





# **Implementation Plan** 2023-2024

## Supports Available

If you are worried about yourself or someone you know, it is important to get help as soon as possible. Please do not be alone. Everyone needs help from time to time and, 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 night-time, contact Shannondoc 0818 123 500

Go to the Emergency Department in University Hospital Limerick. 061 301111

Contact emergency services by calling 999 or 112.

Call the Samaritans 24 hour Freephone Listening Service on 116 123.

<u>Visit www.yourmentalhealth.ie</u> for information on mental health supports and services.

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## **Connecting for Life Principles**

Shared responsibility

Collaboration

Partnership

Parity of esteem

Person centred

Accountability

Sustainability

Acknowledge the lived experience of people touched by suicide and self-harm

## Section 1:Development of Connecting for Life Midwest (CfL-MW) 2020-2024

#### 1.1 Background

Ireland's national suicide prevention strategy, Connecting for Life (CfL), was launched by the Department of Health 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 ten Local Action Plans havebeen updated to reflect the new National Implementation Plan. The Mid-West plan for the CHO 3 area is one of these local plans.

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 the following areas;

- 1. Stigma reduction
- 2. Self-harm
- 3. Public health communications
- 4. Media monitoring
- 5. Development of local CfL action plans
- 6. Early intervention services
- 7. The coronial process for suicide death registrations
- 8. GP prescribing behaviours (regarding benzodiazepines)

However, at a national level, some areas were highlighted as having limited progress made, including the need for:

- 1. More co-ordinated delivery of suicide prevention training
- 2. Strategic planning around priority or vulnerable groups
- 3. Restricting access to means of suicide in public places
- 4. 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 Connecting for Life Mid-West phase 2. The seven strategic goals remain unchanged from the original plan and are highlighted in illustration 1 above

#### 1.2: Suicide and self-harm data 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.

Illustration 2 below shows the 2019 figures of suicide and self-harm in Ireland at a glance while Figure 1 illustrates the trends observed in suicide rates in Ireland over the period 2005-2020. Analysis of the crude standardised suicide rates indicates that there was a substantial increase in suicide 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. Provisional data indicates an increase in suicide rates observed in 2019 for both men and women, however caution is required in interpreting the 2018, 2019 and 2020 data as it is not yet finalised, as the global pandemic has delayed the inquest process.

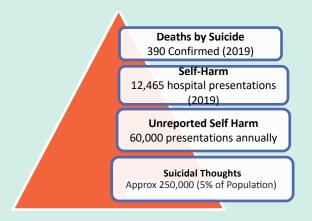


Illustration 2: Suicide and self-harm at a glance-Ireland, 2019

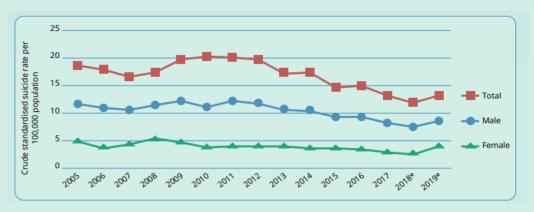


Figure 1: Rates of Suicide in Ireland per100000 of population 2005-2020

Figure 2 below, illustrates the standardised self-harm rates as 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. An overall 6% increase in self-harm hospital presentations was reported in 2018.

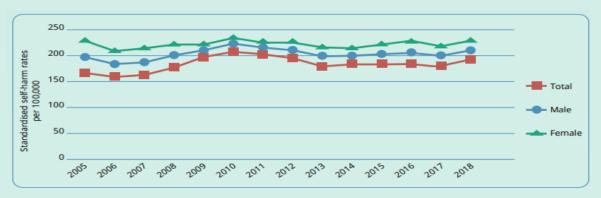


Figure 2: Rates of self-harm in Ireland per 100000 of population 2005-2020

The increase observed in both the provisional suicide rate and self-harm rate in recent years highlights 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 presently that NOSP is planning to address over the lifespan of this second implementation plan, namely:

- · 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 to directing current work on suicide prevention, it does not allow for identification of additional risk factors for suicide to guide policy and service responses. In response, the Irish Probable Suicide Deaths Study (IPSDS) was commissioned and included wider information found the coronial files. The widening of the criteria to 'probable suicide deaths' means we get a more accurate picture of the rate of suicide in Ireland, and more information about the profile of those deceased and potential risk factors or trends. Published in November 2022, this study was the result of collaboration between the HSE NOSP, the Coroners Service and the Health Research Board (HRB), with support from the Department of Health. The report identified 2,349 probable suicide deaths in Ireland, from a four year period from 2015 to 2018. 246 of these deaths were in CHO3. The highest number of deaths were with people between the ages of 35-44years old. The following trends relate to the 246 deaths in CHO3.

- 1. 78% were men and 22% were women.
- 2. 65% had a history of mental health condition.
- 3. 48% were known to have had contact with the medical services before their death.
- 4. 80% had adverse life events and stressors.
- 5. 24% had a lifetime history of substance misuse.
- 6. 14% had a known history of self-harm.
- 7. 35% of deaths occurred in a public location.
- 8. 39% were known to be in paid employment.
- 9. 22% were known to be unemployed.

The findings and data from CHO3 will help influence future local action plans, and targeted initiatives supported by the OSP for Limerick, North Tipperary and Clare.

#### 1.3 Risk and Protective Factors

# Risk Factors Biological Genetic predisposition to mental health issues Neurodivergence, e.g., people with autism, ADHD etc. Aggressiveness/impulsivity Executive dysfunction Physical illness Disability Mental Health Issues Depression Anxiety Schizophrenia History of self-harm Eating distress Addiction Pissk Factors Psychological Hopelessness Poor self-esteem Loneliness Psegative life outlook Lack of coping skills Shame/despair Inflexible thinking Perceived burdensomeness Lack of social Lack of social Lack of social connectedness Relationship breakup Prhysical, psychological or sexual abuse Minority group membership Isolation Bereavement Family conflict Substance misuse

Illustration 3: Suicide Risk and Protective Factors (Connecting for Life, 2015)

#### **Protective Factors**

- Awareness and access to physical and mental health care
- Personal resilience i.e. the ability to bounce back from difficult situations
- Interpersonal and community connectedness
- Healthy close relationships
- Religious or spiritual beliefs and practices that encourage help-seeking behaviours
- Safe environment
- Healthy lifestyle choices e.g. regular exercise, sleeping well and a healthy diet
- Optimistic outlook
- Developed self-identity
- Positive self-esteem and self-efficacy
- · Effective problem-solving skills, including the ability to seek help when needed

#### 1. 4 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; It is estimated that 135 people are affected
  by each suicide death. This means that in 2019 at least 52,650 were impacted by suicide
  and research shows that those exposed to suicide are much more vulnerable to suicidal
  behaviour.
- Occupational groups: Healthcare professionals, professionals working in isolation, (e.g. veterinarians, farmers)

NOSP plan to carry out a revision of the current list of priority groups, following a comprehensive internal review to identify gaps, and to determine a more focused, strategic approach to working with priority groups for phase two of the strategy. This review will help determine an up-to-date, focused, strategic list of 'most at risk' priority groups to ensure the phase two implementation plan for CfL can address suicide and self-harm in these groups. It will also help ensure that the revised list of priority groups is reflective of the post – Covid-19 reality in communities across Ireland. The mid-west CFL plan is flexible and priority focused, and will incorporate any newly identified priority groups.

#### 1.5 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 emerging impact of Covid-19 on the work of CfL community 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 both young people and parents
- Stress for staff delivering mental health services remotely with limited peer support / supervision

The new CHO3 plan has a range of actions targeting some of these issues including;

- Tenancy sustainment support for those who engage with mental health services
- Gambling support for clients and their families
- Online perinatal peer support programmes
- Social Calling Service in winter months

In addition, as restrictions have ended, we have been made aware of significant challenges for some in managing anxiety in returning to work-place and social gatherings. We note that young people, particularly those who were hard to reach pre-pandemic are proving more difficult to reengage with and are presenting with high levels of anxiety. In the new plan a number of targeted actions such as the development of outreach hubs across Limerick County have been developed to support this need.

#### 1.6 Emerging Issues

Over the past number of months, the war in Ukraine has seen high levels of immigration into Ireland. As this situation develops, it will be important to monitor the mental health trends and the impact of the recent trauma on this group and identify actions in the Mid-West region to support them. The newly formed implementation groups have shared updates on numbers of refugees presenting in each county, actions being taken by statutory and community organisations to support them and collaborating and sharing of resources. This work will continue and specific actions for further inclusion in the plan will be identified and included in the action plan.

#### 1.7 Suicide and Self-Harm in the Mid-West Region

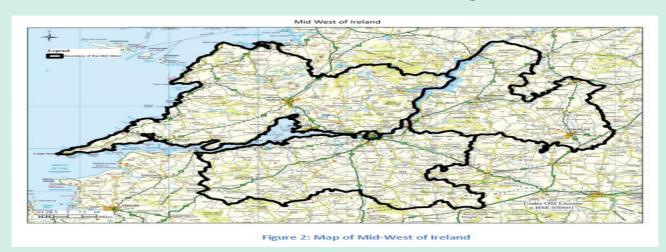


Illustration 4: Mid-West region, Ireland

#### 1.7 (a) Demographic information for Limerick, Clare and North Tipperary

| Statistic ↑↓                           | CensusYear ↑↓ | County 1  | Sex ↑↓     | Unit ↑↓ | <b>Value</b> ↑↓ |
|--|---------------|-----------|------------|---------|-----------------|
| Population at Each Census 1841 to 2016 | 2016          | Clare     | Both sexes | Number  | 118,817         |
| Population at Each Census 1841 to 2016 | 2016          | Limerick  | Both sexes | Number  | 194,899         |
| Population at Each Census 1841 to 2016 | 2016          | Tipperary | Both sexes | Number  | 159,553         |

Figure 3: Population Distribution Mid-West (Census 2016)

#### 1.7 (b) Suicide Rates for Limerick, Clare and North Tipperary

#### Three-year moving average rate of suicide, by county of residence of deceased, 2004 to 2020

This table summarises three-year moving average rates of suicide by county of residence of the deceased. They are calculated using finalised year of occurrence data from the CSO, and population estimates for each county which have been extrapolated from the most recent Census (2016) data. **Data used for 2020 is provisional**. Rates are crude rates per 100,000 population and all rates in this table **exclude late registered deaths**.

|                | 2004-<br>2006 | 2005-<br>2007 | 2006-<br>2008 | 2007-<br>2009 | 2008-<br>2010 | 2009-<br>2011 | 2010-<br>2012 | 2011-<br>2013 | 2012-<br>2014 | 2013-<br>2015 | 2014-<br>2016 | 2015-<br>2017 | 2016-<br>2018 | 2017-<br>2019 | 2018-<br>2020 |
|----------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Ireland        | 11.6          | 11.0          | 10.9          | 11.3          | 11.4          | 11.7          | 11.6          | 11.5          | 11.0          | 10.1          | 9.6           | 8.8           | 8.7           | 8.3           | 7.9           |
|                |               |               |               |               |               |               |               |               |               |               |               |               |               |               |               |
| Clare          | 12.6          | 12.2          | 12.8          | 14.3          | 11.6          | 11.1          | 10.2          | 14.1          | 15.2          | 15.5          | 13.5          | 14.3          | 14.1          | 13.7          | 11.7          |
| Limerick C.B.  | 16.4          | 14.1          | 12.4          | 10.8          | 11.9          | 16.6          | 21.3          | 26.0          | 27.1          | 21.8          | 15.9          | 11.1          | 12.8          | 20.0          | 22.6          |
| Limerick Co.   | 10.7          | 10.1          | 8.6           | 10.8          | 11.4          | 13.3          | 14.0          | 12.4          | 10.1          | 10.0          | 9.8           | 12.4          | 12.8          | 13.6          | 11.5          |
| Tipperary      |               |               |               |               |               |               |               |               |               |               |               |               |               | 14.5**        | 13.2          |
| Tipperary N.R. | 19.1          | 14.7          | 14.8          | 14.8          | 14.7          | 14.6          | 9.9           | 14.0          | 12.5          | 13.9          | 12.0          | 14.3          | 15.9**        |               |               |
| Tipperary S.R. | 10.5          | 11.1          | 12.0          | 14.1          | 14.3          | 14.6          | 14.2          | 13.4          | 13.4          | 13.4          | 13.1          | 11.2          | 9.6**         |               |               |

<sup>\*\*</sup>These are two-year (rather than three-year) moving averages. Following an amendment of the EU NUTS legislation, data is now (since 2018) provided for Tipperary, rather than for Tipperary NR and Tipperary SR.

Figure 4: Three year moving average rate of suicide-Mid-West/National comparative

## Self-harm data 2019 Limerick City and County

For the period from 1 January to 31 December 2019, the Registry recorded 12,465 self-harm presentations to hospital that were made by 9,705 individuals nationally. Table 1 presents an overview of the number and rate of persons residing in Limerick City and County, who presented to hospital as a result of self-harm in 2019.

|               |        | 0-19yrs | 20-24yrs | 25-34yrs | 35-44yrs | 45-54yrs | 55+yrs | Total |
|---------------|--------|---------|----------|----------|----------|----------|--------|-------|
| Limorisk City | Male   | 9       | 26       | 33       | 39       | 25       | 8      | 140   |
| Limerick City | Female | 29      | 24       | 60       | 35       | 25       | 14     | 187   |
| Limerick      | Male   | 17      | 12       | 12       | 27       | 8        | 13     | 89    |
| County        | Female | 47      | 27       | 19       | 35       | 25       | 11     | 164   |

Figure 5: Self Harm rates Limerick 2019 by age and gender

## Self-harm data 2019 Clare and North Tipperary

For the period from 1 January to 31 December 2019, the Registry recorded 12,465 self-harm presentations to hospital that were made by 9,705 individuals nationally. Table 1 presents an overview of the number and rate of persons residing in Clare and North Tipperary, who presented to hospital as a result of self-harm in 2019.

|        | 0-19yrs | 20-24yrs | 25-34yrs | 35-44yrs | 45-54yrs | 55+yrs | Total |
|--------|---------|----------|----------|----------|----------|--------|-------|
| Male   | 31      | 27       | 38       | 22       | 23       | 14     | 155   |
| Female | 80      | 65       | 24       | 54       | 20       | 17     | 260   |

Figure 6: Self-harm rates Clare and North Tipperary 2019 by age and gender

## **Section 2: The Context for Connecting for Life Mid-West**

#### 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.

- 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
  - Better suicide data
- 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, achieve better outcomes
- 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 focus on the remaining years of the Healthy Ireland Framework from 2021-2025.
- HSE Mental Health Promotion Plan. This is a five 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. 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, older people, mental health service users, their families and carers and other priority groups.

#### 2.2 Factors for consideration in the Midwest

#### 2.2. (a) Priority Groups

Travelling Community- Limerick City and County is home to approx. 10% of members of the travelling community in Ireland. This number increases significantly during the months of November to February each year in the Rathkeale and surrounding areas. Pavee Point (Traveller Rights Organisation) identifies rates of suicide at 6 times the levels of suicide in the settled community. (Paveepoint.ie, 2022)Factors such as restricted access to suitable accommodation, education and employment are identified as significant contributing factors

#### 2.2 (b) Access to Means

Across the Midwest there are a number of geographical areas that have had a high levels of suicides and suicidal behaviour in Limerick most notably the River Shannon in Limerick and the Cliffs of Moher in Co. Clare. Collaborative work has been undertaken across voluntary and statutory agencies to develop actions that will minimise the access to suicide and promote positive messaging/support numbers at these locations.

As a response to this issue In CfL 2017-2020, Action 6.2.1.1: Identify frequently used locations for suicide and self-harm in Limerick City and County provided a collaborative and innovative response to reducing access to means. A cross-sectoral pilot project was undertaken in Limerick (in 2017/2018) - involving the Department of Public Health Mid-West, An Garda Síochána and the Limerick Local Authority - to use the Public Health England (PHE) toolkit "Preventing suicides in public places; a practical resource". The first phase involved the analysis of An Garda Siochana 'Pulse System' over a 5 year review to identify a number of factors in completed suicides including the identification of public places most used in suicidal behaviour. The analysis of the PULSE data successfully led to the identification of a number of frequently used locations along the Shannon River; three locations accounted for over half of all the water related suicides/suicide attempts in the District. The findings of the analysis were presented to the Limerick Local Authority (Suicide Prevention Strategy Group) in November 2017 and May 2018, and to the CfL National Cross-Sectoral Steering & Implementation Group in July 2018. This project is currently being scaled up at a national level and is included in the new CfL national plan action 6.2.1.

#### 2.2 (c) Deprivation in the Mid-West

One in four people in the Mid-West, were classified as living in a disadvantaged, Very disadvantaged or extremely disadvantaged area in 2016. Of these 26,045 lived in Clare 50,690 lived in Limerick and 18,436 lived in North Tipperary. Limerick city has many areas of extreme deprivation and pockets of rural deprivation are also found in the Mid-West. (Census, 2016). The Samaritans report "Dying from Inequality" (2017) highlights the links between areas of high levels of deprivation and increased risk of suicide and self-harm behaviour. This is both a community contagion and individual risk level.

The Mid-West has less people classified as affluent and more people classified as being below average, disadvantaged and very disadvantaged when compared to the classification of the national population. 64.2% of the population in Limerick City are in the lower classes of the Haase & Pratschke scale. Furthermore, 7.6% of the population in Limerick City are classified as extremely disadvantaged compared to 1.7% of the population nationally (Paul Partnership, 2017)

#### 2.3 Suicide Prevention Training.

A comprehensive range of suicide and self-harm training is offered in the Community Healthcare area, aligned to the National Education and Training Plan. The mid-west is one of a few regions that has a dedicated Training and Development Officer for almost 20 years as well as proficient administration support. Most notably there is a highly skilled and dedicated training panel and we are grateful to all members for their ongoing commitment and support. The Covid 19 pandemic impacted significantly on the delivery of training up to 2022. Training has been reinstated and we expect this to grow further during the plan. We are purposely targeting those who work with priority groups to reach those most at need. We also welcome the resumption of NOSP train the trainer events to grow our capacity for delivery.

Between 2017 and 2021 a total of 2563 people availed of evidence based, online or face to face suicide or self-harm awareness training to support them in their professional and personal lives. It is expected that this will have increased their awareness and improved their response to those in distress and opened up the conversation within their communities. Below Figure 7 is a breakdown of the training delivered

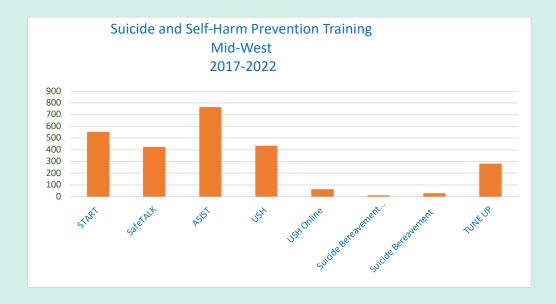
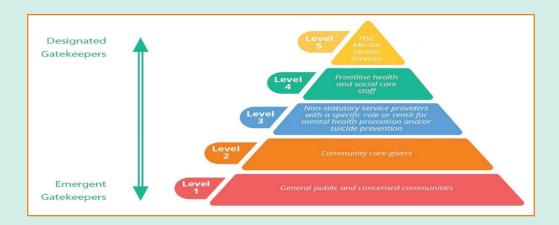


Figure 7: Suicide and Self-harm training delivered 2017-2021

The training is offered on an incremental basis to stakeholder groups depending on their proximity to those in distress. All of the training on offer is only available to those over 18. To access the full suite of training options available, please go to our Bookwhen page located in the appendix below:

The illustration below shows the levels training is relative to the level of exposure to people in distress.



#### Level 1

**START** (online) the aim of the programme is to help participants to identify people who are at risk of suicide, to confidently ask them about the topic of suicide and to connect them with resources that can help them stay safe.

**Safe TALK** 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. Workshops are available through the Office for Suicide Prevention or through partnerships with local organisations to host events in their community. They are open to anyone over the age of 18 who has not recently been bereaved by suicide.

**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. Workshops are available through the Office for Suicide Prevention or through partnerships with local organisations to host events in their community. They are open to anyone over the age of 18.

#### Level 2

**ASIST** – Applied Suicide Intervention Skills Training is a 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. The programme is aimed at those who having completed level 1 training, identify a need to deepen their understanding of suicide and practice skills in supporting those in distress.

#### Level 3

**Suicide Bereavement - Professional Programme**. The Bereavement Training Programme is a one day training programme which provides individuals with the skills and knowledge to support those bereaved through suicide.

#### Level 4

No programmes currently offered at this level

#### Level 5

STORM. Skills Training on Risk Management for healthcare professionals. It is currently run in the Mid-West to specific mental health teams as identified by clinical managers.

#### 2.4 Crisis Response and signposting

Staff within the OSP- Mid-west will support those in distress, their caregivers and professionals to access forms of support at times of crisis across the region. There are targeted campaigns throughout the year and across vulnerable sectors to distribute information and organise awareness raising and networking events.

#### 2.5 SBLO Suicide Bereavement Liaison Service

This is a service offered by Pieta and funded by NOSP. The service offers guidance, practical information and support to those bereaved by suicide. They can also refer to additional services if required. It is available to anyone in the aftermath of a death by suicide. Contact details are available in the resources section of this document.

#### 2.6 Community Suicide Bereavement Programme

This two-hour presentation provides guidance for communities on supporting people bereaved through suicide. It is organised in partnership with a community organisation and is usually held in the aftermath of a death by suspected suicide on request.

#### 2.7 Community response plan

This group will be established to support the development of an inter-agency community response plan for incidents of suspected suicide, in particular, clusters or contagion in Limerick, Clare and North Tipperary. Their work will be in line with the operational guidance document published by HSE NOSP in September 2021 on *Developing a Community Response to Suicide*.

## Section 3 Development of the new plan.

The development of the new plan in CHO 3 was led by the local Office for Suicide Prevention supported by the 3 CfL Mid-West implementation groups, NOSP and the National Office for Mental Health Operations.

Commencing in autumn 2020, there were a number of strands to the preparation of the new plan which supported the review of the current plans and the development of the new plan for the Comunity Healthcare area:

- 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 examine the extent to which the actions in the national strategy were on track to being achieved, 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. As outlined above the findings included a need for coordinated training delivery, focus on identifying new priority groups and identifying actions which will reduce access to means as well as ensuring the cost effectiveness of the programme. A gap identified in the Mid-west plan on restricting access to means, will be prioritised to identify and associate more actions and partners in this area. An ongoing priority of the team is to consistently ensure a cost effective quality programme is delivered.
- NOSP local CfL suicide prevention plan Self-Evaluation Project. The aim of this project was to eview implementation progress on the 17 local action plans, using a Best Practice selfevaluation 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 of the feedback was collated and provided to all Resource Officers for Suicide Prevention (ROSPS) from a shared learning perspective to support the new plan development. In the Mid-West region, there were a number of points for consideration in the development of the new plan, these included;

The development of a new implementation structure, moving from one regional implementation group to an oversight group and 3 county groups. One focus of the County groups going forward will be to identify collaborative projects that stakeholders can work on. This will improve the development of strategic rather than operational planning, an issue identified in the review. It is also hoped that the new structure will allow for more relevant networking amongst local stakeholders. Reduced number of actions, focus on suicide prevention as opposed to stakeholders including all of their current areas of work. The new plan has been reduced from 124 to 91.

The reporting system was identified as cumbersome and improvements to ease of use are currently being explored.

Detailed review of the implementation progress of the action in the first plans to inform the new actions. In the mid-west region the completion rate of the plan up to 2020 was 80%. Some actions were impacted by the onset of the Covid 19 pandemic. Prior to this the implementation progress rate was estimated to be 86%.

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:

- What worked well in the Community Healthcare area in the first plan, and what worked in other local action plans, 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.
- Extensive consultation with community and statutory bodies on the inclusion of their actions.
- 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 project selected for the showcase were presented to the ROSP group for consideration for inclusion in the new local plans. At a local level the development of the Services Integration group highlighted the benefits of collaborative working for a priority group and continuously identifying new areas of need. An overview of this work is shown below.

## 3.1: Case Study Development of Services Integration Group

This group arose from the significant level of contact between these services and with a view to promoting:

- ✓ That young people in Limerick are able to access the most suitable service for themselves at the earliest possible opportunity
- ✓ There is a good level of sharing of information in relation to young people transitioning from one service to another and that consent is applied in a transparent and open way
- ✓ That a suitable risk assessment and level of information is shared when referring between services, particularly where risk is identified
- ✓ That information regarding levels of activity e.g. workshops, schools work etc. is shared with the services so that each is aware of others activity and implications for referrals are addressed
- ✓ That connection with other agencies is established to improve and, maintain open lines of communication

This project was initiated between staff of Jigsaw Limerick, Limerick Youth Service, Limerick Social Services Centre and Limerick CAHMS

Partners for the project included: Pieta House, 3 area CAMHS Teams (East, West, Central), Area ROSP, AMHS (Willowdale and Tevere)

#### **Outcomes of the project**

Information sharing and development of transparent referral pathways for young people at risk in Limerick.

The group agreed a number of risk assessment joint protocols

Connections were made with the Office for Suicide Prevention and NEPS to communicate on issues pertaining to suicide so that response can be coordinated from that office which may include activities from a number of services internal and external to the group including schools, community and sporting organisations.

#### **Actions to Date**

- Liaison and integration with CfL MW.
- Collaboration with CYPSC in relation to the 4 virtual wellness rooms to enable rural young people (YP) access services combating rural transport, broadband issues and privacy issues.
- Responsive and collaborative meetings when there was a YP suicide cluster in the area.
- Meetings with Niamh Wallace, NEPS and advanced efforts by the group for more comprehensive communication re risk assessments and cross-referrals.
- The development and distribution of the Youth Links brochure (incl. info on LYS, LSSC & Jigsaw).
- Ongoing quarterly meetings as a group and monthly reviews of wait-times and updates for smoother communication across services.
- Contribution and support to LYS's Break the Silence video (this was LYS's work but discussions had been ongoing in the group re how best to promote that we are open and available to YPs).
- Contribution and support to CYPSC's guidelines for referrals booklet (CYPSC's work but discussions had been ongoing in the group re how best to communicate with GPs re referrals).
- Collaborative contributions to First Fortnight event with MH Reform.
- Increased membership of the group to include representatives from NOPS and AMHS.

#### **Priorities for 2022 include:**

- Improved communication with GPs to prevent "scattergun" approach to referrals.
- Continuing to improve pathways for YPs to get the right help at the right time in the most efficient manner.
- Invite further relevant YP services to talk with the group, (such as CMHT and student counselling services) in order to further integrate pathways for young people in Limerick
- Improved coordination of work with schools including improved communication with NEPS.
- ➤ Helping parents to prioritise their YPs' sessions within our services.

### **Section 4 Implementation Structures**

#### 4.1 National Structure

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 12 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. 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. Illustration 5 below presents this framework.

#### 4.2 Implementation Structures for Connecting for Life, Mid-West 2020-2024

As outlined above, and identified in the local review, a number of structures are being established to support the implementation of Connecting for Life, Mid-West 2021-2024, which will build on the work already initiated during Phase 1 from 2017-2020. They have also been informed by local consultations held with key stakeholders. This approach to implementation will ensure that an on-going feedback loop is maintained to communicate local and national activities. Illustration 6 below outlines these structures incorporating changes to the implementation groups mentioned below.

#### 4.3 Implementation Groups

Three County Connecting for Life groups will be established. There will be a group for Limerick, Clare and North Tipperary. The membership of these groups will be constituted from a range of community, voluntary and statutory stakeholders who will support the ongoing monitoring and advancement of the CfL plan as well as identifying new collaborative and needs based actions on an ongoing basis. These groups will each be chaired by HSE personnel and will interconnect with each other through regular meetings of the Chairpersons and OSP staff.

#### 4.4 Task-orientated Working Groups

Specific task-orientated working groups will also be established or maintained to progress actions as identified and agreed at a local/regional level.

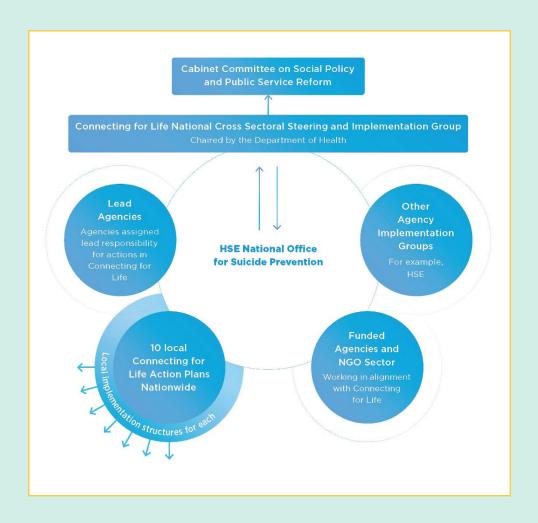


Illustration 5: National Implementation Structures

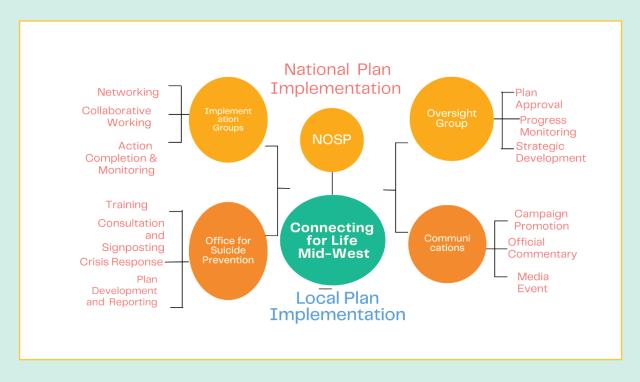


Illustration 6: Mid-West Implementation Structures

## **Section 5 Monitoring & Evaluation.**

At a national level. Connecting for Life is monitored by the NOSP in collaboration with all CfL national lead agencies. The approach uses Implementation Monitoring Dashboards for all CfL action leads to use to report action implementation progress against the agreed milestones.

At a local level an online project management tracking system will be used to identify milestone completion as well as challenges to completion on a quarterly basis. The three implementation groups will work to support the completion of the actions within their geographical areas. Each action lead will be responsible for reporting on their action for inclusion in the quarterly report. It is expected that the oversight group will monitor the overall plan on an ongoing basis.

#### **Section 6 Communications Plan**

Effective communication is key to supporting the implementation of the goals and actions set out in Connecting for Life, Mid-West 2023-2024, as well as ensuring that safe, evidence-based mental health and suicide prevention messages are promoted in a timely manner.

#### Purpose:

- The main purpose of developing a Mid-West CfL communications plan is to:
- · Proactively communicate and disseminate the work of CfL, including implementation progress
- Encourage a high level of engagement and commitment from all CfL leads and partners
- Support greater coordination and collaboration between existing partners so as to streamline the work, avoid duplication and optimise use of resources
- Build a shared understanding and awareness of suicide prevention activities, based on best practice, throughout the region
- Promote training and education programmes that build alertness, awareness and skills in suicide intervention and suicide postvention
- Reinforce and embed national mental health, mental health promotion and suicide prevention campaigns, messages and initiatives at local level.

#### **Development Process:**

The process of developing a CfL communications plan has a number of elements including identifying the audience, key objectives and communication methods and when and who will carry out this work.

#### Meeting on-going needs:

While strong communication infrastructures and channels have already been established as part of Phase 1 of CfL Mid-West, an on-going and responsive communications approach is required. This will ensure that key developments and messages are effectively communicated to existing and new audiences, as and when required, during this implementation period. Exploring the use of new media streams may be considered by the implementation groups and the local Office for Suicide Prevention.

#### **Section 7 Action Plan**

**7.1: Goal 1:** To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing.

# 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 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:** 1.1.3.1 Deliver national mental health campaigns at a local level, and ensure information on relevant local supports and services are kept up to date.

Lead: HSE Mental Health Resource Office for Suicide Prevention

**Key Partners: HSE Communications** 

**Purpose** To promote mental health in the population as measured by a working definition of mental health literacy which incorporates understanding of ways in which we can mind our mental health, support others and access supports and services as needs be.

#### Planned Start date and duration Ongoing

**Location:** CHO3

Inputs for 2023 Staff time

#### Overarching Milestone 2023

Increased awareness across general population and priority groups of national mental health campaigns.

| Q1 2023 | Plan and identify actions, across the region, with priority groups to engage with national campaigns such as Mental Health Week, Green Ribbon, The Little Things, Minding My Mind, and World Suicide Prevention Day. |
|---------|--|
| Q2 2023 | Deliver identified actions   |
| Q3 2023 | Deliver identified actions and review to ensure engagement across Limerick, North Tipperary and Clare.   |
| Q4 2023 | Deliver identified actions and undertake review of stakeholder engagement, risks and issues. Update and distribute Christmas Support Poster to local media and stakeholders.   |

**Overarching Milestone 2024:** Increased awareness across general population and priority groups of national mental health campaigns.

**Outputs by end of 2024**: Population based mental health awareness, de-stigmatisation and information about supports. Increased level of people seeking support at an earlier stage.

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: Pieta

Partners: Non-statutory partners, HSE

Local Action: 1.1.3.2 Increase awareness of Know Suicide Know The Signs Campaign

Lead: Pieta

#### **Key Partners:**

**Purpose** Increase public awareness of how to recognize and support somebody in suicidal crisis.

#### Planned Start date and duration. Ongoing

Location: CHO3

Inputs for 2023 Staff time and expertise

Inputs for 2024 Staff time and expertise

**Milestones 2023** To have a targeted & increased presence in the Limerick region in raising awareness of the Know the Signs Campaign across all mediums possible. Have carried out a number of specific presentations on Know the Signs to identify at risk groups.

| Q1 2023 | Pieta to book advertising with local media in the Limerick area to promote the KTS campaign. Pieta to undertake local PR to promote the KTS campaign using Pieta clinical and fundraising teams.  |
|---------|---|
| Q2 2023 | Pieta to continue advertising with local media in the Limerick area to promote the KTS campaign. Pieta to continue to undertake local PR to promote the KTS campaign using Pieta clinical and fundraising teams.  |
| Q3 2023 | Pieta to book advertising with local media in the Limerick area to promote the KTS campaign. Pieta to undertake local PR to promote the KTS campaign using Pieta clinical and fundraising teams. Pieta to specifically provide presentations on Know the Signs Campaign to identified high risk groups. |
| Q4 2023 | Pieta to book advertising with local media in the Limerick area to promote the KTS campaign. Pieta to undertake local PR to promote the KTS campaign using Pieta clinical and fundraising teams. Pieta to specifically provide presentations on Know the Signs Campaign to identified high risk groups. |

#### **Overarching Milestone 2024**

To have a targeted & increased presence in the Limerick region in raising awareness of the Know the Signs Campaign across all mediums possible. Have carried out a number of specific presentations on Know the Signs to identify at risk groups.

Outputs by end of 2024: Public wide awareness of possible signs of suicide

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:** 1.1.5.1 Deliver activity programmes to a range of groups across the City and County

**Lead:** Limerick Sports Partnership

**Key Partners:** Sport Ireland, Limerick City & County Council, HSE and local community organisations

**Purpose** Physical activity or exercise can improve your health and reduce the risk of developing several diseases like type 2 diabetes, cancer and cardiovascular disease. Participation in regular physical activity and positive mental health are inextricably linked. Physical activity and exercise can have immediate and long-term health benefits. Most importantly, regular activity can improve your quality of life.

#### Planned Start date and duration Ongoing

Location: CHO

**Inputs for 2023** Funding, staff, materials, and support partners

**Inputs for 2024** Funding, staff, materials, and support partners

**Overarching Milestones 2023** Limerick Sports Partnership will deliver a range of physical activity initiatives across Limerick City and County targeting sedentary participants across all age groups.

| Programmes   | Q1 2023 | Programmes delivered as set |
|--|---------|-----------------------------|
| VIP Programme Older Adult Programmes   |         | out.                        |
| Boxing Clever   Men on the Move  | Q2 2023 | Drogrammos dolivorod as set |
| Inclusion Programmes   Women's Initiatives   | Q2 2025 | Programmes delivered as set |
| Community Traveller Health Initiatives   |         | out.                        |
| Physical Activity Opportunities for Families   | Q3 2023 | Programmes delivered as set |
| Cool Movers   Activator Walking  |         | out.                        |
| Woodlands for Health (Mental Health Ireland initiative partnered with Limerick Sports Partnership) | Q4 2023 | Programmes delivered as set |
| Teenage Girls   Recovery Fitness Classes   |         | out.                        |
| Intercultural Programmes   |         |                             |

#### **Overarching Milestone 2024**

Limerick Sports Partnership will deliver a range of physical activity initiatives across Limerick City and County targeting sedentary participants across all age groups

#### Outputs by end of 2024:

- Increase overall fitness levels of participants
- Provide social opportunities to partake in physical activity
- Increase confidence and resilience of participants
- Provide physical activity opportunities in a fun and social environment.
- More informed population on the importance of being active for your physical and mental health.
- Opportunity for participants to build connections and reduce social isolation.
- · Encouraging parents to take part in physical activity with their children to form healthy habits and Lifelong
- Involvement in Sport and Physical Activity (LISPA Model).

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 YourMental-Health.ie

Lead: HSE MH

**Key Partners: NOSP** 

Local Action: 1.2.1.1: Update and maintain information (services & events) on yourmen-

talhealth.ie

Lead: HSE Mental Health Resource Office for Suicide Prevention

#### **Key Partners:**

**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 3

## Planned Start date and duration Ongoing

**Location:** CHO3

**Inputs for 2023** Staff time

Inputs for 2024 Staff time

#### **Overarching Milestone 2023**

Ensure relevant and up to date information is on yourmentalhealth.ie

| Q1 2023 | Engage with NOSP to review local information on YMH.ie  |
|---------|---|
| Q2 2023 | Communicate to NOSP, any updates to supports and services available through yourmentalhealth.ie |
| Q3 2023 | Communicate to NOSP, any updates to supports and services available through yourmentalhealth.ie |
| Q4 2023 | Communicate to NOSP, any updates to supports and services available through yourmentalhealth.ie |

#### **Overarching Milestone 2024**

Ensure relevant and up to date information is on yourmentalhealth.ie

**Outputs by end of 2024**: Full range of mental health supports will be promoted across the CHO3 area

National Objective 1.2 Increase awareness of available suicide prevention and mental health services.

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

Local Action: 1.2.2.1 Promote and support Mental Health Week across the region

Lead: Mental Health Ireland

Partners: HSE OSP, MHAs, Community partners.

Purpose To highlight World Mental Health Day and promote supports to communities.

Planned Start date and duration Ongoing

Location: CHO3

Inputs for 2023 Staff time, some funding, and resources.

**Inputs for 2024** Staff time, some funding, and resources.

Overarching Milestone 2023 Promote and support Mental Health Week across the region

| Q1 2023 | Planning & preparing |
|---------|----------------------|
| Q2 2023 | Finalising events.   |
| Q3 2023 | Delivering events    |
| Q4 2023 | Review.              |

Overarching Milestone 2024: Continue to support Mental Health Week.

Outputs by end of 2024: Promote and support Mental Health Week across the region

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:** 1.3.1.1: Bring together members of the local implementation groups for an annual networking event.

Lead: HSE Mental Health Resource Office for Suicide Prevention

#### **Partners: Implementation Groups**

**Purpose** To increase the opportunities members have to engage with each other and share /hear best practice and up to date research on issues of relevance.

#### Planned Start date and duration Q1 2023- Q4 2024

Location: CHO3

**Inputs for 2023** ROSP and partner time, funding for venue and refreshments

**Inputs for 2024** ROSP and partner time, funding for venue and refreshments

#### Overarching Milestone 2023: Hosting of networking event

| Q1 2023 | Explore options for holding a networking event for all 3 CFL Implementation  Groups |
|---------|---|
| Q2 2023 | Explore options for holding a networking event for all 3 CFL Implementation  Groups |
| Q3 2023 | Finalise event and communications plan and agree speakers and logistics             |
| Q4 2023 | Hose event, evaluate and identify key learning and actions for 2024                 |

#### Overarching Milestone 2024: Hosting of networking event

**Outputs by end of 2024**: The members of the implementation groups will have a broad understanding of the work and challenges of the other group members and collaborative pieces of work can be developed to tackle some of the issues identified

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:** 1.3.1.2: Aligned to national campaigns develop and deliver suicide prevention and positive mental health awareness raising events and campaigns locally that reduce stigma

Lead: HSE Mental Health Resource Office for Suicide Prevention

Partners: Implementation group members, community organisations and clinical nurse managers

**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. Inadequate or ill-informed media reporting can add to this problem. Mental health problems are a major risk factor for suicide.

#### Planned Start date and duration Q3 2023 2 months annually

Location: CHO3

**Inputs for 2023** ROSP and partner time, See Change resources

**Inputs for 2024** ROSP and partner time, See Change resources

Overarching Milestone 2023: Delivery of the Green Ribbon Campaign in CHO3

| Overaltill | ing whilestone 2023. Delivery of the Green Kibbon Campaign in Chos  |
|------------|---|
| Q1 2023    | Identify Green Ribbon partners to plan one event in each CHO3 area  |
| Q2 2023    | Attend See Change briefings, identify distribution and communications plan, engage with partners and order Green Ribbon resources |
| Q3 2023    | Hold events, distribute Green Ribbon resources and messaging, and undertake evaluation of events.                                 |
| Q4 2023    | Hold events, distribute Green Ribbon resources and messaging, and undertake evaluation of events.                                 |

#### **Overarching Milestone 2024**

Delivery of the Green Ribbon Campaign in CHO3

Outputs by end of 2024: Greater awareness of stigma reduction through the delivery of

the Green Ribbon campaign.

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:** 1.4.4.1 Working with Headline, establish links with and support local media by providing updated information on media reporting such as the *Samaritans Media Reporting Guidelines for the Reporting of Suicide*.

#### **Lead, HSE Communications**

#### Partners: HSE MH (ROSP), Headline, Local media

**Purpose** To continue to engage with local media sources, including those online to ensure guidelines are followed and clear, helpful messaging is promoted around issues of mental health in the media

#### Planned Start date and duration Ongoing

**Location:** CHO3

**Overarching Milestone 2023:** Information disseminated to all relevant print, online and broadcast media in a supportive and sensitive manner of mental health issues.

| Q1 2023 | Communicate appropriate HSE media responses to local/national issues |
|---------|--|
| Q2 2023 | Communicate appropriate HSE media responses to local/national issues |
|         |  |
|         | Disseminate updated guidelines                                       |
| Q3 2023 | Communicate appropriate HSE media responses to local/national issues |
| Q4 2023 | Communicate appropriate HSE media responses to local/national issues |
|         |  |
|         | Host media information sharing and networking event                  |

**Overarching Milestone 2024:** Information disseminated to all relevant print, online and broadcast media in a supportive and sensitive manner of mental health issues.

**Outputs by end of 2024**: Communication to all print, online and broadcast media on an ongoing basis to ensure appropriate reporting of mental health issues

# 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:** 2.1.1.1: Implement monitor and report on the delivery of CfL Mid-West

**Lead: HSE Mental Health ROSP** 

Partners: HSE PMO CfL 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** Ongoing

**Location:** CHO3

**Inputs for 2023** Funding, expertise, ROSP and partner time.

**Inputs for 2024** Funding, expertise, ROSP and partner time.

**Overarching Milestone 2023:** Regular engagement between ROSPs , local interagency Implementation groups

| Q1 2023 | CFL Implementation Group to meet in each CHO3 areas  |
|---------|--|
|         | Establish internal Project Team and project management framework for CFL                             |
|         | Request HOS to convene an Oversight Group for CFL and the implementation of Community Response Plan. |
| Q2 2023 | CFL Implementation Group to meet in each CHO3 areas  |
|         | Project Team meets to review and advance the project management framework for CFL                    |
|         | Request HOS to convene an Oversight Group for CFL and the implementation of Community Response Plan. |
| Q3 2023 | CFL Implementation Group to meet in each CHO3 areas  |
|         | Project Team meets to review and advance the project management framework for CFL                    |
|         | Request HOS to convene an Oversight Group for CFL and the implementation of Community Response Plan. |
| Q4 2023 | CFL Implementation Group to meet in each CHO3 areas  |
|         | Establish internal Project Team and project management framework for CFL                             |
|         | HOS convenes Oversight Group and nominates core lead for CRP   |
|         | Implementation starts on the Community Response Plan   |

**Overarching Milestone 2024:** Local interagency implementation groups and oversight group continue to meet and report on progress of actions.

**Outputs by end of 2024**: Full development of Interagency implementation groups are complete. Clear communication mechanisms have been developed between the interagency and oversight groups. A number of collaborative projects have been identified at a local level

# 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: 2.2.1.1: Promote NOSP guidelines and protocols on effective suicide preven-

tion

Lead: HSE Mental Health ROSP & Tusla

#### Partners:

**Purpose** To ensure the timely and widespread distribution to community and statutory organisations of the updated protocol, currently being updated from 2012 version

Planned Start date and duration 6 months from publication

Location: CHO3

#### Inputs for 2023 ROSP time, postage costs

Overarching Milestone 2023: Disseminate resources guidelines as published by NOSP

|         | 0 1 7  |
|---------|--|
| Q1 2023 | Support review, edit and launch of 'Suicide Prevention in The Community' 2023 to relevant stakeholders.                |
| Q2 2023 | Disseminate 'Suicide Prevention in The Community' 2023 to relevant stakeholders.                                       |
|         | Respond to stakeholder requests for guidance on suicide prevention – NGOs, schools, Family Resource Centres, services. |
|         | Agree communications plan to share NSRF and NOSP data and research   |
| Q3 2023 | Deliver Suicide Prevention Code of Practice with the National Family Resource<br>Centre Mental Health Coordinator      |
|         | Disseminate 'Suicide Prevention in The Community' 2023 to relevant stakeholders.                                       |
|         | Respond to stakeholder requests for guidance on suicide prevention – NGOs, schools, Family Resource Centres, services  |
|         | Deliver on communications plan and share NSRF and NOSP data and research   |
| Q4 2023 | Disseminate 'Suicide Prevention in The Community' 2023 to relevant stakeholders.                                       |
|         | Respond to stakeholder requests for guidance on suicide prevention – NGOs, schools, Family Resource Centres, services  |
|         |  |

#### **Overarching Milestone 2024**

Update distribution list to include new services and send to same

**Outputs by end of 2024**: Protocols will be disseminated and provide a resource to communities to support the work of suicide prevention

Deliver on communications plan and share NSRF and NOSP data and research

# 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: 2.3.1 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** 

**Local Action:** 2.3.1.1: Implement NOSP Training & Education Plan for Community based

Training

**Lead: HSE Mental Health ROSP** 

**Partners: Community Organisations** 

**Purpose** To ensure that all programmes of suicide prevention training is delivered in a range of settings in the community, allowing the widest range of participation

**Planned Start date and duration** Ongoing

**Location:** CHO3

Inputs for 2023: Staff time trainer availability

**Inputs for 2024:** Staff time trainer availability

**Overarching Milestone 2023:** Identified community training needs will be met with a combination of online and face to face training events.

|         | Plan strategically the delivery of NOSP training suit for CHO3 Q1-4        |
|---------|--|
| Q1 2023 | Respond to requests for training from stakeholders                         |
|         | Deliver NOSP suite of training programmes                                  |
| 02.2022 | Respond to requests for training from stakeholders                         |
| Q2 2023 | Deliver NOSP suite of training programmes                                  |
|         | Respond to requests for training from stakeholders                         |
| Q3 2023 | Deliver NOSP suite of training programmes                                  |
|         | Post summer evaluation of training delivery and review of Q4 training plan |
|         | Respond to requests for training from stakeholders                         |
| Q4 2023 | Deliver NOSP suite of training programmes                                  |

#### **Overarching Milestone 2024**

Identified community training needs will be met with a combination of online and face to face training events

**Outputs by end of 2024**: A number of community organisations will have delivered suicide prevention training and will improve the understanding of and response to suicidal/self-harm distress within the community.

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:** 2.3.2.1 Deliver suicide prevention training programmes, prioritising professionals and volunteers working with priority groups

**Lead: HSE OSP Training Officer** 

#### **Partners: Community and Voluntary Sector**

**Purpose** To ensure those working with vulnerable persons will have up to date, evidenced based training interventions relative to their needs

### Planned Start date and duration, Ongoing

**Location:** CHO3

**Inputs for 2023:** Training budget, available trainers, accessible venues and continued communication from NOSP

#### Overarching Milestone 2023: Face to Face Training will be fully reconvened

### Q1 2023 Identify key stakeholders in HSE/Community/Voluntary to support delivery of local and national training plan to key priority groups

Engage with THU, Traveller Primary Health Care Teams and Traveller groups to support delivery of training to peer workers and members of the Traveller community

#### Q2 2023

Engage key stakeholders in HSE/Community/Voluntary to support delivery of training to key priority groups and those responding directly to people in suicidal distress

Engage with HEIs to plan a stepped approach to the training suite with identified student cohorts

Engage with THU, Traveller Primary Health Care Teams and Traveller groups to support delivery of training to peer workers and members of the Traveller community

Identify key stakeholders in HSE/Community/Voluntary to support delivery of the Workshop for Professionals Supporting People Bereaved by Suicide

#### Q3 2023

Engage key stakeholders in HSE/Community/Voluntary to support delivery of training to key priority groups and those responding directly to people in suicidal distress

Engage with HEIs to plan a stepped approach to the training suite with identified student cohorts

Engage with THU, Traveller Primary Health Care Teams and Traveller groups to support delivery of training to peer workers and members of the Traveller community

Identify key stakeholders in HSE/Community/Voluntary to support delivery of the Workshop for Professionals Supporting People Bereaved by Suicide

#### Q4 2023

Full training schedule will be executed and the years training plan will be evaluated

#### Overarching Milestone 2024 Full training schedule will be executed

**Outputs by end of 2024**: Up to 400 workers and volunteers, including those working with priority groups will receive suicide prevention training

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:** 2.3.2.2 Deliver targeted online Understanding Self Harm workshops to Parents Associations at primary and post primary level

**Lead: HSE OSP Training Officer** 

Partners: ETB representatives and School support teams

**Purpose** To provide parents and guardians of preteen/early teen children, training and support to identify self-harming behaviours and signpost to services

Planned Start date and duration Q1 2023-Q4 2024

Location: CHO3

Inputs for 2023 T/O time

Inputs for 2024 T/O Time

Overarching Milestone 2023: Online workshops will be delivered in the CHO3 area

| Q1 2023 | Identify Parent's Association to partner with for delivery of workshop |
|---------|--|
| Q2 2023 | Workshops will be delivered  |
| Q3 2023 | Workshops will be delivered  |
| Q4 2023 | Workshops will be delivered and reviewed for 2024 plan                 |

Overarching Milestone 2024 Full training schedule will be executed

**Outputs by end of 2024**: USH workshops will have been widely offered throughout the region and a large number of parents and guardians will have completed the workshop

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:** 2.3.2.3 Work with implementation/oversight group members to audit organisation suicide prevention training inputs across the 3 counties. Develop and implement individual organisation training plans

**Lead: HSE OSP Training Officer** 

#### Partners:

**Purpose** To support members of the IG/OG to ensure that their organisation/body is promoting suicide prevention training where appropriate

Planned Start date and duration Q1 2023, 24 months

Location: CHO3

**Inputs for 2023:** Training budget, available trainers, accessible venues and T/O time and expertise.

**Inputs for 2024:** Training budget, available trainers, accessible venues and T/O time and expertise.

**Overarching Milestone 2023:** Limerick IG members will be supported to carry out training audit and develop organisational training plan

| Q1 2023 | Introduce audit document to Limerick CFL Implement Groups      |
|---------|--|
| Q2 2023 | Identify IG members to collaborate with an audit training plan |
| Q3 2023 | Implement training plan  |
| Q4 2023 | Implement training plan.                                       |
|         | Prepare IG audit work plan for 2024 for CFL IG in Clare        |

**Overarching Milestone 2024:** Tipperary/Clare IG members will be supported to carry out training audit and develop training plan

**Outputs by end of 2024**: Membership of the IG/OG will be comprised of members who have fully engaged with Suicide prevention by embedding training interventions into their organisational structure

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:** 2.3.2.4 Identify experienced designated community/organisation gatekeepers to develop their leadership skills and progress them to Train the Trainer programmes

**Lead: HSE OSP Training Officer** 

**Partners: NOSP** 

**Purpose** to develop the capacity of the sector to effectively provide suicide prevention training in a timely and cost effective manner

Planned Start date and duration Q1 2023, 24 months

**Location:** CHO3

**Inputs for 2023** Training budget, Trainee Trainers TtT programmes

**Overarching Milestone 2023:** Increased number of trainers available to deliver programmes in the Mid-West Region

| Q1 2023 | Identify suitable candidates for T4T on NOSP suite of training   |
|---------|--|
|         | Ensure new trainers complete shadowing, as required, to progress to qualified trainer                  |
| Q2 2023 | Support new trainers and ensure they complete shadowing, as required, to progress to qualified trainer |
| Q3 2023 | Support new trainers and ensure they complete shadowing, as required, to progress to qualified trainer |
| Q4 2023 | Identify suitable candidates for T4T on NOSP suite of training   |
|         | Support new trainers and ensure they complete shadowing, as required, to progress to qualified trainer |
|         | Identify potential trainers from specific priority groups for upcoming T4Ts                            |

Overarching Milestone 2024: Continued development of trainer capacity in the region

**Outputs by end of 2024**: Full complement of new trainers from community/statutory organisations will be trained to augment current trainers and independent consultants

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:** 2.3.2.5 Deliver suicide prevention and self-harm training programmes, to nursing staff of ULHG Sunshine Ward and ancillary staff such as the social work team.

Lead: ULHG

**Partners: HSE OSP** 

**Purpose** To provide relevant and up to date training to nursing staff working with children and young people referred to inpatient care with mental health difficulties

Planned Start date and duration e.g. Q3 2023, Ongoing

**Location:** CHO3

**Inputs for 2023** Resources from the OSP, Venue or online capacity and release of staff to attend training

#### **Milestones Overarching Milestone 2023**

Staff of the Sunshine ward will be trained and signposted to relevant services outside of ULHG and HSE community supports.

| Q1 2023 | Promote booking information for START among UHLG staff and paediatric team        |
|---------|---|
| Q2 2023 | Engage with management in UHLG to plan delivery of suite of training              |
| Q3 2023 | Training will be delivered  |
| Q4 202  | Training will be delivered  |
|         | Identified staff to progress on suite of training( ASIST or Bereavement training) |
|         | Training plan to be reviewed for inputs into 2024 engagement plan with UHLG       |
|         |   |

**Overarching Milestone 2024** Training plan will be delivered and a new plan will be developed for new staff

**Outputs by end of 2024**: Staff of the ward will be trained and opportunities for conversation on suicide and self-harm will have been created.

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:** 2.3.3.1 Deliver Mental health & Wellbeing workshops:

Lead: Mental Health Ireland.

Partners: Community Groups.

**Purpose**: To promote positive mental health & wellbeing in communities.

Planned Start date and duration Q1 2023,

**Location:** CHO3

**Inputs for 2023** Staff time.

Inputs for 2024 Staff time

Overarching Milestone 2023: Deliver 2 workshops per month to community groups.

#### Milestones 2023

| Q1 2023 | Plan and prepare for workshop delivery. |
|---------|---|
| Q2 2023 | Deliver workshops                       |
| Q3 2023 | Deliver workshops                       |
| Q4 2023 | Deliver workshops                       |

Overarching Milestone 2024: Continue to deliver Mental Health & Wellbeing Workshops
Outputs by end of 2024: 24 workshops delivered.

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: 2.3.3.2: Co-chair the Limerick Infant Mental Health Network

Lead: ABC/PAUL Partnership

Partners: Limerick Infant Mental Health Network member organisations

**Purpose** Improve parental understanding of peri-natal and infant mental health and well-being

Planned Start date and duration Ongoing

**Location:** CHO3

**Overarching Milestone 2023:** 11 multi-agency meetings held throughout the year, with approx. 20 participants in each one.

| Q1 2023 | 4 multi-agency meetings held |
|---------|------------------------------|
| Q2 2023 | 3 multi-agency meetings held |
| Q3 2023 | 3 multi-agency meetings held |
| Q4 2023 | 3 multi-agency meetings held |

**Overarching Milestone 2024:** 11 multi-agency meetings held throughout the year, with approx. 20 participants in each one.

**Outputs by end of 2024**: Network development will ensure that all members apply infant mental health and wellbeing principles in their work with families and communities.

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:** 2.3.3.3: Deliver a suite of mental health promoting talks, workshops and training to young people, parents and adults including through the One Good School Programme.

**Lead: Jigsaw** 

Partners: Schools, communities, Third Level colleges and Sports clubs.

**Purpose** To increase mental health literacy and capacity amongst young people, their parents/carers, school staff and the community at large

Planned Start date and duration Q1 2023, Q4 2024

Location: CHO3

**Inputs for 2023**: Staff time. Engagement with supporting partners.

| Overarching Milestone 2023  | Q1<br>2023 | Engagement and recruitment.     |
|---|------------|---------------------------------|
| Recruit 16 Limerick schools to participate in the programme.          | Q2<br>2023 | Commence delivery of programmes |
| Each school will pick at least 4 programmes to complete by Q4 2023.   | Q3<br>2023 | Commence delivery of programmes |
| Deliver 30 programmes to community partners and sports organisations. | Q4<br>2023 | Commence delivery of programmes |
| Deliver 5 workshops to third level organisations.                     |            |                                 |

Overarching Milestone 2024: Each school will engage in 4 programmes.

**Outputs by end of 2024**: Over 30 programmes will have been delivered to participating schools. In addition 30 programmes will have been delivered at a community level and 5 workshops will have been delivered to 3<sup>rd</sup> level departments

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:** 2.3.3.4 Providing information, community development and capacity building supports to the Traveller Community in East Limerick which include positive mental and physical health, raising awareness and skills within the community. Raising awareness of support services and creating relationships.

Lead: Ballyhoura Development CLG

#### **Partners:**

**Purpose** To build personal capacity in social inclusion and employment opportunity.

Planned Start date and duration Q4 2023

Location: CHO3

**Inputs for 2023**: Staff time and materials.

Inputs for 2024: Staff time and materials.

Overarching Milestone 2023: Development of personal development skills.

| Q1 2023 | Engagement and signposting to supports for social inclusion and healthy eating and positive mental health promotion |
|---------|---|
| Q2 2023 | Training programmes , employment support  |
| Q3 2023 | Training programmes , employment support  |
| Q4 2023 | Gain access to therapeutic supports.  |

Overarching Milestone 2024: Continuation of services.

**Outputs by end of 2024**: A number of members of the Traveller community will have been provided with skills and knowledge on personal development and employment support

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: 2.3.3.5 Provide a local support group for LGBTQI adults in Co. Clare

**Lead: Clare Local Development Company** 

**Partners:** 

Purpose: To provide a local support group for LGBTQI adults in Co. Clare

Planned Start date and duration Q1 2023, ongoing

Location: CHO3

Inputs for 2023: Co-operation and collaboration with other organisations

Inputs for 2024: Co-operation and collaboration with other organisations

Overarching Milestone 2023: Training, information and events for LGBTQI people in Clare

| 0.0000000000000000000000000000000000000 |  |
|---|--|
| Q1 2023                                 | Support the development of training, information and events for LGBTQI people in Clare |
| Q2 2023                                 | Support the development of training, information and events for LGBTQI people in Clare |
| Q3 2023                                 | Support the development of training, information and events for LGBTQI people in Clare |
| Q4 2023                                 | Support the development of training, information and events for LGBTQI people in Clare |

### **Overarching Milestone 2024**

Training, information and events held for LGBTQI people in Clare

**Outputs by end of 2024**: Group developed to support each other. access information and organise training and events for the LGBTQI adults in Clare

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:** 2.3.3.6 Develop an outreach creative therapeutic support service for children and young people who have experienced domestic abuse

**Lead: ADAPT Domestic Abuse Services** 

#### Partners:

**Purpose** In providing a safe space to carry out creative activities children and young people will be supported to explore their feelings around domestic abuse; develop their self-confidence and help build their resilience

#### Planned Start date and duration Q1 2023 Ongoing

**Location:** CHO3

Overarching Milestone 2023: Continue to provide outreach.

| Q1 2023 | Provide Outreach |
|---------|------------------|
| Q2 2023 | Provide Outreach |
| Q3 2023 | Provide Outreach |
| Q4 2023 | Provide Outreach |

**Overarching Milestone 2024:** If funding secured, continue to provide outreach service and expand to other locations if possible.

**Outputs by end of 2024**: A sustainable outreach therapeutic play service running in several locations in Limerick City and County.

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:** 2.3.3.7 Carry out needs and safety assessments with all service users and implement on-going monitoring for risk in relation to mental health and/or self-harm.

**Lead:** ADAPT Domestic Abuse Services

**Partners:** Homeless Action Team Comm. Mental Health Team, Community Mental Health Centres

**Purpose** To ensure that any needs or concerns that a woman may have around her mental health is identified and support provided

Planned Start date and duration Q1 2023, Ongoing

Location: CHO3

**Overarching Milestone 2023:** Working with Safe Ireland, Enclude and Quality Matters to update the needs and safety assessment in line with e-Safe data management system. Sign up for e-Safe. Continue to use the Needs and Safety Assessment to identify any supports that a woman may need in relation to her mental health.

| Q1 2023 | Sign Memorandum of Understanding. Set up internal Steering Group to oversee changes including the Needs and Safety Assessment. |
|---------|--|
| Q2 2023 | Implement new Needs and Safety Assessment.   |
| Q3 2023 | Continue to use Needs and Safety Assessment tool.  |
| Q4 2023 | Evaluate effectiveness of tool.  |

Overarching Milestone 2024: Continue to use Needs and Safety Assessment tool.

**Outputs by end of 2024** Common Needs and Safety Assessment tool in use by the majority of DV services nationally.

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:** 2.3.3.8: Deliver/co-deliver universal and targeted parenting supports pro-

grammes.

Lead: PAUL Partnership/ABC Start Right

**Partners: Community Organisations** 

**Purpose** Improve parental understanding of perinatal and infant mental health and wellbeing

Planned Start date and duration Ongoing

**Location:** CHO3

**Inputs for 2023** Staff resources

**Inputs for 2024** Staff resources

Overarching Milestone 2023: 15 targeted and universal parenting programmes delivered

|         | 0 0 0                             |
|---------|-----------------------------------|
| Q1 2023 | 4 / 5 parent programmes delivered |
| Q2 2023 | 4 / 5 parent programmes delivered |
| Q3 2023 | 4 / 5 parent programmes delivered |
| Q4 2023 | 4 / 5 parent programmes delivered |

Overarching Milestone 2024: 15 targeted and universal parenting programmes delivered Outputs by end of 2024: To have delivered a range of targeted and universal parenting

programmes.

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:** 2.3.3.9 Provide support and information to parents whose children are expe-

riencing mental health challenges.

**Lead: Clare Local Development Company** 

Partners:

**Purpose:** To support, educate and guide parents.

Planned Start date and duration: Q1 2023,

**Location:** CHO3

**Overarching Milestone 2023:** Parents feel supported, can access information and are sign-posted to services which can assist them

| Q1 2023 | Training, information, support and signposting of services for parents                           |
|---------|--|
| Q2 2023 | Training, information, support and signposting of services for parents                           |
| Q3 2023 | Training, information, support and signposting of services for parents                           |
| Q4 2023 | Training, information, support and signposting of services for parents Evaluation of programmes. |

**Overarching Milestone 2024:** Parents feel supported, can access information and are sign-posted to services which can assist them

**Outputs by end of 2024**: Parents are provided with relevant and up to date information on a range of issues relating to mental health in children and young people

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:** 2.3.3.10 Delivery of Minding Your Wellbeing Programme to community

based organisations

Lead: Health & Wellbeing HP&I

**Partners:** 

**Purpose** Support communities to develop their own self-care toolkit, using positive psychology through the Minding Your Wellbeing Programme.

Planned Start date and duration Q1 2023 - Q4 2024

**Location:** CHO3

Overarching Milestone 2023 Continuation of programme to deliver 8 courses in 2023

| Q1 2023 | Recruit and train 2 new facilitators. Deliver 2 courses |
|---------|---|
| Q2 2023 | Deliver 2 courses                                       |
| Q3 2023 | Deliver 2 courses                                       |
| Q4 2023 | Deliver 2 courses                                       |

Overarching Milestone 2024: Continuation of Programme.

Outputs by end of 2024: Delivery of 16 courses in various community locations.

# 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: 2.3.3.11 Deliver a range of co-produced Recovery Education courses face to face

and online across CHO 3 in community and hospital settings

Lead: Mid-West ARIES

Partners: Families/Carers/Supporters, Service Users, Community Partners and HSE staff

Purpose: Mid-West ARIES Mission.

Recovery Education is the process by which individuals explore, assimilate and create the knowledge required for recovery to occur in their own lives or in the lives of those they support or provide services to and in the local communities that sustain individuals in recovery.

Recovery education takes a strength and adult education-based approach which offers the choice to engage in learning opportunities. It is underpinned by the values of self-direction, personal experience, ownership, diversity, and hopefulness.

(Recovery Education Guidance Document, 2018-2020, Supporting 'A National Framework for Recovery in Mental Health 2018-2020)

#### Planned Start date and duration Ongoing

Location: CHO3

Inputs for 2023 Staff, staff training, equipment, venues, budget, resources

Milestones Delivery of Recovery Education courses in CHO3

| ,   |            |  |
|---|------------|--|
| Overarching Milestone 2023 Continued delivery of Recovery Education. APU modules;  • Preparing For Discharge and Moving On            | Q1<br>2023 | Deliver a range of recovery education courses in a range of settings. Review as necessary. |
| <ul><li>Personal Recovery Goals</li><li>Lets Talk Resilience</li></ul>  | Q2<br>2023 | Deliver a range of recovery education courses in a range of settings. Review as necessary. |
| <ul> <li>Finding Meaning, Feeling Empowered</li> <li>Managing My Recovery</li> <li>Connection and Hope</li> </ul>                     | Q3<br>2023 | Deliver a range of recovery education courses in a range of settings. Review as necessary. |
| <ul> <li>Let's Talk Self-care</li> <li>Let's Talk Anxiety</li> <li>I am more than my illness- Identity &amp; Mental Health</li> </ul> | Q4<br>2023 | Deliver a range of recovery education courses in a range of settings. Review as necessary. |

#### Overarching Milestone 2024: Continue to deliver Recovery Education

**Outputs by end of 2024**: Activity report outlining frequency and type of operations and capturing participation metrics and consumer feedback during the year.

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:** 2.3.3.12 Provide & Promote physical/mental health and wellbeing through education programmes and wellbeing initiatives.

Lead: DES & LCETB

Partners: NEPs, CAMHS, JigSaw, Clare CYPSE. The Grief Centre

**Purpose** To support young people in education to manage their physical and mental health.

**Planned Start date and duration** Ongoing

Location: CHO3

**Inputs for 2023** Specialised support workers in the area of mental health

Funding for acquisition of materials for programmes – e.g. – FRIENDS for Life

**Inputs for 2024** Specialised support workers in the area of mental health

Funding for acquisition of materials for programmes – e.g. – FRIENDS for Life

**Overarching Milestone 2023:** Core areas of guidance, counselling. student support and wellbeing will be implemented across all ETB school settings In addition referrals and collaborative work with external agencies such as; National Education Psychology Service CAMHS, JIGSAW, The Grief Centre and Limerick and Clare CYPSE will continue on a needs basis.

| Q1 2023 | Staff will provide each of the core areas of work and refer students to outside services as necessary |
|---------|---|
| Q2 2023 | Staff will provide each of the core areas of work and refer students to outside services as necessary |
| Q3 2023 | Staff will provide each of the core areas of work and refer students to outside services as necessary |
| Q4 2023 | Staff will provide each of the core areas of work and refer students to outside services as necessary |

**Overarching Milestone 2024:** Continuation of services, supports and referrals to outside agencies

**Outputs by end of 2024:** Students will experience programmes, supports and referrals suitable to their needs that focus on increased positive mental health. As a result, students will be more positive in their education readiness and engage more fully in the education process.

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:** 3.1.2.1: To provide support and advice regarding employment and training opportunities and to ensure that Jobseekers access appropriate jobseeker financial assistance.

Lead: DSP

#### Partners:

**Purpose** To allow access to jobseekers and long term unemployed to education, training and employment, to engage, assess, advice and review jobseekers personal progression plans and engage with employers.

Planned Start date and duration Q1 2023, 12 months

**Location:** CHO3

**Inputs for 2023** staff resources and also employment support initiatives e.g. Work Place Experience Programme. Also to promote initiatives with employers groups. Financial support to jobseekers.

**Overarching Milestone 2023:** Engagement with jobseekers and employers to promote DSP employment initiatives.

| Q1 2023 | Promote DSP employment support initiatives                                  |
|---------|---|
| Q2 2023 | Activate identified jobseekers to employment and training and continued     |
| QZ LOLS | financial support to clients  |
| Q3 2023 | Continued engagement with jobseekers and employers                          |
|         | Progress and support clients to education, training and employment opportu- |
| Q4 2023 | nities, continued engagement with jobseekers and employers.                 |

#### **Overarching Milestone 2024**

Promote DSP employment initiatives. Activate clients through selection and referral of a person on a jobseeker payment to a compulsory engagement and case management process to support them back into employment. Clients are expected to use the supports offered during the activation process which might include education or training, employment support schemes to help them back into the workplace, internships and other supports.

**Outputs by end of 2024**: Pathway for identified jobseekers to move to training and employment and support through one to one meetings and personal progression plans. Employer groups aware of supports available to them to recruit through employment support initiatives such as Jobsplus and Work Place Experience Programme.

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:** 3.1.2.2: Develop publish and implement an Inter-agency Community Response Plan (CRP) for incidents of suspected suicide, particularly where there is a risk of clusters and/or contagion, in CHO 3.

Lead: HSE Mental Health, ROSP

Partners: AN Garda Siochana, C & V Sector, CYPSC

**Purpose** To ensure enhanced co-operation among agencies in the area of suicide prevention and critical incident response.

Planned Start date and duration Q1, 2023 – Q4 2024.,

**Location:** CHO3

**Inputs for 2023:** Support from HSE , An Garda Siochana, CYPSC non statutory and community based organisations to develop and implement the plan

**Overarching Milestone 2023:** Community Response Plan for incidents of suspected suicide in place.

| Q1 2023 | Review models and sample CRPs   |
|---------|---|
| Q2 2023 |   |
| Q3 2023 | Identify and establish CRP project Team with relevant and appropriate representation to develop plan. |
| Q4 2023 | Finalise CRP for the region.  |

### **Overarching Milestone 2024**

Community Response Plan able to be utilised as and when required.

Outputs by end of 2024: CRP plan will be in place in CHO 3

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

**Local Action:** 3.1.3.1 Develop, support and promote physical activity amongst HSE Mid-West Community Healthcare Staff.

Lead: HSE Social Inclusion

Partners: HSE Staff, Health & Wellbeing HP&I Team, Sports Partnerships.

**Purpose** Supporting staff to work in an environment that promotes and maintains health and wellbeing through the implementation of "sit less, move more" initiatives through the provision of step challenges, standing desks, supply of pedometers, internal and externally supported exercise activity.

**Planned Start date and duration;** This is part of a continuous programme supporting staff health and wellbeing thereby leading to better mental wellbeing.

Location: CHO3

**Inputs for 2023**. Funding is provided nationally on an annual basis to support staff health & wellbeing initiatives.

**Overarching Milestone 2023:** Enabling staff to work in an environment that promotes and maintains health & wellbeing through the provision of activity programmes

|         | 71 0   |
|---------|--|
| Q1 2023 | Steps to Health Challenge  |
| Q2 2023 | Extension of Physical Activity Programme with Limerick Sports Partnerships to additional sites (8 week programme funded by H&W in the St. Joseph's Hospital Campus). |
| Q3 2023 | Provision of a Dietetic resource specifically for staff to advice on maintaining a healthy weight and healthy eating advice leading to better mental wellbeing.      |
| Q4 2023 | Support additional initiatives such as standing desks, outdoor furniture and garden areas.   |

**Overarching Milestone 2024:** Enabling staff to work in an environment that promotes and maintains health & wellbeing through the provision of activity programmes

**Outputs by end of 2024**: Staff will have access to a range of physical and technical support to promote health and wellbeing in the workplace

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:** 3.1.3.2:Provide LGBTQI+ support liaison officer to deliver an outreach program at UL

**Lead:** University of Limerick

#### **Partners:**

**Purpose** To target approaches to reduce suicidal behaviour and improve mental health among priority groups.

Planned Start date and duration: ongoing

**Location:** CHO3

**Overarching Milestone 2023:** Engage with LCBTQI+ support liaison officer to develop and promote the service throughout 2023/24. Engage with Student Life for promotion of service

| Q1 2023 | To provide weekly access to LGBTQI support liaison officer and to increase awareness amongst staff and students |
|---------|---|
| Q2 2023 | To provide weekly access to LGBTQI support liaison officer and to increase awareness amongst staff and students |
| Q3 2023 | To provide weekly access to LGBTQI support liaison officer and to increase awareness amongst staff and students |
| Q4 2023 | To provide weekly access to LGBTQI support liaison officer and to increase awareness amongst staff and students |

### Overarching Milestone 2024 Integrated LGBTQI service

**Outputs by end of 2024**: provision of weekly access to LGBTQI support Liaison officer will be implemented and a programme of awareness raising will have been initiated

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:

**Key Partners: NOSP** 

**Local Action:** 3.1.3.3: Provide Resilience Academy Program to a number of secondary

schools In Limerick.

Lead: Pieta

**Partners: Local Secondary Schools** 

Purpose To increase resilience levels among students and encourage help seeking be-

haviour

Planned Start date and duration Q1 2023, ongoing

**Location:** CHO3

**Inputs for 2023**: Staff Time and training

**Overarching Milestone 2023:** Deliver Resilience Academy to all secondary schools in the Limerick region who have requested the program.

| Q1 2023 | Offer Resilience academy to schools     |
|---------|---|
| Q2 2023 | Deliver resilience training             |
| Q3 2023 | Deliver resilience training             |
| Q4 2023 | Review Uptake and benefit of programme. |

**Overarching Milestone 2024:** Deliver Resilience Academy to all secondary schools in the Limerick region who have requested the program.

**Outputs by end of 2024**: Resilience Academy will have been delivered to a selection of schools in Limerick.

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:

**Key Partners: NOSP** 

**Local Action:** 3.1.3.4 Traveller Grief and Loss project.

**Lead: North Tipperary Development Company** 

Partners: HSE Traveller Health, HSE Mental Health (Project contracted to TUS) Aware

**Purpose** Engage with Traveller Families in a supported methodology to explore the experience of multiple grief and loss both as individuals and as part of their family unit, to co-produce a model of culturally competent practice and supporting resources.

Planned Start date and duration Q3 2023, Ongoing

Location: CHO3

**Inputs for 2023** Funding and staff time.

Inputs for 2024 Funding and staff and participant time

**Overarching Milestone 2023** 

Co-produce a model of practice that supports a culturally competent response to Traveller grief & loss & accompanying resources

| Q3 2023 | Identify family to engage in this work.   |
|---------|---|
| Q3 2023 | Ensure local services / supports are available for the duration of the project.                         |
| Q4 2023 | Co-produce items of individual and family art that would celebrate Traveller lives, identity and pride. |
| Q4 2024 | Co-produce a model of practice. Evaluation of the project.  |

**Overarching Milestone 2024:** Continue to offer the project if the evaluation shows benefits and funding can be secured. New project developed having secured funding

**Outputs by end of 2024**: The experience of grief and loss will have been explored with members of a traveller family and a culturally appropriate response resources and practice guidelines will be co-produced

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:** 3.1.3.5 .Provide a "Listener" service for people in custody in Limerick Prison.

**Lead:** Samaritans

Partners: Limerick Prison.

**Purpose:** To support people in custody to manage their Mental Health.

Planned Start date and duration Q1 202- Q4 2024

Location: CHO3

**Inputs for 2023** Samaritans staff time. Access to phones and technology within the prison

**Inputs for 2024** Samaritans staff time.

**Overarching Milestone 2023:** When Covid restrictions allow Samaritans will return to recruit and train prisoners to become Listeners.

| Q1 2023 | Continue to offer support through the Listener service. |
|---------|---|
| Q2 2023 | Continue to offer support through the Listener service. |
| Q3 2023 | Continue to offer support through the Listener service. |
| Q4 2023 | Continue to offer support through the Listener service. |

**Overarching Milestone 2024:** Samaritans will return to recruit and train prisoners to become Listeners.

**Outputs by end of 2024**: Support will be offered through the Listener service to help prisoners to manage their mental health. It is hoped this will be in person at the prison but may continue to be as a phone and video service. Prisoners will also be trained to become Listeners

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:** 3.1.3.6 Developing an outreach creative therapeutic support service for children and young people who have experienced domestic abuse.

Lead: ASCEND

#### Partners:

**Purpose:** In providing a safe space to carry out creative activities children and young people will be supported to explore their feelings around domestic abuse; develop their self-confidence and help build their resilience.

Planned Start date and duration Q1 2023, Q4 2024

Location: CHO3

**Inputs for 2023** Secure locations for outreach therapeutic play and commence pilot.

**Overarching Milestone 2023:** Access to therapeutic support to a number of children and young people who have experienced domestic abuse

| Q1 2023 | Funding proposal forwarded  |
|---------|-----------------------------|
| Q2 2023 | Continued access to support |
| Q3 2023 | Continued access to support |
| Q4 2023 | Continued access to support |

**Overarching Milestone 2024** Access to therapeutic support to a number of children and young people who have experienced domestic abuse

**Outputs by end of 2024**: A number of children will access outreach therapeutic support. Programme will be available in the future should resources become available

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 Primary Care** 

**Key Partners: NOSP** 

**Local Action:** 3.1.3.7 Build the capacity of the 13 MHAs in the region to support peer led initiatives and to support the 2 peer support centres.

Lead: Mental Health Ireland

Partners:

**Purpose** To promote peer led activities and co-production in mental health recovery.

Planned Start date and duration Q1 2023-Q4 2024

Location: CHO3

Inputs for 2023 Staff time

Milestones 2023 Peer led events will be delivered in the region

| Q1 2023 | Deliver 1 event. |
|---------|------------------|
| Q2 2023 | Deliver 1 event. |
| Q3 2023 | Deliver 2 events |
| Q4 2023 | Deliver 1 event. |

Overarching Milestone 2024: Continue to support and increase peer led activities

Outputs by end of 2024: Deliver 10 peer led / co-produced events in 2024

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:** 3.1.3.8 Community-based Towards Occupation-Support Individuals back to

employment

Lead: Ballyhoura Development CLG

#### **Partners:**

**Purpose** Provide support, guidance & training to individuals experiencing mental ill health or distress. Facilitate programme participants to identify their personal occupation requirements & pathways to achieve them.

Assist participants access as independent a life as possible in social and economic terms, through identification of progression opportunities and linkages to same.

#### Planned Start date and duration Q1 2023-Q1 2024

Location: CHO3

Overarching Milestone 2023: Delivery of programme and Acquisition of QQI level 3 award

| Overarching ivinestone 2023: Delivery of programme and Acquisition of QQI level 3 award |  |
|---|--|
| Q1 2023   | Commence delivery of programme. Start educational support programme. |
| Q2 2023   | Personal development programme. Group bonding sessions               |
| Q3 2023   | Delivery of communication, interview and digital skills.             |
| Q4 2023   | Acquisition of QQI level 3 award.                                    |

Overarching Milestone 2024: Continue to deliver programme.

**Outputs by end of 2024**: A number of people experiencing mental health issues will have been supported through the above programme

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 Primary Care** 

**Key Partners: NOSP** 

**Local Action:** 3.1.3.9 Continue to develop and implement the social farming Project.

Lead: West Limerick Resources CLG

#### **Partners:**

**Purpose** To identify and support Social Farming as an opportunity for people to experience inclusion, to increase self-esteem and to improve mental and physical health and well-being by taking part in day to day farm activities on a family farm.

#### **Planned Start date and duration** Ongoing

Location: CHO3

**Inputs for 2023** Funding for placements, through services to support individuals to participate.

**Inputs for 2024** Funding for placements, through services to support individuals to participate.

#### **Overarching Milestone 2023**

Continue to recruit and start new farms in the region.

| Q1 2023 | Continue to engage and work with Service Providers to agree Social Farming Opportunities for service users/ clients                                 |
|---------|---|
| Q2 2023 |   |
| Q3 2023 | Facilitate a regional event promoting Social Farming with focus on inviting services to come and learn and see Social Farming in action             |
| Q4 2023 | Continue to work with services to support them in progressing towards fully funding their participant's participation in social farming placements. |

Overarching Milestone 2024: Continue to recruit and start new farms in the region

**Outputs by end of 2024**: Development of social farming as a support to a range of people who will benefit from increased self-esteem and health and well-being, both physically and mentally.

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:** 3.1.3.10: Health and Well Being Work with people living in Direct Provision.

**Lead:** Clare Local Development Company

#### **Partners:**

**Purpose** People living in Direct Provision have identified that they require support for positive mental health

Planned Start date and duration Q2 2023, Ongoing

**Location:** CHO3

Inputs for 2023 Staff time and funding.

**Overarching Milestone 2023:** To work with residents in Direct Provision to respond to their mental health and well-being needs.

| Q1 2023 | Interagency meetings will identify the needs of people living in DP. Interventions to support the education, training, employment and personal development of the needs. Identify potential mental health training, wellbeing actions. |
|---------|--|
| Q2 2023 | Activities to boost health and well-being are included in the programme of actions.  |
| Q3 2023 | Activities to boost health and well-being are included in the programme of actions.  |
| Q4 2023 | Activities to boost health and well-being are included in the programme of actions.  |

**Overarching Milestone 2024:** To work with residents in Direct Provision to respond to their mental health and well-being needs.

**Outputs by end of 2024**: Residents in direct provision in Clare will have access to a range of activities to boost their mental health and wellbeing

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:** 3.1.3.11 Provide virtual therapy hubs across Limerick County

**Lead: TUSLA - CYPSC** 

#### Partners: Jigsaw Limerick, Limerick Youth Service, LCETB, Foroige

**Purpose** Referral rates into city-based youth therapy services are comparatively lower from Limerick county that from Limerick city. Virtual therapy hubs offer a greater option for young people unable to travel into Limerick city to access youth therapy service.

### Planned Start date and duration Q1 2023

**Location:** Cappamore, Kilmallock, Newcastle West, Abbeyfeale

**Inputs for 2023** Hubs

#### **Inputs for 2024** Hubs

| Q1 2023 | Four virtual therapy hubs will all be running and in use  |
|---------|---|
| Q2 2023 | Four virtual therapy hubs will all be running and in use  |
| Q3 2023 | Review meeting held between all partners, reviewing project delivery and referrals from Q1 and Q2 |
| Q4 2024 | Four virtual therapy hubs will all be running and in use  |

### Overarching Milestone 2024

6 monthly review meetings to be held with all partners

**Outputs by end of 2024**: Four virtual therapy hubs will all be running and in use, supported by 6 monthly reviews by all stakeholders

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:** 3.1.3.12 Online Mental Health supports will be provided to health care work-

ers through the "Breathe" programme.

Lead: Limerick Diocese

Partners: HSE

**Purpose**: To provide mental health support to health care workers

Planned Start date and duration Q2 2023 Q4 2024

Location: CHO3

Inputs for 2023 Staff Expertise, Venue

Overarching Milestone 2023 Workshops will be presented as planned

| Creating things and a property of the services as promised |   |  |
|--|---|--|
| Q1 2023  | Attendance at workshops, feedback on impact |  |
| Q2 2023  | Attendance at workshops, feedback on impact |  |
| Q3 2023  | Attendance at workshops, feedback on impact |  |
| Q4 2023  | Attendance at workshops, feedback on impact |  |

Overarching Milestone 2024 Workshops will be presented as planned

**Outputs by end of 2024**: Health care workers will have been provided with an opportunity to practice self-care and stress management techniques, to support them in their care for others

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: 3.1.3.13: Provide Personal Development Supports for People who are long

term unemployed

**Lead:** Clare Local Development Company

#### **Partners:**

**Purpose:** To build the confidence of unemployed adults with intensive personal development work and support to re-engage in the workforce.

#### **Planned Start date and duration** Ongoing

Location: CHO3

**Inputs for 2023** Staff time funding

**Inputs for 2024** Staff time funding

**Milestones Overarching Milestone 2023:** To increase opportunities for personal development

| Q1 2023 | Personal Development programmes developed.                |
|---------|---|
| Q2 2023 | Programmes and supports rolled out.                       |
| Q3 2023 | Programmes and supports rolled out. Evaluation developed. |
| Q4 2023 | Programmes and supports rolled out. Evaluation completed. |

Overarching Milestone 2024: To increase opportunities for personal development.

**Outputs by end of 2024**: The process of supporting people to build their confidence so that they participate in all aspects of society especially education, training or employment will have been implemented and clients will be in a better situation to achieve their long term goals.

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

Lead:

#### **Key Partners:**

**Local Action**: 3.1.3.14 Support Staff of the ULHG by providing a designated Health and Wellbeing space.

Lead: ULHG

Partners: Healthy Ireland

**Purpose** Supporting staff to work in an environment that promotes and maintains health and wellbeing through the provision of physical and mental wellbeing programmes.

### Planned Start date and duration; Ongoing

**Location:** CHO3

#### **Overarching Milestone 2023**

Enabling staff to work in an environment that promotes and maintains health & wellbeing through the provision of health and wellbeing programmes accessible to their workplace.

| and a great and provide an arrange and arrange and arrange and arrange are arranged as a great arranged arranged and arranged arr |   |  |
|--|---|--|
| Q1 2023  | Provide a schedule of classes as identified/requested by staff. |  |
| Q2 2023  | Provide a schedule of classes as identified/requested by staff. |  |
| Q3 2023  | Provide a schedule of classes as identified/requested by staff. |  |
| Q4 2023  | Provide a schedule of classes as identified/requested by staff. |  |

**Overarching Milestone 2024:** Enabling staff to work in an environment that promotes and maintains health & wellbeing through the provision of health and wellbeing programmes accessible to their workplace.

**Outputs by end of 2024**: Staff will have access to health and wellbeing practices in a dedicated venue in the work place.

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

**Lead: HSE Mental Health** 

**Key Partners:** Family and Peer Implementation Group – Service Improvement

**Local Action**: 3.1.3.16 Provide Peer Support

Lead: HSE Mental Heath

Partners: National Office of Mental Health Engagement and Recovery

**Purpose:** To Provide Peer Support within the service to those people who avail of mental health services.

Planned Start date and duration; Q1 2023

**Location:** CHO3

**Inputs for 2023**. Staffing, Governance Arrangements Standard Operating Procedures to be developed

Overarching Milestone 2023 Continuation and development of service

| Q1 2023 | Develop a Peer Support Worker/Family Peer Support Worker capacity within CHO3 mental health service at the point of access. |  |  |
|---------|---|--|--|
| Q2 2023 | Roll out of the Peer Support Worker Service.  |  |  |
| Q3 2023 | Embedded as a role within the Mental Health Service.  |  |  |
| Q4 2023 | Development of work plan and engagement with stakeholders.  |  |  |

**Overarching Milestone 2024** Review of the Service

Outputs by end of 2024: Roll out of the service

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

Lead: HSE Mental Health

#### **Key Partners:**

Local Action: 3.1.3.17 Development and piloting of SafePlan app

**Lead: HSE Mental Health** 

Partners: NUIG computer science and school of psychology, National Office of Suicide Prevention

**Purpose** The SafePlan mobile app has been designed by mental health professionals in the HSE. It is aimed at people using the service who would benefit from a safety planning intervention developed alongside a mental health professional, which usually involves a written list of coping strategies and sources of support that people can use to alleviate a crisis.

#### Planned Start date and duration; Q1 2023

Location: CHO3

**Inputs for 2021**. Ethics Approval, Funding, Training, Consent to take part in a pilot study.

**Inputs for 202** Pilot a randomised control trial

Milestones Ethics Approval, Funding

| Milestones 2021 Q3 & Q4                               |   |   |
|---|---|---|
| Overarching Milestone 2022                            | Q1 2022                                     | Submit protocol for publication   |
| Obtain Ethina Anguard and Euglina                     |   | Enrol 30-40 consenting participants in the pilot.                             |
| Obtain Ethics Approval and Funding                    | Q2 2022                                     | Continue to develop the pilot and Identify additional consenting participants |
|   | Q3 2022                                     | Commence Qualitative Interviews with Key Stakeholders                         |
|   | Q4 2022                                     | Evaluate and Publish results. Update SafePlan app based on feedback.          |
| Overarching Milestone 2023 Overarching Milestone 2024 |   | ng Milestone 2024   |
| Rollout of updated App.                               | Extend app usage to other areas nationwide. |   |

**Outputs by end of 2022**: SafePlan App will be piloted and ready for use by those using the service.

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

#### **Key Partners:**

**Local Action:3.1.3.18** Delivery of Minding Your Wellbeing Programme to Healthcare professionals

Lead: Health & Wellbeing HP&I

#### **Partners:**

**Purpose** Support Healthcare professionals to develop their own self-care toolkit, using positive psychology through the Minding Your Wellbeing Programme.

Planned Start date and duration Q1 2023 - Q4 2024

Location: CHO3

**Inputs for 2023** Delivery of the programme

Overarching Milestones 2023 Recruit at least 2 new facilitators

Number of programmes to be delivered during the year – 2 per quarter

#### Milestones 2023

| Q1 2023 | Recruit and train 2 new facilitators. Deliver 3 courses. |
|---------|--|
| Q2 2023 | Deliver 3 courses.                                       |
| Q3 2023 | Deliver 3 courses.                                       |
| Q4 2023 | Deliver 3 courses.                                       |

Overarching Milestone 2024 Continuation of Programme

Outputs by end of 2024: Delivery of 24 courses

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:** 3.1.3.19 Provide regular health promotion sessions to residents in hostel services to manage their health and wellbeing, including mental health topics.

Lead: HSE Social Inclusion

### **Partners:**

**Purpose** To provide information on a range of health topics and follow up with individual requests for further information.

Planned Start date and duration Jan 2023 to Dec 2024

Location: CHO3

**Inputs for 2023** Staff resources and information packs

**Inputs for 2024** Staff resources and information packs

Overarching Milestone 2023 Delivery of sessions carried out to hostel residents

| Q1 2023 | Assessment of client needs as presenting.             |
|---------|---|
|         | Arrange delivery of information and support sessions  |
|         | Follow up with individual requests for information    |
| Q2 2023 | Assessment of client needs as presenting.             |
|         | Arrange delivery of information and support sessions. |
|         | Follow up with individual requests for informatio.    |
| Q3 2023 | Assessment of client needs as presenting.             |
|         | Arrange delivery of information and support sessions. |
|         | Follow up with individual requests for information.   |
| Q4 2023 | Assessment of client needs as presenting.             |
|         | Arrange delivery of information and support session.  |
|         | Follow up with individual requests for information.   |

Overarching Milestone 2024: Delivery of sessions carried out to hostel residents

**Outputs by end of 2024**: Improved mental health and coping techniques as identified by clients using the service

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 Social Inclusion – Homeless & Ethnic Minorities

**Key Partners:** NOSP

**Local Action:**3.1.3.20 To provide complex case management team to support the needs of individuals with the homeless services

**Lead: Homeless & Ethnic Minorities Co-ordinator** 

Partners: HSE Social Inclusion, Disabilities & Mental Health Services, 3 x Local Authorities in CHO3

**Purpose**; To provide a person-centred pathway to meet the needs of complex cases that are deemed very challenging and require a collaborative response from a number of disciplines, within the areas of Homelessness, Mental Health and Disability. This includes addressing issues pertaining to suicide and suicidal ideation.

Planned Start date and duration Jan 2023 Meet every 6 weeks

Location: CHO3

**Inputs for 2023** – Aim to continue to accept referrals from key stakeholders and make appropriate referrals/recommendations based on levels of need.

**Inputs for 2024** – Aim to continue to accept referrals from key stakeholders and make appropriate referrals/recommendations based on levels of need.

# **Overarching Milestone 2023**

Aim to continue to accept referrals from key stakeholders and make appropriate referrals/recommendations based on levels of need.

| Q1 2023 | Ensure relevant assessment & guidelines are agreed by all stakeholders for 2023.  |
|---------|---|
| Q2 2023 | Recruit care/case coordinator.  |
| Q3 2023 | Addressed at least 10 complex cases that required interventions on a cross-sectoral level e.g. placing clients with relevant services as per their complex needs. |
| Q4 2023 | Agree priority recommendations and role in relation to complex clients. Review work of group for 2024.  |

## Overarching Milestone 2024

Aim to continue to accept referrals from key stakeholders and make appropriate referrals/recommendations based on levels of need.

**Outputs by end of 2024**: A range of multi-disciplinary interventions and supports provided to complex cases including those with mental health related issues which could include suicidal ideation.

**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**: 3.1.3.21 Family Recovery Peer Support Intervention

**Lead: HSE Mental Health Services** 

Partners: SHINE, FRIENDS

**Purpose**: To implement a Family Recovery Peer Support intervention in CHO3. Families/carers/supporters who have undertaken the intervention will feel better supported by the Mental Health Services in terms of their own recovery. By extension they will be in a better position to support Service Users.

Planned Start date and duration: Q1 2023

Evaluation to be undertaken of the project in terms of benefits.

Location: CHO3 Mental Health Services CMHTs.

**Inputs for 2023** Funding Secured, Training resources, Peer mentors

Overarching Milestone 2023 Implement intervention, Evaluate intervention.

| Q1 2023 | Develop plan of implementation – process map, site selection, referral criteria.                                   |
|---------|--|
| Q2 2023 | Develop evaluation plan.   |
| Q3 2023 | Implement intervention service.  Up to 45 family/Carer/Supporters will receive approx. 6 sessions of peer support. |
| Q4 2023 | Review action.   |

**Overarching Milestone 2024** As determined by 2022-23 milestones and availability of resources.

Outputs by end of 2024: Delivery and evaluation of the proposed intervention

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**: 3.1.3.22 Provide Tenancy Sustainment and Support.

**Lead: HSE Mental Health Services** 

Partners: Focus Ireland and County Council North Tipperary.

**Purpose**: To support Service Users accessing and retaining secure accommodation, living independently and preventing homelessness and associated risk factors.

Planned Start date and duration: Project commenced 2018

**Location:** CHO3 Mental Health Services CMHTs North Tipperary.

**Inputs for 2023** Retention of current service level. Exploration with partner agencies (Focus Ireland, County Council Limerick/Clare) the feasibility of expanding this service model to incorporate a service in Limerick and Clare.

# Overarching Milestone 2023 Expansion of service as progressed in 2022

| Overarching whiestone 2023 Expansion of service as progressed in 2022 |   |  |
|---|---|--|
| Q1 2023   | Maintain service levels in North Tipperary and explore expansion in Limerick and Clare. |  |
| Q2 2023   | Maintain service levels in North Tipperary and explore expansion in Limerick and Clare. |  |
| Q3 2023   | Maintain service levels in North Tipperary and explore expansion in Limerick and Clare. |  |
| Q4 2023   | Maintain service levels in North Tipperary and explore expansion in Limerick and Clare. |  |

**Overarching Milestone 2024** Review of service provision and identify further areas of expansion

**Outputs by end of 2024**:Services delivered in North Tipperary and potentially in Limerick and Clare

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: 3.1.3.24 Develop a counselling service for those who suffer the effects of

harmful gambling.

**Lead: Silver Arch Family Resource Centre** 

Partners: Gambling Awareness Trust and the National Forum of FRC's

**Purpose** To support people involved in harmful gambling and their families as well as developing a media campaign highlighting the impact of harmful gambling targeted at young people.

### Planned Start date and duration Q1 2023

**Location:** North Tipperary

**Inputs for 2023** Staff resources, venue placement, stakeholder expertise.

**Inputs for 2024** Staff resources, venue placement, stakeholder expertise.

Overarching Milestones 2023 Establish counselling service.

| C Terur S Teru |  |  |
|--|--|--|
| Q1 2023  | Recruitment of experienced and qualified counsellor.   |  |
| Q2 2023  | Establish the service and referral pathways; promote the service to general public and to possible referral sources (primary care services and community groups); commence direct counselling support. |  |
| Q3 2023  | Develop an education awareness campaign for local media (radio; print and online); continue to deliver direct counselling support.   |  |
| Q4 2023  | Deliver awareness raising workshops in a number of local secondary schools in North Tipperary; continue to deliver direct counselling support; evaluate year one of this pilot programme.              |  |

Overarching Milestone 2024 Continue to develop this service and respond to local need.

# Outputs by end of 2024:

- Establish the two day week counselling support service.
- Implement a PR plan to raise awareness of the harmful effects of gambling.
- Deliver education awareness workshops in local schools and for community groups.
- Continue to provide updates to North Tipp CfL working group.
- Identify opportunities for interagency collaboration to maximise this resource.

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:** Clare Haven Services

**Key Partners: NOSP** 

Local Action: 3.1.3.25 Provide support to women and children who have experienced

domestic violence

Lead: Clare Haven Services

**Partners:** Private contractors

**Purpose** To support women and children who are being or who have been subjected to domestic abuse explore the trauma, the impacts and the potential outcomes of the abuse on their mental and physical wellbeing.

Planned Start date and duration: Ongoing

**Location:** CHO3

**Inputs for 2023** Staff time funding This is provided and delivered in house by Clare Haven Services to their clients.

**Inputs for 2024** Staff time funding This is provided and delivered in house by Clare Haven Services to their clients.

**Overarching Milestone 2023**:Delivery of Insights, Insights for Mothers & TLC Kidz Intervention Programmes, Facilitating a Peer Support Group, Facilitating Child Counselling, Child therapy and Adult Counselling one to one sessions, Operating a 24 hour helpline.

| Q1 2023 | Programmes and Services Delivery. |
|---------|-----------------------------------|
| Q2 2023 | Programmes and Services Delivery. |
| Q3 2023 | Programmes and Services Delivery. |
| Q4 2023 | Programmes and Services Delivery. |

# **Overarching Milestone 2024**

Delivery of Insights, Insights for Mothers & TLC Kidz Intervention Programmes

Facilitating a Peer Support Group

Facilitating Child Counselling, Child therapy and Adult Counselling one to one sessions

Operating a 24 hour helpline

Outputs by end of 2024: Programmes and Services Delivery

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:**.3.1.3.26 Deliver Healthy Relationships programme to Transition Year students

Lead: Ascend

**Partners:** Local Schools

**Purpose** To promote positive mental health and boundary setting in relationships for

young people.

Planned Start date and duration Ongoing

**Location:** North Tipperary

**Inputs for 2023** Funding and staff resources

**Inputs for 2024** Funding and staff resources

Overarching Milestone 2023: Delivery of programme to 10 schools subject to funding

Q1 2023 Delivery of programmes.

Q2 2023

Q3 2023 Review and Plan 2023 delivery.

Q4 2023 Delivery of programmes subject to funding.

Overarching Milestone 2024: Delivery of programme to 10 schools subject to funding

Outputs by end of 2024: Delivery of the programme to over 300 16-17 year olds.

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:** 3.1.3.27 Deliver Personal Development Group for women who have

experienced domestic abuse

Lead: Ascend

**Partners:** 

**Purpose**: To enable women to reflect and heal and provide opportunities for personal

growth.

Planned Start date and duration Ongoing

**Location:** North Tipperary

**Inputs for 2023:** Funding and staff resources

**Inputs for 2024:** Funding and staff resources

Overarching Milestone 2023:To run two personal development groups

| Q1 2023 | Preparation and sourcing group participants. |
|---------|--|
| Q2 2023 | Run personal development group.              |
| Q3 2023 | Run personal development group.              |
| Q4 2023 | Review and plan for 2023 .                   |

Overarching Milestone 2024: To run two personal development groups

**Outputs by end of 2024**: Women who engage in the programme will have developed skills and knowledge in developing their confidence, engaging in decision making and looking at goal setting tools.

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:** 3.1.3.28 Maintain the local advisory group on gender based violence

Lead: ASCEND

# Partners: Service users, statutory bodies and community organisations

**Purpose**:To provide a network for the purposes of information sharing and organisation of events to disseminate latest research and best practice.

## **Planned Start date and duration** Ongoing

**Location:** North Tipperary

**Inputs for 2023**Funding, staff and volunteer resources

Inputs for 2024 Funding, staff and volunteer resources

**Overarching Milestone 2023:** 4 meetings will be held and 2023 agreed work areas will be completed

| Q1 2023 | 1 Meeting will be held- agenda to reflect current trends and needs. |
|---------|---|
| Q2 2023 | 1 meeting will be held agenda to reflect current trends and needs.  |
| Q3 2023 | 1 meeting will be held- agenda to reflect current trends and needs. |
| Q4 2023 | 1 meeting will be held- agenda to reflect current trends and needs. |

# **Overarching Milestone 2024**

Network will continue to provide information opportunities

**Outputs by end of 2024**: Service providers and service users will have the opportunity to meet, discuss current issues on gender based violence and work collaboratively on disseminating information to interested parties and the wider public

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: 3.1.30 Individual Placement & Support

**Lead: HSE Mental Health Services** 

Partners: Employability Clare/Limerick/North Tipperary.

**Purpose**: To promote Service User access to and sustainment of competitive employment.

Planned Start date and duration: Q1 2023

Location: CHO3 CMHT

**Inputs for 2023** 3 x Employment Specialists integrated into 3 CNMHTs

**Inputs for 2024** Additional 2 X Employment Specialists, expanding the service to encompass 5 CMHTs.

**Overarching Milestone 2023** Further develop IPS service within CHO3 CMHTs. Current capacity enables delivery of IPS within 3 CMHTs and the plan is to expand this capability to 5 CMHTs in 2022

| Q1 2023 | Development of 2 new IPS CMHT sites.   |
|---------|--|
| Q2 2023 | Incorporation of lived experience of IPS into the Development Group.           |
| Q3 2023 | Integration of planned National reporting framework for tracking IPS activity. |
| Q4 2023 | Planned external Fidelity Review of service.                                   |

Overarching Milestone 2024 Implementation of review and continuation of service

**Outputs by end of 2024**: Data reflecting IPS activity will be obtained enabling generation of goals. Initial aim is that by Dec 2022 40% of participants in the IPS programme will upon exiting the programme, having obtained sustained employment.

**National Action:** 3.1.3 Develop and deliver targeted initiatives and services at Primary Care

level for priority groups.

Lead: HSE Mental Health

**Key Partners:** External Agencies

**Local Action**: 3.1.3.31 Provide personal support service

**Lead**: Service Improvement Mental Health

### **Partners:**

**Purpose** To provide personal support service to people in the community who avail of the service.

# Planned Start date and duration; Q1 2022 Winter Initiative Only

Location: CHO3

**Inputs for 2021**. Staffing, Governance Arrangements Standard Operating Procedures to be developed

# Inputs for 2022

# Milestones

# Milestones 2021 Q3 & Q4

| Overarching Milestone 2023  | •       | Overarching Milestone 2024 |  |
|-----------------------------|---------|----------------------------|--|
|                             | Q4 2022 |                            |  |
|                             |         | how the service went.      |  |
|                             | Q3 2022 | Report to be generated on  |  |
| Recruitment to be completed | Q2 2022 | Roll out of the service    |  |
|                             |         | Implementation Plan        |  |
|                             |         | Operating Procedure and    |  |
| Overarching Milestone 2022  | Q1 2022 | Develop a Standard         |  |

Outputs by end of 2022: Roll out of the service

National Action: 3.1.3 Develop and deliver targeted initiatives and services at Primary

Care level for priority groups.

Lead: HSE Mental Health

**Key Partners:** External Agencies

**Local Action**: 3.1.3.32 Provide body positivity training to students on campus

Lead: UL

**Partners: PCHEI** 

**Purpose**: To provide body positive training to students on campus. This training aims to prevent the development of eating disorders by creating dissonance of the idealised body image. Project funded by the Psychological Counsellors in Higher Education Ireland

(PCHEI).

Location: CHO3

Inputs for 2023 Training and piloting of programme

# **Overarching Milestone 2023**

Peers to provide programme each semester

| Q1 2023 | Peers to provide programme each semester.        |
|---------|--|
| Q2 2023 | Peers to provide programme each semester.        |
| Q3 2023 | Planning of programme (subject to UL logistics). |
| Q4 2023 | Peers to provide programme each semester.        |

Overarching Milestone 2024 Peers to provide programme each semester

**Outputs by end of 204**: A training schedule for mental health promotion programmes for teachers is advertised, teachers recruited and have participated in the training.

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

Lead: HSE Mental Health

**Key Partners:** External Agencies

**Local Action**: 3.1.3.33 Delivery of Mental Health Promotion training programmes in both

primary and post-primary schools in the Mid-West

Lead: HP&I, Health & Wellbeing

Partners: Primary and Secondary Schools in the Mid-West

**Purpose**: To enhance both primary and secondary school teachers skills and confidence in the delivery of mental health promotion training programmes in their schools.

Location: CHO3

Inputs for 2023. Staff Time and Training

**Inputs for 2024** Delivery of Mindout and Know the Score Trainings to secondary school teachers and Zippy's Friends to Primary School teachers

**Overarching Milestones 2023:** Deliver Mindout, Know The Score and Zippy's Friends training to teachers in the Midwest

| Q1 2023 | Delivered 2 MindOut trainings, 2 Zippy's Friends and 1 Know the Score training |
|---------|--|
|         | to Teachers  |
| Q2 2023 |  |
| Q3 2023 | N/A  |
| Q4 2023 | Deliver one training of each programme to teachers                             |

**Overarching Milestone 2024:** Deliver Mindout, Know The Score and Zippy's Friends training to teachers in the Midwest

National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.

**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

**Local Action:**3.1.5.1 Primary Care staff members to receive Start training across the 9 Community Health Networks and 3 Chronic Disease Management Teams

Lead: HSE Primary Care

Partners: HSE OSP

**Purpose** To help staff to identify people who are at risk of suicide, to confidently ask them about the topic of suicide and to connect them with resources that can help them stay safe.

Planned Start date and duration: Ongoing

Location: CHO3

Overarching Milestone 2023 Start training will be offered to all PC staff

| Q1 2023 | Deliver Start training. |
|---------|-------------------------|
| Q2 2023 | Deliver Start training. |
| Q3 2023 | Deliver Start training. |
| Q4 2023 | Deliver Start training. |

Overarching Milestone 2024: Start training will be offered to all PC staff

Outputs by end of 2024: Start training will be offered to all PC staff

National Objective 3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.

**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

**Local Action:**3.1.5.2: Create an awareness of suicide prevention (the work of NOSP, local OSP and any emerging trends, data, research and initiatives) with the CMHTs, CAMHS, Acute Services and Primary Care.

Lead: OSP ROSP

**Partners: HSE Mental Health** 

**Purpose** To ensure relevant and timely information is provided to staff across all disciplines on emerging research, best practice, training opportunities and signposting on the issues of suicide and self-harm.

# **Planned Start date and duration Ongoing**

**Location:** CHO3

**Inputs for 2023** OSP staff resource and training inputs

**Inputs for 2024** OSP staff resource and training inputs

# **Overarching Milestone 2023**

Dissemination of information face to face, online, as well as video and research publication as appropriate

| Q1 2023 | Development of database of key post holders to forward information/arrange interaction. Identification of information to be disseminated and methodology to be used. Delivery of information by one of the aforementioned methods |  |
|---------|---|--|
| Q2 2023 | Build links with CMHTs, CAMHS, Acute Services and Primary Care to increase  |  |
| Q2 2023 | engagement and active relationship  |  |
| Q3 2023 | Develop strategic relationship with Senior Nurses Advisory group by presenting  |  |
|         | on the work of OSP/CFL at a SNAG meeting  |  |
| Q4 2023 | Identification of gaps in engagement with CMHTs, CAMHS, Acute Services and  |  |
|         | Primary Care; develop plan to address this is 2024  |  |

**Overarching Milestone 2024** Dissemination of information face to face, online, as well as video and research publication as appropriate

**Outputs by end of 2024**: clinical staff across all disciplines of the HSE CHO3 will have access to relevant and timely resources to aid them to work in the area of suicide and self-harm.

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 D&A Services.

**Key Partners:** HSE H&W, DOH

**Local Action:**3.2.1.1 Support clients in relation to prevention of overdose via overdose prevention training and prescribing/supply of naloxone

Lead HSE D&A Services.

Partners: Sec 39 Partners.

**Purpose** Promote overdose prevention in relation to opiates through training clients in relation to prevention measures, for themselves and their network of opiate users around them; promote the use and availability of naloxone.

## **Planned Start date and duration Ongoing**

**Location:** CHO3

**Overarching Milestone 2023:** All new service users being started on OST will be provided with overdose prevention training and will be prescribed naloxone

| Q1 2023  | All new service users being started on OST will be provided with overdose prevention training and will be prescribed naloxone |  |  |  |
|--|---|--|--|--|
| Q2 2023  | All new service users being started on OST will be provided with overdose prevention training and will be prescribed naloxone |  |  |  |
| All new service users being started on OST will be provided with over vention training and will be prescribed naloxone |   |  |  |  |
| Q4 2023  | All new service users being started on OST will be provided with overdose prevention training and will be prescribed naloxone |  |  |  |

# **Overarching Milestone 2024**

All new service users being started on OST will be provided with overdose prevention training and will be prescribed naloxone

Outputs by end of 2024: Less risk of opiate overdose

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:** 3.2.1.2: Recruit and appoint an Addictions Officer to work with Students in UL/ Healthy UL Addictive Behaviours Subgroup will be following up on the application for the Addictions Officer post which has been put on hold due to the pandemic.

**Lead: Healthy UL Addictive Behaviour Subgroup** 

## **Partners:**

**Purpose** to help address high rate of alcohol and drug misuse

Planned Start date and duration Q1 2023, 2 years.

**Location:** CHO3

Inputs for 2023 Funding and staff.

Overarching Milestone 2023: Continue to implement Student Substance Misuse policy.

| Q1 2023 | Job specification agreed and with recruitment. |
|---------|--|
| Q2 2023 | Recruit / fill post.                           |
| Q3 2023 | Commence framework development.                |
| Q4 2023 | Commence work on actions.                      |

Overarching Milestone 2024; Continue to implement Student Substance Misuse policy.

**Outputs by end of 2024**: Addictions Officer will be recruited and have commenced work on implementing the Student Substance Misuse Policy.

National Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.

**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

**Local Action**:3.3.2.1 Deliver Student Support Team and Critical Incident training to schools

and centres of education

Lead: LCETB

Partners: NEPs. CAMHS, JigSaw, Clare CYPSE. The Grief Centre

Purpose To support the provision of Student Support Teams to engage with students

Planned Start date and duration ongoing

Location: CHO3

**Inputs for 2023** Training resources

**Inputs for 2024** Training resources

Overarching Milestones 2023 Continued CPD in the areas identified to support staff

| Q1 2023 | Training will be provided for staff to support students on issues they are raising as barriers to their educational experience |  |
|---------|--|--|
| Q2 2023 | Training will be provided for staff to support students on issues they are raising as barriers to their educational experience |  |
| Q3 2023 | Review of work and planning for 2023 will be initiated   |  |
| Q4 2023 | Training will be provided for staff to support students on issues they are raising as barriers to their educational experience |  |

Overarching Milestone 2024: Continued CPD in the areas identified above

**Outputs by end of 2024**: Student Support teams will have the resources to deal with issues students raise with them. In turn this will support the reduction of feelings of isolation and low self-esteem presented by students. It is anticipated that it will also support lower levels of student absenteeism and early school leaving.

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:**3.3.6.1: Deliver early intervention mental health services for 12-25 year olds in Limerick either in person or virtually

**Lead:** Jigsaw

### **Partners:**

**Purpose** To support young people (and significant adults in their lives), who need additional support to constructively engage in mental health therapeutic services in Jigsaw or support them to access appropriate services with partner organisations for example, partners in the Service Integration Group

# Planned Start date and duration

Location: CHO3

**Inputs for 2023** Staff time.

Inputs for 2024 Staff time

Overarching Milestone 2023: Continue to deliver blended individual sessions.

| Q1 2023 | Deliver 760 sessions |
|---------|----------------------|
| Q2 2023 | Deliver 760 sessions |
| Q3 2023 | Deliver 760 sessions |
| Q4 2023 | Deliver 760 sessions |

Overarching Milestone 2024: Continue to deliver blended individual sessions.

**Outputs by end of 2024**: up to 1,000 young people and significant adults in their lives will have been supported to engage with mental health therapeutic services

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:** 3.3.6.2 Provide one to one Counselling and psychotherapy Support Services

to young people in outreach locations

**Lead: Limerick Youth Services** 

**Key Partners: IACP, HSE, NOSP** 

**Purpose**: To provide support for 120+ young people aged 14-25, who are presenting with mild to moderate behavioural and emotional issues and are in need of support to help strengthen their internal and external resources. Counselling will be offered on a face to face and virtually and will be available through two wellness rooms in Rathkeale and Castleconnell.

## **Planned Start date and duration** Ongoing

Location: CHO3

**Inputs for 2023** Funding, sources, referring agencies, outreach facilities staff resources

**Inputs for 2024** Funding, sources, referring agencies, outreach facilities staff resources

### **Overarching Milestone 2023**

Provision of Counselling to approximately 120 Young People in 2023. Provision of outreach virtual counselling service through Wellness rooms in Rathkeale and Castleconnell.

| Q1 2023 | Provision of outreach virtual counselling service through Wellness rooms in Rathkeale and Castleconnell. |
|---------|--|
| Q2 2023 | Provision of outreach virtual counselling service through Wellness rooms in Rathkeale and Castleconnell. |
| Q3 2023 | Provision of outreach virtual counselling service through Wellness rooms in Rathkeale and Castleconnell. |
| Q4 2023 | Provision of outreach virtual counselling service through Wellness rooms in Rathkeale and Castleconnell. |

**Overarching Milestone 2024** Provision of Counselling to approximately 120 Young People in 2023. Provision of outreach virtual counselling service through Wellness rooms in Rathkeale and Castleconnell.

**Outputs by end of 2024**: Outreach counselling service will be operational for young people in 2 locations

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: 3.3.6.3** Support Youth Led Alcohol & Drug Free Spaces

**Lead: Limerick Youth Services** 

**Key Partners:** LCETB, LCCC

**Purpose**: Provision of youth led alcohol and drug free safe spaces for young people.

## **Planned Start date and duration** Ongoing

Location: CHO3

**Inputs for 2023:** Funding, sources, referring agencies, outreach facilities staff resources

**Inputs for 2024:** Funding, sources, referring agencies, outreach facilities staff resources

### Milestones

Milestones 2023 Re-opening of alcohol and drug free space in line with Covid Guidance

| Overarching Milestone 2023  Run YLDFSS in the following locations  | Q1<br>2023 | Continued opening of spaces |
|--|------------|-----------------------------|
| <ul> <li>RK Youth Café, Rathkeale Youth Space on</li> <li>King's Island Youth Café, Nicholas St Youth Space,</li> </ul>                        | Q2<br>2023 | Continued opening of spaces |
| <ul> <li>Footsteps Youth Café, North side Youth Space,<br/>Ballynanty</li> <li>Steps Youth Café, North side Youth Space, Ballynanty</li> </ul> | Q3<br>2023 | Continued opening of spaces |
| <ul> <li>Iynanty</li> <li>Lava Javas Youth Café, LLGBTI+ Youth Group in partnership with GOSHH on Fridays</li> </ul>                           | Q4<br>2023 | Continued opening of spaces |

# **Overarching Milestone 2024**

## Run YLDFSS in the following locations

#### As above

**Outputs by end of 2024**: A range of youth-led community youth spaces that are alcohol and drug free will operate from a number of locations across Limerick

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: 3.3.6.4. Delivery of Evidenced Based Mental Health & Well-being pro-

grammes

**Lead: Limerick Youth Services** 

Key Partners: HSE, UBU, BEWELL,

Purpose: To enhance the psycho-social well-being of young people

Planned Start date and duration Ongoing

**Location:** CHO3

**Inputs for 2023** Funding, sources, referring agencies, outreach facilities staff resources

**Inputs for 2024** Funding, sources, referring agencies, outreach facilities staff resources

# **Overarching Milestone 2023**

Delivery of evidenced based programmes to 60-100 people annually

| Q1 2023 | Programmes delivered to young people |
|---------|--------------------------------------|
| Q2 2023 | Programmes delivered to young people |
| Q3 2023 | Programmes delivered to young people |
| Q4 2023 | Programmes delivered to young people |

**Overarching Milestone 2024** Delivery of evidenced based programmes to 60-100 people annually

**Outputs by end of 2024**: Delivery of evidenced based programmes to 120-200 people and preparation for further delivery

National Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.

**National Action:** 3.3.6 Enhance the supports for young people with mental health problems or vulnerable to suicide.

Lead: HSE PC

**Key Partners: HSE MH** 

**Local Action:** 3.3.6.5 Provide a professional Youth Information Service to young people, parents/guardians & those who work with them. Including an online chat service

**Lead: Limerick Youth Services** 

**Key Partners: LCETB, YWI, SPUNOUT** 

**Purpose**: To provide supports for students at exam & Results time

**Planned Start date and duration** Ongoing

**Location:** CHO3

**Inputs for 2023:** Funding, sources, referring agencies, online platform, staff resources

**Inputs for 2024**: Funding, sources, referring agencies, online platform, staff resources

Overarching Milestone 2023 Maintaining online information provision

| Q1 2023 | Provide support in relation to Pre-exam/CAO            |
|---------|--|
| Q2 2023 | Provide support for official exam time                 |
| Q3 2023 | Provide support for results/offers period              |
| Q4 2023 | Evaluate and plan for further implementation of action |

Overarching Milestone 2024: Maintaining online information provision

**Outputs by end of 2024**: Supports will be developed to support young people and adults who are connected to them at critical points in the final secondary academic year.

National Objective 3.3. Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups.

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

Lead: HSE PC

**Key Partners:** NOSP

**Local Action:** 3.3.6.6 Youth ministry initiatives / young people

**Lead: Limerick Diocese** 

**Partners: Local Schools** 

**Purpose**: To meet the needs of young people by creating a reflective and holistic space to explore emotional wellbeing and stress reduction.

Planned Start date and duration Q2 2022, 6 months

**Location:** CHO3

Inputs for 2023 Staff Expertise, Venue

Overarching Milestone 2023 Workshops will be presented as planned

| Q1 2023 | Attendance at workshops, feedback on impact |
|---------|---|
| Q2 2023 | Attendance at workshops, feedback on impact |
| Q3 2023 | Attendance at workshops, feedback on impact |
| Q4 2023 | Attendance at workshops, feedback on impact |

Overarching Milestone 2024: Workshops will be presented as planned

**Outputs by end of 2024**: Participants from a range of schools across the diocese will experience workshops that will allow them to identify wellness stress reduction techniques

National Objective 3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide.

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

Lead: HSE MH

**LOCAL ACTION** 3.3.7.1 CAMHS as part of CHO3 Mental Health Service will continue to work to progress the development of out of hours CAMHS service.

Lead: HSE MH

**Key Partners: ULHG** 

**Purpose** to improve out of hours access to assessment for children in acute mental health crisis.

Planned Start date and duration ongoing

**Location:** CHO3

Inputs for 2023 Staff time

Inputs for 2024 Staff time

Overarching Milestones 2023 Develop and Provide an out of hours CAMHS service

| Q1 2023 | Continue to engage with ULHG to develop and implement a Crisis Liaison Service for younger people     |
|---------|---|
| Q2 2023 | Conclude a review of current CAMHS service provision- governance, processes and resources.            |
| Q3 2023 | Implement recommendations from CAMHS review & establish a CAMHS Telehealth Hub-recruitment 4 posts    |
| Q4 2023 | Implement recommendations from CAMHS Review-continue to progress roll-<br>out of CAMHS Telehealth Hub |

**Overarching Milestone 2024** 

Continue to provide out of hours CAMHS service

Outputs by end of 2024: Review completed and recommendations implemented

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** 4.1.1.1 Continue to support the implementation of National CAMHS Operating Guidelines 2019

Lead: HSE MH

**Purpose** To enhance accessibility, consistency and care pathways for children accessing CAMHS service regionally

Planned Start date and duration e.g. Q3 2022, ongoing

**Location:** CHO3

Inputs for 2023 staff time

**Overarching Milestone 2023:** Review and implementation of National CAMHS Operating Guidelines

| Q1 2023 | Complete a review of current CAMHS service provision- governance, processes and resources.      |
|---------|---|
| Q2 2023 | Conclude a review of current CAMHS service provision- governance, processes and resources.      |
| Q3 2023 | Implement recommendations from CAMHS Review- further develop service user engagement e.g. forum |
| Q4 2023 | Implement recommendations from CAMHS Review- review transition from CAMHS to Adult service.     |

**Overarching Milestone 2024:** Continued implementation of National CAMHS Operating guidelines

Outputs by end of 2024: Review completed and recommendations implemented

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; 4.1.1.2** Develop a Crisis Assessment Support Team and pilot its delivery in Limerick City and County

Lead: HSE / An Garda Siochana.

Partners: HSE Services, Acute Hospitals and Community Partners.

**Purpose** To provide a community based crisis mental health service to vulnerable individuals. This service will be provided by HSE Mental health staff and members of An Garda Siochana.

Planned Start date and duration: Q1 2023

**Location:** CHO 3 Limerick City and County

Inputs for 2023: Recruitment of staff. Staff training.

**Overarching Milestone 2023:** To develop and commence delivery of a Crisis Assessment Support Team and pilot its delivery in Limerick City and County.

| Q1 2023 | HSE and AGS continue to finalise proposal. Proposal to be signed off. |
|---------|---|
| Q2 2023 | Commence recruitment of new team.                                     |
| Q3 2023 | Joint training for HSE & AGS team. Commence delivery of service.      |
| Q4 2023 | Continue delivery of service. Review delivery.                        |

Overarching Milestone 2024: Continue delivery of the Crisis Assessment Support Team.

Outputs by end of 2024: Pilot - service will be operational.

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:**

**Local Action**: 4.1.1.3 Provide adjusted service delivery mechanisms to meet the needs of vulnerable populations by offering appointments via virtual platforms, including online group interventions

Lead: Perinatal Mental Health Team

#### **Partners:**

**Purpose** To provide more accessible services to people who may struggle to attend face to face due to Covid concerns, access to transport, childcare etc. This will include a move from traditional face to face groups to online groups. This actions increases accessibility and connectedness of services among vulnerable and marginalised populations.

# Planned Start date and duration; Ongoing

**Location:** CHO3

Inputs for 2023 Staff time

Inputs for 2024 Staff time

**Milestones 2023** Continuation of virtual clinical appointments where appropriate and desired as well as continuation of online groups including art music, psychology and mellow bumps

| Q1 2023 | Online programme and appointment delivery as appropriate |
|---------|--|
| Q2 2023 | Online programme and appointment delivery as appropriate |
| Q3 2023 | Online programme and appointment delivery as appropriate |
| Q4 2023 | Online programme and appointment delivery as appropriate |

Overarching Milestone 2024: Online programme and appointment delivery as appropriate

**Outputs by end of 2024**: All service users will be offered virtual or face to face appointments suitable to their needs. The service will be fully adaptable and operational within public health guidelines

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:**

**Local Action**:4.1.1.4 To introduce online perinatal mental health cafes to enhance social connectedness and engagement for those experiencing perinatal mental health issues.

Lead: Perinatal Mental Health Team

#### Partners:

**Purpose** To support those accessing perinatal services that experience a mental health issue by developing a peer led recovery model of online café events. The experience of Covid-19 as well as vaccine hesitancy and fear of infection has had a significant impact on levels of isolation and anxiety on those accessing perinatal mental health services. It is planned that online café style events initially led by PMH staff will in time be handed over to the women to organise. A number of thematic café events will be explored and developed.

### Planned Start date and duration;

**Location:** CHO3

**Inputs for 2023** Staff time/service user facilitation team

**Milestones 2023** Development and delivery of online café events and identify core facilitation group, including those using the PMH service

| Q1 2023 | Identify priority workshop themes and develop same. Host events  |
|---------|--|
| Q2 2023 | Identify priority workshop themes and develop same. Host events  |
| Q3 2023 | Identify priority workshop themes and develop same Host events   |
| Q4 2023 | Host events, Review progress to date and plan for following year |

**Overarching Milestone 2024:** Online events will be initiated and the process of peer led events will be underway

**Outputs by end of 2024**: An innovative peer led support project will have been developed and will continue. Service users and their wider networks of families and significant others will be offered the opportunity to connect and share experiences with others, creating new connections and a sense of belonging

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:

Key Partners: UL

**Local Action; 4.1.1.5** Provide online CBT based support for staff and students

Lead: UL

Partners. Silvercloud

**Purpose**: To provide online CBT based support for staff and students which can be accessed from anywhere at any time. Silvercloud provides 7 self-help programmes for UL Staff and Students, and over 20 supported programmes for students accessing the counselling service.

#### Planned Start date and duration Q1 2023

**Location:** UL for staff and students with a UL email account.

Inputs for 2023 : Advertise, communicate, inform UL population

Inputs for 2024: Restart procurement process

Milestones: Promote and encourage uptake/ Increase uptake of system

| Q1 2023 | Extend use of supported version within UL Elst and promote self-help version via Healthy Campus |
|---------|---|
| Q2 2023 | Extend use of supported version within UL Elst and promote self-help version via Healthy Campus |
| Q3 2023 | Further promotion of system via Faculty Board meetings  |
| Q4 2023 | Review use and re-procure/select alternative programme  |

Overarching Milestone 2024: Commence Re-procurement process

### Outputs by end of 2024:

To increase general self-help uptake within UL Population

To relieve demand on UL EIST for low level needs

To train more UL EIST staff to provide supported version to ensure that face to face therapy is reserved for higher level mental health needs and assessment work.

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:** 4.1.2.1 To develop and launch a model of care to support adult individuals with a Dual Diagnosis and pilot the specialist team in CHO3.

**Purpose** To provide a more effective continuum of care for individuals presenting with a Dual Diagnosis. The model of care contains care pathways, including a continuum of care, we are working currently on a national framework including, pre entry, detoxification both residential and community based, residential rehabilitation and aftercare.

Planned Start date and duration. Q1 2023, Dec 2024

**Location:** CHO3

**Inputs for 2023** Recruitment of a Multidisciplinary team, staff training, staff time.

**Overarching Milestone 2023:** To have established a pilot site in CHO3 with necessary structures in place to commence delivery of service.

| Q1 2023 | Continue meetings at a national Level. Continue planning for CHO 3 pilot commencement. CfL rep to join local planning group. |
|---------|--|
| Q2 2023 | Recruitment of Multidisciplinary team. Training audit to be completed. Training from OSP to be made available to team.       |
| Q3 2023 | Delivery of service will have commenced. Support continued by CfL re training and development of new modules                 |
| Q4 2023 | Continue delivery of service and review of service to enable planning for 2023 and beyond.                                   |

**Overarching Milestone 2024:** Dual Diagnosis service will be fully operational.

Outputs by end of 2024: Pilot site in CHO 3 will be operational.

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:** 4.2.1.1 Support post training the implementation of a DBT programme through the Adult Mental Health Service and roll out its delivery across the region.

Lead: HSE MH

**Key Partners:** 

**Purpose** To facilitate widespread delivery of a range of effective therapeutic interventions through the Adult Mental Health Services.

Planned Start date and duration: Q1 2023

**Location: CHO 3** 

Inputs for 2023: Staff release and support. Access to specific staged DBT training

**Overarching Milestone 2023** Mental Health practitioners will be offered staged DBT training. DBT will be available to service users.

| Q1 2023 | It is proposed that Mental Health Teams will be offered level 1 Training     |
|---------|--|
| Q2 2023 | It is proposed that Specific Teams / staff will be offered Level 2 Training. |
| Q3 2023 | It is proposed that DBT will be more available to service users.             |
| Q4 2023 | Continue to deliver DBT depending on resource available. Review of delivery. |

**Overarching Milestone 2024** Mental Health practitioners will be offered staged DBT training. DBT will be available to service users.

**Outputs by end of 2024**: Mental Health practitioners will be offered staged DBT training. DBT will be available to service users.

National Objective 4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.

National Action: 4.3.2 Commission and evaluate bereavement support services.

Lead: NOSP

**Key Partners:** HSE PC, CHOs

**Local Action:** 4.3.1.1 Support suicide bereavement organisations across the region.

Lead: ROSP

**Partners:** OSP TDO and Suicide Bereavement Groups

**Purpose**: To support the delivery of suicide bereavement supports through the provision of training and information as relevant to services.

**Planned Start date and duration Ongoing** 

Location: CHO3

Inputs for 2023 ROSP and TDO time

Inputs for 2024 ROSP and TDO time

Overarching Milestone 2023: Support will be provided to designated volunteers

| of bereavement services in the region. Annual Networking event will be held |  |
|---|--|
| Q1 2023   | ROSPs meet with local SBLO every 6 weeks to identify trends and emerging needs.  ROSP NTC engages with Clare Suicide Bereavement Support and Tipperary Living Links to ensuring sustained bereavement support to the region, and identify training needs.  |
| Q2 2023   | ROSPs meet with local SBLO every 6 weeks to identify trends and emerging needs.  ROSP NTC engages with Clare Suicide Bereavement Support and Tipperary Living Links to ensuring sustained bereavement support to the region, and identify training needs.  ROSPs liaise with HUGG re. training needs and service provision for CHO3. |
| Q3 2023   | ROSPs meet with local SBLO every 6 weeks to identify trends and emerging needs.  ROSP LK to engage with stakeholders identify gaps in suicide bereavement services within Limerick  Prepare and plan for networking event among suicide bereavement groups.  |
|   | ROSPs meet with local SBLO every 6 weeks to identify trends and emerging needs   |

Q4 2024 ROSP LK to convene meeting with stakeholders in Limerick regarding the need for a suicide bereavement service/group

Host networking event among suicide bereavement services in CHO3

Overarching Milestone 2024: Support will be provided to designated volunteers and staff of bereavement services in the region. Annual Networking event will be held

Outputs by end of 2024: Enhanced communication between community suicide bereavement supports and OSP as well as up to date, relevant information delivered.

National Objective 4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide.

**National Action:** 4.3.2 Commission and evaluate bereavement support services.

Lead: NOSP

**Key Partners:** HSE PC, CHOs

Local Action: 4.3.2.1 Deliver enhanced bereavement supports services to families and

communities impacted by suicide.

Lead: ROSP

Partners: Suicide Bereavement Groups and SBLO

Purpose: To ensure the provision of suicide bereavement supports across the region.

**Planned Start date and duration** Ongoing

Location: CHO3

Inputs for 2023 ROSP time

Inputs for 2024

**Overarching Milestone 2023:** Families' and communities will be able to access suicide bereavement support.

| bereaveni | bereavement support.   |  |  |
|-----------|--|--|--|
| Q1 2023   | Deliver Community Response presentation as requested by communities and groups after a death by suspected suicide.  Signpost families and individuals bereaved by suicide to the SBLO and YANA resource.  Engage with stakeholders ( CMHTs, clubs, AGS/FLO) to ensure family members are provide with YANA and SBLO signpost.  ROSP NTC and CSBS to co-deliver suicide grief sessions to identified Traveller group.                             |  |  |
| Q2 2023   | Deliver Community Response presentation as requested by communities and groups after a death by suspected suicide  Signpost families and individuals bereaved by suicide to the SBLO and YANA resource.  Engage with stakeholders ( CMHTs, clubs, AGS/FLO) to ensure family members are provide with YANA and SBLO signpost  ROSP NTC and CSBS to co-deliver suicide grief sessions to identified Traveller group                                |  |  |
| Q3 2023   | Deliver Community Response presentation as requested by communities and groups after a death by suspected suicide  Signpost families and individuals bereaved by suicide to the SBLO and YANA resource.  Engage with stakeholders ( CMHTs, clubs, AGS/FLO) to ensure family members are provide with YANA and SBLO signpost  |  |  |
| Q4 2023   | Deliver Community Response presentation as requested by communities and groups after a death by suspected suicide  Signpost families and individuals bereaved by suicide to the SBLO and YANA resource.  Engage with stakeholders ( CMHTs, clubs, AGS/FLO) to ensure family members are provide with YANA and SBLO signpost  ROSP LK to convene meeting with stakeholders in Limerick regarding the need for a suicide bereavement service/group |  |  |

**Overarching Milestone 2024:** Families' and communities will be able to access suicide bereavement support.

**Outputs by end of 2024**: Families' and communities will be able to access suicide bereavement support.

# National Goal 5: To ensure safe and high quality services for people vulnerable to suicidal behaviour.

**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

**Partners:** Non-statutory partners

**Local Action**: 5.1.1.1 Discharge Planning Initiative

Lead: HSE Mental Health Services

Partners:

Purpose: To improve Service Users experience of transitioning from inpatient to community

services.

Planned Start date and duration: Q1 2023, planned end date Q4 2024

**Location:** CHO3 Mental Health Services, Approved Centres and CMHTs.

**Inputs for 2023** Engagement with stakeholders – Service Users, Families/carers/supporters and clinical staff.

Project worker assigned (Service clinician)

**Milestones 2023** Development of Discharge Planning Action Plan incorporating key actions that underpin the Discharge Planning Initiative.

| Q1 2023 | Development of CHO3 Implementation Group                |
|---------|---|
| Q2 2023 | Selection and engagement with site to launch initiative |
| Q3 2023 | Engagement with other sites to expand initiative.       |
| Q4 2023 | Plan and define an evaluation of the project.           |

# Overarching Milestone 2024

Implementation of Initiative in concert with complementary service initiatives. Review Initiative

**Outputs by end of 2024**: Service Users experience an improved discharge experience. Associated benefits expected to follow – reduced incidence of adverse incidents associated with discharge from inpatient facilities.

National Objective 5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention within the National Training Plan.

**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** 

**Local Action Plan: 5.4.2.1:** Support Training Opportunities to Enhance Awareness for Front Line Disability Staff as part of Connecting for Life.

**Lead:** Disability Services

#### **Partners**

### Purpose

Planned Start date and duration Q1 2023

Location: CHO3

Inputs for 2023: Staff time,

Inputs for 2024: Staff time,

**Overarching Milestone 2023:** To organise for the identification and first steps to delivery of relevant training to staff of the Disability Spectrum of Services, (Residential, Respite, Day Supports, Outreach, Personal and In-home Support Care)

| Q1 2023 | Compile a list of staff names from S38/S39 services and private providers working within CHO3 across the Disability Spectrum of Services. |
|---------|---|
| Q2 2023 | Offer START licenses to all staff.  |
| Q3 2023 | Carry out an audit of training need and identify staff to complete relevant training.   |
| Q4 2023 | Organise 2 training events specific to Disability services.   |

**Overarching Milestone 2024** Continue to implement planned training events identified in 2023.

**Outputs by end of 2024**: There will be widespread training and awareness of suicide prevention and a number of staff across all sections will be trained up to ASIST level and be in a position to support someone in distress.

National Objective 5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention within the National Training Plan.

**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

**Local Action: 5.4.3.1:** Provide training to staff to support them in dealing with students in distress or at risk. (Psychological counsellors in higher education in Ireland )

Lead: TUS and UL

#### **Partners**

**Purpose** To equip 3<sup>rd</sup> level staff with the skills to manage and support students in distress or at risk.

# **Planned Start date and duration** Ongoing

Location: CHO3

Inputs for 2023 Staff time, model resources, training event

## **Overarching Milestone 2023**

This training is being reconfigured by PCHEI and is due to be available in a new, three part format for the AY 2022/23.

| Q1 2023 | Provide first part of the training to the team  |
|---------|---|
| Q2 2023 | Provide first part of the training to the team  |
| Q3 2023 | Provide second part of the training to the team |
| Q4 2023 | Provide second part of the training to the team |

Overarching Milestone 2024 Continue to provide this training to new and existing staff.

**Outputs by end of 2024**: Staff working with students at 3<sup>rd</sup> level will have been trained in the Managing Distressed Students programme and will be able to identify students in distress and support them. Subsequently all new staff will also be given training going forward

National Objective 5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention within the National Training Plan.

**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

Local Action: 5.4.3.2 Train staff in CAMS model of risk assessment and management

Lead: UL Eist

#### **Partners**

**Purpose** To ensure an evidence-based standard approach to risk assessment and management within Eist and across the HEIs

## **Planned Start date and duration Ongoing**

Location: CHO3

**Inputs for 2023** Staff time

**Inputs for 2024** Staff time

**Overarching Milestones 2023:** Continue to develop implementation of CAMS framework into stepped care model. New staff to become familiar with CAMS model

| Q1 2023 | All staff to read manuals, attend 3 hour online training and 1 full day training |
|---------|--|
| Q2 2023 | Continue to develop implementation of CAMS framework into stepped care model     |
| Q3 2023 | Continue to develop implementation of CAMS framework into stepped care model     |
| Q4 2023 | Continue to develop implementation of CAMS framework into stepped care model     |

**Overarching Milestone 2024:** Continue to develop implementation of CAMS framework into stepped care model

**Outputs by end of 2024**: Evidenced based model of supporting people in distress will be used across the HEIs

National Objective 5.4 Ensure best practice among health and social care practitioners through (a) the implementation of clinical guidelines on self-harm and (b) the delivery of accredited education programmes on suicide prevention within the National Training Plan.

**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** 

**Local Action** 5.4.3.3: Implement The National Student Mental Health and Suicide Prevention Framework for Ireland

Lead: UL

Partners PCHEI, HSE

**Purpose**: 75% of mental health concerns arise between the ages 15-25. Most undergraduates fall within this age group. Students are identified as a high-risk group. Demand for counselling and mental health supports are increasing in HEI counselling services. The National Student Mental Health and Suicide Prevention Framework for Ireland calls for an embedded whole system approach to reducing suicide. The recommendations for this framework are drawn from the Connecting for Life strategy. The framework provides an opportunity for UL to review and reflect on their current support for student mental health and actions for suicide prevention. It helps UL to identify areas where further improvements for student mental health are needed.

# Planned Start date and duration Ongoing

Location: CHO3
Inputs for 2023

Inputs for 2024

Overarching Milestone 2023 Report of gaps to UL

| Q1 2023 | Recruit staff member  |
|---------|---|
| Q2 2023 | Employ staff member   |
| Q3 2023 | Review framework and feedback to university as to gaps  |
| Q4 2023 | Conduct gap analysis on framework and practice and feedback to university.  Review service and needs. |

**Overarching Milestone 2024** Identify systems to meet framework needs

Outputs by end of 2024: Systems identified to meet framework needs

### 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:**6.2.1.2: Promotion of suicide prevention and bereavement training to Community Groups / Agencies who come into contact directly with those vulnerable to suicide in high risk locations.

Lead: OSP

**Partners:** Community groups / support agencies.

**Planned Start date and duration –** Q1 2023, ongoing.

Location: CHO3

**Inputs for 2023:** Staff time, training resources. Training costs.

**Inputs for 2024:** Staff time, training resources. Training costs.

**Overarching Milestone 2023**: Continue to offer training to current groups and any new groups that provide this support.

| Q1 2023 | Engagement with partners                    |
|---------|---|
| Q2 2023 | Offer and provide training.                 |
| Q3 2023 | Offer and provide training.                 |
| Q4 2023 | Offer and provide training. Review feedback |

**Overarching Milestone 2024:** Continue to offer training to current groups and any new groups that provide this support

Outputs by end of 2024: All groups will be offered training.

# 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: 7.2.2.1: Studies on suicide and related issues at UL

Lead: University of Limerick

Partners:

**Purpose** Collate all studies on suicide / related issues at UL and submit to NOSP annually

**Planned Start date and duration ongoing** 

Location: CHO3

**Inputs for 2023** Staff time.

**Inputs for 2024** Engagement with action partners to further collate relevant studies

**Overarching Milestone 2023:** All relevant studies relating to self-harm and suicide submitted to NOSP

| Q1 2023 | Co-ordinator is aware of studies relating to suicide / self-harm in UL |
|---------|--|
| Q2 2023 | Co-ordinator is aware of studies relating to suicide / self-harm in UL |
| Q3 2023 | Co-ordinator is aware of studies relating to suicide / self-harm in UL |
| Q4 2023 | Co-ordinator is aware of studies relating to suicide / self-harm in UL |

**Overarching Milestone 2024:** All relevant studies relating to self-harm and suicide submitted to NOSP

**Outputs by end of 2024**: All relevant studies relating to self-harm and suicide at UL will be submitted to NOSP and the office for suicide prevention for further dissemination

National Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour.

National Objective 7.4 Develop a national research and evaluation plan that supports innovation and is aimed at early identification of suicide risk, assessment, intervention and prevention.

**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)

**Lead:** Key partners

Local Action: 7.4.1.1: Carry out outcome research on Student Counselling service within TUS.

Lead: TUS

**Partners:** 

**Purpose** Utilise outcome to Inform practice and development.

Planned Start date and duration Q4 2021, 6 months

**Location: CHO3** 

Inputs for 2023 Staff time and Assistant Psychologist to analyse the findings.

**Inputs for 2024** Staff time and Assistant Psychologist to analyse the findings.

**Overarching Milestone 2023:** CAMS training of the TUS Core Counselling Team. Use of CORE to assess risk at start and end of therapy. Information gained will identify risks and inform practice.

| Q1 2023 | Appointment of AP.  |
|---------|---|
|         | Training of the counselling team in CORE.   |
| Q2 2023 | Design of research measures   |
|         | Ongoing presence and reporting to Connecting for Life Midwest.                              |
| Q3 2023 | Annual Reporting and analysis of Students Risk at the start of therapy & Risk at            |
|         | the end of therapy.   |
|         | Launch of PCHEI Training "Supporting a student who is Distressed or at Risk" for            |
|         | TUS Midwest Academic, Administrative and Professional Service Staff.                        |
| Q4 2023 | Ongoing CAMS training for new Student Counsellors.  |
|         | Continued monitoring of risk at start of therapy & risk at end of therapy using CORE.       |
|         | Embedding of staff training to support students who may be distressed or at risk.           |
|         | Collaboration with NOSP in the delivery of ASSIST Training for TUS Midwest Staff community. |
|         | Recruitment of AP to conduct outcome research.  |
|         | Analyse data and evaluate.  |

# **Overarching Milestone 2024**

Continue research project to provide longitudinal data.

Outputs by end of 2022: Provide report on study.

# **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

**Priority groups In Connecting for Life:** Priority groups refer to the population groups identified as vulnerable to suicide in Ireland. Over the lifetime of the Strategy, other population groups may emerge as particularly vulnerable to 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**

**AMHS:** Adult Mental Health Services

**ASIST:** Applied Suicide Intervention Skills Training

**CAMHS:** Child and Adolescent Mental Health Services

**CAMS:** Collaborative Assessment and Management of Suicidality

**CBT:** Cognitive Behavioural Therapy

CYPSC: Children and Young Person's Services Committee

**DATFs:** Drug and Alcohol Task Force

**DBT:** Dialectical Behavioural Therapy

**DECLG:** Department of the Environment, Community and Local Government

**DES:** Department of Education and Skills

**DJE:** Department of Justice and Equality

DOH HI: Department of Health, Healthy Ireland

**DSP:** Department of Social Protection

**ED:** Emergency Department

ETB: Education and Training Board

FRC: Family resource Centre

**GAA:** Gaelic Athletic Association

**GP:** General Practitioners

HRB: Health Research Board

HSE H&W: Health Service Executive Health and Wellbeing

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

**HSE MH:** Health Service Executive Mental Health

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

**HSE PC**: Health Service Executive Primary Care

**HSE PMO:** Health Service Executive Project Management Office

**HSE:** Health Service Executive

**HUGG:** Healing Untold Grief Groups

LA: Local Authority

**LCDC:** Local Community Development Company

**LECP:** Local Economic and Community Plan

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

**NEPS:** National Educational Psychological Service

**NGO** Non-Governmental Organisation

**NSRF:** National Suicide Research Foundation

SBLO: Suicide Bereavement Liaison Officer

**SICAP:** Social Inclusion and Community Activation Programme

**WITH:** Wellbeing in the Home Programme

WRAP: Wellness Recovery Action Plan Programme