveness and the element of choice in terms of when and where to engage with the service were all considered very important, as the support needs of the suicide bereaved are diverse and may fluctuate over time.

Forty-seven percent of MSLS service users were men, suggesting the service is accessible to men despite their documented reluctance to seek help, although the evaluation did not suggest a reason for this accessibility.

To increase public awareness of the service, a more informative online presence, clear messaging, and increased media visibility were recommended. It is important to promote the service rather than any individual worker, as this may create unrealistic expectations.

The information packs given to the bereaved were considered helpful and informative, but it was recommended that their distribution by first responders be re-examined, as the situation in which they meet these families is complex and emotionally charged and may not always be the optimal time to present this information or make referrals.

3.3 Donegal Social Prescribing for Health & Wellbeing

3.3.1 Introduction

The Donegal Social Prescribing Project was funded by NOSP and implemented at 6 sites in 2013 with the aim of demonstrating the effectiveness of social prescribing. Six Social Prescribing Coordinators were employed for 10 hours per week for one year (with a review at six months). An evaluation was completed to assess the impact of the project.

3.3.2 Methodology

Of 119 participants who took part in the evaluation, 65 completed pre- and post-measures for wellbeing, anxiety and depression, general health, use of medication, community involvement and number of GP visits. Qualitative data was collected through semi-structured interviews with participants, referrers, social prescribing coordinators and other stakeholders.

3.3.3 Key findings

Analysis of the pre- and post-measures showed positive improvements in wellbeing, anxiety and depression (all statistically significant), community involvement and number of GP visits, and results from the qualitative interviews supported these findings.

The programme was found to support partnership between clinicians and the community, and all stakeholders gave positive accounts of their engagement with it. When the social prescribing coordinator (SPC) was located in clinical settings, the strongest connections were those made with GPs; when the SPC was located in non-clinical settings, the strongest connections were within the community and included an enhanced ability to engage with 'hard-to-reach' people. It was suggested that the social prescribing coordinator should split their time between these two types of settings. Overall, it was considered very valuable to be able to take advantage of existing community structures to maximise the impact of the programme.

Communication at all levels was important to the project's success, and it was useful to have lead-in time to properly plan and promote the programme and build networks to aid implementation. It was also felt that the phased implementation went well, as it gave time for adjustments to be made based on learning from earlier phases.

The 'organic' development of the programme allowed for flexibility in each of the local areas, which was seen as positive; however, it was noted that more structure would have been preferable, especially with regards to specifying the length of engagement with each person.

The voluntary nature of the programme meant that it had trouble reaching some populations. For example, only a third of the people who engaged with the programme were men.

3.4 Reaching Out in College

3.4.1 Introduction

Reaching Out in College is a study involving a formal collaboration between ReachOut Ireland, NOSP and the Irish Association of University and College Counsellors (IAUCC), with support from the Union of Students in Ireland (USI). The study explored the mental health and help-seeking behaviours and preferences of third level students in Ireland, with a focus on e-mental health and college supports and services.

3.4.2 Methodology

A mixed methods approach was used that included an online survey and focus groups.

3.4.3 Key findings

Overall, findings indicated that students value the traditional health and counselling services on offer across campuses, but that there is a need for tiered support provision based on individual need. It is important to provide quality mental health information online, as 85% of respondents reported being likely or very likely to obtain information in this way. The importance of evaluating on-campus mental health support services was also emphasised, as was the need to promote a culture of positive youth mental health in college settings.

There were a series of key messages included in this report, which are outlined below:

- Colleges should ensure that their Student Counselling and Student Health Services are appropriately resourced to meet demand.
- Students should be provided with quality mental health information.
- Student support staff should be actively involved in ensuring that online information and online resources provided for students are of a high quality and reliable.
- Visible, engaging mental health information should be provided regularly to students.
- Colleges should audit and evaluate all resources and services being provided to students and share this information among colleges to increase understanding of service provision at a national level and to inform future service provision.
- Student Counselling Services should continue to collect data on their activity and share this information within the sector.
- Colleges should consider developing a system for information provision and referral of students to appropriate supports on campus.
- Mental health campaigns should be marketed carefully, with attention to language, to engage students and increase awareness of the events' activities.
- Targeted skills-based workshops or modules should be provided to students to assist them in coping with the pressures of college life.

3.5 National Traveller Suicide Prevention Service and Travelling to Wellbeing

3.5.1 Introduction

A review was commissioned by NOSP both to understand how two NOSP-funded projects targeting Travellers - the National Traveller Suicide Prevention Service (NTSPS) and Travelling to Wellbeing (T2WB) - fit with the Connecting for Life strategy and more broadly, as part of its role funding suicide prevention initiatives.

3.5.2 Methodology

The review was conducted through documentary analysis and stakeholder consultation, and positive observations were made about both programmes.

3.5.3 Key findings

Findings about NTSPS were positive overall, but the reviewer's ability to assess outcomes was hindered by the lack of a clear programme plan. The training programmes provided under NTSPS were considered to be a strength, especially those for teaching health service staff about Traveller culture. Their work in awareness-raising was also highlighted, as was their work engaging Traveller men in sports-based interventions, although it was felt these needed to be linked to suicide prevention information, support and services.

T2WB had previously been evaluated positively, and the results of the review affirmed this. It was suggested that a more standardised approach to this project was needed across its different locations. Multiple staffing, resourcing and funding issues were noted for both projects.

It was stressed that Travellers as a group are highly vulnerable in relation to mental health issues/suicide, and they should be featured more explicitly in all strategies/programmes addressing these issues. In addition, strategies, plans and interventions relating to Traveller health need to be coordinated for maximum effect.

A particular challenge cited with meeting the mental health needs of this population is the norm of health service avoidance. With this in mind, it was recommended that more widespread training about Traveller culture should be rolled out for health service providers to aid in the creation of a supportive environment for Travellers.

In terms of research, it was recommended that data collection strategies on death by suicide need to contain ethnic identifiers, as without these, it is impossible to effectively target resources or assess programme impact in relation to Travellers.

3.6 Mojo Kildare

3.6.1 Introduction

Mojo is an evidence-based training programme combining mental health, adult guidance, physical fitness and social networking methodologies which is aimed at unemployed men experiencing distress. Following successful evaluations of Mojo in South Dublin, NOSP funded the Mojo Kildare Pilot to run two cycles of the Programme between January 2015 and May 2016.

3.6.2 Methodology

Qualitative data was gathered through interviews, focus groups and online surveys with key stakeholders. A literature review and documentary analysis were also carried out.

Quantitative data was collected using pre- and post-measures for distress, risk, functioning, problems and wellbeing. Eighty-seven men participated in the evaluation.

3.6.3 Key findings

Improvements were shown for most of the men on all pre- and post-measures used in this evaluation. Clinically significant positive impacts were found in relation to level of distress and sense of wellbeing. These improvements were echoed in the qualitative data gathered from the participants, their families, Mojo staff and other stakeholders.

The evaluation of Mojo concluded that it was a highly successful programme, not only because of the positive outcomes experienced by participants, but also because its community-led approach caused positive changes in the wider community, such as improvements experienced by participants' families and creation of connections between statutory and non-statutory community agencies and between these agencies and the hard-to-reach men targeted by the Mojo programme.

This voluntary programme attracted a high level of engagement from a population that is traditionally difficult to reach. Reasons for this included the quality of management and staff, interagency involvement, and the use of a strengths-based approach and reflective practice which focused on systemic rather than individual change. Participants were involved as partners in the further development of the programme and they reported a strong sense of connection with staff and a non-stigmatising environment, all of which fostered an atmosphere of trust conducive to connection and communication. At the end of the programme, participants were left with strategies to help them manage their future wellbeing.

Recommendations for a scale-up of the programme make it clear that involvement at national level should not interfere with local ownership of Mojo, which gives providers the flexibility to adapt the programme while maintaining its core principles and work practices.

3.7 Men's Sheds

3.7.1 Introduction

The Irish Men's Sheds Association (IMSA), funded by NOSP, created a quality assessment and outcomes framework to be used in Men's Sheds in Ireland. IMSA define Men's Sheds as any community-based, non-commercial organisation which is open to all men, where the primary activity is the provision of a safe, friendly and inclusive environment.

3.7.2 Methodology

In addition to a literature review, a consultation was undertaken with Men's Shed members and a variety of other stakeholders and a pilot was carried out with a number of Sheds to aid in the framework's development.

3.7.3 Key findings

Creating a quality assessment and outcomes framework for use in Men's Sheds was a delicate process, as the factors that make Men's Sheds so successful at reaching men - their informality and their self-directed nature - could be compromised by an over-emphasis on data-gathering, outcomes and accountability. Although there was agreement from Men's Shed participants that having a certain amount of central support and structure is likely to be important to the continued success of the sheds, and there was acknowledgement that the ability to demonstrate outcomes is important to many funders, these needs had to be carefully balanced with the core nature of the sheds as autonomous grassroots groups.

Many of the men consulted were wary of imposed agendas, and it was found that an overt focus on the sheds as vehicles of health and wellbeing and a strong emphasis on assessment and measurement could discourage men from attending.

It was suggested that traditional services may have something to learn from the Men's Sheds with regards to connecting with men and having a positive impact on their health and wellbeing (including their mental health), and that it may be helpful for funders to place less emphasis on data-gathering for accountability and more on encouraging the use of data to create a culture of learning and improvement in organisations/services.

3.8 Samaritans Caller Behaviour Research

3.8.1 Introduction

This study was part-funded by NOSP and analysed data about callers to Samaritans Ireland in an attempt to predict what type of caller they were likely to become (i.e., how many times they would call the helpline, within what period of time, how long the calls would typically last).

3.8.2 Methodology

Analysis of the data was conducted using machine learning techniques. The number of calls mean duration of call and standard deviation of a caller's calls were used as a basis for the predictive model building process.

3.8.3 Key findings

The analysis identified five distinct patterns of caller behaviour: typical, one-off, standard prolific, elite prolific and unpredictable. Each of these types of caller has the potential to impact the helpline capacity in a different way. The findings of this study indicate that it is possible to predict caller type based on the first eight calls from that person.

The most striking finding was that a small group ($n < 50$) of 'elite prolific' callers accounted for 20% of the total call volume over a 4-year period. It is possible that further research could help to understand the needs of this and other groups of callers. An analysis of their demographic profile and topics discussed could allow an understanding of different levels of risk and thus allow appropriate skillsets and training for staff to be identified. However, the report notes that there are ethical questions around the use of machine learning to allocate individuals to a particular group and direct the type of help they receive, as the consequences of allocating somebody incorrectly could be significant.

3.9 Research on Mental Health Consultations in a General Practice Out of Hours Service

3.9.1 Introduction

This study, funded by NOSP, analyses data gathered from an out of hours GP service with the aim of determining the number of people attending the service with mental health as either a primary or a secondary issue and the number of these who were referred either to an emergency department or back to their own GP for further care (phase 1) and of those referred to an Emergency Department (ED) or their GP, how many actually attended (phase 2).

3.9.2 Methodology

Quantitative data was gathered via an anonymous extraction of retrospective data from the out of hours' electronic database and anonymous tracking of patients using an identification tab within the Caredoc electronic system. The data was then analysed using PASW Statistics.

3.9.3 Key findings

Results from phase 1 showed that, over the course of a year, there were 3,844 cases where a patient presented with an issue related to mental health. Of these, 9.3% were referred to an emergency department or back to their own GP. During the second phase, patients referred to an ED or their GP over a six-month period were anonymously tracked, revealing that 44.5% of those referred to their GP and 37.7% of those referred to an emergency department did not attend.

As current services stand, there are issues with care pathways for patients with mental health issues presenting to primary care settings. A substantial number of those referred from the out-of-hours GP service in this study to another service failed to attend. Several service issues are highlighted in the discussion of these results including barriers to continuity of care at provider, system and patient level; lack of access to psychological therapies (as opposed to medicine and psychiatric care); and the lack of intermediary alternatives to secondary/specialist care. An integrated approach to primary mental health care is suggested as a possible direction for the future, with an ultimate goal of coordination and co-location of care.

3.10 'Connecting with Young Men' Engage Unit 6 - National Men's Health Training Programme

3.10.1 Introduction

This is a NOSP-funded evaluation of Unit 6 of the National Men's Health Training Programme: Connecting with Young Men - Engaging Young Men in Mental Health and Wellbeing. The evaluation considers both the training of trainers (TOT) and the Connecting with Young Men workshop.

3.10.2 Methodology

Qualitative data was gathered from TOT facilitators, trainers and service providers via notetaking, and quantitative data was gathered from trainers and service providers using surveys. A total of 17 trainers and 206 service providers were involved in the evaluation.

3.10.3 Key findings

A survey completed after the TOT found that the trainers left with a high level of confidence and competence in their ability to deliver the training, while service providers who attended the training showed improvements in levels of knowledge, skill and capacity to engage with young men and to convince others of the importance of doing so. Views of the programme were positive overall, but there was significant confusion around the focus of the workshop, with many participants questioning the strength of the mental health element.

The ethos and methodologies of the Connecting with Young Men programme were found to contribute to its success. These included elements such as the use of a strengths-based approach, a focus on understanding gender as a dynamic construct, the use of experiential and interactive sessions, the integration of reflective practice and the opportunities provided for peer networking and support.

Although both trainers and service providers were overwhelmingly positive about the training, some gaps were also identified. A number of participants expressed the desire for more practical examples of exactly how to engage with young men, some felt that the materials provided needed to portray a greater level of diversity, while others felt that the statistics about young men which were chosen for the workshop were at odds with its strengths-based approach. It was also noted that although consistency in delivery of the training is important, it was felt that a certain amount of flexibility was necessary so that the trainers could adapt the training to suit a variety of target audiences.

3.11 Connecting with Young Men

3.11.1 Introduction

This study, which was part-funded by NOSP, explores enablers and barriers to young men's engagement with services which aim to support their mental health and wellbeing.

3.11.2 Methodology

Service providers likely to be in contact with this demographic (n=52) were invited either to take part in a focus group or to do an interview focused on their perception of the mental health/wellbeing needs of young men.

3.11.3 Key findings

This study identified that when attempting to engage with young men, efforts to build rapport and trust are vital. Other important factors were awareness of the men's wider socio-cultural context and the use of positive, strengths-based language in relation to mental health (perhaps even a complete omission of the term 'mental health' because of the stigma attached to it for this group).

A suggestion was made that issues surrounding mental health should be introduced from the early years to normalise the topic and challenge existing gender role expectations. Sport and technology/social media were identified as enablers to engaging with this demographic group, and it was also suggested that the best way to reach these men could be through the incorporation of mental health/wellness initiatives into existing programmes/services where men already feel comfortable.

Above all, it was considered important to acknowledge that there is no 'quick-fix' solution for this issue and that there is a need to tackle the root causes of young men's disconnection from society rather than simply alleviating the symptoms.

This study has informed the development of a 'train-the-trainer' programme for service providers.

3.12 Self-Harm Intervention Programme (SHIP)

3.12.1 Introduction

The HSE's Self-Harm Intervention Programme (SHIP) provides non-crisis time-limited specialist counselling support to people who are self-harming or at risk of suicide across the south east of Ireland. NOSP commissioned an evaluation of the programme, including a Social Return on Investment (SROI) analysis, which sought to understand both the impact of SHIP and the experience of those involved with it.

3.12.2 Methodology

A process evaluation, an impact evaluation and an SROI analysis were conducted. Data was gathered using surveys and semi-structured interviews with key stakeholders; a file audit, which provided an overview of service user group demographics; and an analysis of existing client satisfaction data and pre- and post-outcomes data collected from service users.

3.12.3 Key findings

The evaluation found clinically significant improvements in wellbeing and decreases in self-harming behaviours among those participating in the programme. The service was found to be well-managed, and the stress for counsellors of engaging with high-risk clients was largely mitigated through the provision of wrap-around supports. It was suggested that waiting times could be improved, as just under half of service users waited more than three weeks to see a counsellor. In addition, it was found that the service could be more strongly promoted among referring services and that referral pathways between SHIP and these services should be made clearer and more effective. The SROI found a high return of €9.10 for every €1 invested.

SHIP demonstrated multiple positive outcomes for a vulnerable population of service users and their families. It was found that the model and its systems and processes are clear and that its existence reduces the workload and stress of other mental health service providers. It was thus recommended that continued funding be secured for the existing SHIP service and that consideration be given to scaling up the programme as a core part of the CfL strategy.

Several aspects of SHIP were noted to be integral to its successful delivery:

- the creation of a strong therapeutic alliance between counsellor and service user and of a safe space for discussion.
- the use of evidence-informed practice where desk research is complemented by practitioner and client feedback.
- the provision of a strong network of supports for practitioners, including induction, training, supervision, and peer group work.

3.13 LGBTIreland Report (2016)

3.13.1 Introduction

This report was funded by NOSP to explore the mental health, wellbeing and experiences of discrimination of LGBTI people in Ireland, with an emphasis on those aged 14-25 years (Module 1; n=2,264) and also to measure attitudes towards LGBTI people in a nationally representative sample of the Irish public (Module 2; n=1,008).

3.13.2 Methodology

A mixed methodology was chosen for this report. Data was gathered through an anonymous online survey with both open and closed questions and through telephone interviews in which responses were scored on a scale of 1 to 5.

3.13.3 Key findings

Results from the first module showed that although the majority of respondents reported positive wellbeing, a significant number also reported mental health difficulties, particularly transgender and intersex people and young people between the ages of 14 and 25 years.

Results from the second module revealed that most people in Ireland do not believe it is okay to discriminate against LGBTI people in services or employment. However, a small but significant number of people still display a level of acceptance towards homophobic bullying behaviour, are uncomfortable with public displays of affection from LGBTI people and believe that there is an element of choice involved in being LGBTI. Awareness-raising and education are identified as ways to address these issues, especially in the case of professionals such as teachers, doctors and mental health workers so that a safe environment can be created for LGBTI people in health and education contexts.

Participants in both modules recommended increased normalisation and positive affirmation of, along with education about, LGBTI identities, especially in schools. Being bullied in school was found to be strongly related to increased mental health difficulties, and the level of homophobic bullying was found to be much higher in schools than in work or college environments. In addition, it was considered important to challenge heteronormativity and negative attitudes towards the LGBTI population.

Importantly, the experience of LGBTI people is not uniform: transgender, intersex and bisexual people experience greater levels of discrimination and mental health issues than either lesbians or gay men. The younger cohort (14-25) appeared to be more negatively affected in terms of mental health and bullying, but positively, the gap between knowing they are LGBTI and telling somebody is shorter for 14-19-year-olds than for all other age groups.

3.14 Donegal Mental Health Service Study

3.14.1 Introduction

This study, commissioned by the Donegal Mental Health Services (DMHS) and funded by NOSP, examined untimely sudden deaths and those who took their own lives while in the care of DMHS between October 2011 and May 2015.

3.14.2 Methodology

Data was gathered using the Suicide Support and Information System - Psychological Autopsy Model (SSIS-PAM), which was developed to facilitate access to support for the bereaved while simultaneously obtaining information on risk factors associated with suicide using a systematic and standardised procedure. Data was collected from medical records, coroner's reports and interviews with healthcare professionals and family members of the deceased. Quantitative analysis of the SSIS-PAM data was conducted using SPSS.

3.14.3 Key findings

Common factors in the deaths examined included history of self-harm, history of inpatient psychiatric admission, confirmed psychiatric diagnosis, prescription of medication for mental illness and family member/s with known mental health issues. Concerns recorded included files containing incomplete assessment of suicidal risk (44% of those analysed) and issues around confidentiality which resulted in lack of disclosure of risk to family members.

Several recommendations were made as a result of this study:

- It is vital to have regular staff training in assessment of self-harm and suicide risk.
- Services should improve communication with family members, especially with regard to disclosure of risk to the service user and recognition of the value of collateral information provided to the service by family members.
- Services should improve communication with families after a service user's death.
- Media reporting on this issue in the Donegal region could be improved, with better adherence to the guidelines for reporting suicide.
- The SSIS-PAM should be implemented, monitored and evaluated in other parts of the country under the remit of Connecting for Life.

It was also noted that continued engagement with service users after discharge from inpatient services could be challenging even with consistent outreach and attempts at re-engagement. This is concerning, as this is a time of particular vulnerability for these service users. In addition, tracking the full-service user journey was found to be difficult due to a lack of interagency communication.

3.15 Dialectical Behaviour Therapy (DBT)

3.15.1 Introduction

The HSE's dialectical behaviour therapy (DBT) programme is a treatment programme aimed at helping people with ongoing difficulties managing intense emotions. This report, commissioned by NOSP and the HSE Mental Health Division, explores gaps in the provision of DBT services in Ireland and barriers to the implementation of new services and to the sustainability of those already in place.

3.15.2 Methodology

This report was based on information gathered at a series of meetings with Community Health Organisation (CHO) Area Mental Health Management Teams, feedback from therapists trained through the National DBT Project and relevant international research.

3.15.3 Key findings

Gaps in provision of DBT were found in all areas, and clear guidance was given on the resources needed to fill those gaps. Barriers to implementation and sustainability of DBT teams were broadly similar, with staffing issues, an unsustainable training model and broader system challenges being identified in both cases. In the case of sustainability challenges, competing demands on staff, the need for additional resources and the importance of staff motivation were found to be key themes.

Borderline Personality Disorder (BPD) is estimated to feature in between 11% and 20% of people presenting to mental health service outpatient clinics in the Republic of Ireland. It is a potentially debilitating mental health disorder which often manifests in self-harm and suicidal behaviours. Dialectical Behaviour Therapy (DBT) is the most researched intervention for this disorder and has shown positive results on multiple measures. For this reason, the report recommends DBT as the primary treatment option for those with BPD and advocates for ongoing investment to continue the implementation of DBT programmes across Ireland.

In order for DBT programmes to be implemented successfully and sustainably, considerable resources need to be invested, especially in terms of staff, and the effectiveness of the DBT programme cannot be guaranteed without this investment. There is also a need for a more sustainable model of training, such as train-the-trainer, which is less expensive, can be delivered locally and is sensitive to variances in local context. However, fidelity to the core components of the programme must be preserved, and the report recommends ongoing evaluation to ensure programme quality. It is also necessary to be aware of systemic issues which may affect the implementation of a DBT programme, such as lack of interagency working and poor infrastructure and transport links, especially in rural areas.

3.16 Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A)

3.16.1 Introduction

Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) is a universal social and emotional learning programme developed in the United States. NOSP funded the training of staff in eight Cork-based schools to enable them to deliver the DBT STEPS-A programme. This report is an evaluation of the pilot implementation of DBT STEPS-A in these schools.

3.16.2 Methodology

The programme had 336 students participating in total: 265 in the intervention group and 71 in the control. Measures were taken at multiple timepoints using the DBT Ways of Coping Checklist and the Behaviour Assessment System for Children. In addition to this, survey data relating to programme implementation was collected from teachers at two time points, and a satisfaction survey was conducted with students at the end of the programme.

3.16.3 Key findings

A recent increase in mental health problems among adolescents has been noted both in Ireland and internationally. Best practice research indicates that universal mental health and wellbeing education at secondary school level is an effective response, especially if conducted in cooperation with community partners and structured as a tiered intervention system, with universal, targeted and individual support available based on the level of need.

Due to a number of sampling and implementation issues, it was difficult for the researchers carrying out this study to draw conclusions about the effectiveness of the programme in the Irish school setting. However, there were some positive outcomes, and there was also some positive feedback from both students and teachers, suggesting that, with the right supports and alterations, this programme has potential in this context.

Feedback from both teachers and students indicated that the programme material is too dense and theoretical, with too few interactive/practical elements. However, teachers did find the network meetings with community partners to be a useful source of support. Structurally, the programme did not fit easily into the Irish school context, as class periods are shorter than in the US, and the length of the school year varies. Adaptations were made to the programme for this study, but it was felt that important elements of the programme were lost as a result. Accordingly, a suggestion was made that the programme would work best if it was delivered over the course of the Senior Cycle. The authors emphasise the importance of further research in this area.

3.17 Headline (1)

3.17.1 Introduction

Headline is Ireland's national programme for responsible reporting and representation of mental illness and suicide and is funded by NOSP. An independent report was carried out which considers the usefulness of Headline's existing guidelines on reporting suicide in the media, assesses Headline's media-monitoring work, explores the possibility of expanding this monitoring to include broadcast and social media and examines the success of Headline's training and education work.

3.17.2 Methodology

Interviews were conducted with media professionals (n = 38) and stakeholders in the mental health and suicide prevention sector (n = 14) and assessments were carried out on the Headline website and on their content analysis protocols.

3.17.3 Key findings

Results showed that the guidelines were useful and some version of them had been adopted by the majority of journalists interviewed, although it was difficult to link the guidelines used specifically to Headline. The time invested in monitoring was considered disproportionate to the resulting output, and it was suggested that if this could be streamlined, more focus could be placed on other activities, including the monitoring of social media and the expansion of training and outreach efforts, which were judged to have been successful to-date.

Overall, the report recommends that Headline reorganise its operations to shift the focus from media monitoring towards dialogue, outreach and education. It was found that journalists largely conform to the guidelines set out by Headline, and that they instead want guidance in navigating more challenging cases. The majority of journalists are willing to engage with Headline and similar organisations, but they want more acknowledgement of the complex contextual factors faced by them in the reporting of cases related to suicide/mental health, and more proactive work on the part of organisations like Headline, e.g., having someone available to give guidance on difficult cases not fully addressed by existing guidelines.

3.18 Promoting Our Wellness and Recovery (POWER)

3.18.1 Introduction

Promoting Our Wellness and Recovery (POWER) is a peer prisoner mentoring program developed and delivered by Suicide or Survive (SOS) which aims to reduce stigma around the discussion of mental health in a prison setting and to equip mentors to provide support for prisoners experiencing mental health difficulties. NOSP funded an evaluation of POWER, and the results are detailed below.

3.18.2 Methodology

Interviews and/or focus groups were carried out with mentors (n = 9), mentees (n = 3), facilitators (n = 2) and stakeholders (n = 5) at key points during and after the completion of the mentoring programme.

3.18.3 Key findings

A positive impact was observed in the case of mentors, mentees and the wider prison culture. The largest observable positive impact of the POWER programme was on the mentors themselves, but there were signs that this positive impact extended to the prison as a whole and even to the families of those who trained as mentors.

The evaluation also uncovered one unexpected piece of learning; although a formal mentoring programme was initially put in place, it quickly became apparent that this would not work in a prison setting where no one wanted to be seen to be asking for help. The flexibility of the POWER programme and its facilitators allowed a more informal, diffuse and organic mentoring process to take its place, wherein prisoners were able to 'chat' to a mentor in their cell, the corridor, the exercise yard etc. The shift to this mentoring style turned out to be a key strength of the programme in this context, but it made it more challenging to capture the experience of mentees.

Importantly, the evaluation found that the feasibility and success of the program was tied to the support of key staff and in particular the prison governor. Because of this, it was suggested that the sustainability of the programme might be threatened by changes in key personnel.

3.19 Headline (2)

3.19.1 Introduction

Headline carried out this study, which focuses on the broader organisational, institutional, cultural and practical context within which stories about mental health/illness and suicide are produced by the media, to help Headline develop an appropriate strategy for engaging with media organisations to more effectively support responsible reporting.

3.19.2 Methodology

To explore this topic, qualitative interviews were carried out with 18 key media professionals from radio, television, print and online outlets.

3.19.3 Key findings

This study reported that journalists, by and large, try to treat mental health issues and suicide with sensitivity, but the topic of mental illness is often avoided because of a concern around being able to report on it with accuracy and sensitivity. Time constraints can lead to a lack of context in the reporting of incidents related to mental health/illness or suicide. With limited facts and no time to include the views of experts, incidents often appear isolated, with no sense of a larger social issue or pattern.

Editorial support is given to the coverage of these topics, but while relevant organisations are helpful to the media, it was felt that they might be more proactive, and that the media has a significant contribution to make to de-stigmatisation of mental health issues if they are trusted and given more support, with the importance of advocates who can engage with the media, provision of more accessible information to the media and the mapping of existing agencies/organisations being highlighted. It was also suggested that training may encourage engagement with this subject area.

This study also noted that there is marked ambivalence about the self-care needs of journalists who are exposed to these topics in their work. Many journalists consulted as part of this study described receiving informal support but little formal support.

3.20 Middle-Aged Men and Mental Health Project

3.20.1 Introduction

The Middle-Aged Men and Mental Health Project is a three-year initiative, led by Men's Health Forum Ireland and funded by NOSP. One report completed under the remit of this project explores factors which may contribute to the high suicide rate among middle-aged men at risk of marginalisation (MAMRM) with a view to improving the services offered to this particular group.

3.20.2 Methodology

This study adopted a qualitative research approach using the principles of grounded theory to inform data collection and data analysis. MAMRM (n = 34) and service providers serving this population (n = 35) were engaged through focus groups and interviews.

3.20.3 Key findings

Findings indicated that potential stressors and supports exist at multiple levels: individual, relationship, community/institutional and society/health systems, and that attention needs to be given to each of these levels in determining the best way to support MAMRM.

Middle-aged men face several challenges specific to their gender and stage of life. These challenges are intensified when a man experiences stigmatisation because of another aspect of his identity (e.g., sexual orientation, ethnicity). This combination of factors may lead to these men feeling isolated, stigmatised or rejected. Some use positive coping mechanisms, but some withdraw, become emotionally closed-off or turn to alcohol. Substantial societal change has added to the feelings of isolation experienced by these men, and many feel trapped between two worlds, yet belonging to neither. A significant stigma still exists for men in relation to experiencing mental health difficulties and especially in relation to asking for help.

In offering help to this group of men, the report highlights that it is important to create an environment where they feel safe and welcomed, to take time to build a sense of trust and rapport and to involve men in their own recovery. Further actions recommended by the report include encouraging social support, challenging gender role expectations, improving communication between services, raising awareness of the issues of this particular group and giving specific training – both to men and to service providers – around the issues involved.

3.21 National Self-Harm Registry Ireland

3.21.1 Introduction

The National Self-Harm Registry Ireland (NSHRI), a database monitoring the incidence of hospital presenting self-harm in the Republic of Ireland, is funded by NOSP, who commissioned a review of the registry in 2017. This review aims to describe the purpose and operation of NSHRI; assess its attributes; explore its level of integration with other similar systems in Ireland; assess its performance, international impact and value for money; and make recommendations for its improvement and future development.

3.21.2 Methodology

Approaches used to carry out the review included document review; discussions, focus groups and surveys undertaken with key stakeholders and informants; and a hospital visit to view the data collection process in action.

3.21.3 Key findings

This review acknowledged the important role played by the National Self-Harm Registry Ireland (NSHRI) in both national and international policy and research fields, being the world's only self-harm registry to cover an entire population. However, several recommendations for improvement of the registry were made, including those listed below:

- The security of the data needs to be improved.
- An upgrade of the software used to collect the data is necessary.
- More support needs to be given by hospitals to the Data Registration Officers (DROs) who collect data for the NSHRI.
- Practices around both data entry (hospital staff) and data collection (DROs) need to be improved.
- More use should be made of NSHRI data in the evaluation of HSE/NOSP investments (and the patchwork of programmes available could potentially be simplified).
- Overlap between NSHRI and the National Clinical Programme for self-harm should be eliminated.
- Data from the NSHRI should be used to identify and provide appropriate support to people who frequently attend emergency departments for reasons of self-harm.

3.22 National Dialectical Behaviour Therapy (DBT) Project Ireland

3.22.1 Introduction

The National DBT Project was established in June 2013 when funding was received from NOSP to coordinate DBT training in Ireland at a national level. A report was commissioned in 2018 to explore planning, implementation and evaluation outcomes for DBT in the Irish Community Mental Health Service. This report provides an overview of the project's work, including the history of the service, an evaluation of outcomes for adults and adolescents who participated in the programme through their community mental health service and a cost-benefit analysis of DBT.

3.22.2 Methodology

Because of ethical considerations, a quasi-experimental design was chosen for this study. Data was collected pre- and post-intervention using outcome measures mapped onto DBT treatment targets. One hundred and ninety-six adults and eighty-four adolescents took part in the study.

3.22.3 Key findings

Results showed a significant reduction in self-harm, a reduction in healthcare resource use and gains in quality of life for both groups. In addition, DBT was found to be 72% cost-effective for the duration of the programme and for one year afterwards and was projected to be 79% cost-effective at 10 years. Several other programmes informed by elements of DBT were also found to have positive effects.

People with borderline personality disorder (BPD) are an extremely vulnerable group and are generally regarded as difficult to treat. However, DBT has a strong international evidence base demonstrating its effectiveness with this population. The results of this study are in line with this existing body of evidence. Part of the reason for the programme's success in the Irish context was the creation of a comprehensive implementation plan, including an understanding of the structure of the Irish Mental Health Service and the anticipation of likely enablers and barriers to implementation, which helped to maximise therapists' adherence to the programme and allowed a uniform quality of service to be delivered around the country. In addition to the successful implementation of the main DBT and DBT-Adolescent programmes, therapists trained in DBT were able to adapt the model to achieve positive outcomes with other service user groups, such as people with mood disorders and addiction issues and families of children with BPD.

3.23 A National Investigation into Patient Suicide and Homicide in Ireland

3.23.1 Introduction

This is an investigative study exploring the feasibility of introducing a mental health safety programme to Ireland modelled on the U. K's National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) which collects information about incidents of suicide, homicide and sudden unexplained death in mental health patients.

3.23.2 Methodology

This investigation was conducted through a stakeholder consultation with relevant organisations and individuals in Ireland and an examination of existing Irish data sources on suicide and homicide.

3.23.3 Key findings

The prevalence of incidents of suicide and homicide in a mental health service are important markers of patient safety. As things currently stand, Ireland has no standardised national data collection process in relation to suicide and homicide, and much of the data that is collected is difficult to access. The occurrence of such incidents in the mental health services is locally investigated and does not contribute to system-wide learning. In addition, this type of incident is not recorded for patients who have been in contact with services any longer ago than two weeks prior to the incident (NCISH collects data for patients in contact with mental health services in the 12 months before suicide/homicide).

It was suggested that the existing system is not equipped to support an NCISH-style programme, but that current resources could be further explored and developed to facilitate its future introduction, with a focus on consistent case ascertainment, standardised data collection, independent oversight and a system for disseminating findings. Once in place, the system has estimated annual running costs of between €180,000 and €240,000, not including overheads.

This study acknowledges that effort needs to be spent in further exploration of data sources and in consideration of the ethical and consent issues raised by a project like NCISH before implementation of such a system would be possible in Ireland. During the consultations, a number of concerns were also raised by stakeholders in relation to the introduction of a system such as this in Ireland. These included concern about data protection issues; lack of clarity around the part played in the process by service users, family and carers; and anticipated difficulties gaining the co-operation of clinical staff.

3.24 See Change

3.24.1 Introduction

See Change is a programme which aims to end mental health stigma in Ireland. It is funded by NOSP and the HSE Mental Health Division, and NOSP commissioned the evaluation of the programme, which is summarised below.

3.24.2 Methodology

This evaluation was carried out through document analysis, international literature review, focus groups and interviews with stakeholders and analysis of survey results from one of See Change's initiatives.

3.24.3 Key findings

It was concluded that See Change's theory of change needs updating to reflect pertinent shifts in cultural and social context and to bring it in line with the latest international research. It was noted that outcomes and targets should be included to allow for ongoing assessment and evaluation, thus ensuring programme effectiveness. It was also found that a shift in programme focus from attitudinal change (stigma) to behavioural change (discrimination/prejudice) would more closely reflect the latest research in the area.

There was a question around the fit between the overall vision of See Change and two of its sub-programmes, one of which is being run almost independently of See Change (Please Talk) and the other which does not address the subject of stigma at all (Taking Control). Other issues highlighted included the need to consider supplemental funding from other sources and to address the challenge of high staff turnover.

See Change ambassadors, who share their lived experience of mental health issues, emerge as one of the strongest elements of the programme. However, it is noted that these volunteers are primarily enlisted for the duration of the Green Ribbon campaign in May of each year, and that although these ambassadors were initially envisaged as contributors to the overall direction of the programme, this no longer appears to be the case. Similarly, the strong overall emphasis on partnership working in See Change's early years has fallen away, and the work is now primarily driven by staff. The evaluators highlight this as a missed opportunity which has reduced the ability of the programme to maintain a higher profile for its work year-round, rather than predominantly during the Green Ribbon campaign.

3.25 Jigsaw

3.25.1 Introduction

This is an evaluation of the Jigsaw service model, commissioned by the HSE. Jigsaw is an early intervention and prevention service for young people between the ages of 12 and 25 who are experiencing mild to moderate mental health issues. As an organisation, they are positioned in the primary care sector.

3.25.2 Methodology

For this evaluation, data was gathered using a combination of online surveys and semi-structured interviews from young people who had engaged with the programme, staff at five Jigsaw sites, GPs and representatives from five community-based mental health organisations/services. In addition, a literature review was conducted, and quantitative before and after outcomes data sourced from the Jigsaw Data System was analysed.

3.25.3 Key findings

The evaluation concluded that the Jigsaw service model is focused and robust. However, several needs were identified: to raise greater awareness of Jigsaw's services; to initiate greater collaboration between youth service providers nationally; to develop a shared youth mental health strategy; and for Jigsaw to consider accepting young people who present with greater than moderate levels of risk.

The Jigsaw service model is described as 'standardised and locally responsive'. The Dublin head office provides centralised control over some aspects of the programme, such as ICT, fundraising, research, education/training, policy development and coordination of events, while local areas exercise autonomy in others. The character of local Jigsaw locations is determined to some extent by the local partnerships they form (e.g., with CAMHS, AMHS, GPs, local youth and mental health organisations and family therapy services), and the quality of these relationships was found to be very important to the functioning of each local Jigsaw.

It was also noted that Jigsaw services working in rural areas had to adjust their operations to that setting. For example, the Jigsaw in Kerry runs outreach clinics in several rural locations rather than providing just one centralised service. Although running the service in this way requires extra time and funding, it is felt to be essential to effective engagement with rural youth, and the report recommends an acknowledgement of these differences by the head office. Across the board, demand for the services of Jigsaw is currently greater than supply. The provision of online supports as a supplementary measure is being explored, and the report recommends the roll-out of further Jigsaw services across the country.

3.26 Using Coronial Data to Identify Deaths in People with Risk Factors for Self-harm

3.26.1 Introduction

At NOSP's request, the Health Research Board carried out a feasibility study which explores the potential for use of the existing methodology, logistics and expertise of the National Drug-Related Deaths Index (NDRDI) to collect data on suicides and deaths in people with risk factors for self-harm. It was concluded that this process would be technically, operationally and financially feasible.

3.26.2 Methodology

Data was gathered through an examination of coronial files, with pertinent details being recorded in the NDRDI Access database.

3.26.3 Key findings

Some potential challenges need to be addressed if this method of data collection is to be continued. Firstly, sixteen new questions were added to the NDRDI database for the purpose of collecting the aforementioned data for NOSP. However, it was noted that as the amount of data in coronial files is variable, each of the questions should be reviewed for coverage and utility and a decision made about whether to retain them.

Secondly, for those deaths showing risk factors for self-harm but which were not confirmed by the coroner to be suicide, the nurse researcher reviewing the data was asked to make a decision about the level of probability that the death was a suicide by considering all the data contained within that person's file. This turned out to be a challenging process, and it is suggested that this system be reviewed before being used again.

Thirdly, it was found that additional nurse researcher days would be required, as those allocated did not fully cover the time needed to gather the extra data. Lastly, it was noted that NOSP needs to ensure that it has internal capacity to analyse and report on the data that would result from this collection process.

3.27 Evaluation of gatekeeper training

3.27.1 Introduction

Gatekeepers are individuals who can identify those at risk of suicide and refer them to relevant support. Gatekeeper training (GKT) aims to improve individuals' ability to intervene when someone is in distress. Commissioned by NOSP, this literature review was undertaken to investigate models of gatekeeper training in suicide prevention.

3.27.2 Methodology

This literature review identified and screened studies on GKT programmes for suicide prevention, both for adults and young people aged under 18. GKT programmes identified in the review are described in detail and the quality of available evidence is rated using the Nesta Standards of Evidence Framework (Nesta is an innovation foundation based in the UK), a toolkit to support evidence informed decision making that arranges evidence into a hierarchy from Level 1-5 based on evidence type.

3.27.3 Key findings

The review found 11 training programmes for adults and 4 for young people that have evidence of positive outcomes. Five adult programmes offer training online and 1 programme for young people is also available online. The review found evidence supporting the positive impact of GKT generally, including improved knowledge and attitudes in dealing with people at risk of suicide, and increased ability to connect a person to support services. The studies reviewed mostly focus on individual outcomes for trainees, and so the report cannot link GKT to outcomes for those in need of support, or estimate the contribution of GKT to suicide prevention in more general terms. The quality of evidence available about GKT programmes was rated using the Nesta Standards of Evidence Framework. The evidence available for three of the programmes currently delivered by NOSP under the Education and Training Plan (safeTALK, ASIST and STORM) is at Level 1-3 of the Nesta Framework, with data sources such as interviews and surveys. The Framework indicates that the programme QPR is linked to a greater number of studies using RCT designs and other controlled methodologies than other programmes included in the review.

The study recommends using an Evidence to Decision Making Framework as a robust approach to reviewing and selecting gatekeeper programmes to be included in NOSP's Education and Training Plan. The report also recommends that the delivery of safeTALK for young people in a school setting does not have a strong evidence base and recommends piloting a peer to peer GKT programme for young people in school/youth settings.

3.28 Rapid Assessment and Community Response to suicide and suspected suicide

3.28.1 Introduction

This rapid assessment was commissioned by NOSP to understand the situation regarding suicide in Ballyfermot, Dublin, following the deaths of 8 young women by suicide in the area during a 10-week period in 2019, and to equip the Connecting for Life area-level Implementation Team and the local HSE Resource Officer for Suicide Prevention to respond appropriately.

3.28.2 Methodology

The assessment was carried out through secondary analysis of data related to the local area and through consultation with service providers and individuals bereaved by suicide.

3.28.3 Key findings

The report confirms that a 'suicide cluster' occurred in Ballyfermot/ Cherry Orchard area in 2019, defined as "a series of 3 or more closely grouped deaths within a three-month period that can be linked by space or social relationships". The area is characterised by high levels of socio-economic deprivation, which evidence shows is linked to suicidal behaviour. Interview participants shared their understanding of why the suicide cluster happened and why there are particularly high rates of suicidal behaviour and suicide in the area, particularly for young women. In relation to factors contributing to the suicide cluster in 2019, the assessment found that the young women all had links to the local area, funerals were all held in the area which caused distress, and social media played a role in monumentalising the suicides. Factors which were identified as influencing suicidal behaviours and suicide in the area were - underlying trauma, substance misuse, social media, services not adequately engaging young women, housing, and domestic violence. In terms of service provision, the assessment found that the national and area-level Connecting for Life plans did not resonate with the research participants, the prevailing view being that they are not sufficiently local. There are perceived gaps in local service provision and many services are reported to be under-resourced.

The assessment findings inform recommendations and an associated implementation plan for responding to the situation. Key recommendations are to establish a community response structure and critical incident protocol relating to suicides; to roll out suicide prevention training; to establish a peer support network; to ensure that under-18s services are equipped to support young people at risk; to develop a targeted approach to engaging young women; to carry out further research into key knowledge gaps; and to ensure that nearby hospitals participate in the National Clinical Programme for the Assessment and Management of Patients Presenting to Emergency Departments following Self-harm.

3.29 Scalability of Suicide Assessment and Treatment Service

3.29.1 Introduction

NOSP commissioned this assessment to understand how feasible it would be to scale up the North Dublin Adult Mental Health approach to implementing the Collaborative Assessment and Management of Suicidality (CAMS), as part of their Suicide Assessment and Treatment Service (SATS). The report refers to this as the SATS/CAMS approach.

3.29.2 Methodology

The assessment approach included staff workshops, an online survey for staff providing the service, a literature review, documentary and policy analysis, and service/ outcome data analysis.

Some limitations to the methodology are noted: the staff survey did not capture the perspective of psychiatry, and the research base was limited at the time the assessment was carried out.

3.29.3 Key findings

The Suicide Assessment and Treatment Service (SATS) in North Dublin incorporates an approach to the delivery of the Collaborative Assessment and Management of Suicidality (CAMS) intervention, which is supported by high-quality evidence. CAMS is a therapeutic framework that wraps around existing interventions. It involves service user-led treatment planning, risk assessment and risk management and it can be delivered by all mental health staff. SATS is the service structure through which CAMS is delivered.

The CAMS/SATs approach was identified by NOSP as an innovative approach to suicide prevention. Overall, the assessment finds that both SATS and CAMS can be scaled up based on the findings that they are effective and would fit with potential implementers and funders. It is noted that CAMS appears to be the most scalable aspect and should form the basis of possible future scale-up.

If the decision is taken to scale up SATS and/or CAMS, the report recommends the consideration of a series of next steps. The approach to scale up should be decided based on the consideration of various possible options; the preconditions for scale-up should be established by engaging with potential implementors; implementation planning should be undertaken to make sure the approach will work in the context in which it is to be implemented (possibly through the use of a pilot); and ensuring that monitoring and evaluation processes are in place.

3.30 Harmful impact of suicide and self-harm content online

3.30.1 Introduction

This literature review was carried out by the National Suicide Research Foundation to inform HSE NOSP on the impact of harmful suicide or self-harm related online content. The review identified and summarised evidence of the harmful aspects of online content and identified categories of material considered to be harmful.

3.30.2 Methodology

This research involved reviewing academic literature for evidence of the harmful impact of suicide and self-harm related content online.

3.30.3 Key findings

This review identified and summarised evidence of the harmful aspects of online content, and it identified categories of material considered to be harmful. Based on the review findings, the report identified 10 types of harmful online content related to suicidal behaviour and self-harm: online information sources (websites used to inform method); search engines; social networks; online imagery and videos; online forums/message boards; pro-suicide and self-harm sites; online suicide 'games'; the 'darknet'; livestream suicide/ cyber suicide; and online suicide 'pacts'.

The report recommended actions to reduce the harmful impact of online content applicable to social media companies, clinicians, policy makers and organisations that provide support online. It recommends that steps should be taken to reduce the dissemination of methods and harmful imagery by social media companies and internet service providers. The report suggests that clinicians and other professionals working in the area of suicide prevention should be aware of online content and its potential impact on young people in particular. Findings relevant to policy makers and statutory bodies include the normalisation of self-harm and suicidal behaviour through online platforms; the contribution they make to contagion; the impact of celebrity suicide; online 'suicide games'; the potential benefits of educating young people on using the internet safely; and the need for further systematic research and evidence-based interventions. Statutory and non-statutory bodies that provide support online should work to provide supports for young people who may be seeking out harmful content online.

It is noted that while this review has focused only on harmful aspects of online content, there are benefits associated with the internet and social media in relation to self-harm and suicidal behaviour. Further research is suggested to investigate whether social media facilitates or deters suicidal behaviour, and the efficacy of social media-based interventions.

3.31 Evaluability Assessment of Social Prescribing

3.31.1 Introduction

Social prescribing is a means of linking service users to non-clinical resources and supports with the aim of improving wellbeing. This report was commissioned by HSE Health and Wellbeing, NOSP, and the Department of Health to provide an overview of social prescribing in Ireland, to assess whether current social prescribing services and programmes in Ireland can be evaluated in a reliable and credible way, and to develop a Minimum Data Outcomes Framework for Social Prescribing services in Ireland.

3.31.2 Methodology

The evaluability assessment involved interviews, engagement with stakeholders, document analysis and policy and literature review.

3.31.3 Key findings

Social prescribing is a growing 'movement' in Ireland, with approximately 18-20 projects in operation, and with significant interest from a range of stakeholders. While there is no one model of social prescribing in Ireland, the research identified common features. People with mild or long-term mental health problems and other priority groups who frequently attend Primary and Secondary Care are the main groups accessing social prescribing services. A link worker acts to connect people with relevant services and this role is perceived to be a key feature. Outcomes for service users include improvements in emotional health, wellbeing, and social connectedness.

The assessment concluded that social prescribing can be evaluated, and this would be useful, however it would only be possible with additional standardised data collection. The report developed a Minimum Data Outcomes Framework for social prescribing projects which sets out a framework for streamlining outcome data collection across projects. Measuring outcomes from social prescribing projects also depends on the commitment of other parts of the health system, both to refer service users and to provide data.

The report makes other recommendations to increase the potential for reliable evaluation. It recommends engaging with GPs and other Primary Care professionals (GPs were largely not included in this project due to Covid-19), and other relevant stakeholders to ensure the relevance of the proposed Minimum Data Outcomes Framework. It recommends that projects should be supported to carry out their own evaluations. It recommends that the framework to integrate social prescribing in the HSE, currently in development, should include specific measurable objectives. Finally, it recommends converting the Minimum Data Outcomes Framework into a practical toolkit for social prescribing projects.

Section 4: Key Learning

4.1 Overview

A valuable and diverse set of themes emerge from analysis of the findings of the reports reviewed in this synthesis. These themes derive from programmes, interventions and services designed to support positive mental health and well-being at both a targeted and universal level, and are presented in Figure 1 below.



Figure 1. Overview of themes emerging from research reports reviewed.

4.2 Target Groups

Connecting for Life identifies several target groups for whom there is an increased risk of suicidal behaviour. These groups can be broadly described by the following categories:

- health/mental health related groups
- minority groups
- demographic groups

- suicide related groups and
- occupational groups.

The following sections highlight the specific groups represented in this research review and some of the main themes emerging in relation to each of them.

4.2.1 Men

Of the thirty-one articles and reports included in this analysis, six focused on programmes or interventions targeted specifically at men. One article, which explores how best to connect with young men, identifies several strategies which may be helpful:

- the use of strengths-based rather than deficit-based language;
- care around the use of terms such as ‘mental health’ and ‘wellbeing’ as they may be off-putting;
- the challenging of existing gender role expectations;
- awareness of the wider sociocultural context and factors which may specifically affect men;
- and the embedding of supports within existing community services with which men are already comfortable.

These themes are echoed in each of the articles focused on men, and some additional themes emerge. In engaging with men, it is vital to create an atmosphere of trust, reducing the stigma of mental illness and allowing connections to be made. Placing supports within existing services, as mentioned above, is one way of doing this. Other approaches which can be useful are incorporating informal interaction into any programme targeted at men, using sport and technology/social media to make a connection with them and to make them partners in their own recovery (and even in the development of the programme, in the case of Mojo and POWER).

4.2.2 Travellers

One study related to two programmes aimed at members of the Travelling community. It was noted that there is a trend of health service avoidance among the Traveller population, and that it is crucial to provide training to health service staff around Traveller culture to aid in the creation of a more supportive environment for this group.

4.2.3 LGBTI

One report focused on LGBTI people, with an emphasis on those between the ages of 14 and 25 years. Despite progress in the levels of acceptance and support of this group, a significant proportion are still experiencing mental health issues related to their LGBTI

status, and this problem is especially prominent among intersex and transgender individuals. Education about LGBTI identities and the challenging of heteronormativity were both identified as important ways to respond to this issue.

Another report that focuses on 'middle-aged men at risk of marginalisation' considers the intersection between being a middle-aged man (and thus at increased risk of suicide and suicidal behaviour) and having at least one other identity characteristic which increases a person's vulnerability, such as being LGBTI. Several actions are identified which may help to lower the risk to this group, including encouraging social support, challenging gender role expectations, raising awareness of this group and providing training on the issues involved.

4.2.4 Young people

Seven of the studies concentrate on young people, with two focusing specifically on young men and one on LGBTI people. The necessity of education and awareness-raising around mental health and wellbeing from an early age appeared in most of these articles. It is felt to be essential to changing the environment for young people at risk of experiencing mental health issues. Part of this is the provision of information, which needs to be made available online in addition to other formats. Engagement with young people through social media was mentioned in one article, while two mentioned the importance of having tiered support available in addition to universal mental health education. In addition, several of the studies highlighted the importance of viewing young people as part of their communities/in a wider societal context rather than treating them as isolated individuals.

One study focused on a local area in Dublin where data indicates that women are as likely to die by suicide as men, in contrast with national trends. The report suggests some socio-economic characteristics that could contribute to this trend: high levels of socio-economic deprivation; high levels of lone parent families (likely headed by a women); low employment and low educational achievement. Young mothers can quickly become isolated from services and from their social support networks. The report recommends developing a local targeted support and access programme to engage young women who may be at risk, making use of existing services where women could be engaged such as local authority housing services.

4.2.5 Health/Mental Health Related

Two specific mental-health related groups are included in the articles reviewed: people engaging in self-harm/experiencing suicidal ideation and those with Borderline Personality Disorder (BPD). The articles focusing on these groups evaluate the use of particular interventions: the Self-Harm Intervention Programme for the first group and Dialectical Behaviour Therapy for the second. Both programmes were evaluated positively, and

important issues that effected the success of these programmes were identified, among them resource availability, implementation planning, and the provision of staff training and supports.

Moreover, many of the studies were focused on mental health related groups more generally, such as those with risk factors for self-harm, mental health service patients and people with mild to moderate (unspecified) mental health issues.

4.2.6 The Bereaved

One study examined a service for those who have been bereaved by suicide. Important themes emerging included the challenges of finding the best way to make initial contact with the bereaved and the success of a model which allows an element of choice about when and where to engage with the service, as this group are likely to have diverse and fluctuating needs over time.

Another study, focusing on people who took their lives while in the care of the Donegal Mental Health Service, also addresses this issue. The Suicide Support and Information System – Psychological Autopsy Model (SSIS-PAM), the data-gathering instrument used for the research also promotes connection with the families of the deceased and highlights those who may be in need of further support.

4.2.7 Prisoners

One piece of research reported on the implementation of a mental health support programme for people in prison. It was found that the programme worked well largely because it was flexible enough to adapt to the prison context in which people did not feel free to be seen asking for help.

4.3 Efficaciousness of Interventions

4.3.1 Commentary on evaluation methods

Most of the evaluations under consideration here show positive trends as opposed to statistically significant results due to the short-term nature of the evaluations and the paucity of robust evaluation method such as RCTs. However, it should be acknowledged that the use of RCTs in the context of social interventions is often subject to ethical constraints, and a number of the evaluations here do produce statistically significant positive results in some areas through the analysis of pre- and post-measures.

It is noted in the review of the National Self-Harm Registry Ireland (NSHRI) that the data gathered in the registry is under-utilised in the evaluation of programmes carried out under the remit of Connecting for Life.

4.3.2 Cost-effectiveness

Two of the evaluations also report on the cost-effectiveness of the assessed programmes. The Self-Harm Intervention Programme evaluation included a Social Return on Investment analysis that found a high return of €9.10 for every €1 invested, while the evaluation of the National Dialectical Behaviour Therapy (DBT) Project contained an economic evaluation which found DBT to be 72% cost-effective for the duration of the programme and for one year afterwards and found that the probability of DBT being cost-effective at 10 years was 79%.

4.3.3 Scale-up of services and interventions

One report is a scalability assessment, aimed at understanding how feasible it would be to scale up the Collaborative Assessment and Management of Suicidality (CAMS), an intervention provided as part of a Suicide Assessment and Treatment Service (SATS). The assessment finds that both SATS and CAMS can be scaled up: they are effective and would fit with potential implementers and funders. It is noted that CAMS appears to be the more scalable aspect and possible future scale-up should focus on it.

Several other reports and studies recommended that services/interventions be scaled up to a regional or even national level based on the positive trends observed. In many cases, it was noted that the relationship between national governance and local-level control would need to be carefully negotiated. Details can be found in the table below.

Name of Programme/Intervention	Recommendation for Scale-Up
'Connecting with Young Men' training	<ul style="list-style-type: none"> • Potential for widespread roll-out • Focus of the training should first be clarified
Dialectical Behaviour Therapy	<ul style="list-style-type: none"> • Recommended as primary treatment option for those with Borderline Personality Disorder • Important to invest necessary resources for successful implementation
Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents	<ul style="list-style-type: none"> • Potential as universal mental health and wellbeing programme for use in a school context • Still needs considerable adaptation for use in Irish schools

Donegal Social Prescribing Programme	<ul style="list-style-type: none"> • Recommended for roll-out across the country • Should operate alongside other established medical referral pathways
Jigsaw	<ul style="list-style-type: none"> • Recommended for roll-out across the country • Each service should take approximately 12 months to set up fully • Areas with the greatest need should be prioritised • Link to CAMHS and youth services who are willing to participate in joint responses
Mayo Suicide Liaison Service	<ul style="list-style-type: none"> • Core elements could be replicated in other settings • Awareness of local context and resource availability needed
Men's Sheds (Quality assessment and outcomes framework)	<ul style="list-style-type: none"> • Important to create a standardised framework • Care should be taken not to compromise the autonomous character of the Sheds
Mojo	<ul style="list-style-type: none"> • Recommended for scale-up • Local ownership is integral to the programme
Promoting Our Wellness and Recovery (POWER)	<ul style="list-style-type: none"> • Plans are in place to commence a POWER training programme in other prisons
Self-Harm Intervention Programme	<ul style="list-style-type: none"> • Recommended for scale-up as core part of national suicide prevention strategy • Extend service provision to 14-18-year-olds
Suicide Assessment and Treatment Service (SATS) and Collaborative Assessment and Management of Suicidality (CAMS)	<ul style="list-style-type: none"> • Recommended for scale-up (CAMS element appears to be more scalable)
Suicide Support and Information System – Psychological Autopsy Model (Donegal Mental Health Service)	<ul style="list-style-type: none"> • Recommended to implement in mental health services in other regions • Potential to contribute to good governance and reduction of untimely deaths

Table 2. Summary of recommendations in reports regarding scaling-up of services/interventions

4.4 Collaboration

Effective interagency communication and/or a focus on partnership working were identified by eight of the studies as integral to the success of their mental health initiatives, while five others recommended a focus on these areas as significant to the future success of their programmes and/or to the provision of mental health care in general. These forms of collaboration can aid in improving co-ordination between services, in clarifying referral pathways, sharing information, providing wrap-around supports and encouraging multidisciplinary working.

4.4.1 Partnership working

The importance of organisations working in partnership with each other is emphasised in nine of the programmes under consideration. The Donegal Social Prescribing project identifies partnership working as integral to the functioning of social prescribing, as it depends on clinicians having up-to-date information about relevant community resources and on community organisations being willing to accept referrals from these clinicians. In the evaluation of the Healthy Options Project Erris (HOPE) social prescribing project, some participants felt the work could be improved by the enhancement of partnership working between those involved. Given the apparent impact of social prescribing on areas beyond health (such as housing, employment, and education outcomes) the Social Prescribing Evaluability Assessment report identifies collective action and partnership working between and within health sectors, other organisations and government departments as central to the evolution and development of social prescribing in Ireland.

Partnership working is also core to the functioning of the Mayo Suicide Liaison Service (MSLS), which was developed in partnership with key stakeholders, including suicide-bereaved family members and first responders. The service is based within an existing community centre, which allows for wrap-around supports for MSLS, providing a governance structure, cover for absences, formal and informal support and which enabling seamless referral to other appropriate services provided by the host organisation.

In the case of Mojo Kildare, the idea of partnership exists at multiple levels. The development of programme is guided by an interagency advisory group with representation from both statutory and non-statutory organisations working within the local community, but partnership is also integral to the structure of Mojo itself, where facilitators and the men attending the programme work in partnership with each other, giving the men some control over the shape of the programme and thus over their own recovery.

The Dialectical Behaviour Therapy Programme – Strengths Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) is founded on strong multi-agency partnerships between the education and healthcare systems and also with voluntary sector organisations. These partnerships enable the tiered approach taken by this programme, where everyone receives the programme, but those who need extra support are identified and referred to appropriate partner organisations who can provide it.

The review of Jigsaw's service model concluded that partnership is not only integral to the functioning of the service on a local level but that the character of each local Jigsaw is to some extent determined by the unique partnerships they form within the community, which inform any adjustments that may be necessary to ensure the success of the service in that area. In addition to local partnerships, it is also considered important for Jigsaw to work with Child and Adolescent Mental Health Services and Adult Mental Health Services, although the level of cooperation given by these services is hugely variable depending on location.

In the early years of operation, See Change placed a strong emphasis on partnership working both with See Change ambassadors and with other organisations willing to promote their stigma-reduction message. However, this aspect of the programme has diminished in recent years, and this is identified as a missed opportunity, as investment in this area could substantially boost the visibility of See Change's work.

Partnership working is also central to the mechanism tested in the feasibility study investigating the potential for using coronial data to identify deaths in people with risk factors for self-harm. In order to continue the use of this data-gathering process, continued co-operation between NOSP and the Health Research Board (HRB) and between the HRB and coroners is essential.

The rapid assessment of suicide in a local area of Dublin found evidence of effective partnership working between local organisations, although recommends that there needs to be a structure in place to effectively connect all the relevant services.

One of the studies under consideration here investigates the feasibility of introducing a national system to investigate patient suicide and homicide. In order to implement such a system, it is suggested that the cooperation of several partners would need to be secured. These may potentially include the Central Statistics Office, the HSE, the Mental Health Commission, the National Incident Management System, the Health Research Board, coroners, mental healthcare staff, and court and prison services.

4.4.2 Interagency communication

The importance of interagency communication was highlighted in relation to five of the programmes. In many cases, this form of communication was felt to be underdeveloped. However, Mojo Kildare placed interagency communication at the heart of its work, with the interagency advisory group mentioned previously. The members of this group provided expert knowledge, referral mechanisms and investment of resources in money and in-kind. The formation of this group was found to have had positive impacts on agencies' knowledge of each other's work practices in relation to men's mental health.

In the case of the DBT STEPS-A programme, the model of partnership working was found to enhance interagency communications between those organisations involved in the partnership, creating clear referral pathways for adolescents in the programme who are identified as needing extra support.

The Self-Harm Intervention Programme (SHIP) also considers interagency communications to be vital to their work. All SHIP's service users are referred to them by other services, and as SHIP is a short-term, focused intervention programme, many of these service users continue to need support after discharge and will be referred to appropriate follow-on services. With referrals both in and out of the programme, interagency communication is important to ensure that these service users receive the most suitable support. To foster this communication, it was suggested that SHIP's approach to interagency working should be communicated to relevant agencies clearly and regularly.

The report on middle-aged men at risk of marginalisation, in which service providers and service users were interviewed, identified interagency communication as an important element in enhancing support for the mental health and wellbeing of this particular group. Clearer communication networks between relevant statutory and community organisations would aid the creation of a map of mental health services which would enable service users to be directed to the most appropriate support for their situation.

The study of untimely deaths in the Donegal Mental Health Service (DMHS) noted a tendency among these service users to disengage from services at times of vulnerability. However, it was found to be impossible to map the entire service user journey in most cases because of a lack of interagency communication leading to DMHS having little information on the involvement of these service users with other external services.

4.5 Fidelity v Adaptation

For many of the programmes under consideration, there was a tension between reproducing a programme with fidelity and having the flexibility to adapt it for local circumstances. The

effectiveness of an intervention can depend how closely it adheres to the original plan; however, in many cases an intervention may struggle or fail if it is applied too rigidly within a context in which it doesn't easily fit.

One example of this was found in the Promoting Our Wellness and Recovery (POWER) programme, where the mentoring programme, at first envisioned as a formal process conducted in a space separate from the main prison, ultimately became a process of informal mentoring taking place in diverse areas of the prison as the prisoners were unwilling to engage with a support structure that highlighted the fact that they were asking for help.

Flexibility was considered vital in the case of the Mayo Suicide Liaison Service (MSLS), as it allowed MSLS to be successfully integrated within a host organisation. It was noted that the service could potentially be reproduced elsewhere, but that this flexibility would continue to be important as the characteristics and resources of community partners would vary from one place to the next. Flexibility in the application of the programme was also important: MSLS allows service users to engage at a place and time of their choosing, as the support needs of this population are diverse and may change as time passes.

In the case of the Donegal Social Prescribing Project, flexibility was seen as both positive and negative. The project developed 'organically', which allowed it to adapt successfully to each local area. However, the flexibility was so great that it was found to erode the project's sense of structure to some extent.

The Social Prescribing Evaluability Assessment report suggests that evaluation of social prescribing in Ireland would be possible if projects are supported to embed additional outcomes data collection into their services. The Minimum Data Outcomes Framework presented in the report is the first step to establishing a system to collate and report on outcomes nationally.

Mojo Kildare used flexibility in a controlled way by allowing some parts of the programme to be adaptable while retaining a set of core principles and work practices. This flexibility not only allowed adaptation to local context, but also enabled service users to become actively involved in the further development of the programme, giving them a sense of agency, which contributed to their engagement with it.

Men's Sheds have a very flexible structure, with a basic core principle of the provision of a safe, friendly and inclusive environment where men can gather together. This arrangement has been highly successful in attracting men to participate. However, there is no overt focus on mental health, and an uneasiness exists about imposing an external agenda that may undermine the informality and self-directed nature of the sheds.

In contrast, the success of the National Dialectical Behaviour Therapy (DBT) Project was seen to come from therapists' adherence to the principles of DBT and the consequent delivery of a uniform quality of service. However, adaptations were also made to this programme for use with groups other than those with Borderline Personality Disorder with positive results. For example, the Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) programme was adapted from DBT as a universal mental health and wellbeing programme for use in US schools. This programme was further adapted for the Irish school context, with some positive results.

The review of gatekeeper training programmes found 11 training programmes for adults and 4 for young people that have evidence of positive outcomes. The report recommends using an Evidence to Decision Making Framework as a robust approach to selecting and reviewing programmes for roll out in Ireland based on a wide range of evidence, feasibility, cost effectiveness, context, populations, and implementation approach. This would ensure that programmes chosen fit the context in which they are to be implemented.

For the successful establishment of the Jigsaw service model in distinct local areas, a combination of fixed core elements (overseen by the national office) and local adaptation (contributed to by each unique set of local partnerships) are considered to be necessary. Core elements include research, education and training, policy development and coordination of events, while local adaptations vary, but may include adjustments such as the provision of outreach clinics in rural areas.

4.6 Barriers to Access

During this review, two different categories of barriers to access were identified. One involves barriers which may make it difficult for patients to access services, while the other concerns barriers to accessing data with potential to improve the provision of mental health services on a national level.

4.6.1 Care/referral pathways

In some cases, the lack of clear care pathways creates problems for these services and their users. The research into mental health consultations at a GP out of hours service found that, although agreed care pathways were in place, service users were failing to attend when referred on to another service after attending the GP. It was suggested that an integrated approach to primary mental health care and co-location of relevant services may be considered as a measure to address this problem.

In the case of the Self-Harm Intervention Programme (SHIP), although findings about the programme were positive overall, it was felt that people who would benefit from the service were not always being referred to it and that a more robust promotion of SHIP and a clarification of referral pathways into the programme would be of benefit.

4.6.2 Rural areas

In several of the studies reviewed, it was noted that the isolation of some rural areas in combination with a lack of available transport caused difficulties for both services and service users. The evaluation of the HOPE social prescribing project discovered that there were several people who had stopped engaging with the project because of a lack of transport, while the Mojo project considered the rural and sprawling nature of Co. Kildare to be a significant barrier to efforts to make Mojo a county-wide programme.

The study focusing on middle-aged men at risk of marginalisation found living in a sparsely populated rural area to be a potential contributing factor to mental health issues amongst this group, as it can cause people who live and work alone to become isolated and cut off from support.

In the contrast to the other programmes mentioned above, it was noted that some Jigsaw services located in rural areas had adjusted provision in answer to these problems, with at least on local service running outreach clinics in multiple rural locations rather than asking all service users to attend a central location. Although extra time and funding are required for this adapted model, it was noted in the study that these types of alterations are essential to effective engagement with rural youth.

4.6.3 Lack of resources

Six reports contained references to resource challenges within the programmes being studied. The need for resources to ensure the sustainability of programmes was noted in the case of two Traveller-focused projects, NTSPS and T2WB, the National Dialectical Behaviour Therapy project and Mojo. Additionally, during the course of the existing Mojo Kildare project, a lack of administrative resources meant that a system created for the ongoing monitoring of programme activity and impact could not be trialled. The DBT STEPS-A programme was also affected by a lack of resources: in one of the schools chosen to trial the programme, only one of three classes received the intervention due to staffing issues. The report on Jigsaw noted that demand for their services is currently greater than supply, while for See Change, insufficient resources and annual rather than multi-year funding were perceived to limit the possibility of taking a more strategic approach to planning than they do currently.

The assessment of suicide in a local area in Dublin found that one of the area level factors influencing the high rate of suicide and suicidal behaviour was that while there are quite a number of services operating in the area, many reported being under-resourced or operating with waiting lists, particularly mental health, counselling, and family support services.

4.6.4 Barriers to accessing quality data

Four studies relate to the systematic gathering and use of data at a national level, including potential barriers to this process. The study which explores the feasibility of introducing a national system for the investigation of suicide and homicide among mental health service users examines a variety of possible data sources for this purpose. Several barriers to accessing quality data were noted, including confidentiality and data-sharing restrictions, potentially biased collection processes, a lack of standardised data collection procedures, inconsistent case ascertainment and potentially uncooperative frontline staff.

In the case of the coronial data study, existing data collection infrastructure was used, meaning that solutions had already been found for many of the issues detailed above. However, consistent case ascertainment continued to be a challenge in the context of this study, in which nurse researchers were asked to make a judgement about the level of probability that a death was a suicide in cases without a conclusive verdict of suicide, but where the person had risk factors for self-harm.

The review of the National Self-Harm Registry Ireland found variability in the data collected from different hospitals. This was found to be due to a combination of transcription errors on the part of the researchers, variation in the quality of hospital data recording systems, incomplete data recording on the part of hospital staff and disparities in the level of clarity and consistency with which different staff members recorded incidences of self-harm. In addition, data was occasionally difficult to access because levels of hospital staff engagement and assistance in data collection were sometimes poor.

The Evaluability Assessment of Social Prescribing found that the level of buy-in from Primary Care teams varies between social prescribing projects. This has implications for access to the service for individuals who could benefit from it, and also for access to outcomes data.

4.7 Service User Engagement

A number of themes emerged surrounding the importance of service user engagement in the area of mental health services and supports. Several of the studies refer to problems with service user attrition or difficulty reaching service users. Ways identified to address this issue include outreach, the clear provision of quality information, the creation of a safe

environment, focus on trust-building, being responsive to service user needs and giving service users control over their own recovery.

4.7.1 Outreach and information

Eight studies emphasise the importance of outreach to service users and the provision of clear and well-researched information about the services themselves and about mental health more generally. The evaluation of the Mayo Suicide Liaison Service highlights the need to increase public awareness of the service, including the importance of clear messaging, an informative online presence and media visibility.

The Reaching Out in College report emphasises the need to provide regular information about mental health and available services, the promotion of youth mental health on campus and, for this age group in particular, the importance of providing quality online information.

In the evaluation of the Self-Harm Intervention Programme (SHIP), it was found that the programme would benefit from being more strongly promoted among referring services. (This is important to service user engagement as it is not possible to self-refer to this service, and information about SHIP is likely to reach users through the referral services rather than directly from SHIP).

The findings of the study focused on the Donegal Mental Health Services noted that outreach to vulnerable service users was consistent, but that it was still difficult to engage with many in this group. In addition, it was recommended that improved information be provided to family members about the service, especially regarding the level of risk to service users who are being released into their care.

Although Jigsaw is often perceived positively by those who are aware of its services, the service model evaluation found that in many cases, people were either not aware that Jigsaw existed in their area or they were unclear on what services it provides. Because of this, it was concluded that there is a need to raise greater awareness of Jigsaw's services both with young people and with other organisations.

Central to See Change's goal of mental health stigma reduction is the provision of clear information on this topic to the general public. The evaluation of See Change suggests that their outreach activities should ideally be year-round rather than focused almost entirely on the Green Ribbon Campaign which takes place just one month out of the year.

The feasibility study 'A national investigation into patient suicide and homicide in Ireland' recommends that, should a data-collection system of this kind be rolled out in Ireland, service users, family and carers should be involved through contributing to the selection of topics to be investigated and through representation on a national steering group.

The review of harmful suicide or self-harm related online content shows that vulnerable young people are more likely to visit harmful websites. Organisations that provide help online should design supports and information with consideration for these people who are more inclined to search for suicide-related content.

4.7.2 Safety and trust-building

Six studies mention the value of working to create a safe environment for service users, which encourages communication and the building of trust. The review of two programmes for Travellers, the National Traveller Suicide Prevention Service and Travelling to Wellbeing, recommended training for mental healthcare staff about Traveller culture to enable them to create a more supportive and welcoming environment for Travellers.

Service users who were asked about Mojo reported that the programme providers created a non-stigmatising environment which fostered an atmosphere of trust. This was considered instrumental to their success in encouraging men to engage with the programme.

Studies reviewed which explored how best to engage with young men, also emphasises the importance of trust and rapport-building to reaching this group. It was also noted that the incorporation of a mental health programme into a familiar environment in which the men are already comfortable is a good way to create a safe space for engagement around this issue.

The evaluation of the Self-Harm Intervention Programme identified several elements which were considered integral to its successful delivery. Among these were the creation of a strong alliance between counsellor and client and the creation of a safe space for discussion.

In the Promoting Our Wellness and Recovery programme, a place of safety was created by relaxing expectations of where mentoring would take place, allowing prisoners to engage with the programme without being seen to ask for help.

When service providers and middle-aged men at risk of marginalisation were asked about engaging this vulnerable group, two of the most important elements identified were the creation of a safe and welcoming environment and time to build a trusting relationship.

4.7.3 Responsiveness to need

Two studies mention responsiveness to service user need. One (MSLS) finds that a strong point of the programme is a high level of responsiveness to need, with the time between initial service user contact and service response happening within hours if possible and with prompt referral to follow-on services. The other (Donegal Mental Health Service) identifies

responsiveness to bereaved family members in the aftermath of a suicide as an aspect of the service which needs to be improved.

4.7.4 Agency

Six studies emphasise the importance of involving service users in their own recovery, with some programmes incorporating an element of choice into their interventions, some giving service users the skills they need to take charge of their own recovery and others developing their service in partnership with service users.

MSLS gives its service users a choice about when and where to engage with them. This is considered to be a strength of the service given the diverse support needs of the suicide-bereaved. Another programme which incorporates choice is the POWER programme, which allows prisoners to choose when and where they want to engage with the mentors, allowing them to take charge of their own recovery in the way that is most comfortable for them. Finally, the self-directed nature of Men's Sheds is credited with being one of the reasons why the Sheds are successful in engaging with men.

In the study on middle-aged men at risk of marginalisation, one important element identified for any programme hoping to engage men around the topic of mental health is to engage the men in their own recovery, giving them the knowledge to take charge of their own situation rather than telling them what to do. The Reaching Out in College report also considers the provision of knowledge to be important and recommends the implementation of skills-based workshops for students to enable them to take charge of their own mental health. Mojo also gives its service users strategies to help them manage their own wellbeing after exiting the programme and in addition, involves its service users in programme development.

4.8 Tiered Supports

Three of the reports under consideration discussed the provision of tiered supports, a hybrid model with both universal and targeted elements. The Reaching Out in College report notes that the mental health needs of individuals vary from person to person and over time, with all people benefitting from information about mental health and wellbeing, while some people may experience mental health problems and require a more specialised kind of support. They suggest that the type of support can be tailored to the situation: those with minor mental health issues may benefit from peer mentoring or self-help resources, while those with more severe issues may require the specialist support of a counsellor or psychologist.

DBT STEPS-A is a universal social and emotional learning programme for adolescents. Its implementation in Ireland was carried out in the context of an interagency collaboration that enabled the provision of a more specialised level of care for those students identified as

needing extra support. The three-tier system allowed for universal, targeted (small-group) and individual support based on the level of identified need.

The final programme which discussed the use of tiered supports was the Mayo Suicide Liaison service. It identified three levels of intervention: crisis response, ongoing support and facilitated referral, with the chosen response depending on the level of need and on the requirements of the service user. As with giving service users the choice about when and where to engage with the liaison officer, this aspect of MSLS was considered to be integral to a programme supporting a population which is acknowledged to have especially complex and fluctuating needs.

4.9 Staff Supports and Training

The importance of providing support for frontline staff is mentioned in roughly a third of the studies. Training is the support most commonly identified, but line management and supervision also appear.

A core part of three programmes (National Traveller Suicide Prevention Service, Connecting with Young Men and Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents) is delivering training to service providers. NTSPS engages with frontline mental health service providers to offer training about Traveller culture to raise awareness of issues specific to this group and to enable them to respond effectively to service users from the Traveller community; Connecting with Young Men provides training to support gender-sensitive mental health service provision for young men; and the DBT STEPS-A programme provided training and a clinical and research network to aid teachers in implementing the programme, although some teachers felt more intensive, mentor-like support would have been helpful, especially at an early stage in the implementation.

One report investigated models of gatekeeper training in suicide prevention. The review found evidence supporting the positive impact of gatekeeper training generally and identified 11 programmes for adults and 4 programmes for young people that have evidence of positive outcomes. The programmes for adults can be delivered to health and social care professionals as well as members of the community.

Three reports make recommendations around the provision of training. The evaluation of the Donegal Mental Health Service concludes that ongoing training and supervision (with protected supervision time) would support good practice in relation to suicide and self-harm risk assessment, and the report on middle-aged men at risk of marginalisation recommends the development of specific gender-sensitive, strengths-based education and training programmes for service providers around the best ways to engage with middle-aged men

and support their mental health and wellbeing. The review of gatekeeper models recommends that NOSP adopt an Evidence to Decision Making Framework as a robust approach to selecting and reviewing programmes as part of the National Suicide Strategy CfL's Education and Training Objectives. The report recommends piloting peer to peer GKT for young people in schools given the available evidence supporting this approach.

Jigsaw coordinates the delivery of ongoing Continuous Professional Development (CPD) programmes for all staff and facilitates peer learning networks on a regular basis, including reflective practice. According to the results of the evaluation, staff found the support and learning opportunities provided by the national office to be very helpful in relation to the administrative and professional requirements of their roles.

Finally, the Self-Harm Intervention Programme emphasises that it is vital to have support when working with high-risk groups. SHIP provides self-harm specific training to service providers at induction, and this training is repeated at regular intervals. Other supports provided included line management meetings (monthly and compulsory), clinical supervision (external and compulsory) and peer group supervision (voluntary but strongly recommended). The majority of SHIP staff gave positive feedback about these supports and felt they were well-prepared for the challenges of the job because of them.

4.10 Media monitoring and guidance

The manner in which the media reports on mental illness and suicide is considered to be an important factor in the formation of people's attitudes and beliefs about these topics and a potential factor in cases of suicide contagion. Two reports in this group focus on media representations of suicide and the organisational culture of the media which contributes to these representations. Another report investigated the impact of different types of harmful suicide or self-harm related content online.

The first report looks at the performance of Headline (Ireland's national programme for responsible reporting and representation of mental illness and suicide in the media) in relation to its media monitoring, media response and media education functions. It was found that journalists generally conform to the best practice guidelines laid out by Headline and that efforts should now be directed at helping journalists apply the guidelines in complex circumstances through dialogue, outreach and education.

The findings of the second report, focusing on the broader context within which stories about mental illness and suicide are produced by the media, echo those of the first. Journalists felt that organisations such as Headline could be more proactive in engaging with them around

these issues and that with adequate support, they could potentially make a significant contribution to the de-stigmatisation of mental illness and suicide.

The evidence review of self-harm and suicide related harmful online content proposes 10 types of content that are considered harmful, with the aim of extending knowledge to relevant stakeholders in Ireland. The report advises that this has implications for social media companies, clinicians, policy makers and organisations who provide support online, and that suicide and self-harm related internet use and online content relating to self-harm and suicide is likely to become increasingly prevalent.

4.11 Importance of a Strengths-Based Approach

In the evidence review from the report focused on middle-aged men at risk of marginalisation, the use of a strengths-based approach is found to be a key factor in effectively engaging with men around the topic of mental health. This approach emphasises hope, optimism and solutions in contrast to a deficit-based approach which focuses on problems. Gender sensitive training is important to establishing this approach among service providers, and the research conducted to inform the training course 'Connecting with Young Men' firmly emphasises the positive impact of using a strengths-based approach with this group. During the evaluation of this training programme, it was found that this technique can help to counteract the typically negative rhetoric surrounding young men.

Interestingly, six of the seven reports which endorse the use of this technique are about programmes or research aimed at men. Although Men's Sheds do not overtly align themselves with this approach, it is found that the ethos behind them nonetheless fits with it. In the case of Mojo, the men themselves identified the strengths-based approach of the programme as one of its most effective aspects. The Wellness Recovery Action Plan (WRAP), an integral part of the process for men attending Mojo, is a tool which identifies each person's strengths and focuses on self-empowerment as part of the recovery process. WRAP is also a central element in the POWER programme in which mentors help a person to identify their own strengths, so they can work to help themselves. In addition, each mentor's individual abilities are nurtured and developed through the programme.

The Self-Harm Intervention Programme (SHIP) also stresses the importance of a strengths-based approach. SHIP is a time-limited therapeutic intervention, and the use of this technique rapidly centres service users on the personal resources available to them, allowing them to begin contributing to their own recovery at an earlier stage than is typical in the case of longer-term therapy. This suggests that, although much of the research around using a strengths-based approach is centred on men, it has also proven to be beneficial to other service user groups.

4.12 Use of Existing Resources and Infrastructure

In many of the studies under consideration, the use of existing resources and infrastructure was important to the success of the service or project being undertaken. These included physical resources such as buildings, people with existing skills and knowledge and data collection infrastructure. Reasons for this choice were often linked to increasing the cost-effectiveness of the work being done, but other benefits were also noted, such as improved integration of a new service within a community and increased levels of service user trust.

The use of existing community resources is integral to the process of social prescribing, so it was unsurprising to note the presence of this theme in the case of both the Heathy Options Project Erris and the Donegal Social Prescribing Project, where practitioners referred service users to a range of activities, groups and other non-medical sources of support within the community. This is also reflected in the Social Prescribing Evaluability Assessment report.

Both Mojo Kildare and the Mayo Suicide Liaison Service are located in existing family resource centres where they benefit from both the built environment and the expertise of existing staff. The men attending Mojo felt that the environment was non-stigmatising and that it supported them to socialise with their peers. In the case of MSLS, the family resource centre has long-standing experience in bereavement support in that community, allowing seamless referrals to be made between the liaison service and the family centre where appropriate.

When considering the feasibility of establishing a National Investigation into Patient Suicide and Homicide in Ireland, all existing data sources were weighed and considered, and the conclusion was that, although the system is not currently ready for such an undertaking, much of the existing data collection infrastructure could potentially be developed to do so with success. In the case of the coronial data feasibility study, the Health Research Board's National Drug-Related Deaths Index data collection was successfully expanded to include the collection of data about deaths involving people with risk factors for self-harm.

4.13 Innovation

Review of the research reports in this study highlighted that innovation was present in many reports, either in terms of the evaluation methodology employed, the nature of the intervention or approach to implementation or research in areas where there is a dearth of empirical knowledge or information. An overview of the innovations present across the research reports reviewed is detailed below:

A National Investigation into Patient Suicide and Homicide in Ireland: The results of this study, if taken into consideration, could have wide-reaching consequences, potentially

contributing to a national research and evaluation plan around suicide risk assessment, intervention and prevention and ultimately enabling monitoring of Connecting for Life's effectiveness.

Using Coronial Data to Identify Deaths in People with Risk Factors for Self-Harm: This feasibility study highlights a potentially cost-effective way to use existing data-collection structures to collect data from coroners on suicides and deaths in people with risk factors for self-harm.

Dialectical Behaviour Therapy – Skills Training for Emotional Problem-Solving for Adolescents: This pilot programme brought DBT STEPS-A, developed in the US, into an Irish school setting for the first time.

National Self-Harm Registry Ireland: The NSHRI was the first national self-harm registry in the world and is held in high international regard.

Middle-Aged Men at Risk of Marginalisation: This study focused on a previously under-researched group of people.

Promoting Our Wellness and Recovery: The POWER mentoring programme grew organically from the involvement of Suicide or Survive with the inmates in Wheatfield Prison. It responded to an identified need within the prison setting, and its flexibility a major factor in its success.

Donegal Mental Health Services: This study was commissioned because of concern shown by the HSE Donegal Mental Health Service about the increasing number of premature deaths of people under its care, showing a willingness to review and learn from current practice. It offered family members a voice, and the findings reflect both positive and negative aspects of service delivery and experience.

LGBTI Ireland Report: This report did not study the LGBTI population as a homogeneous mass, as many others had before. Instead, it looked at differences in outcomes for different members of the group. In addition, it was the largest study of LGBTI people in Ireland to date, the largest study of transgender people and the first study with a sample of intersex people.

GP Out-of-Hours Study: This study explored the seldom researched area of the use of an out-of-hours GP service by those with mental health difficulties.

Samaritans Caller Research: This study used administrative data from calls, along with machine-learning methods, to help predict caller behaviour and guide service improvement.

Mojo Kildare: Mojo has evolved with a focus on research and evaluation and thereby contributes to national efforts to support innovation aimed at early identification of suicide risk, assessment, intervention and prevention. In addition, service users are actively involved in the development of the programme.

Reaching Out in College: This study was a national survey of students in third level institutions in Ireland and was a strategic collaboration between three organisations in the mental health arena: NOSP, ReachOut and the Irish Association of University and College Counsellors.

Social Prescribing Programmes (Donegal and HOPE) and Social Prescribing

Evaluability Assessment: Social prescribing is a new emergent, psychosocial, community-based intervention that avoids the need to go through secondary mental health services.

Mayo Suicide Liaison Service: There were very few postvention services available in Ireland before the establishment of MSLS in 2012.

Suicide Assessment and Treatment Service (SATS) and Collaborative Assessment and Management of Suicidality (CAMS): innovative approach to suicide prevention recommended for scale-up.

4.14 Impact of Covid-19

Four out of the five reports published in 2020 reference the impact of Covid-19, either in relation the research topic or due to adaptations the research project made in response to Covid-19.

The Rapid Assessment of Suicide in South Dublin and the Social Prescribing Evaluability Assessment both adapted their approaches to data collection in response to Covid-19 restrictions. For both, there was reduced capacity for key stakeholders to engage due to redeployment and other issues, limiting the range of views included. Both reports recommend engaging with these stakeholders on the findings of the reports when possible.

The Social Prescribing Evaluability Assessment acknowledged that social prescribing projects will likely adapt service delivery in response to Covid-19, and therefore some of the findings and recommendations for evaluation of these services may need to be revised.

The Rapid Assessment of Suicide in South Dublin and the review of harmful online content both indicate that the additional impacts of Covid-19 are likely to further compound the issues identified in the reports. The review of harmful online content suggests that suicide and self-harm related internet use may become more prevalent due to increased internet use during the pandemic. The Rapid Assessment of Suicide in South Dublin suggests that

swift action in response to the needs of the community is even more pertinent due to the impact of Covid-19 on mental health.

The SATS/CAMS Scalability Assessment suggests that the Covid-19 pandemic presents challenges and opportunities for scale-up. The pandemic may result in shifting priorities away from scaling up the approach and social distancing and other changing work patterns may have an impact on staff's ability to deliver the service. On the other hand, the report suggests that the response to the pandemic demonstrates that large scale change is possible, and the SATS/CAMS innovation may be increasingly valued and necessary due to the mental health impacts of the pandemic. These messages likely apply to other change efforts during the pandemic.

Section 5: Knowledge Gaps and Next Steps

As part of this study, the authors of this report analysed the research reports in detail and mapped all reports according to evaluation methodology, target groups and what goals and objectives of *Connecting for Life* the studies were aligned to, in addition to capture of the key findings which are outlined in the Sections 3 and 4. A number of knowledge gaps have emerged which are presented and explained in this section, in addition to what next steps NOSP can take to address these issues, going forward.

As part of this work the authors of this report analysed each research report in detail and mapped each study against the goals and objectives as stipulated in *Connecting for Life*. This section will detail any current knowledge gaps, based on this analysis, and make recommendations for how these gaps can be best addressed by NOSP, going forward.

5.1 Short and medium to longer term outcomes data

5.1.1 Gaps

Only slightly more than a quarter of the studies being examined here report on specific mental health and wellbeing-related outcomes. Across these studies, a variety of outcomes data was collected using different types of standardised measures, some using custom-developed measures / surveys and some studies collected no outcomes data. This makes it difficult to make robust collective conclusions about the contribution the services, programmes and interventions in this report made as a whole.

In addition, of the studies that collected outcomes data, just four gathered outcomes data using one pre- and one post-intervention measurement and three collected data at multiple timepoints before, during and after the intervention. However, the longest timescale involved from first to last data collection point was 18 months, meaning that there is currently a lack of longitudinal data demonstrating the long-term contribution of programmes carried out under the remit of *Connecting for Life*.

5.1.2 Next steps

NOSP should endeavour to commission or support longitudinal research focused on programmes carried out under the remit of *Connecting for Life*, in order to help demonstrate the medium to longer term impact of their investment.

It is recommended that NOSP develop a standardised reporting template for relevant programmes and services that stipulates the types of objectives (aligning to CfL) activities and outcomes they require information on. This will ensure programmes and services on the

ground know what information is required, reduce duplication in reporting and information collection and ultimately allow for the aggregation of outcomes information across all services / programmes.

5.2 Priority groups

5.2.1 Gaps

The National Office for Suicide Prevention should be commended for its emphasis on known at-risk groups. In the collection of work under consideration in this report, men are an especially well represented group. In one study, middle-aged men are the main focus, while in another two, it is young men. A further three explore the situation of men of any age who are in a vulnerable situation, e.g., in prison or unemployed.

Another previous gap successfully addressed by NOSP here is that relating to the LGBTI community. Only one of the studies focused on this group; however, it is a robust and thorough piece of research which has the potential to inform policy in this area into the future.

Those with mental health issues are also considered in eight of the studies, with two examining the role of social prescribing in improving outcomes for people with mild to moderate mental health problems, one considering the provision of brief intervention support to young people experiencing mild to moderate mental health issues and two looking at the use of Dialectical Behaviour Therapy for Borderline Personality Disorder. The final three are a piece of research on the use an out-of-hours GP service by those with a mental health problem, an investigative study exploring the feasibility of introducing a mental health safety programme to Ireland and a study of untimely deaths in the Donegal Mental Health Services.

However, there are a significant number of priority sub-groups and one priority group which are not represented in this group of studies. Some of the research did not focus on a specific group (e.g., the Samaritans caller behaviour research) and some, as previously mentioned, focused on a wider group (e.g. men). The distribution of the remaining studies by priority group can be found in Table 3 (those groups not represented in this review are highlighted in grey).

Additionally, there is a need to be cognisant of emerging trends and crises in the area of mental health, self-harm and suicide and to encourage research that is responsive to these trends. In terms of responding to current crises, the lack of research concerned with those who are homeless/economically disadvantaged and with prominent minorities such as asylum seekers would seem to be a missed opportunity.

Connecting for Life priority group	Connecting for Life priority sub-groups	Studies in which this group were the primary focus
Health/mental health related groups	People with mental health problems	8
	People who engage in repeated acts of self-harm	2
	People with alcohol and/or drug problems	0
	People with chronic physical health conditions	0
Minority groups	Members of the LGBT community	1
	Members of the Traveller community	1
	People who are homeless	0
	Prisoners	1
	People who have experienced abuse	0
	Asylum seekers	0
	Refugees	0
	Migrants	0
	Sex workers	0
Demographic cohorts	Middle-aged men	1
	Middle-aged women	0
	Young men	2
	Young people	4
	People who are economically disadvantaged	0
Suicide related	People who have been bereaved by suicide	1
Occupational groups	Healthcare professionals	0
	Professionals working in isolation	0

Table 3. Research reports reviewed and the aligned Connecting for Life Priority Groups

5.2.2 Next steps

It may be of benefit to create a strategic plan which governs the type of research commissioned, thus ensuring that all priority groups receive some of the focus. However, as mentioned above, it is also important to build in a certain amount of flexibility to allow for the research coverage of emerging trends and crises in the area of suicide, self-harm and mental health.

5.3 Alignment with Goals

5.3.1 Gaps

The research reviewed here is broadly aligned with all the goals and objectives of Connecting for Life. However, there is an absence of research associated with Goal 6, relating to the reduction and restriction of access to means of suicidal behaviour.

5.3.2 Next steps

NOSP should commission research addressing Goal 6 of Connecting for Life and its corresponding objectives.

5.4 Alignment with Objectives

5.4.1 Gaps

Including the two Connecting for Life objectives falling under Goal 6, there are five objectives which are not addressed or only addressed in passing in the current collection of research. The objectives not addressed relate to important issues such as alcohol and drug misuse and access to lethal suicide methods. A list of these specific objectives can be found in Table 4.

Objective	Description
3.2	Support, in relation to suicide prevention, the Substance Misuse Strategy, to address the high rate of alcohol and drug misuse.
5.1	Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.
5.4	Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention.
6.1	Reduce access to frequently used drugs in intentional drug overdose.
6.2	Reduce access to highly lethal methods used in suicidal behaviour.

Table 4. Connecting for Life Objectives which are not addressed or only partially addressed as part of the research reports reviewed.

Objective 3.2 is taken into consideration in several pieces of research but only in a tangential way rather than as the main focus. Objectives 5.1, 5.4, 6.1 and 6.2 are not addressed in any of the research covered by this review.

It is acknowledged that NOSP have recently commissioned research for the exploration of the objective 5.1.

5.4.2 Next steps

Two of the missing objectives, 5.1 and 5.4, contain high-level actions which potentially need to be addressed directly by the National Office of Suicide Prevention. In order to create national standards and guidelines, clinical guidelines or a research and evaluation plan, actions need to be directed from a national level.

It is also recommended that NOSP take action to continue the development of objective 7.2, with consideration of the conclusions drawn in the National Investigation into Patient Suicide and Homicide in Ireland. It is suggested that they should develop a four-year research and evaluation plan to ensure appropriate research is commissioned based on the stage of the new strategy. This should also be reviewed on an annual basis to ensure the plan is flexible to emerging national trends and concerns.

5.5 Outcomes

5.5.1 Gaps

The two primary outcomes chosen by Connecting for Life – a reduced rate of suicide and a reduced rate of self-harm in the whole population and amongst specified priority groups – are both covered in the research reviewed in this study.

Standardised outcome measures chosen for individual programmes spanned a wide range from subjective wellbeing to risk of harm to self or others (the details of measures and measurement tools used can be found in Table 5). However, a significant absence is noted in the review of the National Self-Harm Registry, where they suggest that opportunities for using data from the NSHRI to evaluate some of Ireland’s major self-harm prevention initiatives (e.g., DBT) have so far been overlooked.

Programme name	Measures chosen	Tools used
Collaborative Assessment and Management of Suicidality (CAMS)	<ul style="list-style-type: none">• Pain• Stress• Agitation• Hopelessness• Self-hate• Self-reported risk	<ul style="list-style-type: none">• Suicide Status Form (Initial, tracking and resolution)
National Dialectical Behaviour Therapy Project	<ul style="list-style-type: none">• Reduction of life-threatening behaviours	Service users: <ul style="list-style-type: none">• Self-harm inventory

	<ul style="list-style-type: none"> • Reduction of treatment-interfering behaviours • Reduction of quality of life-interfering behaviours • Increase in skill utilisation 	<ul style="list-style-type: none"> • Questionnaire for suicidal ideation • Beck Depression Inventory II • Borderline Symptoms Checklist • Beck Hopelessness Scale • DBT Ways of Coping Checklist • STAXI 2 • STAXI C/A <p>For therapists:</p> <ul style="list-style-type: none"> • Client record form (for E.D. visits and hospital admissions) • Individual therapy/group skills logs • Phone coaching logs
Dialectical Behaviour Therapy – Skills Training for Emotional Problem-Solving for Adolescents	<ul style="list-style-type: none"> • DBT skills use • Dysfunctional coping • Social stress • Anxiety • Depression • Sense of inadequacy • Self-esteem • Self-reliance • Atypicality • Locus of control • Somatisation 	<ul style="list-style-type: none"> • DBT Ways of Coping Checklist • Behaviour Assessment System for Children, 2nd Edition
Self-harm Intervention Programme	<ul style="list-style-type: none"> • Subjective wellbeing • Symptoms • Functioning • Risk to self • Risk to others 	<ul style="list-style-type: none"> • Clinical Outcomes in Routine Evaluation – Outcome Measures (CORE-OM)
Mojo	<ul style="list-style-type: none"> • Levels of distress 	<ul style="list-style-type: none"> • CORE-OM

	<ul style="list-style-type: none"> • Risk to self • Risk to others • Alcohol use 	<ul style="list-style-type: none"> • Kessler Psychological Distress Scale – K10 • Alcohol Use Disorders Identification Test
Donegal Social Prescribing Project	<ul style="list-style-type: none"> • Anxiety • Depression • Wellbeing • Use of medication • Community involvement • GP visits 	<ul style="list-style-type: none"> • WHO Five Wellbeing Index • Hospital Anxiety and Depression Scale • Standalone questions on community involvement and GP visits
HOPE Social Prescribing Project	<ul style="list-style-type: none"> • Personal competence • Acceptance of self and life • Intention to seek help • Anxiety • Depression • Trauma • Physical problems • Functioning • Risk of self-harm 	<ul style="list-style-type: none"> • Resilience Scale • General Help-Seeking Questionnaire • CORE-OM
Jigsaw	<ul style="list-style-type: none"> • Initial assessment • Psychological distress • Progress towards goals in clinical work 	<ul style="list-style-type: none"> • HEADSS • CORE-OM • YP-CORE (Young Person CORE) • Goal Based Outcomes (GBOs)

Table 5. List of measures and measurement tools used in research reports reviewed.

5.5.2 Next steps

As recommended in the review of the NSHRI, NOSP should use NSHRI data to assess the impact, effectiveness and cost-effectiveness of major investments made under the Connecting for Life strategy.

It is further suggested that NOSP should support the creation of a tool compendium of recommended, open access measurement tools for use by those working under Connecting for Life in order to improve the potential for aggregation of data from commissioned research.

5.6 Cost

5.6.1 Gaps

Cost data was only available for two of the interventions covered by this review, the National Dialectical Behaviour Therapy Project and the National Investigation into Patient Suicide and Homicide in Ireland.

The total estimated annual cost associated with continuing the implementation of DBT up to 2020 is €10,274,531. However, the vast majority of these costs pertain to the creation of development posts to back-fill the loss of time to Community Mental Health Teams for DBT team members. With those costs excluded, the total annual cost is €1,202,531.

The system for investigation into patient suicide and homicide in Ireland, if it is implemented, should have estimated annual running costs of between €180,000 and €240,000, not including overheads.

In addition to the provision of cost data, the National DBT Project calculated the cost-effectiveness of their intervention, as did The Self-Harm Intervention Programme. However, these were the only two programmes to do so.

5.6.2 Next steps

NOSP should commission more cost-based research of programmes and other interventions carried out under the remit of Connecting for Life. This will be valuable in demonstrating the long-term cost-effectiveness or cost-benefit of the interventions, services and programmes funded and also inform whether or not local or pilot initiatives should be scaled up.

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Appendix

Research reports reviewed as part of this study are as follows:

2020

- Building capacity for the evaluation of social prescribing: Evaluability assessment
- Evaluation of the implementation of the range of delivery models of suicide prevention gatekeeper training: Part 1 – Literature review
- The harmful impact of suicide and self-harm content online: A review of the literature
- Scalability assessment of the North Dublin Psychology Suicide Assessment and Treatment Service (SATS)
- Rapid assessment and community response to suicide and suspected suicide in Dublin South

2018

- Using coronial data to identify deaths in people with risk factors for self-harm: report on the outcome of a feasibility study
- Independent evaluation of the Jigsaw service model
- Evaluation of See Change
- A national investigation into patient suicide and homicide in Ireland: a development proposal
- The National Dialectical Behaviour Therapy Project, Report 2013-2018
- Review of the National Self-Harm Registry Ireland
- Middle-Aged Men and Suicide in Ireland Report
- Reporting Mental Health and Suicide: Challenges facing journalists

2017

- Promoting Our Wellness and Recovery (POWER): Peer prisoner mentoring evaluation study
- Report assessing Headline's performance of its media monitoring, media response and media education functions.
- Dialectical Behaviour Therapy in Ireland – 2017 Gap Analysis Report
- Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A).

2016

- Review and preparation of a development plan for selected NOSP-funded Traveller projects
- Mojo Kildare evaluation
- A study of untimely sudden deaths and people who took their lives while in the care of the Donegal Mental Health Service
- LGBTIreland Report
- Responding to self-harm: An evaluation of the self-harm intervention programme (SHIP)
- “. . . If You’re Not Part of the Institution You Fall by the Wayside”: Service Providers’ Perspectives on Moving Young Men From Disconnection and Isolation to Connection and Belonging”
- ‘CONNECTING WITH YOUNG MEN’ Engage Unit 6 - National Men’s Health Training Programme: An Evaluation
- Mental Health Consultations in a General Practice Out of Hours Service – informing the future direction of services
- Samaritans Caller Behaviour Research
- Development of Quality Assessment and Outcomes Framework for Men’s sheds in Ireland 2015-2016

2015

- Reaching out in college: Help-seeking at third level in Ireland
- Donegal Social Prescribing for Health & Wellbeing: Evaluation Report
- Evaluation of the Hope Social Prescribing Project
- Responding to the Suicide Bereaved: The Mayo Model.