



Connecting for Life

Connecting for Life, Community Healthcare
Cavan, Donegal, Leitrim, Monaghan and Sligo

Suicide Prevention Implementation Plan
2022 - 2024



Are you, or someone you know, in crisis now and need someone to talk to?

Please do not be alone. If you are worried about yourself or someone you know it is important to get help as soon as possible. Everyone needs help from time to time. In fact, asking for help is a sign of personal strength.

Your first point of contact is your local GP. If it is late in the evening or at the weekend, contact your local out of hours doctor's service:

Donegal

- NoWDOC: 0818 400 911

Sligo and Leitrim

- Sligo, North Leitrim and West Cavan: Call Caredoc on 0818 365 399
- South Leitrim and North Roscommon: Call NoWDOC on 0818 400 911

Cavan and Monaghan

- NE Doctor on Call on 1800 777 911

Emergency Departments:

- Letterkenny University Hospital
- Sligo University Hospital
- Cavan General Hospital

Contact the Emergency Services on 999 or 112; Call the Samaritans 24-hour Freephone listening service on 116 123;

Visit www.yourmentalhealth.ie for information on mental health supports and services.



Connecting for Life



1

Improved
Understanding



2

Empowered
Communities



3

Focus on
Priority Groups



4

Better Access
to Support



5

High Quality
Services



6

Reduced
Access to Means



7

Better
Data & Research

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Foreword

Dermot Monaghan, Chief Officer, HSE Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo (CH CDLMS)

In communities across Cavan, Donegal, Leitrim, Monaghan and Sligo, the far-reaching effects of suicide on families, friends, classmates, workplaces and communities are severe and devastating. Suicide is one of the most complex and difficult to understand of human behaviours. *Connecting for Life (CFL)*, Ireland's National Strategy to Reduce Suicide 2015 – 2020 set out a vision of an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and wellbeing. In November 2020, *Connecting for Life*, Ireland's National Strategy to Reduce Suicide, was extended to 2024.

Connecting for Life involves preventative and awareness-raising work with a “whole of society” approach, including supportive work with local communities and targeted approaches for priority groups. By bringing together all aspects of our health and social care system alongside our education, statutory and community partners, we are working together to implement meaningful, evidence informed improvements to the approaches and services that we offer to people at risk of suicide and self-harm. Connected services mean that more people can get the right help, at the right time and in the right place.

Connecting for Life Cavan, Donegal, Leitrim, Monaghan and Sligo was launched between 2015 (Donegal) and 2017 (Sligo Leitrim & Cavan Monaghan). It was a truly local response to meet the goals of our national strategy, connecting public consultation, participation from community and service providers, and led by our established local interagency Steering Groups. The extension of *Connecting for Life* across Cavan, Donegal, Leitrim, Monaghan and Sligo 2022 - 2024 provides an opportunity to further advance and embed the established local and regional implementation structures throughout the Community Healthcare area. I am proud to lead this initiative in conjunction with my Executive Management Team and look forward to continuing this collaborative approach to ensure full implementation of all the goals and actions in this plan.



Dermot Monaghan, Chief Officer, HSE CH CDLMS

Introduction

Leo Kinsella, Head of Mental Health HSE Community Healthcare Cavan, Donegal, Leitrim, Monaghan, Sligo (CH CDLMS)

Community Healthcare Cavan, Donegal, Leitrim, Monaghan and Sligo Connecting for Life (CFL) Implementation Plan 2022 – 2024, is the extension of our local Suicide Prevention Action Plan. It is strongly aligned to the national Connecting for Life strategy, and is rooted in the principle of learning from previous experience of implementing the first cycle of Connecting for Life.

Community Healthcare Cavan, Donegal, Leitrim, Monaghan and Sligo CFL Implementation Plan 2022 – 2024 articulates local implementation of national actions, and commits to actions that respond to our particular local needs, strengths and challenges in Cavan, Donegal, Leitrim, Monaghan and Sligo. Alongside the health service, this plan recognises the role that the wider community can play in supporting individuals and families, continues efforts to raise awareness of when and how to seek help and promotes hope, connectedness and quality services.

To achieve this, the plan has 7 Goals that are supported by a number of national and local actions to ensure their achievement.

1. To improve understanding of and attitudes to suicidal behaviour, mental health and wellbeing
2. To support local communities' capacity to prevent and respond to suicidal behaviour
3. To target approaches to reduce suicidal behaviour and improve mental health among priority groups
4. To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour
5. To ensure safe and high-quality services for people vulnerable to suicide
6. To reduce and restrict access to means of suicidal behaviour
7. To improve surveillance, evaluation and high quality research relating to suicidal behaviour

Over the past number of years significant progress across all of the seven goals has been achieved through Connecting for Life, with good progress highlighted in stigma reduction, self-harm, public health communications, media monitoring, the development of local Connecting for Life action plans, early intervention services, the coronial process for suicide death registrations, GP prescribing behaviours (regarding benzodiazepines), amongst other strategic areas

In developing Community Healthcare Cavan, Donegal, Leitrim, Monaghan and Sligo CFL Implementation Plan 2022 – 2024, we assessed progress in the implementation of the first cycle of the plan towards achieving the overall strategic objectives. This helped identify what was working well, where the implementation challenges were, and assisted in establishing strategic priorities for the remaining period of the strategy.

While the plan provides us with a clear path forward, we will continue to face challenges, such as our growing and diverse population, societal stresses such as the Covid-19 pandemic, ongoing resourcing issues, and difficulties in maintaining full staffing. Community Healthcare Cavan, Donegal, Leitrim, Monaghan and Sligo CFL Implementation Plan 2022 – 2024 represents the commitment of all stakeholders to working together to continue to meet these challenges and take meaningful steps to reduce suicide and self-harm in this area.



Leo Kinsella, Head of Mental Health, HSE CH CDLMS

Section One: Background

Ireland's national suicide prevention strategy, Connecting for Life (CfL), was launched in June 2015 and the Implementation Plan for 2017-2020 was published in late 2017. In December 2019 the Department of Health supported an extension of CfL for a further five years, with official approval by Cabinet granted in November 2020. To align with this local action plans have been extended and updated to reflect the new national implementation plan.

This process was informed by the **Interim Strategy Review of Connecting for Life 2015-2020**, in which a review of the national implementation of the CfL strategy to date was completed. One of the specific aims of the review was to identify longer-term strategic goals for CfL, beyond 2020, to assist ongoing implementation of a whole of government approach to suicide prevention in Ireland. The review concluded that the strategic vision of CfL and the seven strategic goals of CfL remain relevant beyond 2020 and that a more concentrated, intensive and consistent implementation of the strategy beyond 2020 is required.

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

- More co-ordinated delivery of suicide prevention training;
- Strategic planning around priority or vulnerable groups;
- Restricting access to means of suicide in public places;
- Evaluating the cost-effectiveness of the strategy.

While the first cycle of CfL illustrated an effective example of whole of government working, (with 23 government departments working together with other statutory and non-statutory implementation partners), it is currently a case of much achieved, more to do at a national level and this is reflected in Community Healthcare Organisation One.

The process for the preparation of the new plan is shown in Section Three and was aligned to the development of the national Connecting for Life Implementation Plan 2020 – 2022.

The three local suicide prevention action plans in CHO 1 were launched between 2015 (Donegal) and 2017 (Sligo & Leitrim and Cavan Monaghan) The plans were based on the same vision, goals, objectives and measurable outcomes as outlined in the National Strategy.

In CHO 1 progress has been made across all three local plans with particular success in relation to:

- Suicide prevention training delivery, despite some challenges around planning, trainer organisation, management and co-ordination;
- Timely and coordinated responses in the aftermath of suspected suicide including suicide bereavement support e.g. Suicide Bereavement Liaison Officer now available in each county, Pieta House Crisis Counselling/Suicide bereavement Counselling Service now available in Cavan Monaghan in addition to the other three counties;
- Communication campaigns to promote events such as World Mental Health Day, World Suicide Prevention Day and Green Ribbon month with a view to improving awareness of services available, enhancing help seeking and reducing the stigma surrounding mental health;
- Specific projects in parts of the Community Healthcare area e.g.:
 - Stories of Recovery Podcast Project;
 - Extension of Stress Control;

- Allocation of small grants to local community and voluntary groups to implement suicide prevention initiatives aimed at specific at-risk groups;
- Clinical care pathway document developed;
- Continue to develop partnerships with Gardaí including training and surveillance;
- Development of the Self-Harm Intervention Programme (SHIP) programme;
- GP Risk Management Referral Pathway document created;
- Family information pack developed.

There were however also areas of challenge in relation to the implementation of the local plans:

- Gathering of real time data to inform more effective and timely responses to suspected suicides;
- Supporting high risk/priority groups more effectively;
- Managing the impact of the Covid 19 pandemic;
- Raising awareness and engagement with the work/actions of the plan with CfL stakeholders and the wider public;
- Supporting active engagement and participation of all CfL stakeholders through the implementation structures.

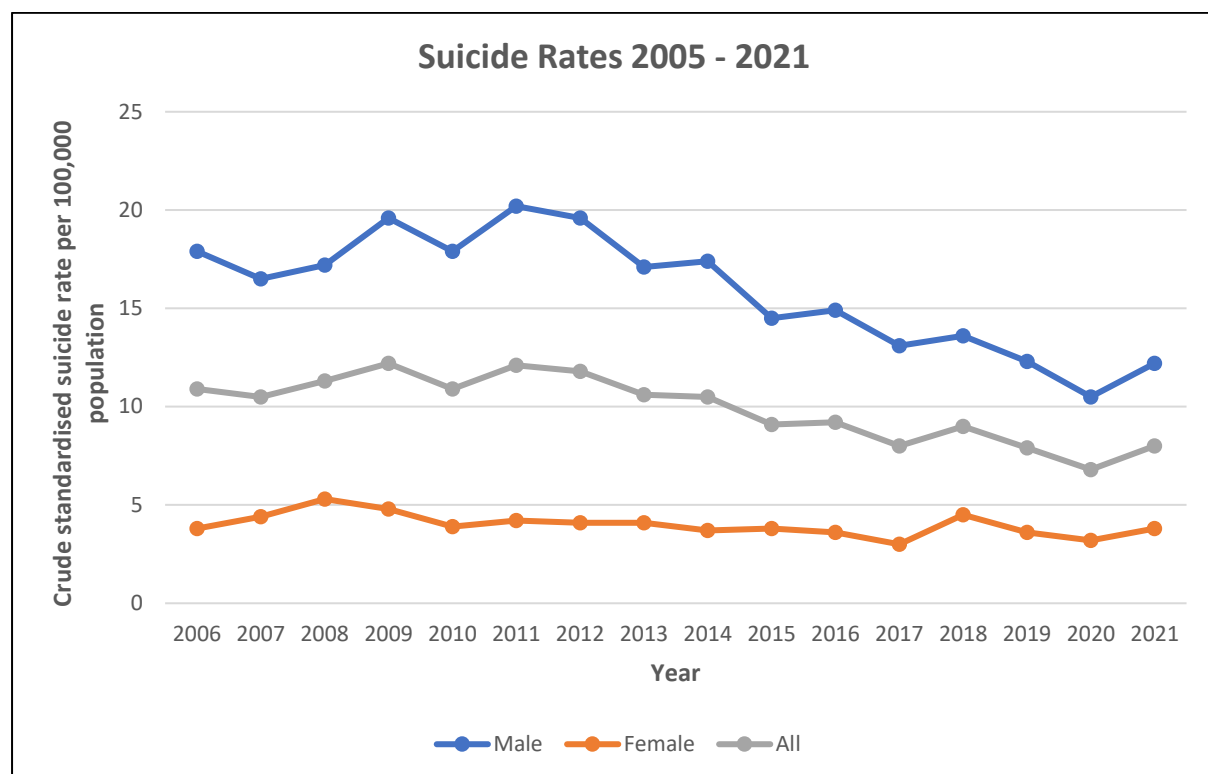
1.1 Suicide and self-harm in Ireland. The principal aim of CfL is to reduce suicide in Ireland, with a 10% reduction in suicide rates adopted as the minimum target of the strategy. This target was set by the World Health Organisation (WHO). Given the complex and multifarious nature of risk factors for suicide, achieving this target will be challenging, and as the interim review of CfL highlighted, so too will be evidencing the contribution of CfL to any reductions observed.

Figure 1 below illustrates the trends observed in rates of suicide in Ireland over the period 2005-2020. Analysis of the crude standardised rates of suicide indicates that there was a substantial increase in rates observed during the recession years in 2009-2013, followed by successive decreases during the 2015-2018 period. Looking at the period covered in Figure 1, the male rate is approximately 4 times higher than that of females, with this lowering to approximately 3 times higher in 2019.

The data indicates an increase in suicide rates observed in 2019 for both men and women. Caution is required in interpreting the 2020 and 2021 data as it is not yet finalised, as the global pandemic has delayed the inquest process.

Figure 1. Crude standardised suicide rates per 100,000 of the population over the period 2005-2021* (* denotes data as provisional).

Data source: CSO (HSE NOSP).



*Data for 2020 and 2021 is provisional.

Figure 2 illustrates the standardised self-harm rates based on presentations to hospitals, collected by the National Self-Harm Registry. The national rate of self-harm presentations peaked in 2010, again during the recession period in Ireland. This was followed by slight successive decreases up to 2013, with the rate then relatively consistent up to 2017. Looking at the period covered in figure 2, the female rate of self-harm is approximately 1.2 times higher than the male rate. A 6% increase in self-harm hospital presentations was reported in 2018. Figure 3 shows the national self-harm statistics at a glance.

Figure 2. Self-harm hospital presentations standardised per 100,000 of the population.
Data source: National Self-Harm Registry.

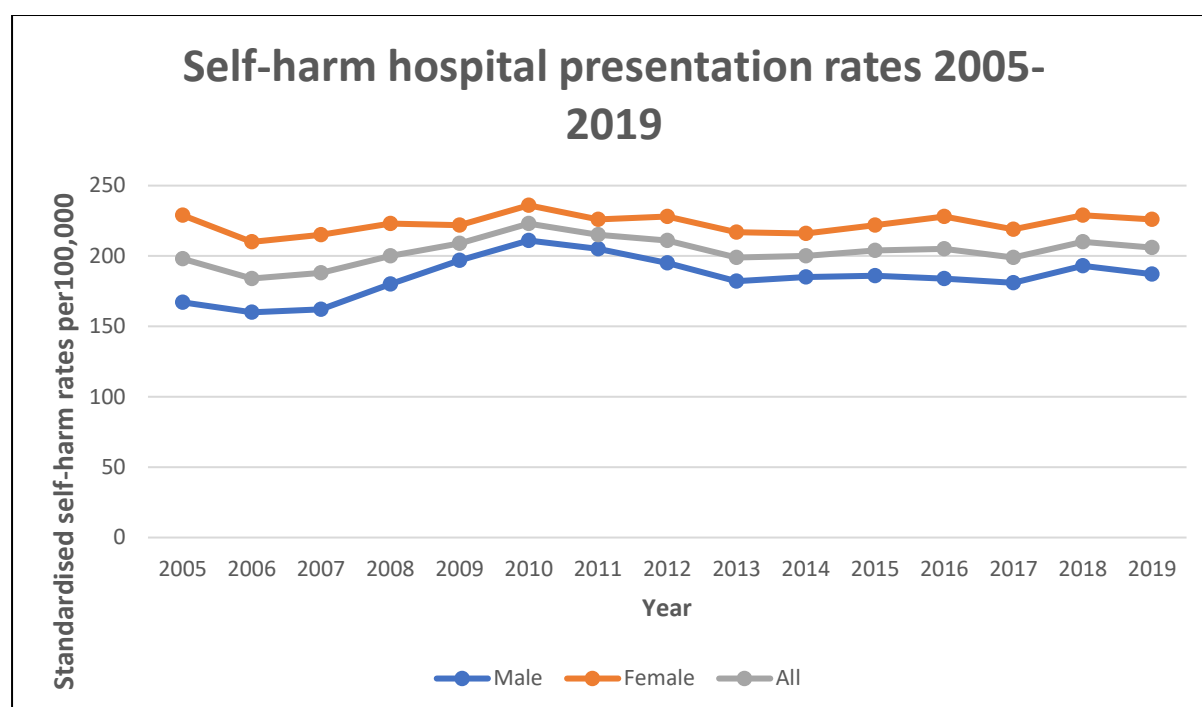
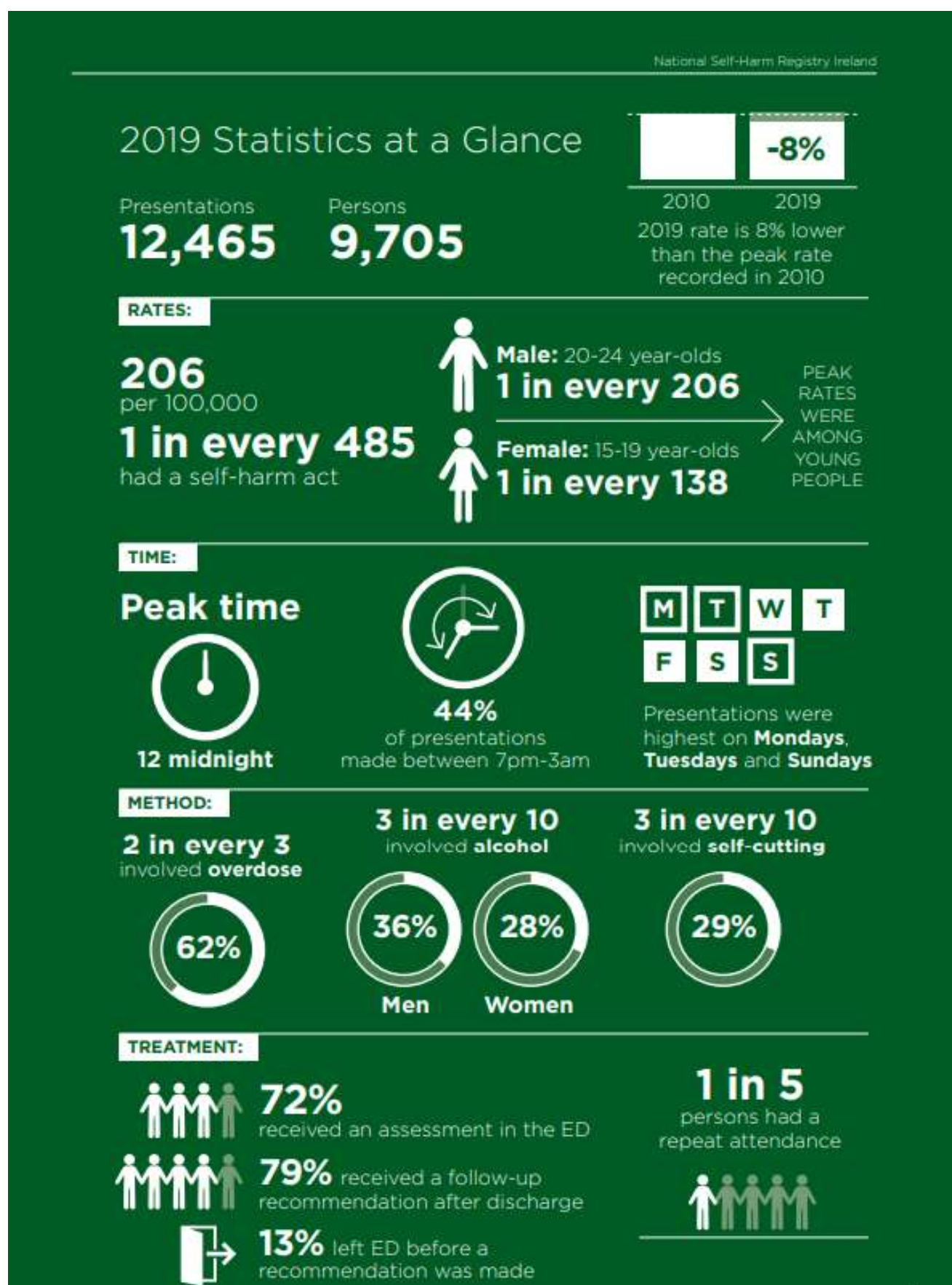


Figure 3. 2019 National Self-Harm Statistics at a Glance. Source: NSRF.



The provisional rates of suicide and self-harm highlight the need for a continued focus on the systematic implementation of CfL and importance of timely data to inform decision making throughout the lifetime of the strategy.

However, there are a number of issues with suicide data in Ireland as identified in the national strategy:

- Getting more timely data on suicides in Ireland;
- Getting more accurate and comprehensive data on those that die by suicide.

In Ireland, suicide mortality data is collated and reported on by the Central Statistics Office (CSO). This data is gathered by allocating statistical codes to different causes of death, based on information included in official death certificates (CfL Research Advisory Group, 2015). There are two types of suicide data currently reported by the CSO, year of registration (of death) data, and year of occurrence (of death) data. Year of occurrence data is more reliable and is used by the NOSP and government. There is a time lag of approximately two years in obtaining more reliable year of occurrence data from the CSO, making timely responses to suicide prevention and postvention difficult.

In addition, current data on suicide has limited information about the people who have died by suicide, including mainly, county of death, manner of death, age and gender. While helpful and invaluable in directing current work on suicide prevention, it does not allow for identification of additional risk factors for suicide to guide policy and service responses. To help address this, NOSP in partnership with the Health Research Board (HRB) and Irish coroners have been collating death investigation and administrative data collected as part of the coronial process to provide a more in-depth overview of suicide in Ireland.

1.2 Priority Groups

1.2.1 National Priority Groups. In the national strategy there is an identified list of priority groups for suicide prevention activities. These groups were as follows:

- Health/mental health related groups: People with mental health problems of all ages, those who have engaged in repeated acts of self-harm, people with alcohol and drug problems and people with chronic physical health conditions;
- Minority groups: Members of the LGBTI+ community, members of the Traveller community, people who are homeless, people who come in contact with the criminal justice system (e.g. prisoners), people who have experienced domestic, clerical, institutional, sexual or physical abuse, asylum seekers, refugees, migrants and sex workers;
- Demographic cohorts: Middle aged men and women, young people and economically disadvantaged people;
- Suicide related: People bereaved by suicide;
- Occupational groups: Healthcare professionals, professionals working in isolation, (e.g. veterinarians, farmers).

A focused approach to the CfL Priority Groups has come out of the NOSP collaborative research grant scheme, as this addresses gaps in knowledge for some priority groups. In addition, NOSP's review of research under CfL has also identified gaps.

1.3 Impact of Covid-19. It is likely that the Covid-19 pandemic will impact on mental health, and this has been indicated in findings from the Covid-19 Psychological Response Consortium (C19PRC) study - a collaboration between researchers in Ireland, Spain, and the United Kingdom. Initial findings from this study (which surveyed approximately 1,000 respondents in Ireland) reported that mental health problems are common; 41% of people reported feeling lonely, 23% reported clinically meaningful levels of depression, 20% reported clinically meaningful levels of anxiety, and 18% reported clinically meaningful levels of post-traumatic stress (Hyland and Daly, 2020).

The findings of the June 2021 research paper 'Predicting risk along the suicidality continuum: A longitudinal, nationally representative study of the Irish population during the COVID-19 pandemic' (Hyland et al), suggests that the COVID-19 pandemic may not be an exacerbating factor in suicidal behaviour; however, continued monitoring of the population over an extended period will be necessary.

The emerging impact of Covid-19 on the work of CfL NGO partners has also been evident in monthly surveys conducted to track the effects of the public health emergency on their suicide prevention work. While it has been apparent that NGO partners have adapted effectively to the demands placed on them by Covid-19, there have been some concerns raised. Some issues reported in these surveys over the period April-June 2020 included:

- Clients facing issues at home such as domestic abuse;
- Increased alcohol and substance misuse;
- Restricted access to mental health and other health services;
- Not all clients having the capacity or means to engage in online mental health services;
- Cramped /overcrowded accommodation;
- Home-schooling a stressor for both young people and parents;
- Stress for staff delivering mental health services remotely with limited peer support/supervision.

Impact of Covid 19 pandemic in Community Healthcare Organisation One. The Covid 19 pandemic impacted significantly on mental health promotion and suicide prevention efforts across CHO 1 as follows:

- Delivery of face-to-face suicide prevention training was halted, although online options were made available for some of the training programmes;
- Provision of face-to-face suicide bereavement responses to individuals and communities was affected but provided where possible within the restrictions;
- Impact on access to mental health supports and services in some parts of the Community Healthcare Organisation;
- ROSP and other HSE staff redeployment to support the pandemic management;
- Action lead and partners access to remote working technology and the inability to meet people face to face, thereby limiting frontline engagement, and this impacted on relationship building and development.

Section Two: The Context for Connecting for Life Community Healthcare One

2.1 National Policy Context

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

- **Sharing the Vision.** A Mental Health Policy for Everyone. Launched in June 2020, 'Sharing the Vision – A Mental Health Policy for Everyone' is the successor to 'A Vision for Change' that was launched in 2006. Sharing the Vision focuses on developing a broad based, whole system mental health policy for the whole of the population. The vision of the policy is to create a mental health system that addresses the needs of the population through a focus on the requirements of the individual. This policy supports continued implementation of Connecting for Life and specifically states that the Department of Health will extend the timeframe and funding for CfL to 2024. Specific actions which overlap with CfL (and, in particular, this implementation plan) can be seen in the areas of: stigma reduction; mental health promotion; whole school wellbeing promotion; improved pathways of care; social prescribing; enhanced access to talk therapies; dual diagnosis; enhancement of the National Clinical Care Programme for the Assessment and Management of Patients Presenting to emergency departments following self-harm; the priority groups of homeless people, those in direct provision, Travellers and prisoners; and better suicide data.
- **Sláintecare.** Sláintecare is Ireland's ten-year programme to transform the country's health and social care services. It is the roadmap for building a world-class health and social care service. The Sláintecare vision is to achieve a universal single-tier health and social care system where everyone has equal access to services based on need, and not ability to pay. Over time, everyone will be entitled to a comprehensive range of primary, acute and social care services. Sláintecare's aims are to improve patient and service user experience, improve clinician experience, lower costs and achieve better outcomes.

Government policy on Health care reform as outlined in Slaintecare sets out the need to further develop community services ensuring integration of service across acute and community settings. This involves a population health planning approach and Community Health Networks (CHNs) will be further developed providing health and social services to a population of 50,000 approx. The CHNs will also be complimented by community specialist teams (hubs) across a population of approximately 150,000 (3 CHNs) for those that have more complex needs. In this way the networks provide the framework for both future healthcare reform and expansion, stratifying the population based on health needs, supporting self-care and ensuring that there is coherence to the efforts of both statutory and voluntary providers of services to work together.

The management of health conditions and population health and wellbeing are core components in the CHN/ Community Specialist Team Hub models to ensure that communities are supported to stay well by assisting individuals to live well and live healthier lifestyles. The reform programme will involve building the capacity for Health Promotion & and Improvement officers and delivering services to the population at community network level within the CHO.

- **HSE National Psychosocial Response to the Covid-19 pandemic.** This framework ensures that the critical psychosocial part of Ireland's response to the pandemic is promoted, supported and embedded within all Covid-19 responses. Psychosocial refers to the full spectrum of psychological, emotional, relationship, behavioural and cognitive experiences of people.
- **Healthy Ireland: A Framework for Improved Health and Wellbeing 2013 – 2025.** The Healthy Ireland Strategic Action Plan 2021-2025 provides a clear roadmap of how to deliver good health, access to services, healthy environments, promote resilience and ensure that everyone can enjoy physical and mental health and wellbeing, to their full potential. The plan builds on the work and progress made to date and focuses on the remaining years of the Healthy Ireland Framework from 2021-2025.
- **Stronger Together, HSE Mental Health Promotion Plan 2022 – 2027.** This is a six-year plan that includes a number of action areas focused on promoting positive mental health across the population and among HSE staff. This is the first time the HSE has developed a plan solely focused on promoting positive mental health and the timing of the development of the Plan has never been more important in light of the impact of Covid-19 on the mental health and wellbeing of the population. The Plan takes a life course approach and includes actions of relevance to the general population as well as specific subgroups such as children, the working age population, older people, mental health service users, their families and carers and other priority groups.
- **Developing a Community Response to Suicide.** Prepared by the NOSP, this guidance document is a resource to support those tasked with developing and implementing an Inter-Agency Community Response Plan (CRP) for incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion. It outlines the processes involved in preparing such plans, how they should be governed, led and when required, activated.

Others relevant plans are shown in Appendix 3.

2.2 Community Healthcare Organisation One Context

2.2.1 Local Policy Context. In addition to the national policies and strategies shown above, there are a number of Community Healthcare area plans that are relevant in the context of suicide prevention:

- Community Healthcare Organisation One Mental Health Service Plan
- Health and Wellbeing Analysis of the Primary Care Teams in Donegal, June 2018
- Healthy Counties Plans
- Local Healthy Ireland Plans (HSE HWB)
- Local and Regional Drug and Alcohol Task Force plans
- Children and Young People's Services Committees Plans
- CHO 1 Traveller Health Strategic Plan 2017 – 2022
- County Local and Economic and Community Plans
- County Community Development Committee Plans
- County Social Inclusion Community Activation Plans (SICAP)

2.2.2. Service Developments

Mental Health Service Co-ordinator - Travellers

Travellers are a priority group in the Connecting for Life 2022-2025 strategy. The All-Ireland Traveller Health Study (2010) found distinct links between mental health, suicide and social disintegration. Suicide in the Traveller community accounted for approximately 11% of all Traveller men's deaths – based on suicide data from 2008 and reported in the All Ireland Traveller Health Study (2010).

A Mental Health Service Co-ordinator for Travellers has been appointed in CHO1, reporting to the Head of Service for Mental Health. The role takes an interdepartmental approach to Traveller mental health collaborating with social inclusion, primary care, relevant statutory, community, voluntary and Traveller organisations. This involves working to ensure national and local structures for implementation are adequately supported to deliver the required processes and practices for mental health service improvement for Travellers.

Mental Health Service User Engagement

The Area Lead for Mental Health Engagement (ALMHE) CHO1 reports to the Head of Service Mental Health and has a remit for working with people who use mental health services. A chief aim of engagement is to provide a safe space for people to share their views and preferences of mental health services and to use this information to influence service providers in the design, delivery and evaluation of services. In achieving this aim, several engagement mechanisms are utilised including three community based local fora, a regional Area Forum, and an online feedback platform (Care Opinion).

The Area Lead MHE partners with and provides support to HSE service providers working to enhance the level of engagement within their service through feedback, representation, service design, delivery, evaluation or programme and project management.

2.2.3 The rationale for moving to one plan for the Community Healthcare One area

Originally there were 22 local action plans across the 9 CHO areas. Five of the CHO areas developed plans at CHO level. As part of the review, all CHO areas that have one plan will keep one plan and three of the areas where there were county/part county plans have made the decision to change the approach to one plan for the CHO area: CHO 1, CHO5 and CHO 7. This approach will support the streamlining of action implementation and reporting through CHO oversight structures and local (ROSP area) implementation working groups where required to support the overarching structure. The rationale for this revised approach is:

- There are many common actions across all the local CfL plans;
- The approach supports the joined-up thinking for suicide prevention and self-harm reduction across the three CHO 1 ROSPs and enables flexibility for action delivery using the strengths and expertise of the individual ROSP for the benefit of the whole of the CHO 1 area;
- The facilitation of a more streamlined and efficient approach to CfL implementation monitoring and reporting;
- Bringing together the key non mental health implementation stakeholders for all of the CHO 1 areas making better use of time and resources, particularly within the HSE e.g. Primary Care, health and Wellbeing, Addiction Services.

In doing this, it is essential that the detail for specific areas/actions relating to an area or county within the CHO 1 is not lost. The structure of the extended and updated plans (aligned to the National CfL Implementation Plan – Section 7), enables the location of the action to be clearly identified.

2.2.4 Demographic information for Community Healthcare Organisation One.

Community Healthcare Organisation One (CHO 1) was established in 2015 as part of the HSE's reorganisation of the country's community health services. The area includes the counties of Cavan, Donegal, Leitrim, Monaghan and Sligo. CHO 1 has a population of 391,281 (Source: Census 2016). This is an increase of 2,233 (approx. 0.6%) from the 2011 census.

The area is rural, with a very low population density and borders Northern Ireland. It has a poor transport infrastructure with large areas of deprivation. Deprivation refers to relative disadvantage and consists of material deprivation such as housing and living conditions, and social deprivation such as social support and education factors. The area has a high proportion of older people, people with a disability, and high levels of General Medical Service eligibility (42%, national average is 33%).

There are three Level 2 acute hospitals and one Level 1 hospital under the two hospital groups, namely Saolta and RCSI (Royal College of Surgeons in Ireland). In addition, some people residing within CHO 1 also avail of community and acute services in CHO Midlands, Louth, Meath, CHO West and in Northern Ireland.

There are 37 Primary Care Teams consisting of GP Services, Public Health Nursing Services, Physiotherapy, Occupational Therapy, and other key services with access to Community Health Network Services including Dietetics, Dental, Speech and Language Therapy, Audiology, Podiatry and Ophthalmology.

There are 22 Older Persons Community Hospitals/Community Nursing Units and a large number of disability units providing a range of residential, respite and group home services.

There are 5 approved centres under the Mental Health Act – Acute Inpatient Services, day hospitals; community residential and continuing care residential services, as well as community based mental health teams.

Table One shows the population age profile of the Community Healthcare organisation.

Donegal. Donegal is bounded on the West by the Atlantic Ocean and shares 93% of its entire land boundary with Northern Ireland and the remaining 7% with County Leitrim. The existence of the border gives rise to a unique area given that people access services and facilities on both sides of the border and change in one jurisdiction can have a significant impact on the other. This is particularly important given Brexit and the significant daily cross border traffic movement for economic, and social purposes. The landscape is comprised of mountains and valleys with a deeply indented coastline forming natural sea loughs, bays, peninsulas, and many islands.

Donegal is the fourth largest County in the State and the fifth most rurally dispersed County in Ireland. It has a weak urban structure with many small towns. Most of the larger and medium size towns are in the north and east with the smaller towns to the southwest. There are 61 settlements ranging in size from just over 100 inhabitants to almost 20,000 people.

Sligo and Leitrim. County Sligo is bordered by Counties Leitrim, Roscommon, and Mayo, and flanked to the west by almost 200 km of Atlantic coastline. The city of Sligo is the largest centre of population in the North-West, exerting its influence on a hinterland that extends far beyond the County boundaries (Gateway functional area). Sligo Gateway is one of two Gateways designated by

the National Spatial Strategy in the Border Region of Ireland, with the linked cross-border Gateway of Letterkenny and Derry located approximately 110 km to the northeast, and the Dundalk Gateway circa 170 km to the east. Sligo serves as an administrative, employment, commercial, health and education centre for a large hinterland. The County has a varied natural landscape with numerous mountains and other interesting upland terrain, numerous lakes, enclosed farmland and a diverse coastline comprising low-lying cliffs, indented shoreline and sandy beaches.

Leitrim is Ireland's seventh smallest County. It is a rural County with very low population densities and has the third oldest population (behind Kerry and Mayo). The County is bounded by Counties Cavan and Longford to the east, Roscommon to the south, Sligo to the west and Donegal and Fermanagh to the north. The County is served by a host of picturesque and renowned waterways.

Cavan and Monaghan. County Cavan is a largely rural County, with agriculture being the primary land use: 74% of Cavan's population live in rural areas. The agricultural sector remains a strong contributor to the overall economy of the County, which has a long tradition in the food and agribusiness industry such as meat, milk and poultry processing and pig production. The agri-food sector, renewable energy and tourism are identified as areas of importance for County Cavan by the County Council.

County Monaghan is also a predominantly rural County with approximately 80% of the population living in population centres of less than 1,000 people. County Monaghan traditionally had a very strong agricultural base and primary and secondary agriculture still has an important role to play in the county's economy. While agriculture continues to provide both direct and indirect employment, it has reflected the national trend of a decline in employment numbers.

Cavan is bordered by Fermanagh in Northern Ireland, and Monaghan, Meath, Westmeath, Longford and Leitrim in the Republic of Ireland. Monaghan is bordered by Fermanagh, Tyrone and Armagh in Northern Ireland, and Louth, Meath and Cavan in the Republic of Ireland. Both Cavan and Monaghan are border Counties, bringing challenges in relation to the economy, employment and culture.

Table 1. Population Age Profile for Community Healthcare Organisation One (Source CSO: Census 2016).

Age Group	No. of People	Change from 2011 Census (No.)	Change from 2011 Census (%)
0-4	27,391	-3,178	-10.4
5-9	30,529	2,200	7.8
10-14	28,144	159	0.6
15-19	26,192	1,110	4.4
20-24	18,801	-3,676	-16.4
25-29	19,962	-5,860	-22.7
30-34	25,538	-3,438	-11.9
35-39	28,965	306	1.1
40-44	28,024	451	1.6
45-49	27,067	1,093	4.2
50-54	25,535	1,550	6.5
55-59	23,714	1,662	7.5
60-64	21,632	1,351	6.7

65-69	19,719	3,528	21.8
70-74	1,5063	2,933	24.2
75-79	10,662	879	9
80-84	7,591	706	10.3
85+	6,752	457	7.3
Total	391,281	2,233	0.6

Table 2. Population Age Profile Projections 2022 – 2024 for Community Healthcare Organisation One (Source CSO: Census 2016).

Age Group	Population 2022	Population 2023	Population 2024	% Change 2022 - 2024
0-4	23,594	23,262	22,985	-2.6
5-9	27,536	26,721	25,978	-5.7
10-14	31,433	31,191	30,841	-1.9
15-19	28,674	29,575	30,152	5.2
20-24	26,314	26,384	26,404	0.3
25-29	21,195	22,500	24,095	13.7
30-34	20,980	21,095	21,133	0.7
35-39	25,985	24,857	24,213	-6.8
40-44	29,571	29,695	29,438	-0.5
45-49	28,253	28,432	28,625	1.3
50-54	27,487	27,747	28,100	2.2
55-59	25,609	26,081	26,281	2.6
60-64	23,234	23,641	24,058	3.5
65-69	21,163	21,261	21,622	2.2
70-74	18,414	18,830	19,081	3.6
75-79	14,005	14,693	15,339	9.5
80-84	8,796	9,247	9,721	10.5
85+	8,120	8,392	8,724	7.4
Total	410,363	413,604	416,790	1.6

There is a projected population decrease in the younger age groups (0-4, 5-9 and 10-14). The other age groups with projected decreases are 35-39 and 40-44. The age groups with the greatest projected growth are 25-29, 75-79, 80-84 and 85+. This shows that the CHO 1 population is ageing overall.

In the Community Healthcare area 19% of the population, a total of 74,348 people were born overseas, and approximately 8.5% (33,328 people) of the population do not have English as their first language.

Table 3. Population Ethnic Profile Table 1. Population Age Profile for Community Healthcare Organisation One.

Ethnicity	No. of People/%	% Change from 2011 census
Irish	344,544/ 88.1	0.6
UK	12,231/ 3.1	-10.7
Polish	7,273/ 1.9	1.5
Lithuanian	4,610/ 1.2	3.2

Elsewhere in EU	6,350/ 1.6	14.8
Elsewhere in world	5,528/ 1.4	-19.8
Visitors/Not stated	10,735/ 2.7	22.4

Life Expectancy and Health Status. There is a strong link between poverty, socio-economic status and health. In 2020, 16.9% of children were 'At risk of poverty' in Ireland (Survey in Income and Living Conditions (SILC) 2020, Central Statistics Office (CSO)).

Life expectancy at birth between the years 2000 and 2018. Life expectancy in Ireland is now above the EU-28 average having increased by 2 years for women and 2.5 years for men since 2008: with women living to 84.1 years and men to 80.5 years in 2018. The EU-28 average life expectancy was 83.6 for women and 78.3 years for men in 2018: increasing by 1.3 and 2 years for women and men respectively since 2008 (Irish Population Health: life expectancy and mortality).

Health Inequalities. The choices people make as individuals are likely to be determined by their social and economic circumstances, and it is important to look at interventions which can help the most vulnerable and deprived communities and address the wider structural determinants of health to help reduce health inequalities.

The Community Healthcare area has a mix of urban and rural populations. There is variation in deprivation levels with deepened levels of deprivation in the more urban parts of the area. However, very often deprivation in rural areas is less visible. The specifics are often different from those seen in urban areas but equally as detrimental to communities.

On the Deprivation Level – Health Population Index 63.6% of the population in the Community Healthcare area are below the average on this index. This is broken down across the HP index determinants as follows: Marginally below average: 31.4%, Disadvantaged: 21.8%, Very disadvantaged: 8.3% and Extremely disadvantaged: 2.1% (CSO).

There are specific health inequality challenges for Ireland's immigrant population, including refugees and asylum seekers. Factors such as access to healthcare, language barriers and legal status can impact the health outcomes of migrant groups. These include psychosocial disorders, reproductive health problems, higher new-born mortality, drug abuse, nutrition disorders, alcoholism and exposure to violence.

Homelessness. Nationally, latest figures indicate that are over 9,000 people are homeless, with more than a quarter of these being children (Source: Department of Housing, Local Government and Heritage Monthly Homeless Report November 2021).

The Community Healthcare area will continue to review care packages and health care needs of complex homeless clients and will continue to support development of a Hospital Discharge Protocol for homeless clients.

Travellers and Roma. The 2016 Census recorded 30,987 Travellers living in the Republic of Ireland, an increase of 5.1% from Census 2011 (CSO, 2016). Irish Travellers are much younger than the general population. Almost three quarters of Travellers are aged 34 years or younger, while just over 7% are 55 years and over.

The estimated Roma population is between 3,000 and 5,000 (Department of Justice, National Traveller and Roma Inclusion Strategy 2017-2021).

There are 1,921 Travellers in the Community Healthcare area (0.5% of the population). Source: CSO Health Atlas 2016.

Demographic Cost Pressure. In Community Healthcare Organisation One area, increasing numbers of the community in the over 65 years age group is leading to increased demand for Home Supports from the Community and Acute Hospital settings. 15.1 % of the population of the Community Healthcare area falls into this age group (13.3% of the population are over age 65 nationally).

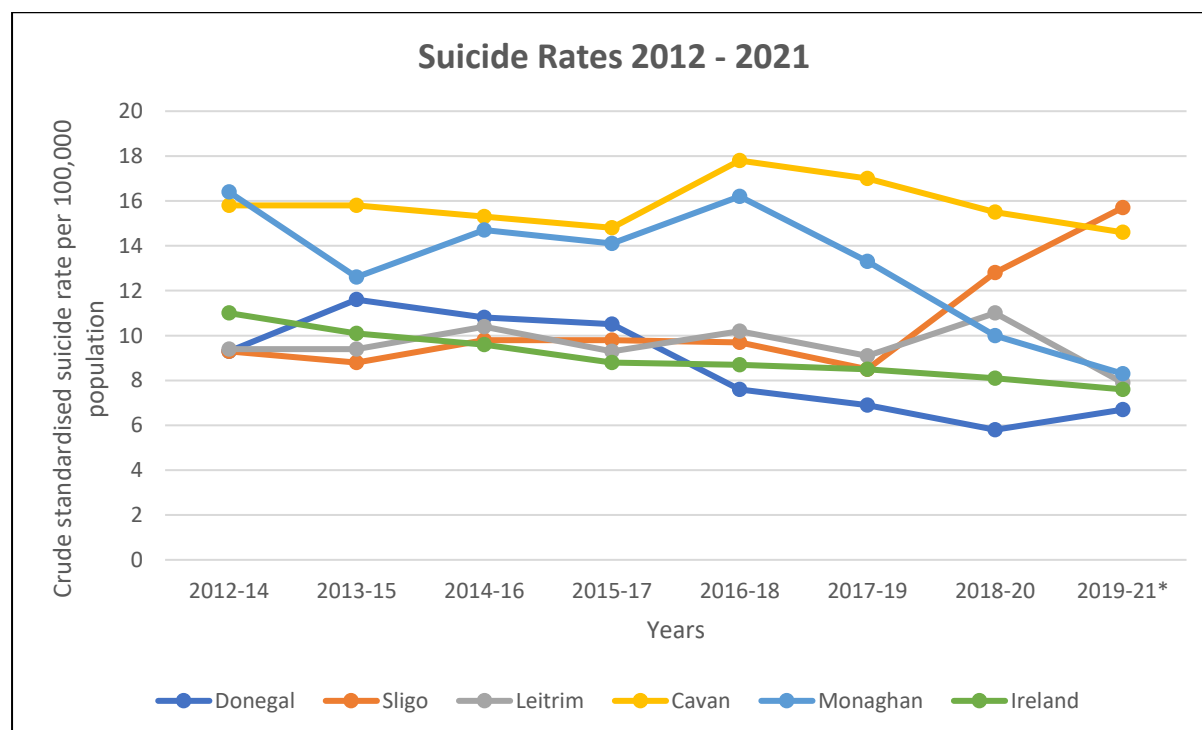
The Community Healthcare area delivers services and supports for people with a disability via a range of day, home support and residential service provision. Approximately 13.5% of the national population have stated they have a disability. (CSO), and the figure for Community Healthcare Organisation One is 13.7% (53,451 people) (CSO). The demand for services for this cohort of the population continues to increase. The demand for placements for children who present with complex, challenging behaviours and for older clients who can no longer be cared for at home by ageing parents continues to grow, while resources to meet this demand are limited.

Chronic diseases are recognised as a major component of health service activity and expenditure as well as a major contributor to mortality and ill health. 38% of Irish people over 50 years have one chronic disease, 11% have two or more of eight chronic conditions and 65% of adults over 65 years have two or more chronic conditions. For all chronic conditions the prevalence is significantly higher in people with lower levels of education and in lower socio-economic groups. These factors pose a significant demand on health services due to the deprivation levels (63.6% are below the average on the HP index) (CSO).

2.3 Suicide and Self Harm in Community Healthcare Organisation One

Identifying trends in deaths by suicide across Community Healthcare Organisation One is problematic in that not all deaths are currently reported to the Resource Officers for Suicide Prevention.

Figure 4. Community Healthcare Organisation One three-year moving average suicide rates. Data Source: CSO.



Notes

- Data for 2020 and 2021 is provisional and should be interpreted with caution.

Table 4. Community Healthcare Organisation One self-harm hospital presentations per 100,000 population 2017 – 2019 by HSE Local Health Office. Data Source: NSRF.

HSE Local Health Office		2017		2018		2019	
		Persons	Rate per 100,000	Persons	Rate per 100,000	Persons	Rate per 100,000
Cavan & Monaghan	M	99	161	92	152	108	158
	F	102	159	105	168	123	181
Sligo & Leitrim (and W Cavan)	M	72	164	82	191	77	157
	F	83	186	101	221	93	187
Donegal	M	155	225	158	232	136	172
	F	163	219	174	240	140	175

Figure 5. Community Healthcare Organisation One self-harm hospital presentations per 100,000 population 2017 – 2019 by HSE Local Health Office – Male. Data Source: NSRF.

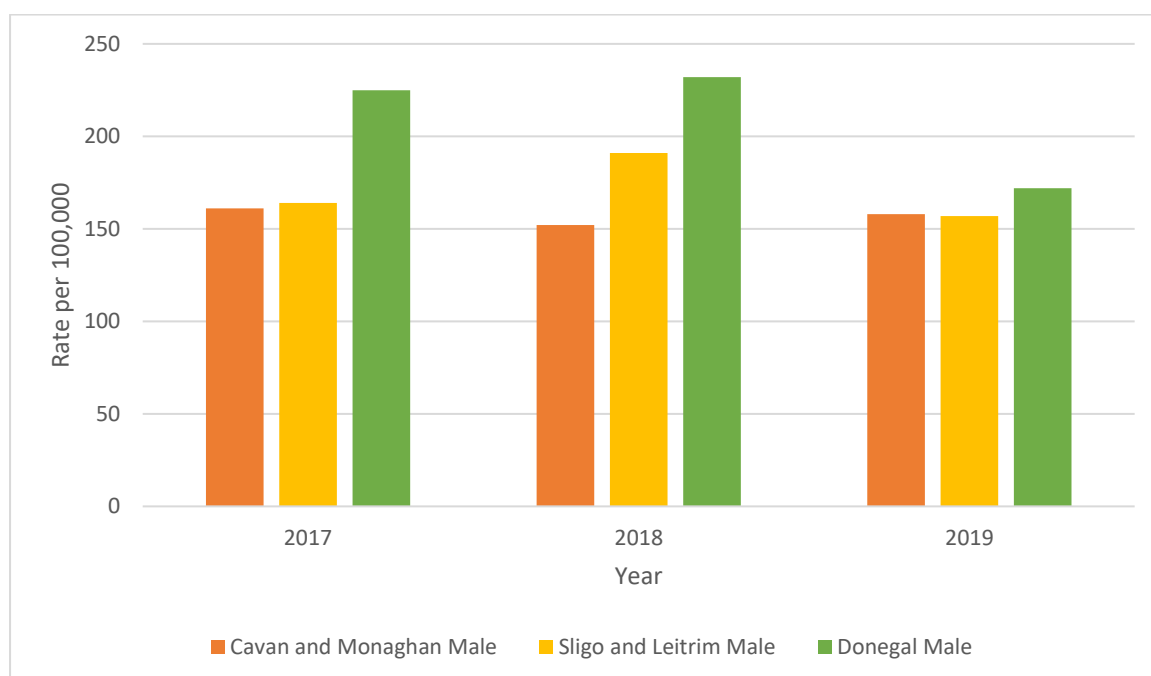
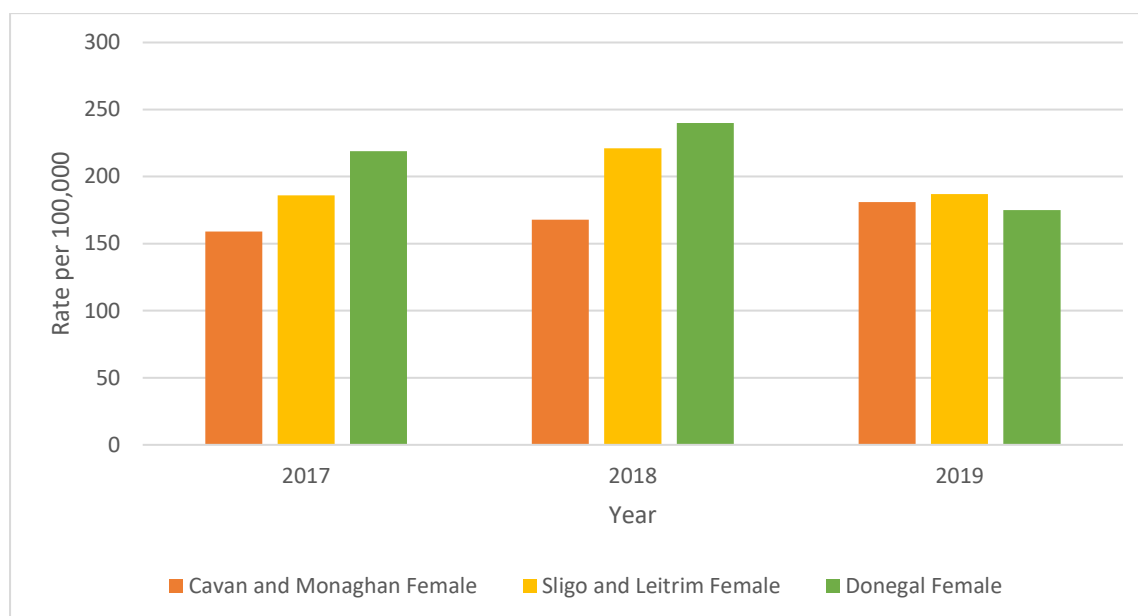


Figure 6. Community Healthcare Organisation One self-harm hospital presentations per 100,000 population 2017 – 2019 by HSE Local Health Office – Female. Data Source: NSRF.



2.4 Local Priority Groups. Specific Priority Groups have not been identified within the Community Healthcare Organisation One area, and the national Priority Groups are used for the Connecting for Life priority group actions. The approved national Priority Groups are currently under review and the current priority groups will remain in place until the national review has been completed. Some actions under Goal Three of this plan reflect the local identified needs of specific groups and these groups will continue to be monitored and responded to over the life of the plan.

2.5 Service Provision. Throughout the Community Healthcare area there are a broad range of supports and services targeted at the promotion of positive mental health, with a focus on recovery and addressing the needs of those experiencing mental health difficulties. Within the HSE, these services are provided through Mental Health, Primary Care including social inclusion services and addiction services, Health and Wellbeing, and the Acute Hospitals. In addition, there are a considerable number of community and voluntary organisations that offer supports and services to a wide variety of client groups.

2.6 The role of the HSE Resource Officer for Suicide Prevention (ROSP). The ROSP role is integral to all elements of suicide and self-harm prevention in the Community Healthcare area. It is a very broad and challenging role that encompasses supporting the implementation of the Connecting for Life plan, linking communities and families with appropriate support after a suspected suicide, organising and co-ordinating delivery of suicide prevention training, linking with all relevant statutory, community and voluntary organisations on suicide and self-harm prevention issues, as well providing ROSP representation on a number of national committees and working groups.

ROSPs also lead on planning and organisation of annual events linked to suicide prevention and mental health e.g. World Suicide Prevention Day, World Mental Health Week, as well as numerous local and regional events, providing guidance and support to community and voluntary organisations where appropriate.

The Community Healthcare ROSPs also play an active role in the national ROSP Learning Community of Practice, which provides a forum for shared support and learning.

2.7 Suicide Prevention Training. A comprehensive range of suicide prevention, postvention and self-harm training is organised and co-ordinated by the Resource Officers for Suicide Prevention in the Community Healthcare area, aligned to the National Education and Training Plan. The Covid 19 pandemic has impacted significantly on the delivery of training, and, although some programmes moved online, others were not able to be delivered remotely, and this has impacted on the number of training courses delivered between March 2020 and March 2022. Face to face training resumed from April 2022 and numerous courses have been scheduled across CHO 1 and are promoted through one centralised booking system for the area (which can be accessed here - <https://bookwhen.com/suicidepreventiontrainingcho1>).

Figure 7. Suicide Prevention Training Stakeholder Groups.



The training programmes available are:

- **LivingWorks START.** The online START course teaches participants to recognise when someone is thinking about suicide and how to connect them to help and support.
- **safeTALK.** safeTALK is an internationally recognised half-day training programme that supports participants to recognise and engage persons who might be having thoughts of suicide, and to connect them with community resources. The programme stresses safety while challenging taboos that inhibit open talk about suicide.
- **ASIST.** ASIST – Applied Suicide Intervention Skills Training is 2-day skills-based workshop that equips participants for an effective suicide intervention role. The emphasis is on first aid – helping a person at imminent risk stay safe and seek further help.
- **Understanding Self Harm.** Understanding Self-Harm is a 1-day training programme which works to reduce the stigma of self-harm, improve individual and care agencies' awareness and sensitivities to self-harm issues and promote effective care services for those who self-harm.
- **Community Suicide Bereavement Programme.** This two-hour presentation provides guidance for communities on supporting people bereaved through suicide.
- **Suicide Bereavement - Professional Programme.** The Suicide Bereavement Training Programme is a 1-day training programme which provides individuals with the skills and knowledge to support people who have been bereaved through suicide.
- **STORM.** Skills Training on Risk Management for HSE mental health service staff.

Section Three: Development of the new plan

The development of the new plan was led by the three Resource Officers for Suicide Prevention (ROSPs) in the Community Healthcare area, supported by the Connecting for Life Oversight Group, the Connecting for Life Implementation Groups, the CHO 1 Mental Health Management Team, the National Office for Suicide Prevention and national Mental Health Operations.

The decision was made to have a single plan for the CHO 1 area, moving from three local plans for Cavan, Donegal, Leitrim, Monaghan and Sligo. The rationale for this decision is outlined below:

- The counties in CHO 1 are all border counties with unique demographic and social challenges. These challenges can be better addressed with a more strategic CHO 1 approach;
- Across the three original local area plans there were many actions that could have been more effectively and efficiently addressed through CHO 1 level implementation, thus reducing duplication of effort. In the new plan CHO 1 wide actions will be addressed in a consistent way;
- The CHO 1 approach will enable the three ROSPs to work together more effectively with increased opportunities for shared learning and resources;
- A CHO 1 approach to all related training can be taken offering efficiencies through the organisation and promotion of all training and the sharing of trainers across the CHO 1 area;
- Where there are area specific actions, consideration can be given as to how best to roll out the action across the CHO 1 area (if appropriate), taking account of the learning from the area specific implementation.

The development of Connecting for Life Community Healthcare Organisation One was based on the principle of learning from the preparation and implementation of the first Community Healthcare area Connecting for Life plans 2015 – 2020. The new CHO 1 plan is aligned in format and structure to the national CFL implementation plan for the 2020 – 2022 period.

Commencing in autumn 2020, there were a number of strands to the preparation of the extended and updated CHO 1 plan. These supported the review of the current plans, and the development of the new plan for the Community Healthcare area and included:

- Alignment to other relevant national plans and policies e.g. Sharing the Vision, Slaintecare, the National Psychosocial Plan
- **Connecting for Life Interim strategy Review.** Published in January 2019, the aim of this independent review was to assess progress in the implementation of national strategy towards achieving the overall strategic objectives, to help identify what was working well, where the implementation challenges were, and to help in setting strategic priorities for the remaining period of the national strategy.
- **NOSP local CfL suicide prevention plan Self-Evaluation Project.** The aim of this project was to review implementation progress on the 17 local action plans, using a Best Practice self-evaluation checklist for suicide prevention at sub-national (regional/local) level prepared by Professor Stephen Platt, NHS Health Scotland. Under four headings, General Implementation Progress, Suicide Prevention actions, Local Plan Monitoring and Review and Suicide Prevention Awareness and Training, local plan stakeholders shared their feedback through a survey and focus groups. All the feedback was collated and provided to all ROSPs from a shared learning perspective to support the new plan development.
- **NOSP local suicide prevention innovation project.** The aim of this project was to identify and showcase innovation in local suicide prevention. ROSPs were invited to submit projects and initiatives for selection for a national showcase. The Covid 19 global pandemic prevented the showcase element of the project, however those projects selected for the showcase were presented to the ROSP group for consideration for inclusion in the new local plans.

- Detailed review of the implementation progress of the action in the first plans to inform the new actions.
- Development of new draft actions for review by the three Community Healthcare CfL Implementation Groups. In developing the new actions, **the** following considerations were taken into account:
 - Consideration for actions to be included has taken account of what worked well in the Community Healthcare area in the first plan, and what worked in other local action plans, based on the feedback provided in the recent consultation survey
 - The evidence-base for the action
 - Minimising duplication of actions from other relevant plans
 - Not including actions that can only be delivered at a national level. Where appropriate actions aligned to the national action have been included in the plan.
- Review of the new plan by the NOSP and national Mental Health Operations
- Local approval of new plan by the CfL Oversight Group.

The Resource Officers for Suicide Prevention (ROSP) Learning Community of Practice (LCOP) was instrumental in the development of the approach to preparing the new CfL plans across the country, providing a platform and safe space for all ROSPs to discuss and agree a consistent process for the new plan development, supported by the NOSP and Mental Health Operations nationally. This ensured the minimisation of duplication of effort, sharing of lessons learned and development of actions for inclusion in the new plans.

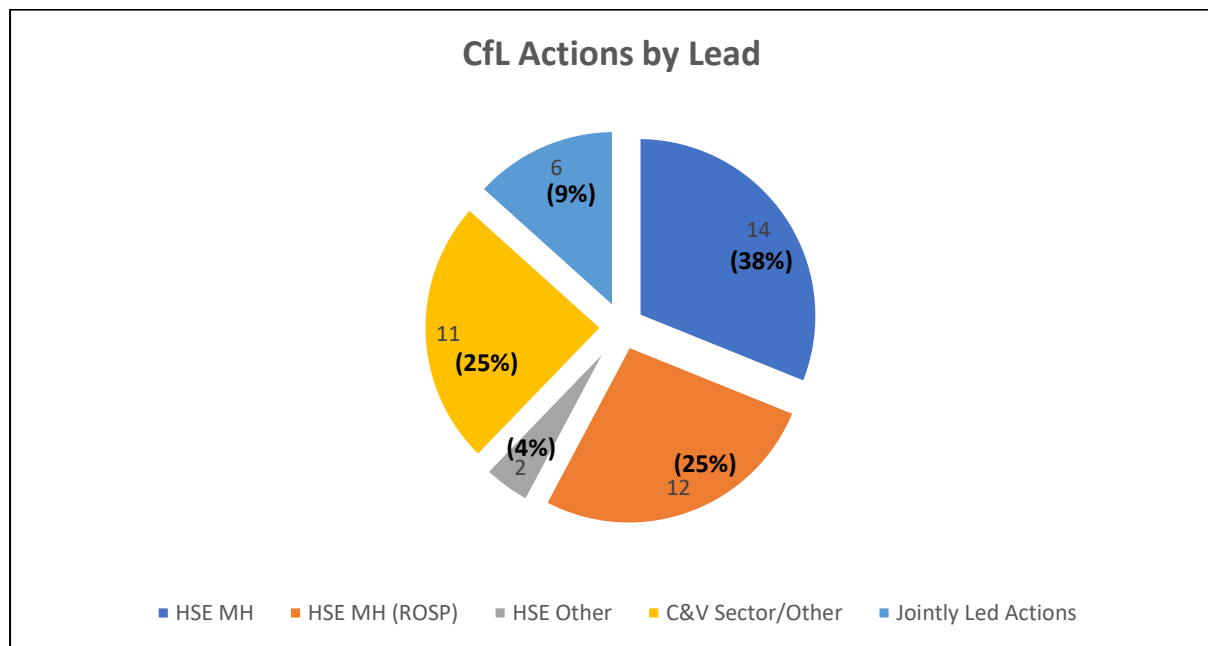
Continued significant effort has gone into the sustainable engagement of all action leads and partners in the preparation of the extended and updated plan, and this is evident in the diverse action leads and partners who have committed to delivering on the actions they are responsible for in the plan. There are 45 actions across the seven goals in the new plan and Table 5 below shows the action lead by goal. Figure 8 shows the number and percentage of actions by each lead.

Table 5. Connecting for Life Action Leads by Goal.

Goal	HSE MH Led Actions	HSE MH ROSP Led Actions	Other HSE Led Actions	C & V Sector/Other Led Actions	Jointly Led Actions	Total Actions
1	0	3	1 (HWB)	1: Alcohol Forum 2: Sports Partnerships	1: ROSP/ HSE Comms 1: ROSP/Headline	9
2	1	2	0	1: (FRCs)	1: HSE HWB/ HSE Psychology	5
3	5	2	1: HSE HWB	1: Insight Inishowen 1: Donegal ICP/Cultural Networks 1: Donegal Travellers Project 1: NEDATF 1: Alcohol Forum	0	13
4	7	0	0	0	1: HSE MH/ROSP 1: HSE MH/NCS	9
5	0	1	0	0	0	1

6	0	1	0	0	1: HSE MH/HSE Registered Proprietor/ ECD/HSE Estates	2
7	1	3	0	2: Alcohol Forum	0	6
Totals	14	12	2	11	6	45

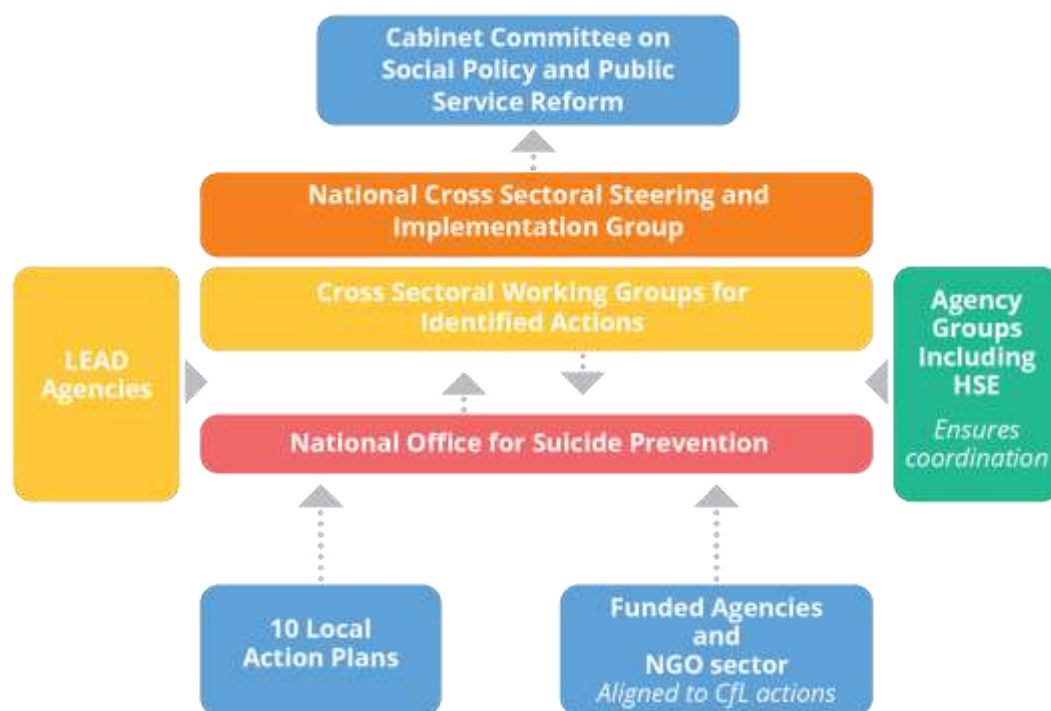
Figure 8. Connecting for Life Actions by Lead



Section Four: Implementation Structures

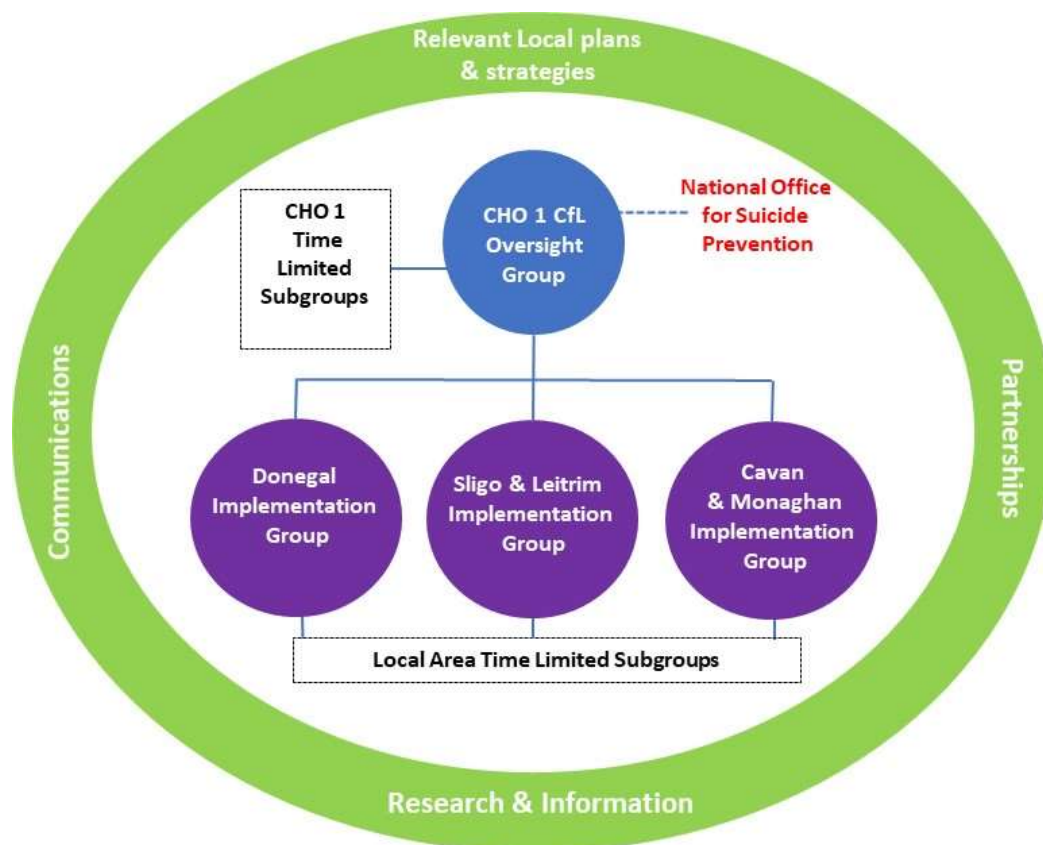
Nationally the implementation of Connecting for Life is supported by a set of tiered and interconnected structures, which have leadership representation from right across the policy and service system. The NOSP is also connected to bottom-up implementation structures which drive local implementation of CfL, namely the 10 Local Area CfL Suicide Prevention Action Plans, and other funded projects. This approach to implementation ensures there is an ongoing feedback loop between what is happening locally and nationally (see Figure 9). At the core of implementation is the NOSP, who act as the implementation team from a national policy perspective, co-ordinating and supporting the activities of partners in both the statutory and non-statutory sector. The NOSP feeds into both top-down and bottom-up implementation structures.

Figure 9. Overview of the national Connecting for Life implementation structures.



In Community Healthcare Organisation One, the Connecting for Life implementation structures are aligned to the national structures (See Figure 9). Chaired by a senior management representative from the Area Mental Health Management Team, Implementation Group membership includes representation from key stakeholders from across statutory, community and voluntary sectors, service user representatives, family/carer representatives and families bereaved through suicide. The ROSPs support the coordination and implementation of Connecting for Life in Community Healthcare Organisation One across the three areas of Donegal, Sligo & Leitrim and Cavan & Monaghan. The local CfL implementation structures facilitate shared responsibility and commitment for the work of suicide prevention, giving guidance, support and where necessary intervention to address implementation barriers and risks. Figure 10 shows the CHO 1 Connecting for Life Implementation structures.

Figure 10. Community Healthcare Organisation One Connecting for Life Implementation Structures.



The implementation of the extended and updated plan will continue to be guided by the working principles set out below. CHO 1 Connecting for Life is a cross-sectoral interagency plan with commitment from all action leads to implement actions under their responsibility within the agreed time frames, supported by their partners and the local CfL implementation structures.

CHO 1 Connecting for Life Working Principles.

- Shared responsibility
- Collaboration
- Partnership
- Parity of esteem
- Person centred
- Accountability
- Sustainability
- Acknowledge the lived experience of people affected by suicide and self-harm

Section Five: Monitoring and Evaluation

At a national level, the implementation of Connecting for Life is monitored and reported on by the NOSP on a quarterly basis. The approach uses Implementation Monitoring Dashboards for all CfL action leads to use to report action implementation progress against the agreed milestones. HSE NOSP is working with an independent Evaluation Advisory Group (EAG) to plan for the evaluation of Connecting for Life.

The evaluation of Connecting for Life Community Healthcare Organisation One is covered by action 7.1.1 in Section 7 of this plan. In Quarter Two of 2023, in consultation with the Implementation Groups, the whole plan will be reviewed, and some actions will be carried into the extended and updated plan and new actions may be added based on the national and local context.

Section Seven provides the key milestones and outputs by year for each action which will be used as the baseline for progress reporting. A reporting template for implementation progress monitoring and reporting has been prepared and will be used to manage the implementation at local and CHO 1 level.

Aligned to the national approach, and supported by the Community Healthcare Oversight Group, the area level Local Implementation Groups are responsible for implementation monitoring and reporting of the plan, working to the principles set out in Section Four.

The three Resource Officers for Suicide Prevention will link with all action leads on an annual basis to gather implementation progress data which will include the stage of implementation and issues/challenges, risks and their mitigation. The progress reports will be reviewed by the Local Implementation Groups and shared with the Oversight Group who will review and address identified risks and issues. The ROSPs will also submit quarterly financial reports to the NOSP using the approved budget templates for NOSP funded training and specific CHO CfL initiatives.

As shown in Figure 9, the Oversight Group and Local Implementation Groups may set up time limited sub-groups to manage the implementation of the plan. These may be for a specific action, a group of actions or to address emerging issues or challenges related to CfL implementation. The sub-groups will report progress into either the Oversight Group or the Local Implementation Group and this will be included in the general CfL Monitoring and Reporting process.

Section Six: Communications Plan

Feedback from the implementation of the first plans suggested that communication of implementation progress could have been stronger. To address this, a separate Communications Plan has been prepared to ensure that timely, relevant, accurate, and consistent implementation progress information is provided to the relevant project stakeholders and other appropriate audiences. The CHO 1 Communications Office will actively support this essential element of effective implementation.

The aim of all communications for the implementation of Connecting for Life Community Healthcare Organisation One are to:

- Promote and gain support for the implementation of CfL Community Healthcare Organisation One plan
- Engage a wide range of stakeholders in the development of CfL Community Healthcare Organisation One plan
- Give accurate and timely information about the plan
- Ensure a consistent message
- Encourage use of project management best practices

The communications plan provides a framework to manage and co-ordinate the wide variety of communications that will support the implementation of the plan and covers:

- Communication Objectives
- Target audiences
- Communication channels (primary/secondary, on/offline)
- Key messages
- Feedback loops
- Annual Communications calendar

The full Communication Plan is available from the ROSPs.

Section Seven: Implementation Plan

As part of Connecting for Life CHO 1, the HSE along with other statutory agencies and community and voluntary organisations have committed to leading on the actions in this plan. The plan also names key partners for each action whose role is to support implementation. The role of each action lead includes:

- Assigning a CfL representative who will sit on the Local Implementation Group.
- Identifying quarterly milestones on an annual basis and reporting on these through the monitoring system.
- Ensuring that the actions are incorporated into the action lead's programme of work.
- Collaborating with the identified supporting partner(s).
- Identifying barriers or risks to implementation and highlighting these to the Local Implementation Groups.

GOAL ONE

Goal one of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to improve the nation's understanding of and attitudes to suicidal behaviour, mental health and wellbeing.

While there is a growing national dialogue around mental health and wellbeing, people in Ireland remain hesitant to talk openly about their own mental health, and misperceptions about suicidal behaviour persist. The language relating to suicide and mental health is often stigmatising or misleading. Inadequate or ill-informed media reporting can add to this problem. Mental health problems are a major risk factor for suicide. By working with people and organisations across society, including the media, we can achieve a greater understanding of suicide and the factors that protect and improve our mental health and reduce stigma.

In CHO 1, there are 9 actions under goal one led by the HSE Resource Officer for Suicide Prevention, HSE Health and Wellbeing, Alcohol Forum, Sports Partnerships and Headline.

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action: 1.1.2 Develop and implement a national mental health and well-being promotion plan. Lead: HSE H&W, DOH HI Partners: NOSP, HSE MH		
Local Action: 1.1.2 Implement relevant actions in the HSE National Mental Health Promotion plan locally ensuring local engagement and ownership. Lead: HSE H&W – Health Promotion & Improvement Key Partners: HSE MH, HSE MH (ROSP), Connecting for Life Interagency Implementation Groups		
Purpose: To identify and implement actions from the CHO 1 Health and Wellbeing Plan that have a focus on mental health and wellbeing with a view to reducing the impact and the rate of suicide and self-harm.		
Planned Start date and duration: Q1 2022, 12 months		
Location: CHO 1		
Inputs for 2022: HP&I/HWB Manager participates on National Steering Group to rollout the National Mental Health Promotion Plan. HP&I Officer to support the rollout of this plan locally across CHO 1 and report progress – one of the HPOs will be assigned Mental Health Promotion as a Portfolio. On each of the 4 teams supporting 2 Community Health networks each, the actions will be agreed and monitored for the Networks. Quarterly reports on progress.		
Milestones		
Overarching Milestone 2022 Implement relevant actions in the HSE National Mental Health Promotion plan across CHO1 ensuring local engagement and ownership.	Q1 2022	Assess National Plan and develop local response to identified actions for Health Promotion & Improvement / Health & Wellbeing.
	Q2 2022	Participate and deliver actions on Cfl Working group across CHO 1. Health & Wellbeing / Health Promotion & Improvement representative to be identified for this group.
	Q3 2022	Review delivery to date as part of Cfl working group and assess progress.
	Q4 2022	Plan for 2023 delivery following evaluation of 2022 delivery and assess needs for 2023 and include in Operational Plan.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Implement relevant actions for Health Promotion & Improvement / Health & Wellbeing in the HSE National Mental Health Promotion plan locally in a phased and inclusive way working with CFL key stakeholders.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action: 1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services. Lead: HSE MH Partners: HSE H&W, DOD, Non-statutory partners, NOSP		
Local Action: 1.1.3 (a) Deliver national mental health campaigns at a local level. Lead: HSE MH (ROSP) Key Partners: Connecting for Life Interagency Implementation Groups, Community and Voluntary Organisations		
Purpose: To promote mental health literacy in the population to improve awareness and knowledge of mental health including the understanding of ways in which we can mind our mental health, support others and access supports and services.		
Planned Start date and duration: Q1 2022, 12 months (annual)		
Location: CHO 1		
Inputs for 2022: Provision of national resources, ROSP and action partner time, local funding		
Milestones		
Overarching Milestone 2022 Increased mental health literacy across CHO1 population with improve awareness and knowledge of mental health including the understanding of ways in which we can mind our mental health, support others and access supports and services.	Q1 2022	Disseminate materials as available.
	Q2 2022	
	Q3 2022	World Suicide Prevention Day Events.
	Q4 2022	Events for Mental Health Awareness Week.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Improved population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action: 1.1.3 Deliver co-ordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services. Lead: HSE MH Partners: HSE H&W, DOD, Non-statutory partners, NOSP		
Local Action: 1.1.3 (b) Establish a CHO 1 Connecting for Life Communications Working Group and ensure all communications are embedded into local statutory, community and voluntary structures. Lead: HSE MH (ROSP), HSE Communications Key Partners: Connecting for Life Interagency Implementation Groups, Community and Voluntary Organisations		
Purpose: Communicating the progress, achievements and challenges of implementing Connecting for Life in CHO 1 is a key element of the overall delivery of the plan and needs to be specifically addressed with the establishment of the working group.		
Planned Start date and duration: Q2 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time		
Milestones		
Overarching Milestone 2022 Development and establishment of CHO 1 Connecting for Life Communications Working Group.	Q1 2022	
	Q2 2022	Establish and convene HSE CHO1 CFL communications working group and develop CHO 1 CFL Communications Plan.
	Q3 2022	Meeting of the HSE CHO1 CFL communications working group and implement the CHO 1 CFL Communications Plan.
	Q4 2022	Meeting of the HSE CHO1 CFL communications working group with work plan in development and implement the CHO 1 CFL Communications Plan.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Communication working groups established and work plan developed and actioned.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action: 1.1.4 Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns. Lead: HSE PC Partners: HSE Alcohol Programme. CHO 1 Communications.		
Local Action: 1.1.4 Prepare a plan for the implementation of the national Ask About Alcohol campaign. Lead: Alcohol Forum Ireland Key Partners: HSE HWB, National Alcohol Programme, NWRDATF, NERDATF, HSE CHO 1 Addiction Services, CYPSC’s, Planet Youth (Cavan Monaghan)		
Purpose: To improve public awareness and understanding of the impact of alcohol on health and wellbeing in order to increase access to relevant supports and services as appropriate		
Planned Start date and duration: Q1, 2022		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Plan in place and implementation commenced.	Q1 2022	Stakeholder engagement commenced.
	Q2 2022	Plan complete.
	Q3 2022	Plan implementation commenced, including aligned communications plan.
	Q4 2022	Ongoing implementation and monitoring of progress to date complete.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Plan aligned to the national Ask About Alcohol campaign in place and implementation commenced.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action: 1.1.5 Promoting Physical activity as a protective factor for mental health through the National Physical Activity Plan. Lead: DOH HI, DTTAS Partners: Non-statutory partners		
Local Action: 1.1.5 (a) Promote physical activity as a protective factor for mental health aligning with actions outlined in the National Physical Activity Plan, LECP & CYPSC plans, to develop and support sport and recreational physical activity programmes. Lead: Sports Partnerships Partners: CYPSCs, HSE H&W, Local Authorities, HSE MH, Community & Voluntary Organisations, School Completion Programme.		
Purpose: To promote, develop and support community sport and recreational physical activity to encourage positive mental wellbeing and social connectivity, to include groups who may be socially marginalised and/or hard to reach.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Provision of participation opportunities in community sport and physical activity for people of all ages and all abilities throughout CHO 1 and capacity building to support sustainability of sport within communities.	Q1 2022	Emphasis on supporting the return to sport and building capacity of volunteers. Dissemination of funding to support post-pandemic recovery and growth.
	Q2 2022	Delivery of programmes and education and training opportunities to support participation in sport and recreational physical activity aligned with the LSP strategic plans and national guidelines.
	Q3 2022	Delivery of programmes and education and training opportunities to support participation in sport and recreational physical activity aligned with the LSP strategic plans and national guidelines.
	Q4 2022	Review of programmes delivered in 2022 and planning for 2023.
Overarching Milestone 2023: Continued provision of participation opportunities in community sport and physical activity for people of all ages and all abilities throughout CHO 1.	Overarching Milestone 2024: Continued provision of participation opportunities in community sport and physical activity for people of all ages and all abilities throughout CHO 1.	
Outputs by end of 2022: Increased knowledge and access to a range of programmes which promote the benefits of physical activity including specific groups who may be socially marginalised and/or hard to reach.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action: 1.1.5 Promoting Physical activity as a protective factor for mental health through the National Physical Activity Plan. Lead: DOH HI, DTTAS Partners: Non-statutory partners		
Local Action: 1.1.5 (b) To further develop and implement the ‘Building Positive Clubs’ programme with policies to support culture change in sports clubs across the county and promote the Crisis Text 50808 service. Lead: Donegal Sports Partnership Partners: CYPSC, HSE H&W, HSE MH, Local Authorities, Community & Voluntary Organisations, School Completion Programme.		
Purpose: To support and encourage sports organisations, especially clubs to develop a more engaging and positive sporting culture which is inclusive and responsive to all abilities and diversities within their respective communities.		
Planned Start date and duration: Q1 2022, ongoing		
Location: Donegal		
Inputs for 2022: Staff time, trained tutors, funding, Building Positive Clubs toolkit.		
Milestones		
Overarching Milestone 2022 To continue to support participating clubs and to identify 4 additional sports clubs in 2022 to participate in the Building Positive Clubs programme.	Q1 2022	Implement promotion and marketing campaign. Two additional sports clubs/organisations recruited to participate in Phase 1 of the programme.
	Q2 2022	Review and evaluate Phase 1 of the programme.
	Q3 2022	Phase 2 delivered to Q1 clubs/organisations Two additional sports clubs/organisations recruited to participate in Phase 1 of the programme.
	Q4 2022	Review and evaluate the overall impact of the programme on clubs and participants. Circulate a review report on the programme to all partner organisations.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Increased understanding around club culture and the importance of a positive culture in engaging and retaining young people in sport and physical activity and ensuring a more fulfilling atmosphere where sport and physical activity can be fully enjoyed.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.2 Increase awareness of available suicide prevention and mental health services.		
National Action: 1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at YourMentalHealth.ie Lead: HSE MH Key Partners: NOSP		
Local Action: 1.2.1 Ensure all CHO 1 Mental Health supports and services are kept up to date, included in yourmentalhealth.ie and disseminated and promoted through relevant platforms and fora. Lead: HSE MH (ROSP) Partners: NOSP, HSE Communications, HSE MH, Connecting for Life Implementation Group members, Community & Voluntary organisations		
Purpose: This action will seek to ensure the signposting of the fullest possible range of mental health supports and services, beyond clinical services, to include online self-help, online support groups and online services in CHO 1.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time		
Milestones		
Overarching Milestone 2022 Relevant, up to date and accessible online information of services and supports in CHO 1.	Q1 2022	Communicate any updates to supports and services available through yourmentalhealth.ie.
	Q2 2022	Communicate any updates to supports and services available through yourmentalhealth.ie.
	Q3 2022	Communicate with all services available through yourmentalhealth.ie.
	Q4 2022	Communicate with all relevant stakeholders to update information on yourmentalhealth.ie as required and communicate any updates to supports and services available through yourmentalhealth.ie.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Up to date and regularly reviewed HSE online mental health content.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.3 Reduce stigmatising attitudes to mental health and suicidal behaviour at population level and within priority groups.		
National Action: 1.3.1 Deliver campaigns that reduce stigma to those with mental health difficulties and suicidal behaviour in the whole population and self-stigma among priority groups. Lead: NOSP Key Partners: HSE MH, Youth sector, Non-statutory partners		
Local Action: 1.3.1 Aligned to national campaigns develop and deliver suicide prevention and positive mental health awareness raising initiatives and campaigns locally that reduce stigma e.g. Green Ribbon campaign and local campaigns as appropriate. Lead: HSE MH (ROSP) Partners: Connecting for Life Interagency Implementation Groups, Community and Voluntary Organisations		
Purpose: While there is a growing national dialogue around mental health and wellbeing, people in Ireland remain hesitant to talk openly about their own mental health, and misperceptions about suicidal behaviour persist. The language relating to suicide and mental health is often stigmatising or misleading and to combat this we will deliver suicide prevention and positive mental health awareness raising initiatives and campaigns locally.		
Planned Start date and duration: Q2 2022, 6 months (annual)		
Location: CHO 1		
Inputs for 2022: ROSP and partner time, See Change resources		
Milestones		
Overarching Milestone 2022 Delivery of Green Ribbon campaign across CHO1.	Q1 2022	
	Q2 2022	ROSPs hold meetings to identify events / organisations to support Green Ribbon Campaign.
	Q3 2022	ROSPs hold meetings to identify events / organisations to support Green Ribbon Campaign.
	Q4 2022	
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: A suite of cohesive stigma reduction campaigns delivered across CHO1.		

National Goal 1: To improve the nation’s understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing		
National Objective 1.4 Engage and work collaboratively with the media in relation to media guidelines, tools and training programmes to improve the reporting of suicidal behaviour within broadcast, print and online media.		
National Action: 1.4.4 Monitor media reporting of suicide, and engage with the media in relation to adherence to guidelines on media reporting. Lead: NOSP Key Partners: -		
Local Action: 1.4.4 Continue to work with and support local media by providing information and guidelines on the safe and sensitive reporting of suicide, promoting positive mental health and wellbeing, stigma reduction and providing information on suicide prevention supports and services. Lead: HSE MH (ROSP), Headline Partners: Local media		
Purpose: The media have a significant role to play in promoting mental health, actively reducing stigma towards people with mental health difficulties, and reporting suicide safely and responsibly. All forms of Irish media responsibly and accurately cover mental health and suicide.		
Planned Start date and duration: Q2 2022, 1 month		
Location: CHO 1		
Inputs for 2022: ROSP time		
Milestones		
Overarching Milestone 2022 Information disseminated to all relevant print, online and broadcast media.	Q1 2022	Disseminate media guidelines to all print, online and broadcast media.
	Q2 2022	Online information session for local media in CHO 1.
	Q3 2022	
	Q4 2022	
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Relevant information disseminated to all print, online and broadcast media.		

GOAL TWO

Goal two of *Connecting for Life*, Ireland's national strategy to prevent suicide 2015-2020, aims to support local communities' capacity to prevent and respond to suicidal behaviour.

Well-structured and co-ordinated community-based initiatives can translate into protective benefits for families and individuals, which contribute to reduced risk of suicidal behaviour. An empowered community can respond to the needs of its members and protect them in difficult times and can sustain these positive effects over time. The work of, and partnership formed amongst HSE Resource Officers for Suicide Prevention and non-statutory organisations is crucial in ensuring this goal is met.

In CHO 1, there are 5 actions under goal two led by HSE Mental Health, the HSE Resource Officer for Suicide Prevention, HSE Health and Wellbeing, HSE Psychology and Family Resource Centres.

National Goal 2: To support local communities’ capacity to prevent and respond to suicidal behaviour.		
National Objective 2.1 Improve the continuation of community level responses to suicide through planned multi-agency approaches.		
National Action: 2.1.1 Implement consistent, multi-agency suicide prevention action plans to enhance communities’ capacity to respond to suicidal behaviour, emerging suicide clusters and murder suicide. The plans will be the responsibility of HSE Mental Health Division and aligned with HSE Community Health Organisations structure, Local Economic & Community Plans and Children & Young People’s Services Committee’s (CYPSC) county plans.		
Lead: HSE MH		
Key Partners: DECLG, LA, HSE, CHOs, Acute Hospitals, Non-statutory partners, NOSP		
Local Action: 2.1.1 Implement, monitor and report on the delivery of Connecting for Life, CHO 1 2022 – 2024.		
Lead: CHO 1 CfL Oversight Group, AMHMT		
Partners: Connecting for Life Interagency Implementation Groups		
Purpose: To ensure that needs specific to certain local areas are being addressed and to engage with communities to promote mental health in meaningful visible ways, thereby fostering hope in relation to suicide prevention work.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Funding, expertise, ROSP and partner time.		
Milestones		
Overarching Milestone 2022 Regular engagement between ROSPs, CfL Local Interagency Implementation Groups, CfL Oversight Group and development of Extended CHO1 Connecting for Life Plan.	Q1 2022	Local interagency implementation groups and oversight group continue to meet and report on progress of actions.
	Q2 2022	Local interagency implementation groups and oversight group continue to meet and report on progress of actions.
	Q3 2022	Local interagency implementation groups and oversight group continue to meet and report on progress of actions.
	Q4 2022	Review and evaluate current actions and progress and update the implementation plan.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Suicide prevention structures embedded and functioning as business as usual in CHO1 with clear and regular communications channels in place to ensure flow of information and capture learning.		

National Goal 2: To support local communities’ capacity to prevent and respond to suicidal behaviour.		
National Objective 2.2. Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sports Organisations).		
National Action: 2.2.1 Provide community-based organisations with guidelines and protocols on effective suicide prevention.		
Lead: NOSP		
Key Partners: Non-statutory partners		
Local Action: 2.2.1 (a) Disseminate the updated Suicide Prevention in the Community: A Practical Guide to community-based organisations.		
Lead: HSE MH (ROSP)		
Partners: HSE Communications, Connecting for Life Implementation Group members, Community, & Voluntary organisations		
Purpose: To provide communities and community organisations with a practical recourse to support them in improving local responses to suicide prevention.		
Planned Start date and duration: Q4 2022, 3 months		
Location: CHO 1		
Inputs for 2022: Staff time		
Milestones		
Overarching Milestone 2022 To ensure that all community partners have received Suicide Prevention in the Community: A Practical Guide to community-based organisations.	Q1 2022	
	Q2 2022	
	Q3 2022	
	Q4 2022	Recirculate document and any updates to all relevant organisations.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: That communities are aware of evidence-based suicide prevention approaches for communities.		

National Goal 2: To support local communities’ capacity to prevent and respond to suicidal behaviour.		
National Objective 2.2. Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations (e.g. Family Resource Centres, Sports Organisations).		
National Action: 2.2.1 Provide community-based organisations with guidelines and protocols on effective suicide prevention.		
Lead: NOSP		
Key Partners: Non-statutory partners		
Local Action: 2.2.1 (b) Build capacity within Family Resource Centres locally around Suicide Prevention and Mental Health Promotion, to include supporting the delivery of the ‘Suicide Prevention Code of Practice’ and the implementation of the framework ‘Building Resilient Communities’.		
Lead: National Forum of Family Resource Centres, National FRC Mental Health Promotion Project, HSE MH (ROSP)		
Partners: Family Resource Centres		
Purpose: To provide training, support and best practice guidance around suicide prevention and mental health promotion for staff and volunteers of FRCs nationally.		
Planned Start date and duration: Q2, 2022 ongoing		
Location: CHO 1		
Inputs for 2022: ROSP time and expertise		
Overarching Milestone 2022 Develop and launch the Framework and deliver training in line with guidelines around Covid-19. Deliver COP face to face training in line with guidelines for Covid-19.	Q1 2022	
	Q2 2022	Explore blended learning options for the delivery of the Suicide Prevention COP. Launch the updated Framework ‘Building Community Resilience’.
	Q3 2022	Using the framework ‘Building Community Resilience’, plan and start to deliver new programmes identified in the framework.
	Q4 2022	Continue to deliver training and framework actions.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: The launch of the framework ‘Building Resilient Communities’. Statistics on the uptake of training and associated use in FRCs of the COP.		

National Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.		
National Objective 2.3 Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations.		
National Action: 2.3.2 Deliver training and awareness programmes in line with the National Training Plan prioritising professionals and volunteers across community-based organisations, particularly those who come into regular contact with people who are vulnerable to suicide. Lead: NOSP Key Partners: Non-statutory partners		
Local Action: 2.3.2 Aligned to the National Training Plan, provide access to suicide prevention and self-harm training to staff and volunteers in community-based organisations, social care and frontline professionals working with priority groups, and relevant staff in targeted statutory agencies. Lead: HSE MH (ROSP) Partners: Connecting for Life Implementation Groups, Statutory, Community and Voluntary Organisations		
Purpose: To improve knowledge of risks and signs of suicide, positively shape attitudes and increase confidence in dealing with people in crisis and connecting with services.		
Planned Start date and duration: Q4 2021, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 To continue to provide a suite of suicide prevention training to staff and volunteers across community-based organisations. Understanding Self Harm: 8 safeTALK: 30 ASIST: 12 Suicide Bereavement Professional: 6 START: 200 STORM: 6	Q1 2022	Plan training schedule for 2022. Deliver suicide prevention training.
	Q2 2022	Continue to offer and deliver training and record quarterly statistics on training delivered in CHO1.
	Q3 2022	Continue to offer and deliver training and record quarterly statistics on training delivered in CHO1.
	Q4 2022	Continue to offer and deliver training and record quarterly statistics on training delivered in CHO1.
Overarching Milestone 2023: TBD		Overarching Milestone 2024: TBD
Outputs by end of 2022: Staff and volunteers across community-based organisations have had access to and completed suicide prevention and self-harm training in CHO 1.		

National Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.		
National Objective 2.3 Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations.		
National Action: 2.3.3 Deliver a range of mental health promoting programmes in community, health and education settings aimed at improving the mental health of the whole population and priority groups. Lead: HSE H&W Key Partners: HSE MH, DOH		
Local Action: 2.3.3 Support access and participation for local communities in relevant mental health promotion programmes, e.g. Stress Control/Stress Balance, Minding Your Wellbeing, Engage and Social Prescribing. Lead: HSE H&W, HSE Psychology Partners: HSE MH, HSE MH (ROSP), Community & Voluntary Organisations.		
Purpose: To rollout standardised suite of programmes to targeted population and general population to improve mental health of these populations		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: <ul style="list-style-type: none"> - Planned timetable for delivery of programmes - Funding to train up and deliver range of programmes - Supporting partners to access population for delivery of programmes - 3 Social Prescribing Link Workers appointed in the 3 Slaintecare Healthy Communities Sites. Funding secured for Social Prescribing across CHO: 1 WTE per Network area 		
Milestones		
Overarching Milestone 2022 <ul style="list-style-type: none"> • Training and support for new and existing HP&I Officers to deliver national standardised suite of programmes. • Planned programme developed for delivery for 2022. • Slaintecare Healthy Communities programme launched and agreed programme of work developed for each site. 	Q1 2022	<ul style="list-style-type: none"> • Team of HP&I Officers trained and supported to deliver range of programmes. • Timetable developed for this delivery. • 8 WTE SP Link Workers appointed and delivering Social Prescribing in targeted communities. • New staff trained in new module of Engage programmes.
	Q2 2022	<ul style="list-style-type: none"> • Ongoing delivery of training. • 8 WTE SP Link Workers delivering Social Prescribing in targeted communities. • Regional network established for SP Link Workers to support SP delivery. • Delivering of new and existing modules of Engage programmes.
	Q3 2022	<ul style="list-style-type: none"> • Ongoing delivery of training • Social prescribing delivered across the 8 CHNs in CHO 1.

	Q4 2022	<ul style="list-style-type: none">• Completion of training programme for 2022.• Review of Social Prescribing activity for 2022 to include Health Improvement plans.• Review of annual programme of delivery and planning for 2023.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Local community and targeted populations have participated in free relevant health promotion programmes e.g. Stress Control/Stress Balance, Engage, Minding Your Wellbeing, and Social Prescribing in their communities.		

GOAL THREE

Goal three of *Connecting for Life*, Ireland's national strategy to prevent suicide, 2015-2020, aims to target approaches to reduce suicidal behaviour and improve mental health among priority groups.

While Ireland's overall suicide rate is among the lowest in the OECD, particular demographic groups have consistently been shown by both national and international research evidence to have increased risk of suicidal behaviour. These include young people aged 15-24, people with mental health problems of all ages, people with alcohol and drug problems, people bereaved by suicide and prisoners.

There are other groups with potentially increased vulnerability to suicidal behaviour where the research evidence is either less consistent or limited. These include asylum seekers, refugees, migrants, sex workers and people with chronic illness or disability. Further research is required for these groups. These risk groups may change over time. While there is significant overlap between many of the groups, it is important to note that even within a group where there is increased risk, only a minority will engage in suicidal behaviour.

In CHO 1, there are 13 actions under goal three led by the following:

- HSE Mental Health
- HSE Resource Officer for Suicide Prevention
- HSE Health and Wellbeing
- Insight Inishowen
- Donegal Intercultural Platform/Cultural Networks
- Donegal Travellers Project
- North East Drug and Alcohol Task Force
- Alcohol Forum

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.2 Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention and the management of critical incidents.		
Lead: NOSP, HSE: Acute Hospitals, PC, MH, IPS/ Garda Síochána, Non-statutory partners		
Key Partners: DAFM, DOH, DJE, DSP, DES, DCYA/TUSLA, DOD		
Local Action: 3.1.2 Aligned to the national guidelines – <i>Developing a Community Response to Suicide</i> , develop and implement a Community Response Plan <u>as appropriate</u> when a death or deaths by suspected suicide occur(s) CHO 1.		
Lead: Office of HOS MH CHO 1		
Partners: AMHMT, CHO 1 Oversight Group, HSE MH (ROSP), HSE PC, HSE Psychology, An Garda Síochána, SBLO, HSE Communications, Coroner, Tusla, NEPS, ETBs		
Purpose: To improve local Inter-Agency Community Responses for incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Relevant staff and partner time		
Milestones		
Overarching Milestone 2022 Each local area in CHO 1 will have an area-based Community Response Plan.	Q1 2022	Establish and convene HSE MH area led Core Teams with leadership assigned by CHO 1 HOS MH.
	Q2 2022	Convene Core Teams and draft the area CRPs.
	Q3 2022	Finalise and sign off on the three CRPs for implementation and activation at local area level, as appropriate.
	Q4 2022	Disseminate information on the CRPs and convene a meeting of local stakeholders to prepare for local activation as appropriate.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: A Community Response Plan for each local area in CHO 1.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.		
Lead: HSE PC		
Key Partners: NOSP		
Local Action: 3.1.3 (a) Support young people experiencing parental mental health issues by implementing the WITH (Wellbeing in the Home) Programme.		
Lead: Office of HOS MH CHO 1		
Partners: CAMHS, HSE MH, HSE PC, Young People, Comhairle na nÓg, HSE MH ROSP, HSE Communications, Tusla, DATFs, CYPSCs, CHO 1 Youth Services, Connecting for Life Implementation Groups, Community and Voluntary Organisations		
Purpose: To provide information and support for young people living with parental mental health issues.		
Planned Start date and duration: Q2 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, WITH resources, funding		
Milestones		
Overarching Milestone 2022 Develop ‘WITH’ resources for CHO 1.	Q1 2022	
	Q2 2022	Establish Project Group.
	Q3 2022	Plan for roll out of the initiative and ensure signposting is relevant for CHO 1.
	Q4 2022	Finalise plan and facilitate roll out of the WITH programme in local areas.
Overarching Milestone 2023: TBD		Overarching Milestone 2024: TBD
Outputs by end of 2022: Improved support for young people living with parental mental health issues.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups. Lead: HSE PC Key Partners: NOSP		
Local Action: 3.1.3 (b) Explore the feasibility of establishing pilot local ASIST training participant networks in Donegal. Lead: Insight Inishowen Partners: HSE MH (ROSP), NOSP, Connecting for Life Implementation Group		
Purpose: To provide ongoing support to ASIST trained participants to build capacity at local level to respond effectively to suicidal behaviour, and to provide a peer support network for ASIST trained people In Donegal.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Pilot of ASIST training participant network in Donegal complete and additional sites identified across CHO 1.	Q1 2022	Meeting of local ASIST trained people including those already committed and interested in to participating in the local network convened. Suicide prevention training delivered to support network.
	Q2 2022	Quarterly ASIST Network Meeting. Suicide prevention training delivered to support network.
	Q3 2022	Quarterly ASIST Network Meeting. Suicide prevention training delivered to support network.
	Q4 2022	Quarterly ASIST Network Meeting. Suicide prevention training delivered to support network.
Overarching Milestone 2023: First network fully operational and second network developing.	Overarching Milestone 2024: Two networks fully operational and third network developing	
Outputs by end of 2022: First ASIST Network operating in identified site in CHO 1 (Donegal) and associated training complete.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.		
Lead: HSE PC		
Key Partners: NOSP		
Local Action: 3.1.3 (c) Raise awareness of mental health and wellbeing supports and services in a number of languages and deliver suicide prevention training to organisations supporting new communities and people in Direct Provision.		
Lead: Donegal Intercultural Platform, Cultural Networks		
Partners: HSE Social Inclusion, Local Development Companies, HSE MH (ROSP), Connecting for Life Implementation Groups, Community and Voluntary Organisations, Suicide Prevention Trainers		
Purpose: New communities and those residing in direct provision are at higher risk for suicidality.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Individuals and organisations supporting new communities and those living in direct provision will have awareness of, and access to a range of suicide prevention information and training programmes in English and the seven most widely spoken languages in the county.	Q1 2022	Information and training available promoted to staff working with new communities and people in Direct Provision.
	Q2 2022	Promote availability of information and training to staff working with new communities/ residents of direct provision, community and voluntary organisations, new community members and residents directly.
	Q3 2022	Continue with promotion of information and training as above. Undertake translations of core texts. Explore possibility of developing the publication as a multi-lingual App.
	Q4 2022	Continue with promotion of information and training as above. Review outputs and outcomes, in order to plan for ongoing needs into 2023. Publication, launch and distribution of the Multi-Lingual Bulletin both online and in-person in Letterkenny. Posting and Hosting – Digital version to be posted on a number of information websites and social media platforms.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Increased capacity of those supporting new communities and those living in Direct Provision and new communities to support and respond to people at risk of suicide, suicidal behaviour or self-harm.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups.		
Lead: HSE PC		
Key Partners: NOSP		
Local Action: 3.1.3 (d) Aligned to the National Traveller Health Action Plan, establish a Regional Traveller Forum to focus on mental health service and support improvements for Travellers which will report to the Regional Traveller Health Unit.		
Lead: CHO 1 Traveller Mental Health Lead		
Partners: HSE MH, HSE PC, HSE Social Inclusion, HSE MH (ROSP), SBLO, CHO 1 Traveller organisations, Community and voluntary organisations, CfL Implementation Groups, Traveller Peer Mental Health Support Worker		
Purpose: To provide a regional mechanism for the improvement of Traveller mental health by initiating, enabling, managing and supporting the implementation of programmes and projects to improve mental health outcomes for Travellers.		
Planned Start date and duration: Q1, 2022		
Location: CHO 1		
Inputs for 2022: Lead and partner time, funding		
Milestones		
Overarching Milestone 2022 Regional Forum in place and operational, and draft regional Traveller Mental Health Action Plan prepared.	Q1 2022	<ul style="list-style-type: none">Commence stakeholder engagement process.Draft and agree Terms of Reference.
	Q2 2022	<ul style="list-style-type: none">Review Traveller mental health service supports and commence mapping.Agree Traveller mental health collaborative actions.Implement actions.
	Q3 2022	<ul style="list-style-type: none">Continue with the implementation of Traveller mental health actions.Review and commence planning for mental health actions 2023.
	Q4 2022	<ul style="list-style-type: none">Review and reassess actions.Agree regional Traveller Mental Health Action Plan 2023.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Regional Forum in place and operational, regional Traveller Mental Health Action Plan approved for 2023 and identified projects for 2022 complete.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups. Lead: HSE PC Key Partners: NOSP		
Local Action: 3.1.3 (e) Design and disseminate culturally appropriate information and resources to inform members of the Traveller community on how to access mental health services and interventions and deliver an associated communications campaign with the Traveller voice at the forefront. Lead: CHO 1 Traveller Mental Health Lead Partners: HSE Communications, HSE MH, HSE MH (ROSP), CHO 1 Traveller community, Traveller Mental Health Support Worker		
Purpose: To facilitate access to appropriate supports and services for Travellers		
Planned Start date and duration: Q1, 2022		
Location: CHO 1		
Inputs for 2022: Staff time, funding for materials		
Milestones		
Overarching Milestone 2022 Culturally appropriate Information and resources in place, disseminated and promoted.	Q1 2022	<ul style="list-style-type: none">Consult with Traveller groups / Traveller mental health sub-group to establish information and communication gaps.
	Q2 2022	<ul style="list-style-type: none">Actions identified.Action implementation commenced.
	Q3 2022	<ul style="list-style-type: none">Ongoing implementation of actions.Delivery of new resources/information.
	Q4 2022	<ul style="list-style-type: none">Ongoing implementation of actions.New resources disseminated and promoted.
Overarching Milestone 2023: NA	Overarching Milestone 2024: NA	
Outputs by end of 2022: Culturally appropriate resources disseminated and promoted.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups. Lead: HSE PC Key Partners: NOSP		
Local Action: 3.1.3 (f) Support Donegal Traveller project to conduct research with Traveller men on the emergent issues on the impact on Traveller men’s mental health in Donegal between the ages of 16-65 of COVID-19 and the responses to the pandemic. Lead: Donegal Travellers Project Partners: CHO 1 Traveller Mental Health Lead, HSE MH, HSE PC, HSE Social Inclusion, HSE MH (ROSP)		
Purpose: To research the mental health challenges and needs of Traveller men in Donegal to inform service and support improvements.		
Planned Start date and duration: Q1, 2022		
Location: Donegal		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Participatory research complete.	Q1 2022	<ul style="list-style-type: none">• Research contract in place.• Development of a Steering group.• Request for Tender researcher and researcher appointed.
	Q2 2022	Develop research questions. Conduct Research and collect data.
	Q3 2022	<ul style="list-style-type: none">• Research complete.• Draft report submitted.
	Q4 2022	<ul style="list-style-type: none">• Final report approved and disseminated.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Research complete.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary Care level for priority groups. Lead: HSE PC Key Partners: NOSP		
Local Action: 3.1.3 (g) Develop new, and update existing resources, aimed at parents, guardians and young people to highlight care pathways for young people experiencing mental health issues. Lead: HSE MH (ROSP) Partners: CAMHS, Area DON, CYPSC, ETBs, Youth Services, HSE PC, HSE MH, Young People, Comhairle na nÓg, Section 38/39 Providers, Recovery Colleges, Services Users and their families/carers		
Purpose: To enhance awareness and understanding of supports and pathways available based on a tiered model of care.		
Planned Start date and duration: Q2 2022, 9 months		
Location: CHO 1		
Inputs for 2022: ROSP and Partner time, funding		
Milestones		
Overarching Milestone 2022 Development of resources for parents, guardians and young people highlighting care pathways for young people experiencing mental health issues.	Q1 2022	
	Q2 2022	Establish project group. Develop project plan for “developing new and updating existing resources to highlight care pathways for young people experiencing mental health issues”.
	Q3 2022	Implement project plan to develop new and update resources as outlined at Q2 above.
	Q4 2022	Finalise, sign off on and disseminate resources to parents, guardians, young people and local stakeholders.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Resource available for parents, guardians and young people and disseminated to relevant stakeholders.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector.		
Lead: HSE H&W		
Key Partners: HSE MH, NOSP, Youth sector, Non-statutory partners		
Local Action: 3.1.6 (a) Continue to support the rollout of the Planet Youth Primary Prevention Model to improve health and life outcomes for young people in Cavan and Monaghan		
Lead: North East Regional Drug and Alcohol Task Force (NEDATF)		
Partners: Planet Youth Cavan Monaghan Committee (CMETB, CYPSCs, YWI)		
Purpose: To use relevant data to target child and adolescent health and wellbeing holistically.		
Planned Start date and duration: Q2, 2022, ongoing		
Location: Cavan and Monaghan		
Inputs for 2022: Staff, funding, surveys, steering committee		
Milestones		
Overarching Milestone 2022 Development of community level interventions in the two counties.	Q1 2022	Analysis of preliminary data from 2021 survey, engage with local partners re development of local plans.
	Q2 2022	Engage with school & community liaisons regarding key local findings. Publish county reports. Dissemination of survey results.
	Q3 2022	Strategic planning with local partners to prioritise SMART actions.
	Q4 2022	Prepare for 2023 survey process.
Overarching Milestone 2023: Implementation of community level interventions in the region. Complete second survey in Q3 2023.	Overarching Milestone 2024: Review actions & continued community engagement to revise community plans.	
Outputs by end of 2022: County reports published. School reports disseminated. Engagement with students & families via school processes. Engagement with partners regarding collective actions as part of their strategic planning processes.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.		
National Action: 3.1.6 Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector. Lead: HSE H&W Key Partners: HSE MH, NOSP, Youth sector, Non-statutory partners		
Local Action: 3.1.6 (b) Support access and participation for those attending education centres and teacher training in relevant mental health promotion programmes including the teacher training to deliver evidence-based programmes. To fund Youth sector organisations to deliver support groups for LGBTI youth. Lead: HSE H&W Partners: HSE MH (ROSP), Youth Sector, Connecting for Life Local Interagency Implementation Groups, ETBs		
Purpose: To promote a whole school approach to wellbeing promotion and train teachers to deliver a suite of Mental Health promotion programmes, including Minding Your Wellbeing, Zippy’s Friends, Know the Score.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: HP&I/HWB programme to be delivered to primary and post primary teachers through education centres as agreed with Dept of Education.		
Milestones		
Overarching Milestone 2022 Teachers trained in evidence-based Mental health promotion programmes. Youth organisations delivering support to LGBT youth.	Q1 2022	Primary school training: Zippy’s Friends, Promoting Wellbeing through physical activity. Post-primary school training: Mindout, Know the Score, Skills for SPHE (new programme). Grant aid Youth organisations to deliver support groups for LGTI youth.
	Q2 2022	Continued delivery of Q1 training and LGBT groups.
	Q3 2022	Include Comms campaigns Mental Health Week and World Suicide Prevention Day/ StandUp Week. Continued delivery of Q1 training and LGBT groups.
	Q4 2022	Continued delivery of Q1 training and support groups Plan for 2023 delivery.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Delivery of agreed targeted programmes for primary and post primary teachers through education centres through HP&I Officers in CHO 1. Support to LGBT youth via funding of youth organisations.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.2 Support, in relation to suicide prevention, the substance misuse strategy to address the high rate of alcohol and drug misuse.		
National Action: 3.2.1 Continue the roll out of programmes aimed at early intervention and prevention of alcohol and drug misuse in conjunction with HSE Primary Care.		
Lead: HSE PC		
Key Partners: HSE H&W, DOH		
Local Action: 3.2.1 Develop and deliver a bespoke module focusing on alcohol, suicide, and self-harm to be delivered as an add on to the standardised SAOR and MECC training.		
Lead: Alcohol Forum Ireland		
Key Partners: HSE MH, NOSP, NSRF		
Purpose: To increase awareness and understanding of the links between alcohol, suicide and self-harm		
Planned Start date and duration. Q1, 2022.		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Development and delivery of module	Q1 2022	Consultation with key stakeholders and buy in to project.
	Q2 2022	Development and piloting of Module.
	Q3 2022	Module delivery.
	Q4 2022	Module delivery and review and apply learning and adapt module accordingly.
Overarching Milestone 2023: Module delivery to agreed plan		Overarching Milestone 2024: Module delivery to agreed plan
Outputs by end of 2022: Development and delivery of module.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.		
National Action: 3.3.3 Work with the HSE to develop national guidance for higher institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education Lead: HEA Key Partners: NOSP		
Local Action: 3.3.3 Support the implementation of the National Student Mental Health and Suicide Prevention Framework. Lead: HSE MH (ROSP) Partners: Third Level Institutions		
Purpose: To ensure there is an all of system response within HEIs to suicide prevention and post-vention.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: ROSP and Third Level Institution time		
Milestones		
Overarching Milestone 2022 Continued support of implementation of the National Student Mental Health and Suicide Prevention Framework.	Q1 2022	Contact made with 3 rd level institutions to identify supports needed in the implementation of the national framework.
	Q2 2022	Continued support in the implementation of the national framework.
	Q3 2022	Continued support in the implementation of the national framework.
	Q4 2022	Continued support in the implementation of the national framework.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Effective implementation of National Student Mental Health and Suicide Prevention Framework & ROSPs engaged in suicide prevention in third level institutions.		

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.		
National Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.		
National Action: 3.3.6 Deliver early intervention and psychological support service for young people at primary care level. Lead: HSE PC Key Partners: HSE MH		
Local Action: 3.3.6 Aligned with the work of the national taskforce on Youth Mental Health, and the CHO 1 Youth Mental Health framework, launch and implement the CHO1 Youth Mental Health Early Intervention Services across CHO 1, and support and promote existing early intervention services. Lead: Office of HOS MH CHO 1 Partners: AMHMT, HSE PC, HSE MH (ROSP), Young People, CfL Implementation Group partners		
Purpose: To enhance availability of and access to early intervention mental health supports for young people.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Funding, staff, premises, supporting partners, IT systems/software (CORE)		
Milestones		
Overarching Milestone 2022 To have an early intervention youth mental health service operational in Cavan/Monaghan and Sligo/Leitrim, and to support the ongoing development of existing youth mental health services in Donegal.	Q1 2022	To work in partnership with key stakeholders locally (members of the local working group) to commission an early intervention youth mental health service for young people in the counties of Cavan, Monaghan, Sligo and Leitrim.
	Q2 2022	To engage with youth mental health stakeholders in Donegal to support the establishment of the EIYMH Service in the Cavan Monaghan and Sligo Leitrim area.
	Q3 2022	Operationalise the EIYMH in Cavan Monaghan and Sligo Leitrim.
	Q4 2022	Review implementation and service targets.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Young people in all 5 counties of CHO 1 have access to early intervention mental health supports when and where they need them.		

GOAL FOUR

Goal four of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.

A person vulnerable to suicidal behaviour requires easy access to a continuum of support in accordance with his or her needs at a particular time – from a sensitive response to a disclosure of distress to crisis management or appropriate referral, psychotherapeutic interventions or longer-term support. Transition points between services need to operate under widely understood protocols, ensuring the person is guided through a supportive network of assistance and that the work of statutory and non-statutory service providers enhance and complement each other. In some geographical areas there are clusters of services and supports for certain groups, while in other areas there are service gaps. What is more, the response to the person in distress may vary according to the type and location of the service. The foundations of a sustained approach to preventing and reducing suicide and (especially repeated) self-harm are consistently available services and integrated care pathways, across both statutory and non-statutory services.

In CHO 1, there are 9 actions under goal four, seven led by HSE MH, and two jointly led, one with the HSE Resource Officer for Suicide Prevention and one with the National Counselling Service.

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.		
National Action: 4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service and deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.		
Lead: HSE MH		
Key Partners: HSE PC, Acute Hospitals, DECLG, Non-statutory partners		
Local Action: 4.1.1 (a) To ensure safe transitions of care for people with mental health issues, develop and implement a pilot service mapping and referral pathways project within and between primary and secondary care services, with aim of mapping and reviewing pathways from a Service User perspective, to include the lived experience and stories of Service Users.		
Lead: HSE MH, CHO 1 MH Engagement Lead		
Partners: AMHMT, HSE PC, Hospital Groups, HSE Addiction Services, MHS Lived experience representative.		
Purpose: To improve transitions of care within and between primary and secondary services for service users.		
Planned Start date and duration Q3 2022, 18 months		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Establish project team. Complete mapping exercise.	Q1 2022	
	Q2 2022	
	Q3 2022	Project brief submitted to HSE MHMT Nomination of project team by AMHMTs.
	Q4 2022	Mapping of current pathways and planning of engagement with service users, family members, carers for Q1 2023.
Overarching Milestone 2023: TBD		Overarching Milestone 2024: TBD
Outputs by end of 2022: Establishment of project team and review of current pathways complete identifying learning and challenges in each area. Planning of engagement with service users, family members, carers for Q1 2023.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.		
National Action: 4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service and deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.		
Lead: HSE MH		
Key Partners: HSE PC, Acute Hospitals, DECLG, Non-statutory partners		
Local Action: 4.1.1 (b) Implement the SCAN service.		
Lead: HSE MH Area Director of Nursing		
Partners: AMHMT, HSE PC, HSE MH (ROSP)		
Purpose: To provide enhanced supports at primary care level for people who are at risk of suicide.		
Planned Start date and duration: Q2 2022, 6 months		
Location: Sligo, Leitrim, Cavan and Monaghan		
Inputs for 2022: Funding, HR		
Milestones		
Overarching Milestone 2022 SCAN service established and operational across CHO 1.	Q1 2022	Learning from Donegal shared across CHO 1 to support development of the service.
	Q2 2022	SCAN service commissioned in Cavan Monaghan.
	Q3 2022	SCAN service operational in Cavan Monaghan.
	Q4 2022	SCAN fully operational across CHO 1.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: SCAN service established and operational across CHO 1.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.		
National Action: 4.1.1 Provide a co-ordinated, uniform and quality assured 24/7 service and deliver uniform pathways of care from primary to secondary mental health services for all those in need of specialist mental health services.		
Lead: HSE MH		
Key Partners: HSE PC, Acute Hospitals,		
Local Action: 4.1.1 (c) To provide an integrated pilot Crisis Resolution Service to include a Home Treatment Team and Crisis Café in a designated catchment area in Sligo/Leitrim.		
Lead: HSE MH Area Director of Nursing		
Partners: AMHMT, HSE PC, Community and Voluntary Organisations		
Purpose: To provide intensive support for people in mental health crisis in the least restrictive manner possible, in a flexible, holistic and responsive approach.		
Planned Start date and duration Q2, 2022		
Location: Sligo/Leitrim		
Inputs for 2022: Staff time, appropriate environment, funding.		
Milestones		
Overarching Milestone 2022: Pilot Crisis Resolution and Home Treatment Team in Sligo/Leitrim established.	Q1 2022	
	Q2 2022	Identify suitable premises and policy development.
	Q3 2022	Recruitment of Multidisciplinary Team.
	Q4 2022	Crisis Resolution and Home Treatment Team Fully operational. Review and revise service delivery as appropriate.
Overarching Milestone 2023: TBD		Overarching Milestone 2024: TBD
Outputs by end of 2022: Establishment of pilot Crisis Resolution Service to include a Home Treatment Team and Crisis Café.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.		
National Action: 4.1.2 Provide a co-ordinated uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties.		
Lead: HSE MH		
Key Partners: HSE PC, Acute Hospitals, Non-statutory partners		
Local Action: 4.1.2 Provide a co-ordinated uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties.		
Lead: HSE MH Area Director of Nursing, Principal Psychology Manager		
Partners: AMHMT, HSE PC, Acute Hospitals (Liaison Service)		
Purpose: Service users with co-morbid addiction and mental health difficulties have access to quality assured services through clearly articulated and appropriately resourced pathways of care.		
Planned Start date and duration: Q2 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staffing, resources through the NCCP		
Milestones		
Overarching Milestone 2022 Quality assured and appropriately resourced pathways of care are available to service users presenting with co-morbid addiction and mental health difficulties.	Q1 2022	Assess area level service readiness for clinical care programme.
	Q2 2022	Undertake area level needs analysis.
	Q3 2022	Implementation of service developments arising from needs analysis.
	Q4 2022	Review and revise service delivery as appropriate.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Improved access to quality assured and appropriately resourced pathways of care for service users presenting with co-morbid addiction and mental health difficulties.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.		
National Action: 4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self harmed or are at risk of suicide.		
Lead: HSE MH		
Key Partners: HSE Acute Hospitals		
Local Action: 4.1.4 Continue to deliver STORM training for all HSE Mental Health staff.		
Lead: HSE MH, HSE MH (ROSP), AMHMT		
Partners: -		
Purpose: To provide suicide intervention training for front line MHS staff		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Delivery of 6 STORM training courses.	Q1 2022	Training schedule planned and training implemented.
	Q2 2022	Implementation of training schedule.
	Q3 2022	Implementation of training schedule.
	Q4 2022	Implementation of training schedule.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: STORM training schedule implemented.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide.		
National Action: 4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems in both primary and secondary care levels.		
Lead: HSE MH		
Key Partners: NOSP, Non-statutory partners		
Local Action: 4.2.1 (a) Implement the pilot HSE Talking Therapies Project.		
Lead: HSE MH, Principal Psychology Manager		
Partners: AMHMT, Service User representatives		
Purpose: To develop in a pilot site a structured talking therapies service for mental health service users offering moderate and high intensity talking therapies. This is a pilot project intended to inform the process of delivery of these psychotherapies across Cavan and Monaghan.		
Planned Start date and duration: Q1 2022, 30 months pilot project		
Location: Cavan and Monaghan		
Inputs for 2022: Staff time, funding, appropriate therapeutic environments		
Milestones		
Implementation of pilot Talking Therapies project.	Q1 2022	Implement the pilot project.
	Q2 2022	Implement the pilot project.
	Q3 2022	Implement the pilot project.
	Q4 2022	Implement pilot project and annual review.
Overarching Milestone 2023: TBD		Overarching Milestone 2024: TBD
Outputs by end of 2022: Ongoing implementation of Talking Therapies pilot project.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide.		
National Action: 4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems in both primary and secondary care levels.		
Lead: HSE MH		
Key Partners: NOSP, Non-statutory partners		
Local Action: 4.2.1 (b) Map and review the therapeutic interventions available across HSE Mental Health Services in CHO 1 e.g. DBT, CBT, counselling and other relevant services, and build on existing effective interventions through increased resources in line with local need and the Talking Therapies Project.		
Lead: HSE MH, CHO 1 Oversight Group Sub-Group		
Partners: AMHMT		
Purpose: To ensure widespread delivery of a range of effective evidence based psychological interventions, namely DBT through CAMHS and adult mental health services.		
Planned Start date and duration: Q2 2022, 9 months		
Location: CHO 1		
Inputs for 2022: Staff time, funding for DBT Therapists (Psychologist x 2, CNS x 1 & Staff Nurse x 3 (1 for AMHMT and 2 for CAMHS) for each area)		
Milestones		
Service developments implemented across CHO 1 to improve access to DBT.	Q1 2022	Map and review therapeutic interventions available across CHO 1 MHS.
	Q2 2022	Undertake area level needs analysis.
	Q3 2022	Implementation of service developments arising from needs analysis.
	Q4 2022	Review and revise service delivery as appropriate.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: DBT Services enhanced across CHO 1.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.2 Improve access to effective therapeutic interventions (e.g. counselling, DBT, CBT) for people vulnerable to suicide.		
National Action: 4.2.1 Deliver accessible, uniform, evidence based psychological interventions including counselling for mental health problems in both primary and secondary care levels.		
Lead: HSE MH		
Key Partners: NOSP, Non-statutory partners		
Local Action: 4.2.1(c) Implement the SHIP Programme in Sligo and Leitrim and develop a business case for expansion to Donegal, Cavan and Monaghan.		
Lead: HSE MH, Director of National Counselling Service		
Partners: AMHMT, HSE PC		
Purpose: To improve access to evidence-based interventions to young people who self-harm		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Funding, staff time		
Milestones		
Overarching Milestone 2022 SHIP Programme established and operational in Sligo/Leitrim and business case developed for Donegal.	Q1 2022	Implement SHIP in Sligo and Leitrim.
	Q2 2022	
	Q3 2022	Submit funding proposal via Estimates process for SHIP in Donegal.
	Q4 2022	
Overarching Milestone 2023: Implement SHIP in Cavan and Monaghan	Overarching Milestone 2024: TBD	
Outputs by end of 2022: SHIP Programme established and operational in Sligo/ Leitrim and business case developed for Donegal.		

National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.		
National Objective 4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.		
National Action: 4.3.1 Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide. Lead: HSE MH Key Partners: NOSP, Non-statutory partners		
Local Action: 4.3.1 Continue to provide and enhance consistent, timely and appropriate responses to families bereaved by suicide to include relevant information and signposting in a timely manner. Lead: HSE MH (ROSP) Partners: HSE MH, HSE PC, NCS, SBLO, Community and Voluntary organisations, An Garda Síochana		
Purpose: To improve the response to families bereaved by suicide.		
Planned Start date and duration: Q2 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, bereavement resources		
Milestones		
Overarching Milestone 2022 Families bereaved by suicide are provided with the appropriate level of support and information.	Q1 2022	Provide families bereaved by suicide with the appropriate level of support and information.
	Q2 2022	Provide families bereaved by suicide with the appropriate level of support and information.
	Q3 2022	Provide families bereaved by suicide with the appropriate level of support and information.
	Q4 2022	Provide families bereaved by suicide with the appropriate level of support and information.
Overarching Milestone 2023: TBD		Overarching Milestone 2024: TBD
Outputs by end of 2022: Families bereaved by suicide are provided with the appropriate level of support and information.		

GOAL FIVE

Goal five of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to ensure safe and high-quality services for people vulnerable to suicide.

Supporting people through a time of distress can be difficult work; therefore, agencies need to have good-practice guidelines, clear care protocols, appropriate training and supervision mechanisms. By ensuring the quality and standard of both statutory and funded non-statutory health and social care services and strong governance and accountability structures, service users and providers are protected, and the professionalism and safety of the service response are enhanced. All services must promote an ambition for recovery, restoring the individual's independence built on self-worth and self-belief.

In CHO 1, there is one action under goal five, led by the HSE Resource Officer for Suicide Prevention.

National Goal 5: To ensure safe and high quality services for people vulnerable to suicidal behaviour.		
National Objective 5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.		
National Action: 5.1.3 Provide support and resources for the implementation of the Department’s curriculum and programmes in the promotion of well-being in the school community. Facilitate access to appropriate mental health and suicide prevention training for teachers e.g. through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise, as appropriate, with Government agencies. Lead: DES Key Partners: HSE H&W		
Local Action: 5.1.3 (a) Promote and make available suicide and self-harm prevention training and resources to teachers and the wider school community. Lead: HSE MH (ROSP) Partners: ETBs, Education Centres, School staff, NEPS		
Purpose: Evidence shows that teachers are key community gatekeepers. Training will ensure all school staff are equipped to respond to students in suicidal crisis.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Teachers and members of the whole school community trained in suicide prevention awareness training.	Q1 2022	Training opportunities promoted within school community and requests facilitated.
	Q2 2022	Training opportunities promoted within school community and requests facilitated.
	Q3 2022	Training opportunities promoted within school community and requests facilitated.
	Q4 2022	Training opportunities promoted within school community and requests facilitated.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Increased number of teachers trained in suicide and self-harm prevention awareness training and capacity built within the school community.		

GOAL SIX

Goal six of *Connecting for Life*, Ireland's national strategy to reduce suicide 2015-2020, aims to reduce and restrict access to means of suicidal behaviour.

Restricting, where practicable, access to means of suicidal behaviour has been consistently shown to be effective in reducing suicidal behaviour across countries and settings. Implementation of strategies to restrict means can occur at national level, via legislation and regulations, and at local level, for example by improving safety at locations where people frequently attempt or complete suicide. This also includes exploring additional interventions for the most frequently used methods of suicide within the Irish context.

In CHO 1, there are 2 actions under goal six, one led by the HSE Resource Officer for Suicide Prevention, and the second jointly led by HSE MH, HSE Registered Proprietor, ECD and HSE Estates.

National Goal 6: To reduce and restrict access to means of suicidal behaviour.		
National Objective 6.2 Reduce access to highly lethal methods used in suicidal behaviour.		
National Action 6.2.1 Local Authorities will be requested to consider, develop and implement measures where practical to restrict access to identified locations and settings where people are at risk of engaging in suicidal behaviour, and assist generally in reducing risk factors in public locations.		
Lead: LA		
Key partners: DECLG, NOSP		
Local Action: 6.2.1 Explore with relevant organisations the feasibility of identifying and mapping high risk locations and introduce preventative measures and additional supports at these locations where appropriate.		
Lead: HSE MH (ROSP)		
Partners: HSE NOSP, An Garda Síochána, Local Authorities		
Purpose: Local Authorities have an important role to play as leaders in public health and as local planners. Evidence shows that a number of effective steps can be taken to prevent public places being used for suicide and to increase the chances of last-minute intervention.		
Planned Start date and duration: Q3 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Partner expertise, funding, staff time, materials		
Milestones		
Overarching Milestone 2022 Appropriate signage with relevant support details at identified locations.	Q1 2022	
	Q2 2022	
	Q3 2022	Undertake scoping exercise to assess high risk locations in each county in CHO 1.
	Q4 2022	Information provided on supports available at locations identified as high risk.
Overarching Milestone 2023: TBD		Overarching Milestone 2024: TBD
Outputs by end of 2022: High risk locations identified and information on supports made available where appropriate at key locations identified with a view to mitigating the level of risk at such locations.		

National Goal 6: To reduce and restrict access to means of suicidal behaviour.		
National Objective 6.2 Reduce access to highly lethal methods used in suicidal behaviour.		
National Action 6.2.2 Implement a strategy to improve environmental safety within the HSE mental health services (e.g. ligature audits).		
Lead: HSE MH		
Key partners: HSE Estates		
Local Action: 6.2.2 Monitor and improve the environmental safety within HSE Mental Health Services, informed by local ligature audits.		
Lead: HSE MH, HSE Nominee Registered Proprietor, ECD, HSE Estates		
Partners: AMHMT, MH Commission		
Purpose: To develop and share learning on environmental safety relevant to suicide risk across CHO 1 mental health services in order to highlight areas of potential improvement and prevent access to means of self-harm and suicide.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, funding		
Milestones		
Overarching Milestone 2022 Monitor and improve the environmental safety within HSE Mental Health Services, informed by local ligature audits.	Q1 2022	Review and monitor environmental safety within HSE MHS across CHO 1. Implement improvements as appropriate.
	Q2 2022	Review and monitor environmental safety within HSE MHS across CHO 1. Implement improvements as appropriate.
	Q3 2022	Review and monitor environmental safety within HSE MHS. Implement improvements as appropriate.
	Q4 2022	Review and monitor environmental safety within HSE MHS. Implement improvements as appropriate.
Overarching Milestone 2023: Review and monitor environmental safety within HSE MHS. Implement improvements as appropriate.	Overarching Milestone 2024: Review and monitor environmental safety within HSE MHS. Implement improvements as appropriate.	
Outputs by end of 2022: Improve environmental safety within HSE MHS.		

GOAL SEVEN

Goal seven of *Connecting for Life*, Ireland's national strategy to reduce suicide, aims to improve surveillance, evaluation and high quality research relating to suicidal behaviour.

Responsive, cost-efficient and effective suicide prevention services depend on the widespread availability of robust data – data on the types of services and interventions that are effective in reducing or preventing suicidal behaviour, on the groups most vulnerable to suicidal behaviour; on trends in suicidal behaviour in the country; and on key risk and protective factors. Improving the quality of the evidence base for suicidal behaviour and suicide prevention in the Irish context, having real-time and better integrated data surveillance systems for suicidal behaviour as well as accelerating the transfer of research findings into practice are fundamental to the success of *Connecting for Life* and other suicide prevention policies and practices.

In CHO 1, there are 6 actions under goal seven, led by HSE Mental Health, the HSE Resource Officer for Suicide Prevention and the Alcohol Forum Ireland.

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Objective 7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life.		
National Action 7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of Connecting for Life; disseminate findings and share lessons learned with programme practitioners and partners.		
Lead: NOSP		
Key partners: -		
Local Action: 7.1.1 Using the CfL implementation and evaluation framework and templates, complete mid-term review of implementation progress.		
Lead: CHO 1 CfL Oversight Group		
Partners: AMHMT, HSE MH (ROSP), CFL Local Implementation Groups		
Purpose: To monitor and report on implementation of the action plan		
Planned Start date and duration: Q3 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, CfL Stakeholder time		
Milestones		
Overarching Milestone 2022 Monitor and review implementation of CHO 1 Connecting for Life Plan.	Q1 2022	
	Q2 2022	
	Q3 2022	Complete annual review of implementation of action plan. Collate annual review.
	Q4 2022	
Overarching Milestone 2023: Annual reviews complete and mid-term progress review of implementation progress.	Overarching Milestone 2024: Annual reviews complete and end of year final report 2024.	
Outputs by end of 2022: Implementation review and monitoring process established.		

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Objective 7.2 Improve access to timely and high quality data on suicide and self-harm.		
National Action 7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.		
Lead: HSE MH		
Key partners: -		
Local Action: 7.2.2 (a) Monitor data obtained through the Garda Protocol project to identify deaths by suspected suicide.		
Lead: HSE MH (ROSP)		
Key Partners: NOSP, SBLO, An Garda Síochána, Community Response Group		
Purpose: To gather real time data in order to help profile risk factors, including high risk locations, communities, target groups and methods so that interventions and responses can be tailored appropriately and in a timely manner.		
Planned Start date and duration: Q1 2022, ongoing		
Location: CHO 1		
Inputs for 2022: Staff time, data gathering template, Garda Pulse data		
Milestones		
Overarching Milestone 2022 Monitor data obtained from the Garda Protocol to identify deaths by suspected suicide.	Q1 2022	Monitor data to implement local responses as required including the activation of the Community Response Plan.
	Q2 2022	Monitor data to implement local responses as required including the activation of the Community Response Plan.
	Q3 2022	Monitor data to implement local responses as required including the activation of the Community Response Plan.
	Q4 2022	Monitor data to implement local responses as required including the activation of the Community Response Plan.
Overarching Milestone 2023: TBD		Overarching Milestone 2024 TBD
Outputs by end of 2022: Monitoring data obtained from the Garda Protocol to identify deaths by suspected suicide.		

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Objective 7.2 Improve access to timely and high quality data on suicide and self-harm.		
National Action 7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.		
Lead: HSE MH		
Key partners: -		
Local Action: 7.2.2 (b) Implement a model of data collection to provide accurate and up to date data on suspected suicides and self harm in CHO 1.		
Lead: HSE MH (ROSP)		
Key Partners: SBLO, AMHMT, An Garda Síochána		
Purpose: To ensure accurate suspected suicide and self harm data is available in CHO 1 by implementing a data collection system, in order to collect data on suicide in CHO 1		
Planned Start date and duration: Q3 2022, on-going		
Location: CHO 1		
Inputs for 2022: ROSP time		
Milestones		
Overarching Milestone 2022 Establishment of suspected suicide and self harm data collection system.	Q1 2022	
	Q2 2022	
	Q3 2022	Agree data collection scope and tool to be used.
	Q4 2022	Data collection system operational.
Overarching Milestone 2023: TBD	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Improvement in data collection and monitoring of suspected suicides and self harm in CHO 1.		

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Objective 7.2 Improve access to timely and high quality data on suicide and self-harm.		
National Action 7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.		
Lead: HSE MH		
Key partners: -		
Local Action: 7.2.2 (c) Undertake a research and profiling study gathering all available data on suspected suicides and self-harm to identify risk and contributory factors specific to the border counties.		
Lead: HSE MH (ROSP)		
Key Partners: NOSP, SBLO, NSRF, An Garda Síochána, HSE MH		
Purpose: To obtain an improved understanding of the available data in order to inform tailored suicide and self-harm responses and interventions required in the border counties.		
Planned Start date and duration: Q3 2022, duration TBD		
Location: CHO 1		
Inputs for 2022 Funding		
Milestones		
Overarching Milestone 2022 Research commissioned to undertake this study and work commenced.	Q1 2022	
	Q2 2022	
	Q3 2022	Commission of research study.
	Q4 2022	Research commissioned and commenced.
Overarching Milestone 2023: Research complete.	Overarching Milestone 2024: TBD	
Outputs by end of 2022: Research commissioned and commenced.		

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Objective To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Action 7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.		
Lead: HSE MH		
Key partners: -		
Local Action: 7.2.2 (d) Undertake research in order to improve knowledge and understanding of the role played by alcohol and other drugs in self-harm and suicidal behaviour.		
Lead: Alcohol Forum		
Key Partners: HSE MH (ROSP), NOSP, NSRF, Service Users and their families		
Purpose: To improve knowledge and understanding of the role played by alcohol and other drugs in self-harm and suicidal behaviour.		
Planned Start date and duration: Q2, 2022		
Location: CHO 1		
Inputs for 2022: Staff Time, funding		
Milestones		
Overarching Milestone 2022 Research project commenced.	Q1 2022	
	Q2 2022	Scope of work and time frame agreed with NOSP, NSRF and ROSPs. Research proposal developed and funding secured.
	Q3 2022	Researcher recruited and research commenced.
	Q4 2022	Research ongoing and interim review completed. Review progress on research.
Overarching Milestone 2023: Research complete	Overarching Milestone 2024: NA	
Outputs by end of 2022: Research project commenced.		

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Objective To improve surveillance, evaluation and high quality research relating to suicidal behaviour.		
National Action 7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life.		
Lead: HSE MH		
Key partners: -		
Local Action: 7.2.2 (e) Work with the NSRF to produce a CHO 1 report on the data available on self-harm and suicide where alcohol is present.		
Lead: Alcohol Forum		
Key Partners: HSE MH (ROSP), NOSP, NSRF, Service Users and their families		
Purpose: To improve knowledge and understanding of the role played by alcohol and other drugs in self-harm and suicidal behaviour.		
Planned Start date and duration: Q2, 2022		
Location: CHO 1		
Inputs for 2022: Staff Time, funding		
Milestones		
Overarching Milestone 2022 Research project commenced.	Q1 2022	
	Q2 2022	Scope of work and time frame agreed with NOSP, NSRF and ROSPs. Research proposal developed and funding secured.
	Q3 2022	Researcher recruited and research commenced.
	Q4 2022	Research ongoing and interim review completed. Review progress on research.
Overarching Milestone 2023: Research complete.	Overarching Milestone 2024: NA	
Outputs by end of 2022: Research project commenced.		

Section Eight: Appendices

List of Appendices

1. Glossary of Terms.
2. Abbreviations.
3. Other relevant national plans and strategies.
4. Implementation Group Membership.
5. National CfL Actions not included in this plan.

Appendix 1. Glossary of Terms

Borderline Personality Disorder (BPD): BPD is best understood as a disorder of mood and interpersonal function (how a person interacts with others)

Families/friends/communities bereaved by suicide: People who have been impacted, directly or indirectly, when someone has died by suicide

HSE mental health services: The HSE provides a wide range of community and hospital based mental health services in Ireland. HSE mental health services are delivered through specialist mental health teams from childhood to old age

Incidence of self-harm/self-harm rates: There is a national registry for self-harm presentations to Emergency Departments in General Hospitals. This is managed by the National Suicide Research Foundation

Mental health and wellbeing: Mental health is defined as a state of wellbeing in which the individual realises his or her own potential, can cope with the normal stresses of life, can work productively, and is able to make a contribution to his or her community

Mental health problems: Refers to a wide range of mental health conditions that affect mental health and impact on mood, thinking and behaviour

Mental health promotion: Mental health promotion is any action which aims to promote positive mental health among the population and those who are at risk of experiencing mental health problems

Non-statutory/non-governmental organisations (NGO's) and community organisations: Community, voluntary and non-statutory services, organisations and groups

People at acute risk of suicide/self-harm: People who are at high risk of suicide or self-harm. This may include frequent, intense and enduring thoughts of suicide or self-harm, specific plans or high distress

People/groups that are vulnerable to self-harm: People/groups that are more susceptible than other people/groups to the possibility of self-harm

People/groups vulnerable to suicide: People/groups that experience more of the risk factors for suicide

Postvention: Postvention or responding to suicide refers to the response, or intervention, to support relatives, friends and communities after someone dies by suicide

Reducing suicide/reducing self-harm: Reducing suicide, or self-harm means lowering the number of deaths by suicide or the number of self-harm incidents

Resilience: Resilience is the ability to cope with adverse or challenging circumstances

Risk and protective factors: In general, risk factors increase the likelihood that suicidal behaviour will develop, whereas protective factors reduce this likelihood.

Self-harm: Self-harm describes the various methods by which people harm themselves. Varying degrees of suicidal intent can be present and sometimes there may not be any suicidal intent, although an increased risk of further suicidal behaviour is associated with all self-harm Service user: Person who uses the mental health services

Social exclusion: Social exclusion refers to being unable to participate in society because of a lack of access to resources that are normally available to the general population. It can refer to both

individuals, and communities in a broader framework, with linked problems such as low incomes, poor housing, high-crime environments and family problems

Social Prescribing: Social Prescribing refers to the process of accessing non-medical interventions; it is a mechanism for linking people with non-medical sources of support within the community to improve physical, emotional and mental wellbeing

Stigma reduction: Stigma reduction refers to the process of minimising negative beliefs associated with different types of mental health problems. It brings about a positive change in public attitudes and behaviour towards people with mental health problems

Suicidal behaviour: Suicidal behaviour refers to a range of behaviours that include planning for suicide, attempting suicide and suicide itself

Suicide attempt/attempted suicide/someone who has attempted suicide: A suicide attempt means any non-fatal suicidal behaviour, when someone has the intent to take their own life

Suicide cluster: A suicide cluster refers to a number of unexpected suicide or attempted suicides that occur closer together in space and time than one would normally expect in any given community

Suicide prevention/Help prevent suicide: Suicide prevention aims to diminish the risk and rates of suicide. It may not be possible to eliminate entirely the risk of suicide, but it is possible to reduce this risk

Suicide/die by suicide: Suicide is death resulting from an intentional, self-inflicted act

Targeted approach: Embedded in a whole population approach and focuses on 1) identifying the smaller number of people who are vulnerable to suicide/self-harm and 2) putting in place appropriate interventions

Whole-population approach: A whole-population approach focuses on suicide prevention for all members of society. It aims to reduce suicidal behaviour by addressing the risk and protective factors at individual, family, community and societal levels

Appendix 2. Abbreviations

HSE: Health Service Executive

HSE: AMHMT: Area Mental Health Management Team

HSE NOSP: Health Service Executive, National Office for Suicide Prevention

HSE MH: Health Service Executive Mental Health

HSE PC: Health Service Executive Primary Care

HSE H&W: Health Service Executive Health and Wellbeing

HSE MH (ROSP): Health Service Executive Mental Health Resource officer for Suicide Prevention

HSE PMO: Health Service Executive Project Management Office

DATFs: Drug and Alcohol Task Force

GP: General Practitioners

ICGP: Irish College of General Practitioners

FRC: Family resource Centre

SBLO: Suicide Bereavement Liaison Officer

WRAP: Wellness Recovery Action Plan Programme

WITH: Wellbeing in the Home Programme

CYPSC: Children and Young Person's Services Committee

ETB: Education and Training Board

LCDC: Local Community Development Company

LECP: Local Economic and Community Plan

SICAP: Social Inclusion and Community Activation Programme

CAMHS: Child and Adolescent Mental Health Services

AMHS: Adult Mental Health Services

CAMS: Collaborative Assessment and Management of Suicidality

DES: Department of Education and Skills

NSRF: National Suicide Research Foundation

ASIST: Applied Suicide Intervention Skills Training

CBT: Cognitive Behavioural Therapy

DBT: Dialectical Behavioural Therapy

DECLG: Department of the Environment, Community and Local Government

DJE: Department of Justice and Equality

DOH HI: Department of Health Healthy Ireland

DSP: Department of Social Protection

ED: Emergency Department

GAA: Gaelic Athletic Association

HRB: Health Research Board

LA: Local Authority

LGBTQI+: Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex

NEPS: National Educational Psychological Service

NGO: Non-Governmental Organisation

Appendix 3. Other relevant national plans and strategies

- Connecting for Life Implementation Plan 2020 – 2022
<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/cfl-implementation-plan-dec-2020.pdf>
- Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025 (28) <https://www.drugsandalcohol.ie/27603/1/Reducing-Harm-Supporting-Recovery-2017-2025.pdf>
- The National Traveller and Roma Inclusion Strategy 2017-2021
<http://justice.ie/en/JELR/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf/Files/National%20Traveller%20and%20Roma%20Inclusion%20Strategy,%202017-2021.pdf>
- NOSP Suicide Prevention Education and Training Plan
<https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/education-and-training-plan-v3.pdf>

Appendix 4. Oversight and Implementation Group Membership

Oversight Group	<p>HSE Mental Health: Area Director of Nursing (x 3) ROSP (x 3) CfL Implementation Group Chairs (x3)</p> <p>The oversight group may utilise the skills, opinions and/or resources from the following areas:</p> <ul style="list-style-type: none"> • HSE Head of Service Mental Health • HSE Head of Service Primary Care • HSE Head of Service Health and Wellbeing • HSE Social Inclusion Manager • HSE Local Community Development Committee representatives • HSE Quality and Patient Safety Lead • HSE Implementation Officer Youth Mental Health and Wellbeing • GP/Coroner • HSE Mental Health Executive Clinical Director • HSE Self-Harm Nurse • People with lived experience (of mental ill health and/or bereavement through suicide) • HSE Area Lead Mental Health Engagement • HSE Mental Health Service Coordinator for Travellers • HSE CHO 1 Project Management Office (PMO) • HSE CHO 1 Communications Officer
Donegal Implementation Group Representation	<p>Donegal County Council Insight Inishowen Donegal Intercultural Platform Donegal Sports Partnership Foroige FRC Network Donegal Youth Service Donegal Education Centre Donegal Travellers Project Alcohol Forum Ireland Donegal Local Development Company HSE Psychology HSE Social Inclusion Letterkenny Institute of Technology Pieta SBLO HSE SCAN HSE CAMHS Director of Nursing DMHS GP Donegal Woman's Centre Person with lived experience of Suicide HSE Psychology</p>

	An Garda Síochána
Sligo & Leitrim Implementation Group Representation	<p>Sligo Leitrim Mental Health Services</p> <p>An Garda Síochána</p> <p>NEPs, Department of Education and Skills</p> <p>Sligo Leader Development Company</p> <p>Leitrim Development Company</p> <p>TUSLA</p> <p>HSE Primary Care Division</p> <p>Media Rep</p> <p>HSE Addiction and Social Inclusion Services</p> <p>Mental Health Ireland</p> <p>St. Angela's College</p> <p>I.T. Sligo</p> <p>Samaritans</p> <p>Suicide Bereavement Liaison Service</p> <p>CYPSCs</p> <p>Sports Partnership (Sligo & Leitrim)</p> <p>Family Resource Centres</p> <p>GAA Health & Wellbeing</p>
Cavan and Monaghan Implementation Group Representation	<p>HSE Cavan Monaghan Mental Health Service</p> <p>HSE Health & Wellbeing/Health Promotion & Improvement</p> <p>Cavan County Council – staff & elected representatives</p> <p>Clones Family Resource Centre</p> <p>Monaghan County Council – staff & elected representatives</p> <p>HSE Cavan Monaghan Primary & Social Care</p> <p>HSE Psychology Services Cavan Monaghan</p> <p>HSE Area Lead for Mental Health Engagement</p> <p>An Garda Síochána</p> <p>Teach Oscail FRC, Cavan</p> <p>Focus FRC, Killeshandra</p> <p>Cavan Monaghan ETB (Youth)</p> <p>Youth Work Ireland Monaghan</p> <p>CYPSC Monaghan</p> <p>Cavan County Local Development</p> <p>Foroige</p> <p>CYPSC Cavan</p> <p>Pieta</p> <p>Cavan Traveller Movement</p> <p>Service User Representative</p> <p>Tusla</p> <p>Monaghan Integrated Development</p> <p>Mental Health Ireland</p> <p>Dochas for Women, Monaghan</p>

Appendix 5. National CfL Actions not included in this plan

GOAL ONE

National Goal 1: To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing
National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors
National Action: 1.1.1 Measure how people currently understand suicidal behaviour, mental health and wellbeing and set targets for improved understanding. Lead: NOSP Key Partners: DOH
National Action: 1.2.2 Deliver targeted campaigns to improve awareness of appropriate support services to priority groups. Lead: HSE MH Key Partners: NOSP, Non-statutory partners
National Action: 1.4.1 Engage with online platforms to encourage best practice in reporting around suicidal behaviour, so as to encourage a safer online environment in this area. Lead: DCENR Key Partners: NOSP, Non-statutory partners
National Action: 1.4.2 Broadcasting Authority of Ireland will apply and monitor its Code of Programme Standards including Principle 3 - Protection from Harm, which references self-harm and suicide, so as to ensure responsible coverage around these issues in the broadcast media. Lead: DCENR Key Partners: Broadcasting Authority of Ireland
National Action: 1.4.3 The Press Council will amend its code of practice to include a principle on responsible reporting of suicide. Lead: Press Council of Ireland Key Partners: -

GOAL TWO

National Goal 2: To support local communities' capacity to prevent and respond to suicidal behaviour.
National Objective 2.1 Improve the continuation of community level responses to suicide through planned multi-agency approaches.
National Action: 2.3.1 Develop a Training Plan for community-based training (as part of the National Training Plan) building on the Review of Training completed by NOSP in 2014. Lead: NOSP Key Partners: Non-statutory partners

GOAL THREE

National Goal 3: To target approaches to reduce suicidal behaviour and improve mental health among priority groups.
National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.
National Action: 3.1.1 Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk of suicide or self-harm. See Appendix 8 for exact wording on this action by each government department and agency. Lead: DAFM, DOH, DJE, DSP, DCYA/TUSLA, DECLG, DOD, DTTAS Key Partners: IPS, Garda Síochána, NEPS, ISC, NOSP

<p>National Action: 3.1.4 Evaluate as appropriate targeted initiatives and or services for priority groups. Lead: NOSP Key Partners: -</p>
<p>National Action: 3.1.5 Provide and sustain training to health and social care professionals, including frontline mental health service staff and primary care health providers. This training will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide. Lead: NOSP Key Partners: HSE PC, HSE MH, Acute Hospitals</p>
<p>National Action: 3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education. Lead: DES Key Partners: TUSLA, HSE H&W, NOSP</p>
<p>National Action: 3.3.2 Guide and encourage the implementation of the relevant policies and plans in schools, including support for development of Student Support Teams and for the management of critical incidents. Lead: DES Key Partners: TUSLA, HSE H&W, NOSP</p>
<p>National Action: 3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying. Lead: DES Key Partners: HSE H&W, NOSP</p>
<p>National Action: 3.3.5 Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle; and encourage schools to deliver an SPHE programme (including RSE and mental health awareness) at Senior Cycle. Lead: DES Key Partners: HSE H&W, DCYA/TUSLA, DOH HI</p>
<p>National Action: 3.3.7 Deliver early intervention and psychological support service for young people at secondary care level, including CAMHS. Lead: HSE MH Key Partners: -</p>

GOAL FOUR

<p>National Goal 4: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour.</p>
<p>National Objective 4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour.</p>
<p>National Action: 4.1.3 Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under Probation services in the community. The Irish prison service and the HSE National Forensic Mental Health Service will complete an agreed memorandum of understanding on improved links through the NFMHS Prison Inreach Service and the Probation service will engage with the HSE on maintaining and developing access to community psychiatric service. Lead: DJE Key Partners: IPS, Probation Service, HSE MH</p>
<p>National Action: 4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments. Lead: HSE MH</p>

Key Partners: HSE Acute Hospitals
National Action: 4.3.2 Commission and evaluate bereavement support services. Lead: NOSP Key Partners: HSE PC, CHOs

GOAL FIVE

National Goal 5: To ensure safe and high quality services for people vulnerable to suicidal behaviour.
National Objective 5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention.
National Action: 5.1.1 Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure. Lead: NOSP Key Partners: Non-statutory partners
National Action: 5.1.2 Continue to promote a whole-school approach to student guidance/counselling within each post-primary school. Lead: DES Key Partners: TUSLA, HSE H&W, NOSP
National Action: 5.1.4. Conduct a statutory consultation process and (in the context of wider policy development on the regulation of health & social care professionals) decide on the feasibility of designating by regulation the profession(s) of counsellor and psychotherapist. Lead: DOH Key Partners: -
National Action: 5.1.5 Disseminate information on effective suicide prevention responses through the development and promotion of repositories of evidence-based tools, resources, guidelines and protocols. Lead: NOSP, DJE Key Partners: -
National Action: 5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services. Lead: HSE MH Key Partners: HSE PC, Acute Hospitals
National Action: 5.2.2 Strengthen the data systems to report and learn from investigations and reviews on child protection and deaths of children in care in order to review the profile of need and requisite service response to vulnerable young people who are in the care of the state or known to TUSLA. Lead: DCYA/TUSLA Key Partners: -
National Action: 5.2.3 Implement a system of service review, based on incidents of suicide and suicidal behaviour, within HSE mental health services (and those known to the mental health service) and develop responsive practice models. Lead: HSE MH Key Partners: -
National Action: 5.3.1 Through the Death in Custody/Suicide Prevention Group in each prison, identify lessons learned, oversee the implementation of the corrective action plan, and carry out periodic audits. Lead: DJE Key Partners: Chaired by senior Governor in each prison
National Action: 5.3.2 Ensure compliance with the relevant policies through regular audit and implementation of audit recommendations.

Lead: DJE Key Partners: IPS
National Action: 5.3.3 Implement the IPS Prisoner Release Policy, to ensure care, treatment and information is provided, including identifying the appropriate mental health services in each area for those leaving prison. This will include appropriate links with the community mental health services. Lead: DJE Key Partners: HSE MH, HSE PC
National Action: 5.4.2 Deliver training in suicide prevention to staff in government departments and agencies likely to come into contact with people who are vulnerable to/at risk of suicidal behaviour. Lead: DAFM, DOH/HSE DJE/IPS, DSP, DES, DCYA/TUSLA DOD, DECLG, Local Authorities Key Partners: NOSP <i>Note: Action 5.4.1 is a repeat of Action 2.3.1 and is not included</i>
National Action: 5.4.3 Support professional regulatory bodies to develop and deliver accredited competency-based education on suicide prevention to health professionals. Lead: DOH Key Partners: A range of professional bodies
National Action 5.4.4 Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions. Lead: Academic Oversight Structures Key Partners: -
National Action 5.4.5 Support the National Clinical Effectiveness Agenda and implement national clinical guidelines in line with NCEC requirements. Lead: DOH Key Partners: HSE MH, NOSP

GOAL SIX

National Goal 6: To reduce and restrict access to means of suicidal behaviour.
National Objective 6.1 Reduce access to frequently used drugs in intentional drug overdose.
National Action 6.1.1 Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs. Lead: DOH Key partners: -
National Action: 6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems. Lead: DOH Key partners: -
National Action: 6.2.3 Ensure that access to ligature points in cells is minimised and that this issue is given ongoing attention, particularly in the planning of all new prisons. Lead: DJE Key partners: IPS

GOAL SEVEN

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.
National Objective 7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life.
<p>National Action: 7.2.1 Develop capacity for observation and information gathering on those at risk or vulnerable to suicide and self-harm, this includes children/young people in the child welfare/protection sector and places of detention, including prisons.</p> <p>Lead: DJE, DCYA/TUSLA</p> <p>Key partners: IPS, Coroners' Offices (in context of the recording of deaths), CSO, NSRF</p>
<p>National Action 7.2.3 Collect, analyse and disseminate high quality data on suicide and self-harm and ensure adequate access to, and understanding of the data among those working in suicide prevention across all sectors.</p> <p>Lead: NOSP</p> <p>Key partners: DOH, NSRF, DJE/IPS, DCYA/TUSLA</p>
<p>National Action: 7.3.1 The Justice and Health sectors will engage with the Coroners, Garda Síochána, NOSP, CSO and research bodies in relation to deaths in custody, and recording of deaths by suicide and open verdicts, to further refine the basis of suicide statistics.</p> <p>Lead: DJE</p> <p>Key partners: DOH, NOSP, Coroners' Offices, Garda Síochána, CSO, Research Bodies</p>
<p>National Action: 7.4.1 Support research on risk and protective factors for suicidal behaviour in groups with an increased risk (or potential increased risk) of suicide behaviour (see Strategic Goal 3)</p> <p>Lead: NOSP</p> <p>Key partners: DOH</p>
<p>National Action: 7.4.2 Support the co-ordination and streamlining of research completed by third-level institutions.</p> <p>Lead: HEA</p> <p>Key partners: NOSP</p>
<p>National Action: 7.4.3 Develop working partnerships with centres of expertise to support evaluation and research, knowledge transfer and implementation support between researchers, policy makers and service providers.</p> <p>Lead: NOSP</p> <p>Key partners: -</p>
<p>National Action: 7.4.4. Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups.</p> <p>Lead: NOSP</p> <p>Key partners: Third Level Institutions</p>