



Connecting for Life

South East Community Healthcare

Connecting For Life

South East Community Healthcare

2022-2024

Action Plan

Connecting for Life
*South East Community
Healthcare*



If you, a member of your family or someone you know is in distress or needs someone to talk to; help, support and advice is available.

In the first instance contact your GP, if it is late in the evening or at the weekend call CAREDOC on 0818 300 365. If you or someone you know is in immediate danger go to the Emergency Department of the nearest hospital or call the Emergency Services on 999 or 112.

You can also contact the following:

50808, 24 Hour Crisis Text Service Text HELLO to 50808

Pieta, 24 Hour Suicide Helpline Freephone 1800 247 247 or Text HELP to 51444

Samaritans 24 Hour National Listening Service Freephone 116 123

For more information on supports and services visit www.yourmentalhealth.ie

You can contact HSE Regional Suicide Resource Office in South East Community Healthcare on 051 874013 or by emailing Tracy.Nugent@hse.ie or Sarah.Hearne@hse.ie

Connecting for Life
South East Community
Healthcare

TABLE OF CONTENTS

SECTION 1: BACKGROUND

1.1 Background	4
1.2 Suicide and Self-Harm Data in Ireland	5
1.3 Suicide and Self-Harm Data in South East Community Healthcare	7
1.4 Priority Groups	9
1.5 Impact of Covid-19	10
1.6 Impact of Covid-19 in South East Community Healthcare	10

SECTION 2: POLICY CONTEXT

2.1 National Policy Context	11
2.2 Regional Policy Context	12

SECTION 3: DEVELOPMENT OF THE PLAN

3.1 Development of <i>Connecting for Life South East Community Healthcare</i>	13
---	----

SECTION 4: IMPLEMENTATION STRUCTURES

4.1 National Implementation Structure	18
4.2 South East Community Healthcare Implementation Structure	19
4.3 The Role of HSE Resource Officers for Suicide Prevention	20

SECTION 5: MONITORING AND EVALUATION

5.1 National Monitoring and Evaluation	21
5.2 Monitoring and Evaluation in South East Community Healthcare	21

SECTION 6: COMMUNICATIONS

6.1. Communications in South East Community Healthcare	22
--	----

SECTION 7: ACTION PLAN

7. <i>Connecting for Life South East Community Healthcare</i> Action Plan 2022-2024	24
---	----

SECTION 8: APPENDICES

SECTION 1: BACKGROUND

1.1 Background

Ireland's national suicide prevention strategy *Connecting for Life (CfL)* was launched in June 2015 and the Implementation Plan for 2017-2020 was published in late 2017. In December 2019, the Department of Health supported an extension of *CfL* for a further five years, with official approval by Cabinet granted in November 2020. In preparation for this, the HSE National Office for Suicide Prevention (NOSP) was asked to lead the development of an implementation plan for 2020-2022. A second two year implementation plan will be developed for 2023-2024.

The development of this implementation plan was rooted in the principle of learning from previous experience of implementing the strategy, and was informed by:

- An independent Interim Strategy Review of the implementation of *CfL* (2018-2019)
- An online survey with all implementation partners to gather information on emerging issues relating to suicide prevention and to seek feedback on the current monitoring and evaluation system (December 2019)
- Face to face meetings with all partners in Government Departments to discuss and agree actions for 2020, 2021 and 2022 (January-February 2020)
- An internal workshop with NOSP staff to discuss the shared priorities and goals for the next three years (January 2020)

Interim Strategy Review of Connecting for Life 2015-2020

In 2018, the NOSP invited the *CfL* Evaluation Advisory Group (EAG) to undertake a review of the national implementation of the *CfL* strategy to date. 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 EAG concluded that the strategic vision of *CfL* and the seven strategic goals of *CfL* will remain relevant beyond 2020 and that a more concentrated, intensive and consistent implementation of the strategy beyond 2020 is required. Specifically, the review concluded that some progress was evident across all seven strategic goals, with good progress highlighted in stigma reduction, self-harm initiatives, public health communications, media monitoring, the development of local *CfL* action plans, early intervention services, the coronial process for suicide death registrations and GP prescribing behaviours (regarding benzodiazepines) amongst other strategic areas.

However, some areas were highlighted as having made limited progress including:

- The need for more coordinated delivery of suicide prevention training
- Strategic planning around priority or vulnerable groups
- Restricting access to means of suicide in public places
- Evaluating the cost-effectiveness of the strategy

While the first phase 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 but more to do.

1.2 Suicide and Self-Harm Data in Ireland

The main aim of *Connecting for Life* is to reduce suicide in Ireland, with a 10% reduction in suicide rates adopted as the minimum target for the strategy, as set by the World Health Organisation (WHO). Considering the complex nature of suicide, achieving this target is challenging as is evidencing the influence of *CfL* on a reduction in suicide rates.

In Ireland, the Central Statistics Office (CSO) provides mortality data including deaths by suicide. Death due to intentional self-harm is classified as an unnatural death and therefore, must be referred to the Coroner for investigation. This investigation can take a protracted length of time to complete for various reasons (such as getting medical reports, health and safety reports, engineers' reports, and the involvement of the Director of Public Prosecutions etc.) and this delays the registration of such deaths.

Data from the CSO is published in different stages:

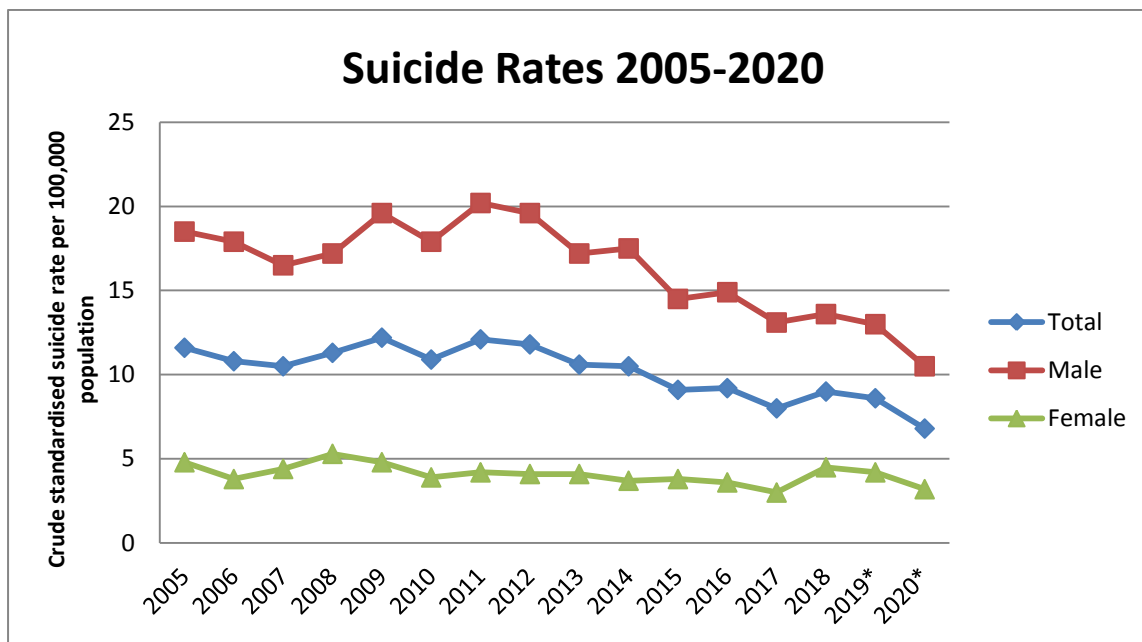
1. Numbers of deaths are provided firstly based on year of registration – 'provisional'
2. They are revised later, by year of occurrence – 'official'
3. Finally they are revised later again, to include 'late registrations'.

These numbers are not easily comparable across different years because at any given time, data for different years is at different stages. The following table gives the number of suicide deaths in Ireland since 2012, with information on the type of data for each year, at November 2021.

Figure 1: Suicide data (Data Source: CSO)

Year	Number Of Suicide Deaths	Male	Female	Type Of Data
2020	340	259	81	Provisional, year of registration
2019	390	300	90	
2018	437	327	110	Official, year of occurrence, excluding late registrations
2017	500	391	109	Official, year of occurrence, including late registrations
2016	524	424	100	
2015	495	389	106	
2014	569	465	104	
2013	547	440	107	
2012	580	471	109	

Figure 2: Suicide rates (Data Source: CSO)



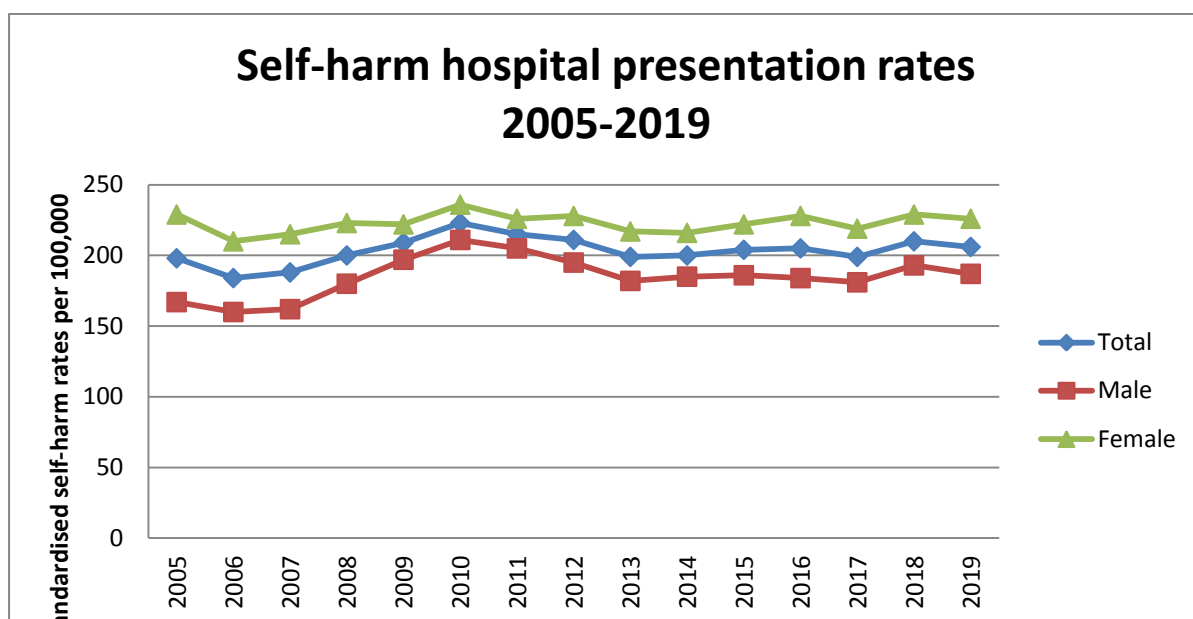
*The rates for 2019 and 2020 are provisional

Current suicide data has limited information about the people who have died by suicide i.e. the county of death, the person's age and gender and the manner of death. This information does not allow for identification of additional risk factors for suicide to influence policy and service responses. To help address this, the HSE NOSP will continue to work in collaboration with the Health Research Board (HRB) to collect information from Coroners' official reports into suicides and suspected suicides. This will potentially lead to improved access to socio-demographical, health and lifestyle information on those who die by suicide in Ireland.

The National Self-Harm Registry of Ireland (NSHRI) has been collecting and reporting on self-harm data in Ireland since 2002. The data is based on self-harm presentations to Emergency Departments (ED) in 33 hospitals throughout the country. Findings in the NSHRI Annual Report for 2019 include:

- There were 12,465 self-harm presentations to ED in 2019 by 9,705 people
- The 2019 self-harm rate per 100,000 population is 8% lower than the peak rate in 2010
- The self-harm rate in 2019 was 206 per 100,000 population
- Peak rates were seen in young people, in men aged 20 to 24 years and in women aged 15 to 19 years
- The peak presentation times were between 7 pm and 3 am
- 2 of every 3 (62%) self-harm presentations included drug overdose, 3 in every 10 (29%) included alcohol and 3 in every 10 (29%) involved self-cutting
- 72% of presentations underwent assessment in the ED, 79% received a follow-up recommendation and 13% left the ED without a follow-up recommendation
- 1 in 5 (20%) were repeat presentations

Figure 3: Self-harm rates (*Data Source: National Self-Harm Registry Ireland*)



1.3 Suicide and Self-Harm Data in South East Community Healthcare

The table below summarises three-year moving average rates of suicide by county of residence of the deceased in SECH, 2015-2020. They are calculated using finalised year of occurrence data from the CSO, and population estimates for each county from the 2016 Census. Data used for 2019 and 2020 is provisional and excludes late registered deaths.

Figure 4: Suicide rates in SECH (*Data Source: CSO*)

	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Ireland	10.1	9.6	8.8	8.7	8.3	7.9
Carlow	16.9	14.4	13.6	12.9	10.4	10.2
Kilkenny	11.4	12.3	11.2	10.1	6.7	3.6
Tipperary					14.5**	13.2
Tipperary N.R.	13.9	12.0	14.3	15.9**		
Tipperary S.R.	13.4	13.1	11.2	9.6**		
Waterford C.B.	4.3	4.9	7.0	7.6	8.2	8.8
Waterford Co.	11.8	13.7	13.0	14.8	11.8	9.3
Wexford	13.5	13.5	10.7	12.1	13.4	13.7

**These are two year rather than three year moving averages. Data is now (since 2018) provided for Tipperary rather than for Tipperary N.R. and Tipperary S.R.

In relation to self-harm, for the period from 1 January to 31 December 2019, the National Self-Harm Registry recorded 12,465 self-harm presentations to hospitals that were made by 9,705 individuals nationally.

The table below presents an overview of the number of persons and the rate per 100,000 population residing in South East Community Healthcare, who presented to hospital as a result of self-harm in 2019. Data was recorded for presentations to the four hospitals in SECH, University Hospital Waterford, Wexford General Hospital, St. Luke's Hospital, Kilkenny and South Tipperary General Hospital. Together 1,130 residents of the South East region, 506 males and 624 females, presented to hospital with a total of 1,474 self-harm presentations.

Figure 5: Self-harm rates in SECH in 2019 (Data Source: National Self-Harm Registry Ireland)

		Persons	Rate per 100,000
Waterford	Male	108	166
	Female	147	224
Wexford	Male	147	199
	Female	200	263
Carlow/Kilkenny	Male	134	197
	Female	156	229
Tipperary South	Male	117	249
	Female	121	258

Across the region drug overdose was the most common method of self-harm and self-cutting was the next most common method. Alcohol was involved in approximately 30% of self-harm presentations.

185 were repeat presentations, 89 male and 96 female. In Waterford and Wexford, presentations were highest for males aged 25 to 34 years and for females aged under 19 years. In Carlow/Kilkenny presentations were highest for males and females aged 25 to 34 years and in South Tipperary presentations were highest for males aged under 20 years and for females aged 20 to 24 years.

*South East Community
Healthcare*

1.4 Priority Groups

There is an identified list of priority groups for suicide prevention activities in *Connecting for Life*. These groups include;

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 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 into contact with the criminal justice system (e.g. prisoners) People who have experienced domestic, clerical, institutional, sexual or physical abuse Asylum seekers Refugees Migrants Sex workers
Demographic cohorts Middle aged men and women Young people Economically disadvantaged people	
Occupational groups Healthcare professionals Professionals working in isolation (e.g. veterinarians, farmers)	
Suicide related People bereaved by suicide	

The HSE NOSP plans to review the current list of priority groups to identify gaps and to determine a more focused, strategic approach to working with priority groups for the next phase of *CfL*. This review will help to determine an up-to-date, focused, strategic list of the 'most at risk' priority groups to ensure that the national and regional *CfL* plans can address suicide and self-harm in these groups. It will also help to ensure that the revised list of priority groups is reflective of the post Covid-19 reality in communities across Ireland.

During the consultation stage in SECH, there was a focus on priority groups in the region. The table above is reflective of the priority groups that were highlighted in counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford.

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

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

1.6 Impact of Covid-19 in South East Community Healthcare

- Constraints on delivering suicide and self-harm prevention training in community and professional settings
- Limited ability to provide postvention support to groups and organisations in cases of suspected suicide
- Reduced access to supports and services, both face to face and online
- Increased referrals to mental health and related services
- Increase in mental health problems in the general population due to the pressures of the pandemic
- Increase in mental health problems in priority groups, particularly older people and members of the Traveller Community
- Difficulty adapting to new working environments e.g. remote/online/re-deployment
- Increased loneliness, isolation and loss of social connectedness
- Increased demand for bereavement support services

SECTION 2: POLICY CONTEXT

2.1 National Policy Context

There are a number of national strategies, policies and programmes that are relevant to suicide prevention, mental health and wellbeing as well as specific strategies relevant to the afore-mentioned priority groups e.g. Travellers or those engaged in substance misuse. This is important from an implementation perspective as it highlights a diverse range of policy instruments that can reinforce the objectives of *CfL* implementation over the coming years. These include:

Sharing the Vision, a Mental Health Policy for Everyone was launched in June 2020 and is the successor to *A Vision for Change*, the national policy that set out the direction for Mental Health Services in Ireland from 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 *CfL* and specifically states that the Department of Health will extend the timeframe and funding for *CfL* to 2024. Specific actions that overlap with the implementation of *CfL* 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 Self-Harm Clinical Care Programme; the priority groups of homeless people, those in direct provision, travellers and prisoners; and 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 on their ability to pay. Over time, everyone will be entitled to a comprehensive range of primary, acute and social care services. The aims of the *Sláintecare Programme* are to improve patient and service user experience, to improve clinician experience, to lower costs and to achieve better outcomes.

The HSE National Psychosocial Response to the Covid-19 Pandemic is a framework to ensure 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 is focused on good health, improved access to services, the creation of healthy environments and the promotion of resilience. Actions in the framework will ensure that everyone can enjoy physical and mental health and wellbeing. Current and future actions under the auspices of *Healthy Ireland* will build on the significant progress made since 2013.

The HSE Mental Health Promotion Plan is a five year plan, currently in development, that includes a number of action areas focused on promoting positive mental health across the whole population and among HSE staff. This is the first HSE plan that is entirely focused on promoting positive mental health and it is a timely plan considering the impact of Covid-19 on the mental health and wellbeing of the nation. The plan takes a life span approach and includes actions that are pertinent to the general population as well as specific subgroups such as children, the working-aged population, older people, mental health service users, their families and carers and other priority groups.

2.2 Regional Policy Context

In addition to the policy documents described above there are a number of additional plans within South East Community Healthcare that are relevant to *CfL SECH*. These include:

- *South East Community Healthcare Operations Plan 2022*, HSE
- *Safe Return to Services Plan*, HSE
- *South East Community Healthcare Healthy Ireland Implementation Plan 2019-2022*, HSE Health and Wellbeing
- *Healthy County Plans* (Carlow, Kilkenny, Tipperary, Waterford and Wexford)
- *Children and Young People's Services Committees County Plans* (Carlow, Kilkenny, Tipperary, Waterford and Wexford)
- *South East Traveller Unit Strategic Plan*
- *Challenge and Change: tackling substance misuse in the South East region 2020-2023*, South East Regional Drug and Alcohol Task Force (SERDATF)
- *County Local, Economic and Community Plans* (Carlow, Kilkenny, Tipperary, Waterford and Wexford), Local Authorities
- *The Rainbow Report: LGBTI health needs & experiences and health sector responses and practices in the HSE South East region*, Social Inclusion Services South East Community Healthcare
- *Intercultural Health Strategy for Roma, Refugees and People Seeking International Protection 2019-2022*, Social Inclusion Services South East Community Healthcare



Connecting for Life
South East Community
Healthcare

SECTION 3: DEVELOPMENT OF THE ACTION PLAN

3.1 Development of *Connecting for Life* South East Community Healthcare 2022-2024

The development of *Connecting for Life, South East Community Healthcare 2022-2024* was led by the HSE Resource Officers for Suicide Prevention in SECH as well as the wider team in the HSE Regional Suicide Resource Office. The process was supported nationally by HSE Mental Health Operations, the HSE NOSP and regionally by the HSE Mental Health management team in SECH.

There was a requirement under *Connecting for Life 2015-2020* for each Community Healthcare Organisation (CHO) to develop local *CfL* Action Plans that were aligned to the national strategy. The local action plans mirrored the overall vision of *CfL*, the seven national strategic goals and the intended outcomes of a reduced suicide rate and a reduced rate of presentations of self-harm in the whole population and amongst specified groups.

Under *Connecting for Life* Phase 1 in SECH, the decision was taken to develop individual county action plans to build on existing suicide prevention work in each of the five counties of Carlow, Kilkenny, South Tipperary, Waterford and Wexford. The development and launch of the five plans and the establishment of implementation structures was led by the HSE Resource Officers for Suicide Prevention (ROSP) within the Mental Health Division in HSE SECH in 2016 and 2017.

The development of the local action plans for each county included:

- The establishment of planning groups in each county
- Analysis of local, regional and national plans, policies and strategies relating to mental health and suicide prevention
- Mapping of existing and previous suicide prevention initiatives
- Broad based community consultation that included the public, service providers, mental health service users, people bereaved by suicide and other priority groups
- Stakeholder engagement with a wide range of statutory, community and voluntary sector organisations working in mental health, suicide and self-harm prevention, substance misuse, social inclusion and education, to name but a few

Upon completion and launch of the five plans, an Implementation Steering Group (ISG) was formed in each county. The ISG comprised HSE Mental Health as the overall lead for implementation of the plans, the HSE Resource Officers for Suicide Prevention, representation from all named *CfL* lead agencies and partner organisations as well as community representation. Membership of the ISG in each county has remained steady over the past four years with changes occurring where relevant to meet emerging needs, to address implementation gaps and blocks and to respond to issues relating to the ever-evolving area of suicide prevention.

The HSE NOSP undertook a review of the national implementation of *CfL* as detailed in Section 1 and implementation of *CfL* at local level was incorporated into this process. All *CfL* partners at CHO level were invited to complete surveys relating to implementation up to 2020 and facilitated discussions were carried out to glean additional information from stakeholders.

While reviewing implementation in SECH, the decision was made by the ROSP to develop an implementation plan for the region from 2022-2024. There are a number of reasons for this, not least that the coordination of five individual plans is unwieldy and resource heavy, particularly in relation to administration. Huge progress has been made across the region under *CfL* and there is now an opportunity to create greater consistency in terms of suicide prevention actions i.e. what has worked well in some counties can be replicated in others. Monitoring and evaluation mechanisms will also be more effective by creating an over arching Regional Implementation Oversight group while county structures will continue to exist.

Considering the decision to move to a regional plan, a follow up questionnaire was designed and distributed to ISG members in an effort to gain more qualitative information with a focus on the local perspective of suicide prevention activity. The questionnaire responses were collated and discussed at the ISG meetings across SECH in the first quarter of 2021. There was agreement across all counties in terms of the priorities for *CfL* Phase 2 in SECH:

- The county structures should focus on all elements of *CfL* including collaborative working, information sharing, highlighting gaps and barriers to implementation and developing and progressing specific initiatives. However it was felt that capacity for direct implementation of certain actions can be limited at times as many are dependent on national progress
- A task group approach at county level was suggested as well as taking more account of other plans, programmes, responses and resources specifically in SECH
- Information sharing and networking was highlighted as a key element of the current group structures, this should be maintained and there should be less emphasis on retrospective reporting
- There are varying gaps in the membership of the current county structures; examples of this include the education sector, representation from older people, the NGO sector, An Garda Síochána, the Coroner, and Local Authorities as well as representation from the farming community. There should be a focus on ensuring each group has representation that is appropriate and relevant to *CfL SECH*
- In relation to communication, it was agreed that this requires specific attention in the new plan with different levels of access to resources, responses and services for different groups e.g. professionals versus service users. There are existing communication platforms that are working well in other sectors that could be replicated e.g. those used by the PPFS, CYPSC, Traveller Projects and the Local Authority. More traditional communication channels also need a focus e.g. face to face, post, radio. There should be consideration of how communication has evolved or changed during the pandemic

- The groups agreed that all action areas under *CfL* (listed below) remain relevant but some are more of a priority than others for specific organisations, this is reflected in the questionnaires returned and the discussion recordings. These include:
 - Improved understanding of suicidal behaviour, positive mental health promotion and stigma reduction
 - Suicide prevention initiatives that target priority groups
 - Community responses to suicide/critical incident responses
 - Suicide and self-harm training
 - Access to mental health and associated services in the community, voluntary and statutory sectors and improvement of existing services
 - Suicide bereavement support and services
 - Policy and practice development
 - Reduced access to means

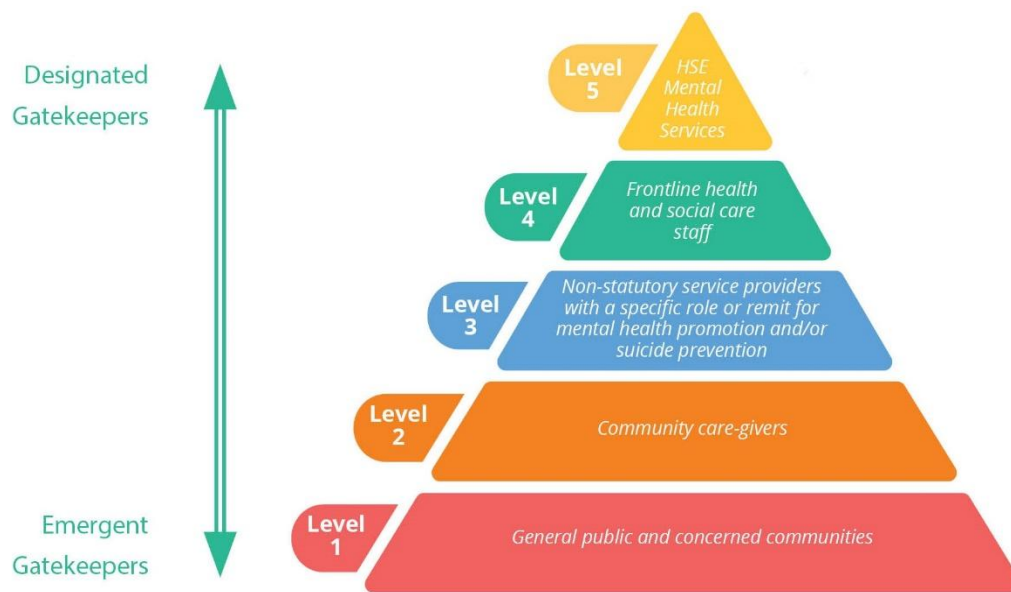
Other considerations in the development of the plan included the HSE NOSP Local Suicide Prevention Innovation Project, the aim of this project was to identify and showcase innovation in local suicide prevention initiatives under *CfL*. Resource Officers in each of the nine CHO areas were invited to make submissions that displayed innovative practice in suicide prevention and that had potential for replication in other areas.

The new plan also considered the HSE NOSP National Education and Training Plan, 2021-2022 (Version 3). Education and training has been identified as one of the key components of the work to achieve the vision of *Connecting for Life*. The HSE NOSP is the national coordinator for suicide prevention and self-harm training across Ireland. The office supports the delivery of a suite of evidence-informed training programmes in suicide prevention, intervention and postvention in every CHO area.

The Education and Training Plan 2021-2022 provides the HSE NOSP and HSE Resource Officers for Suicide Prevention with an overarching framework to support the coordination, quality assurance, monitoring and evaluation of education and training actions identified in *CfL*. This work will build the capacity of government departments, funded agencies, the HSE, community organisations, groups and individuals to identify and respond appropriately to people at risk of suicide and self-harm.

*South East Community
Healthcare*

Figure 7: Training Pyramid (Data Source: NOSP National Education and Training Plan 2021-2022)



The training programmes available are:

- **START** Online suicide prevention skills training (2 hours)
- **safeTALK** Internationally recognised training that supports participants to recognise and engage persons who might be having thoughts of suicide and connect them with community resources (3.5 hours)
- **Understanding Self-Harm** Training that aims to reduce the stigma associated with self-harm, improve individuals' and organisations' awareness and sensitivities relating to self-harm and promotes effective supports and services for those who engage in self-harm (1 day)
- **ASIST** Applied Suicide Intervention Skills Training is a skills based workshop that equips participants for an effective suicide intervention role, the emphasis is on first aid i.e. helping a person at imminent risk stay safe and seek further help (2 days)
- **STORM** Skills Training On Risk Management (suicide and self-harm risk) for healthcare professionals (2 days)
- **Suicide Bereavement Professional Programme** Training that provides individuals with the skills and knowledge to support people bereaved through suicide (1 day face to face or online)
- **Community Suicide Bereavement Programme** Presentation that provides guidance for communities on how to support people bereaved through suicide (2 hours)

A regional training plan will be developed for each year of *CfL* implementation in South East Community Healthcare. Considering the continued impact of Covid-19 on the delivery of face to face training in early 2022, it might be difficult to achieve training targets set for previous years but at a minimum the HSE Regional Suicide Resource Office will deliver:

20 safeTALK Trainings
8 ASIST Programmes
8 Understanding Self-Harm Workshops
8 Professional Suicide Bereavement Workshops

Licenses for START, Online Suicide Prevention Skills Training, will be issued on demand and all training will be targeted towards participants who come into contact with people vulnerable to suicide and self-harm and for those that are supporting the suicide bereaved.

For access to any of the programmes listed above or for more information email TrainingSRO@hse.ie or visit www.bookwhen.com/sro



Connecting for Life
*South East Community
Healthcare*

SECTION 4: IMPLEMENTATION STRUCTURES

4.1 National Implementation Structure

Nationally the implementation of *Connecting for Life* is supported by a set of tiered and interconnected structures that have leadership representation from across the entire national policy and service system. At the core of implementation is the HSE NOSP as the implementation team from a national policy perspective that coordinates and supports the activities of statutory and non-statutory partners. The HSE NOSP is connected to both top-down and bottom-up implementation structures as shown in the diagram below.

The work of the HSE NOSP is fundamental to the implementation of *CfL* through the ten local plans devised at CHO level, through the NGO sector and other funded projects. This approach to implementation ensures there is an ongoing feedback loop between what is happening locally and nationally.

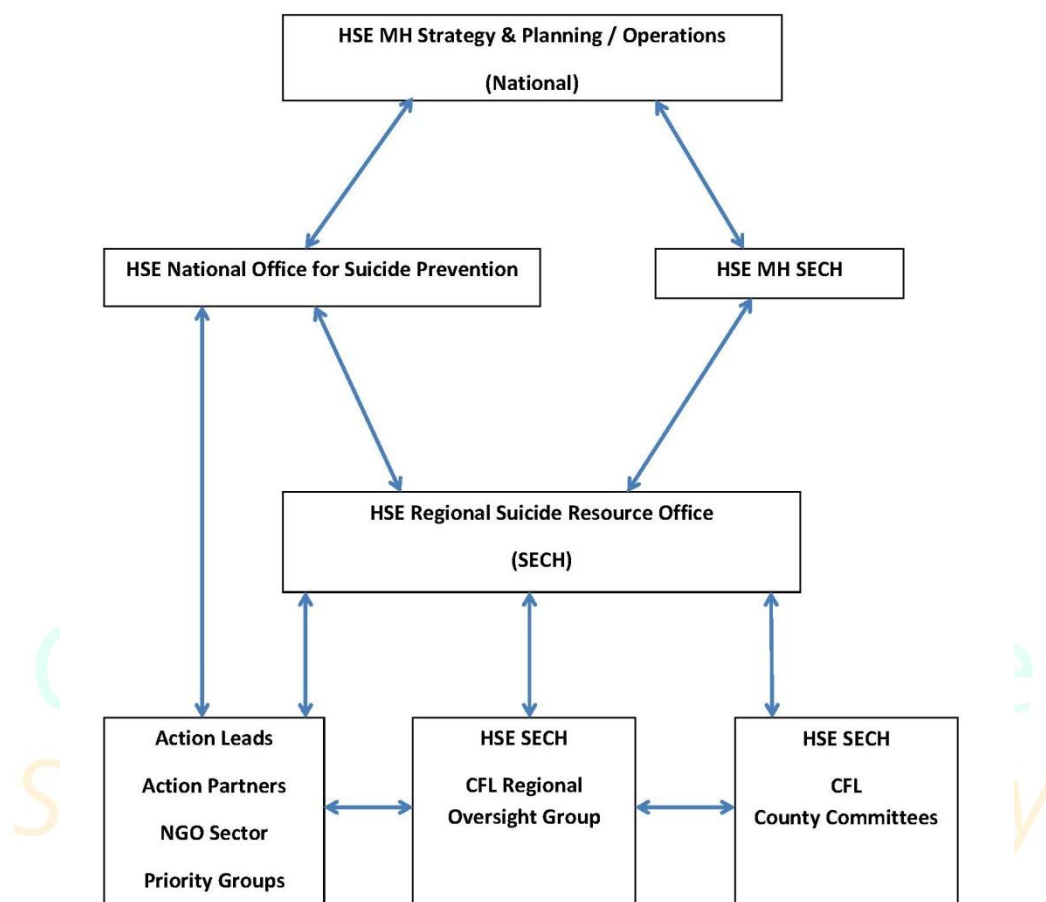
Figure 8: National Implementation Structure (Data source: *National Implementation Plan*)



4.2 South East Community Healthcare Implementation Structure

Membership and support for the implementation of *CfL* in SECH includes senior and middle management from service delivery agencies in the HSE, in other statutory bodies and in the community and voluntary sector. Membership also includes mental health service users, family/carer and priority group representatives as well as family members bereaved through suicide. The implementation of *CfL SECH* is underpinned by the HSE core values of care, compassion, trust and learning along with shared responsibility, collaboration and partnership working, person centredness and inclusion, accountability and above all, acknowledgement of the lived experience of people impacted by suicide.

Figure 9: SECH Regional Implementation Structure



4.3 The Role of HSE Resource Officers for Suicide Prevention in SECH

The role of HSE Resource Officers for Suicide Prevention (ROSP) is funded by the HSE NOSP but managed within HSE Mental Health Services at CHO level. The ROSP is the designated lead for the coordination and implementation in SECH and in other CHO areas. The ROSPs in SECH are members of a national Learning Community of Practice (LCOP) that provides a formal mechanism for efficient and effective sharing of knowledge, skills and experience. The LCOP serves as a reference group for the HSE NOSP and HSE Mental Health Operations, advising on issues relating to suicide prevention at CHO and community level. The LCOP nominates representatives to sit on national working/advisory groups on suicide prevention when required.

In SECH, the ROSPs are based in the HSE Regional Suicide Resource Office. The office is the first point of contact for suicide prevention, intervention and postvention in the five counties of the South East. It is also the coordinating site for the delivery of suicide, self-harm and suicide bereavement training and information across the region. The ROSPs work in partnership with all other HSE divisions, other government agencies, the community and voluntary sector as well as with the broader public.

The Suicide Resource Office also coordinates, manages and delivers the HSE Bereavement Counselling Service for Traumatic Deaths in SECH. This is a counselling service for people bereaved by suicide, homicide, road traffic accident, industrial/domestic/agricultural accident or drowning. The service is available to anyone aged 16 years or over residing in SECH, referral is through a relevant health professional and there is no cost to the client. Therapy is provided by a team of professional, accredited therapists spread across the five counties. For more information on this service email Bereavement.SRO@hse.ie



Connecting for Life
*South East Community
Healthcare*

SECTION 5: MONITORING AND EVALUATION

5.1 National Monitoring and Evaluation

During the first phase of implementation of *CfL* there was a steadfast commitment to ongoing monitoring and evaluation of the strategy and this will continue into the next phase. There is also a focus on continual improvement of monitoring and evaluation processes.

‘Implementation Monitoring Dashboards’ are currently used for quarterly monitoring reports; a dashboard is produced for each *CfL* lead agent detailing the actions for which they have responsibility to lead on. The HSE NOSP circulates these dashboards to lead agents, requesting an update on key milestone activity by action from the previous quarter as well as requesting an outline of activity planned to take place in the next quarter, thus a retrospective and prospective monitoring process is in place.

The lead agent reports on each action milestone and whether the milestone is ‘On Track’, ‘Needs Attention’ or ‘Off Track’ to being achieved in the year. Lead agents are also requested to highlight any ‘Issues Arising’ that may be hindering implementation. The issues are brought to the attention of members of the *CfL* National Cross Sectoral Steering and Implementation Group for discussion and resolution, where possible. Implementation monitoring reports are published at www.connectingforlifeireland.ie.

The quarterly progress reports provide an important source of information for evaluating the implementation of *CfL* and will inform an external evaluation of the strategy. In line with the recommendation made in the interim review of *CfL*, in the final year of the strategy an evaluation will be commissioned to focus on the cost-effectiveness of *CfL* as a strategy and how any improvement in outcomes observed has helped realise long-term economic benefits. The HSE NOSP will also continue to commission independent primary and secondary research to help inform work at both local and national level. All reports to date are available to view on the website listed above.

5.2 Monitoring and Evaluation in South East Community Healthcare

The HSE Regional Suicide Resource Office, to date, produced action progress reports each quarter for the five county Implementation Steering Groups. The reports were retrospective and allowed for discussion on how to address issues or needs that arose in the previous quarter. All *CfL* stakeholders contributed to the quarterly reports with updates on their activities relating to *CfL*. During the consultation for the new plan, there were some points raised in relation to previous reporting methods. Stakeholders mentioned that there was an over-emphasis on national updates and that there should be more attention given to actions that can be implemented at local level. The new plan will have a revised implementation structure with quarterly reports compiled at regional level. This will allow the county committees to focus more on the implementation of specific actions. The county groups will become more task oriented and will feed into the Regional Implementation Oversight Group.

The regional plan is more concise than previous plans with standardised actions that can be implemented in every county of SECH. The focus from 2022 to 2024 is on 32 actions in the national strategy that can be implemented at local or regional level. Section 7 of this document lays out the

32 actions under each of the seven national strategic goals and the remaining *CfL* actions that are dependent on national implementation are included in the Appendices. Milestones are set out for 2022 and there will be an annual end of year review to determine progress and identify milestones for the following year. Monitoring and evaluation of the 2022-2024 plan will be unified and consistent and will draw on learning from previous implementation of *CfL* in SECH. There will also be a mechanism for reporting on the progress of relevant national actions.

SECTION 6: COMMUNICATIONS

6.1 Communications in SECH

The key to developing an understanding of *Connecting for Life SECH* at different levels, is effective communication of the plan, its purpose and implementation progress. This will help inform and support people, communities, teams and services who work to deliver on specific actions.

While significant communications work has already taken place during *CfL* at national and CHO level, an ongoing and responsive communications approach is required. This will ensure understanding and awareness of key developments and messages for existing and newer audiences during this implementation period. The responsibility to communicate effectively about *CfL* is with the HSE NOSP, the HSE SECH Regional Suicide Resource Office within HSE Mental Health and the HSE Communications Manager in SECH.

Audiences

Primary audiences include;

- Agencies with responsibility for *CfL* implementation
- NGO partners involved in *CfL* implementation
- Other government organisations and HSE leadership teams
- Other HSE departments, including Primary Care, Health and Wellbeing and Social Care
- Elected representatives in the region

Secondary audiences include;

- People with lived life experience of suicide or those bereaved by suicide
- Other agencies working in suicide prevention
- Communities and people with an interest in suicide prevention
- The general public
- Media platforms including print, broadcast and social media

Objectives

The main communications objectives associated with *CfL SECH* are to:

- Build a shared understanding and awareness of *CfL SECH* and the role of ROSPs
- Promote compassion, care, trust and learning in the *CfL* journey, in line with the core values of the HSE
- Maintain a clear and consistent brand identity for *CfL*
- Adopt a proactive role to communicating and disseminating the work of *CfL*
- Represent high quality information across all channels in an honest, accessible and effective way
- Generate a high level of engagement and commitment from all *CfL* stakeholders

Due to the number of stakeholders working to implement *CfL*, clear communication channels are essential so as to ensure that those involved are purposefully linked and that there are constant feedback loops and improvement cycles. Communication channels have been established or utilised to support this, and to reach targeted audiences. Examples include:

- www.connectingforlifeireland.ie
- www.hse.ie
- www.yourmentalhealth.ie
- #connectingforlife @NOSPIreland @SouthEastCH
- By email to all *CfL SECH* partners
- Global communication campaigns
- *CfL* related print and publications
- NOSP Annual Report/NSRF Annual Report/NSHRI Annual Report
- *CfL SECH* Annual Bereavement and Training Reports
- Quarterly progress reports and regular updates from the *CfL* County Committees and the Regional Implementation Oversight Group
- Media and press engagement
- Public engagement at events, seminars, information sessions and during training delivery

Connecting for Life
South East Community
Healthcare

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

National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action 1.1.2: Develop and implement a national mental health and wellbeing promotion plan Lead: HSE H&W, DOH HI Partners: NOSP; HSE MH		
Local Action 1.1.2: Implement relevant actions in the HSE National Mental Health Promotion Plan at local level in SECH Lead: HSE H&W Partners: HSE MH; ROSP; <i>CfL</i> Oversight and County Committees; Community Mental Health Networks		
Purpose: To provide guidance and direction to HSE and partner organisations on the delivery of evidence based mental health and wellbeing actions throughout SECH		
Planned start date and duration: Q3 2022-Q2 2023		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration with HSE H&W in SECH to support rollout of the plan • Representation from HSE H&W on <i>CfL</i> Oversight and County Committees 		
Milestones		
Overarching Milestone 2022: Implementation of relevant actions in the HSE National Mental Health Promotion Plan in SECH	Q1 2022	
	Q2 2022	-Identify key stakeholders and engage <i>CfL</i> partners and mental health promotion networks in SECH to deliver on identified actions
	Q3 2022	-Review and assess the delivery of mental health promotion activities to date and highlight blocks and gaps in delivery
	Q4 2022	-Plan mental health and wellbeing promotion activities to 2024
Outputs by end of 2022: <ul style="list-style-type: none"> • <i>CfL</i> Partners involved in implementation, monitoring and evaluation of relevant mental health promotion actions • Increased visibility of mental health and wellbeing promotion among partner organisations and networks • Increased uptake of mental health promotion activities among priority groups, those working in health and social care and in broader communities 		

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 coordinated communication campaigns (such as Little Things, 2014) for the promotion of mental health and wellbeing among the whole population with a focus on protective health behaviours and consistent signposting to relevant support services. Lead: HSE MH Partners: HSE H&W; DOD; Non-statutory partners, NOSP		
Local Action 1.1.3: Deliver national mental health campaigns at local level and support the delivery of evidence informed regional and local campaigns, ensure campaign materials and resources for services available are accurate, relevant and up to date Lead: ROSP, HSE MH Partners: <i>CfL Oversight and County Committees; C&V Sector; NOSP; HSE Communications</i>		
Purpose: To promote mental health literacy among priority groups and among the broader population, to increase knowledge of risk and protective factors and to ensure people have access to timely, accurate and relevant information on supports and services available in SECH		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration with NOSP and HSE Communications/Digital • Resources and materials for dissemination to all partners • Funding for resources/resource distribution 		
Milestones		
Overarching Milestone 2022: Increased awareness across the general population, priority groups and <i>CfL</i> partners of mental health promotion campaigns delivered nationally, regionally and locally, increased access to mental health related resources in all formats	Q1 2022	-Maintain ongoing communication and distribution of mental health promotion literature, messages and campaigns and signposting to supports and services
	Q2 2022	-Maintain ongoing communication and distribution of mental health promotion literature, messages and campaigns and signposting to supports and services
	Q3 2022	-Support the celebration of World Suicide Prevention Day by all <i>CfL</i> partners and mental health networks in SECH -Participate in the Green Ribbon, Anti-Stigma Campaign with all partners, ensure widespread distribution of resources
	Q4 2022	-Support the celebration of International Mental Health Week and World Mental Health Day by all <i>CfL</i> partners and mental health networks in SECH
Outputs by end of 2022: <ul style="list-style-type: none"> • Sustainable mental health promotion campaigns with access to resources including online and print materials as well as community engagement initiatives • Increased mental health literacy in SECH • Increased access to supports and services 		

National Objective 1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors		
National Action 1.1.4: Build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns Lead: HSE PC Partners: HSE H&W; NOSP, DOH		
Local Action 1.1.4: Develop and deliver campaigns at local level that show the links between alcohol/drug misuse and suicidal behaviour, increase messaging and collaboration between relevant support services Lead: HSE PC; ROSP Partners: <i>CfL</i> Oversight and County Committees; Substance Misuse Teams; C&V Sector drug and alcohol services		
Purpose: To target those engaged in substance misuse, their families and those working in the area, with messaging around the links between alcohol/drug use and mental health and suicidal behaviour		
Planned start date and duration: Q2 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration with HSE Substance Misuse Teams including representation on <i>CfL</i> Committees • Consultation with community based drug/alcohol services • Consultation with the SERDATF and the SERFSN • Access to national information, resources and communication materials related to substance misuse and mental health 		
Milestones		
Overarching Milestone 2022: Implementation of national drug and alcohol campaigns in SECH including Dump Campaigns/Hidden Harm Initiatives	Q1 2022	
	Q2 2022	-Ensure drug/alcohol service representation on all <i>CfL</i> County Committees -Disseminate information, resources and communications -Increase collaboration between MHS and Substance Misuse Services
	Q3 2022	-Establish drug/alcohol/suicide prevention working group
	Q4 2022	-Develop actions for SECH and plan for action delivery in 2022-2023
Outputs by end of 2022: <ul style="list-style-type: none"> • Working group established, actions identified and ongoing collaboration on the rollout of national drug and alcohol campaigns 		

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: Promote 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: Collaborate with relevant partners e.g. Social Prescribing Services, Healthy County Committees and Sports Partnerships to promote physical activity as a protective factor for mental health among the general population and in priority groups Lead: Nationally DTTAS Partners: ROSP; HSE H&W; Healthy County Committees; Social Prescribing Services; Sporting bodies		
Purpose: To increase awareness of physical activity as a protective factor for mental health and to support services working in the area to promote the link and to signpost to relevant mental health supports and services		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Increased collaboration with Sports Partnerships in each county of SECH Continued engagement between ROSP and Healthy County Committees and Social Prescribing Services Dissemination of mental health promotion campaign materials to those providing/supporting physical activity among priority groups and in the general population 		
Milestones		
Overarching Milestone 2022: Increased links between MHS and those with a remit around providing physical activities in SECH	Q1 2022	-Maintain ROSP representation on Healthy County and Social Prescribing Steering Groups, identify gaps in representation
	Q2 2022	-Seek representation on all C/L County Committees from local Sports Partnerships
	Q3 2022	-Engage relevant networks and sporting bodies in mental health promotion campaigns e.g. WSPD and IMHW
	Q4 2022	-Review progress made in relation to promoting physical activity as a protective factor for mental health, plan for 2023/2024
Outputs by end of 2022: <ul style="list-style-type: none"> Increased support from MHS for those engaged in physical activities Participation of sports bodies in mental health promotion and community engagement events 		

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 Lead: HSE MH Partners: NOSP; Non-statutory partners		
Local Action 1.2.2: Replicate national campaigns in SECH that promote suicide, self-harm and bereavement supports and services for priority groups, maintain all existing signposting resources with up to date and relevant information e.g. Referral Pathways posters/SECH Services leaflets, wallet cards etc. Lead: ROSP Partners: HSE Communications; CYPSC; HSE MH/PC/H&W; CfL Oversight and County Committees		
Purpose: To ensure that all priority groups have access to accurate and up to date information on supports and services available in every county of SECH, to reduce inappropriate referrals and ensure people receive a service specific to their needs		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Funding for reprinting and distribution Collaboration with service providers Collaboration with priority groups 		
Milestones		
Overarching Milestone 2022: Increased awareness and access to services in SECH, consistent messaging relating to supports among all stakeholders	Q1 2022	-Review current resources for updating and amending including the five county referral pathways posters, services leaflet from HSE Regional Suicide Resource Office, Comhairle na nÓg publications, wallet cards for Traveller projects, Bereavement Counselling literature
	Q2 2022	-Complete needs analysis among stakeholders for the production of additional materials
	Q3 2022	-Ensure ongoing dissemination of materials in all formats, development of new resources where required
	Q4 2022	-Ensure ongoing dissemination of resources tied in with national campaigns
Outputs by end of 2022: <ul style="list-style-type: none"> Improved mental health literacy among priority groups Improved awareness of supports and services among CfL stakeholders Increased information among the general population 		

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		
Partners: HSE MH; Youth sector; Non-statutory partners		
Local Action 1.3.1: Aligned to national campaigns, deliver reduced stigma, suicide prevention and mental health awareness campaigns across SECH e.g. the Green Ribbon Campaign and regional campaigns as appropriate		
Lead: ROSP		
Partners: NOSP; HSE MH; HSE Communications; <i>CfL</i> Oversight and County Committees; Recovery College South East; MHER; community mental health networks		
Purpose: To increase dialogue around mental health and wellbeing and suicidal behaviour, to monitor and improve the use of language relating to suicide that can be misleading and stigmatising		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022:		
<ul style="list-style-type: none"> • Collaboration with the Recovery College South East and Service User Forums in SECH • Support from NOSP and HSE MH in relation to national campaigns • Green Ribbon resources 		
Milestones		
Overarching Milestone 2022: Ongoing development and delivery of reduced stigma campaigns in SECH, broad-based rollout of the national Green Ribbon Campaign and others such as First Fortnight	Q1 2022	-Maintain engagement between ROSP and the Regional Forum for MHER -Improve engagement with the Recovery College South East
	Q2 2022	-Ensure Service User representation on all <i>CfL</i> County Committees -Plan for delivery of the Green Ribbon Campaign in Q3
	Q3 2022	-Deliver the Green Ribbon Campaign in collaboration with all <i>CfL</i> Partners across SECH
	Q4 2022	-Review campaign delivery and plan for 2023
Outputs by end of 2022:		
<ul style="list-style-type: none"> • Anti-stigma campaigns developed and delivered in SECH 		

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 1.4.1: Engage with online platforms to encourage best practice in reporting around suicidal behaviour, so as to encourage a safer online environment in this area Lead: DCENR Partners: NOSP; Non-statutory partners		
Local Action 1.4.1: Engage with and support online platforms in SECH with a presence in the area of suicide and mental health to ensure a safer online environment Lead: Nationally NOSP Partners: ROSP; <i>CfL Oversight and County Committees; Headline; Samaritans</i>		
Purpose: To facilitate ongoing engagement and collaboration between NOSP, ROSP and online media sources in SECH		
Planned start date and duration: Q3 2022-Q3 2023		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Resources from NOSP, HSE Communications, Headline and Samaritans Access to information contained within the Online Safety and Media Regulation Bill 		
Milestones		
Overarching Milestone 2022: Dissemination of information relating to online safety that will discourage the promotion of harmful content and that promotes help-seeking behaviour	Q1 2022	
	Q2 2022	
	Q3 2022	-Complete an analysis of those providing online content relating to suicide and mental health in SECH
	Q4 2022	-Provide information and guidance to those platforms identified in the analysis in Q3
Outputs by end of 2022: <ul style="list-style-type: none"> Online platforms are informed of their obligations to the public and the promotion of suicidal behaviour is minimised 		

Connecting for Life
South East Community
Healthcare

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		
Local Action 1.4.4: In collaboration with Headline and Samaritans, support local online, print and broadcast media by providing relevant information and guidelines for the media reporting of suicide and mental health related issues Lead: ROSP Partners: HSE Communications; Headline; Samaritans; NOSP; Media partners		
Purpose: To support media partners in SECH to report accurately and responsibly on suicide and related matters, to encourage them to promote positive mental health, to reduce stigma and to signpost to appropriate services		
Planned start date and duration: Q2 2022-Q4 2022		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Engagement with all online, print and broadcast media partners in SECH Collaboration with Headline, Samaritans and NOSP 		
Milestones		
Overarching Milestone 2022: Information dissemination to all media partners and delivery of media engagement event	Q1 2022	
	Q2 2022	-Disseminate information and guidelines to all media partners -Plan for media engagement event in Q3
	Q3 2022	-Host media reporting event with all partners -Collaborate with the media for WSPD and the Green Ribbon Campaign
	Q4 2022	-Collaborate with the media for IMHW
Outputs by end of 2022: <ul style="list-style-type: none"> Improved collaboration with media partners Improved access by the media to information and resources associated with responsible reporting and messaging 		

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 Committees' (CYPSC) county plans Lead: HSE MH Partners: DECLG; LA; HSE; CHOs; Acute Hospitals; Non-statutory partners; NOSP		
Local Action 2.1.1: Implement, monitor and report on the delivery of <i>Connecting for Life South East Community Healthcare 2022-2024</i> , promote implementation through networking events and initiatives and through inter-agency working Lead: ROSP; HSE MH Partners: <i>CfL Oversight and County Committees</i> ; C&V Sector; NOSP; LA; CYPSC		
Purpose: To ensure that the suicide prevention and mental health needs specific to the counties and communities in SECH are identified so that appropriate responses can be developed and delivered		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Funding and resources within HSE MH Engagement and collaboration with community partners and <i>CfL</i> stakeholders Ongoing partnership working with NOSP 		
Milestones		
Overarching Milestone 2022: Development and implementation of actions in <i>CfL SECH</i> in partnership with <i>CfL Oversight and County Committees</i>	Q1 2022	-Publish <i>CfL 2022-2024</i> -Establish <i>CfL SECH</i> Regional Implementation Oversight Group -Assess representation on <i>CfL</i> County Committees and identify gaps, ongoing meetings
	Q2 2022	-Review ROSP representation on local, regional and national working/steering groups to ensure alignment with <i>CfL SECH</i> actions and priorities -Coordinate ongoing quarterly meetings of <i>CfL Oversight and County Committees</i>
	Q3 2022	-Coordinate ongoing quarterly meetings of <i>CfL Oversight and County Committees</i> to progress actions -Establish action specific task groups where required
	Q4 2022	-Coordinate ongoing quarterly meetings of <i>CfL Oversight and County Committees</i> -Review of <i>CfL</i> in 2022 and plan for 2023

Outputs by end of 2022:

- Suicide prevention and *CfL SECH* structures embedded and functioning as business as usual in SECH, significant progress on actions reported for 2022
- Continued engagement with NOSP to ensure progress at local level is captured

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

Partners: Non-statutory partners

Local Action 2.2.1: Build capacity within community based organisations, including FRCs, in SECH around suicide prevention and mental health promotion

Lead: ROSP; National FRC Mental Health Promotion Project

Partners: FRCs; *CfL* Oversight and County Committees; C&V Sector; community mental health networks

Purpose: To provide training and best practice guidance around suicide prevention and mental health promotion for staff and volunteers in community based organisations and in the FRCs in SECH

Planned start date and duration: Q2 2022-Q4 2024

Location: SECH

Inputs for 2022:

- Collaboration with the National FRC Mental Health Promotion Project
- Dissemination of information, resources and guidance documents to community based organisations

Milestones**Overarching Milestone 2022:**

Widespread delivery of resources, training and support to ensure that FRCs and community based organisations can improve suicide prevention responses in their local areas

Q1 2022**Q2 2022**

-Engage with the National FRC Mental Health Promotion Project to plan for training delivery in SECH

Q3 2022

-Disseminate the updated resource "Suicide Prevention in the Community" to community based groups and organisations in SECH
-Ensure that community based organisations have access to the guidance on "Dealing with a person in suicidal distress" along with associated training and support

Q4 2022

-Complete a needs analysis with community based groups and with FRCs to inform planning for future training, guidance and support

Outputs by end of 2022:

- Dissemination of "Suicide Prevention in the Community" and "Dealing with a person in suicidal distress" to a broad range of community based organisations in SECH
- Co-facilitation of Suicide Prevention Code of Practice to FRC staff and volunteers in SECH

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 Partners: Non-statutory partners		
Local Action 2.3.2: Aligned to the National Training Plan provide access to training in suicide, self-harm and suicide bereavement to staff and volunteers in community based groups and organisations throughout SECH Lead: ROSP Partners: Cfl County Committees; C&V Sector; community mental health networks		
Purpose: To improve knowledge of risks and signs of suicide, to improve attitudes to suicidal behaviour, to increase confidence among those dealing with people in crisis and to support them to connect those in distress to appropriate services		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Access to funding, resources, materials and experienced trainers • Community engagement opportunities to promote training 		
Milestones		
Overarching Milestone 2022: Availability of and access to a suite of training, at different levels, in suicide, self-harm and bereavement for all community based groups and organisations in SECH (See 2022 Training targets on p.17)	Q1 2022	-Continue the online delivery of START Training and Suicide Bereavement Training in SECH
	Q2 2022	-Target groups for the delivery of safeTALK, ASIST, USH and Suicide Bereavement across SECH (face to face) -Deliver training and information sessions on request
	Q3 2022	-Review training delivery in Q1/Q2 and continue with delivery as per SECH training targets
	Q4 2022	-Continue with delivery as per SECH training targets -Develop SECH Training Plan for 2023
Outputs by end of 2022: <ul style="list-style-type: none"> • Increased number of staff and volunteers in community based organisations trained in suicide prevention and intervention, in self-harm awareness and intervention and in how to support people and communities that are bereaved by suicide 		

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 e.g. MBSR, Stress Control, Minding Your Wellbeing, WRAP, Discover/Recover Theatre Project etc. Lead: HSE H&W Partners: HSE MH; DOH		
Local Action 2.3.3: Support and collaborate on the delivery of mental health promotion programmes and initiatives in community, health and education settings in SECH Lead: H&W Partners: ROSP; HSE MH; HSE PC; <i>CfL</i> Oversight and County Committees; C&V Sector; community mental health networks; Recovery College South East; MHI		
Purpose: To support the rollout of a suite of mental health promotion programmes and initiatives to the general population, to priority groups and to those working in the area of mental health and suicide prevention		
Planned start date and duration: Q2 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Funding for programmes Collaboration with all partners to promote programmes and identify participants 		
Milestones		
Overarching Milestone 2022: Ongoing delivery of a suite of mental health promotion activities across SECH through a range of providers for the broader population and priority groups	Q1 2022	
	Q2 2022	-Identify and catalogue all mental health promotion programmes available in SECH and disseminate this information to all partners
	Q3 2022	-Review <i>CfL</i> priority groups and the mental health promotion programmes available for these groups
	Q4 2022	-Continue to promote all programmes through available networks and plan for 2023
Outputs by end of 2022: <ul style="list-style-type: none"> Ongoing delivery of standardised, evidence based mental health promotion programmes in SECH Access to information on programmes available to the whole community and among priority groups 		

NATIONAL GOAL 3: TO TARGET APPROACHES TO REDUCE SUICIDAL BEHAVIOUR AND IMPROVE MENTAL HEALTH AMONG PRIORITY GROUPS

National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups		
National Action 3.1.1: Integrate suicide prevention into the development of relevant national policies, plans and programmes for people who are at an increased risk of suicide or self-harm Lead: DAFM; DoH; DJE; DSP; DCYA/TUSLA; DECLG; DoD; DTTAS Partners: IPS; Garda Síochána; NEWS; ISC; NOSP		
Local Action 3.1.1: Integrate suicide prevention into the development of relevant regional and local policies, plans and programmes in SECH Lead: HSE MH; ROSP Partners: CYPSC; NEPS; An Garda Síochána; C&V Sector		
Purpose: To ensure that suicide awareness and prevention measures and mental health promotion is integrated into policies, plans and programmes developed for and delivered to the general population and priority groups in SECH		
Planned start date and duration: Q3 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration with all HSE Divisions • Access to information on the development of new plans, policies and programmes among <i>CfL</i> stakeholders in SECH • Dissemination of the Suicide Prevention Impact Assessment Toolkit 		
Milestones		
Overarching Milestone 2022: Inclusion of suicide awareness and prevention measures in relevant plans, policies and programmes developed in SECH in 2022	Q1 2022	
	Q2 2022	
	Q3 2022	-Prioritise communication on this action with HSE Divisions and <i>CfL</i> stakeholders
	Q4 2022	-Complete a scoping exercise of new and relevant plans, policies and programmes under development in SECH to 2024
Outputs by end of 2022: <ul style="list-style-type: none"> • Information available on the development of new plans, policies and programmes within the HSE, other state agencies and in the Community and Voluntary Sector in SECH to 2024 		

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 Partners: DAFM; DOH; DJE; DSP; DES; DCYA/TUSLA; DOD		
Local Action 3.1.2: Develop, publish and implement inter-agency Community Response Plans (CRP) for incidents of suspected suicides in each county of SECH Lead: HSE MH; ROSP Partners: CYPSC; NEPS; An Garda Síochána; C&V Sector		
Purpose: To ensure enhanced cooperation among agencies in the area of suicide prevention and critical incident response		
Planned start date and duration: Q2 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Support from CHOs; HSE Divisions; An Garda Síochána; NEPS; CYPSC; Non-statutory and community based organisations for plan development and implementation Access to Garda Pulse data across SECH 		
Milestones		
Overarching Milestone 2022: Community Response Plan for incidents of suspected suicide in place in all counties of SECH	Q1 2022	
	Q2 2022	-Establish Regional CRP Project Team, with relevant and appropriate representation, to develop the plan
	Q3 2022	-Finalise CRP to align to the needs in each county of SECH Establish a CRP Lead and Core Team in each county
	Q4 2022	-Ensure ongoing implementation and review of the CRP
Outputs by end of 2022: <ul style="list-style-type: none"> All counties have an inter-agency CRP in place to respond to incidents of suspected suicide when required 		

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 Partners: NOSP		
Local Action 3.1.3: Support the delivery and development of targeted initiatives and services related to suicide prevention and mental health in SECH Lead: HSE PC Partners: ROSP; HSE MH; HSE H&W; HSE Social Care; Alcohol/Drug Services; Traveller Projects; CYPSC; Social Prescribing Services; C&V Sector; <i>CfL</i> Oversight and County Committees		
Purpose: To ensure that there is continued delivery and development of targeted initiatives related to suicide prevention and mental health for those most vulnerable to suicide including young people, those engaged in substance misuse, Mental Health Service Users, Travellers, Asylum Seekers, Refugees and Migrants, LGBTI+ and that staff and volunteers working with priority groups have access to relevant information, training and support		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Funding and resources to provide suicide prevention, intervention and postvention training to those working with priority groups Collaboration with <i>CfL</i> stakeholders to prioritise specific groups Support from NOSP 		
Milestones		
Overarching Milestone 2022: Training, information and support delivered to staff and volunteers working with Mental Health Service Users, in Traveller projects, LGBTI+ projects, Social Prescribing services, alcohol/drug services, mental health related community based services etc.	Q1 2022	-Ensure priority groups are represented on <i>CfL</i> structures in SECH -Ensure ROSP representation on priority group structures where appropriate -Identify suicide prevention training targets for SECH
	Q2 2022	-Support the delivery of targeted services to priority groups and the development of new initiatives
	Q3 2022	-Support the delivery of targeted services to priority groups and the development of new initiatives
	Q4 2022	-Review the delivery of information, training and support in 2022 and plan for 2023
Outputs by end of 2022: <ul style="list-style-type: none"> Staff and volunteers working with priority groups to have received adequate information, training and support in relation to mental health and suicide prevention 		

National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups		
National Action 3.1.4: Evaluate as appropriate targeted initiatives and or services for priority groups Lead: NOSP		
Local Action 3.1.4: Review and evaluate targeted initiatives related to suicide prevention and mental health for Travellers and Mental Health Service Users in SECH Lead: ROSP; HSE MH; Traveller Mental Health Coordinator; HSE MHER		
Purpose: To establish a baseline for targeted initiatives aimed at Travellers and Mental Health Service Users in SECH and to develop and deliver new initiatives related to suicide prevention and mental health		
Planned start date and duration: Q3 2022-Q2 2023		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • ROSP collaboration with HSE Traveller Mental Health Coordinator in SECH and the SECH Lead for MHER • Traveller and Service User representation on <i>CfL SECH</i> structures 		
Milestones		
Overarching Milestone 2022: Completed analysis of targeted initiatives available to Travellers and Mental Health Service Users in SECH	Q1 2022	
	Q2 2022	
	Q3 2022	-Establish working group to assess targeted initiatives available to both priority groups
	Q4 2022	-Identify gaps in initiatives and services and plan responses
Outputs by end of 2022: <ul style="list-style-type: none"> • Improved knowledge and information on existing initiatives and services, plan in place to respond to gaps 		

Connecting for Life
South East Community
Healthcare

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 Lead: NOSP Partners: HSE PC; HSE MH; Acute Hospitals		
Local Action 3.1.5: Aligned to the National Training Plan deliver suicide, self-harm and suicide bereavement training to health and social care staff and primary care health providers throughout SECH Lead: ROSP Partners: NOSP; HSE MH; HSE PC; C&V Sector; <i>CfL</i> Oversight and County Committees		
Purpose: To provide a suite of evidence based programmes that will improve recognition of, and response to, suicide risk and suicidal behaviour among people vulnerable to suicide		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Funding, resources and materials for training delivery Support from NOSP Support from <i>CfL</i> stakeholders 		
Milestones		
Overarching Milestone 2022: Ongoing provision of START training Ongoing delivery of safeTALK, ASIST and USH Continued delivery of Suicide Bereavement training Liaison with NOSP for STORM delivery in SECH (See 2022 Training targets on p.17)	Q1 2022	-Continue the online delivery of START Training and Suicide Bereavement Training to frontline professionals in SECH
	Q2 2022	-Target health and social care and primary care professionals for the delivery of safeTALK, ASIST, USH and Suicide Bereavement across SECH (face to face) -Deliver training and information sessions on request
	Q3 2022	-Review training delivery in Q1/Q2 continue with delivery as per SECH training targets
	Q4 2022	-Continue with delivery as per SECH training targets -Develop SECH Training Plan for 2023
Outputs by end of 2022: <ul style="list-style-type: none"> Increased number of frontline staff trained in suicide prevention and intervention, in self-harm awareness and intervention and in how to support people who are bereaved by suicide 		

National Objective 3.1: Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups		
National Action 3.1.6: Continue the development of mental health promotion programmes with and for priority groups, including the Youth Sector		
Lead: HSE H&W		
Partners: HSE MH; NOSP; Youth sector; Non-statutory partners		
Local Action 3.1.6: Support access and participation in mental health promotion programmes for priority groups, for young people and for staff working with these groups		
Lead: HSE H&W		
Partners: ROSP; HSE MH; <i>CfL</i> County Committees; CYPSC; C&V Sector; ETB; Third Level Institutions; DES		
Purpose: To improve positive mental health among priority groups with a specific focus on young people		
Planned start date and duration: Q2 2022-Q4 2022		
Location: SECH		
Inputs for 2022:		
<ul style="list-style-type: none"> Funding for programmes Collaboration with all partners to promote programmes and identify participants 		
Milestones		
Overarching Milestone 2022: Ongoing delivery of a suite of mental health promotion programmes across SECH through a range of providers for priority groups including young people	Q1 2022	
	Q2 2022	-Identify and catalogue all mental health promotion programmes available in SECH and disseminate this information to all partners working with priority groups
	Q3 2022	-Review <i>CfL</i> priority groups and mental health promotion programmes available, identify gaps
	Q4 2022	-Continue to promote all programmes through available networks and plan for 2023
Outputs by end of 2022:		
<ul style="list-style-type: none"> Ongoing delivery of standardised, evidence based mental health promotion programmes in SECH Information on programmes available to priority groups accessible in a range of formats 		

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 Partners: HSE H&W; DOH		
Local 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 Partners: ROSP; HSE MH; Substance Misuse Teams; Community Drug/Alcohol services		
Purpose: To provide evidence based programmes aimed at early intervention; to identify those engaged in harmful drug and alcohol use and to make appropriate referrals to specialist services including mental health related services		
Planned start date and duration: Q2 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Access to appropriate early intervention training • Collaboration between substance misuse services and mental health services 		
Milestones		
Overarching Milestone 2022: Increased levels of training for staff engaging with those involved in substance misuse including Brief Intervention, MECC, suicide prevention training, SAOR etc	Q1 2022	
	Q2 2022	-Complete a training audit of substance misuse staff
	Q3 2022	-Deliver training and enhance partnership working between HSE MH and drug/alcohol services
	Q4 2022	-Deliver training and enhance partnership working between HSE MH and drug/alcohol services
Outputs by end of 2022: <ul style="list-style-type: none"> • Improved supports for early intervention and prevention work • Increased knowledge around substance misuse for those working with priority groups 		

Connecting for Life
South East Community
Healthcare

National Objective 3.3: Enhance the supports for young people with mental health problems or vulnerable to suicide		
National Action 3.3.3: Work with the HSE to develop national guidance for higher institutions in relation to suicide risk and critical incident response, thereby helping to address any gaps which may exist in the prevention of suicide in higher education Lead: HEA Partners: NOSP		
Local Action 3.3.3: Support third level institutions in SECH to implement the National Student Mental Health and Suicide Prevention Framework, continue the delivery of suicide prevention training in third level institutions in SECH and engage third level staff in the development and implementation of CRPs Lead: ROSP Partners: Student Counselling Services in Third Level; Third Level Institutions in SECH; NOSP		
Purpose: To ensure that there is a multi-agency and collaborative response to suicide prevention and postvention in third level institutions in SECH		
Planned start date and duration: Q2 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Continued engagement with staff in third level including representation on <i>CfL SECH</i> structures Funding, resources and materials for training delivery Support from NOSP 		
Milestones		
Overarching Milestone 2022: Implementation of the Framework in SECH, continued delivery of suicide prevention training in third level and engagement by third level staff in the implementation of CRPs	Q1 2022	
	Q2 2022	-Target third level professionals for the delivery of safeTALK, ASIST, USH and Suicide Bereavement across SECH -Deliver training and information sessions on request
	Q3 2022	-Engage third level staff in CRP planning
	Q4 2022	-Maintain ongoing delivery of training and representation on <i>CfL</i> structures
Outputs by end of 2022: <ul style="list-style-type: none"> All third level institutions in SECH have suicide prevention and response plans in place 		

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 Partners: HSE MH		
Local Action 3.3.6: Support the delivery of early intervention and psychological support services for young people in SECH Lead: HSE PC; HSE MH Partners: ROSP; CYPSC; <i>CfL</i> Oversight and County Committees; C&V Sector; Youth Service providers; Jigsaw; NOSP		
Purpose: To address the ongoing need to increase early intervention and psychological supports for young people and to reduce referrals to secondary services e.g. CAMHS		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration between HSE MH, HSE PC and services working with young people throughout the region • Appropriate representation on <i>CfL</i> structures • Continued representation by ROSP on CYPSC Youth Mental Health subgroups in SECH • Support from NOSP and HSE MH at national level 		
Milestones		
Overarching Milestone 2022: Appropriate referral pathways in place for young people who require early intervention, psychological support or more specialist services	Q1 2022	-Review of referral pathway information in each county of SECH -Review of CYPSC youth mental health action plans
	Q2 2022	-Ensure HSE MH, HSE PC and youth service providers are represented on <i>CfL SECH</i> structures -Maintain collaboration on the development and delivery of Jigsaw and similar services in SECH
	Q3 2022	-Support the development and delivery of early intervention and psychological supports for young people
	Q4 2022	-Review supports available in 2022, identify gaps and plan for 2023
Outputs by end of 2022: <ul style="list-style-type: none"> • Appropriate pathways in place for access to early intervention and psychological supports for young people in SECH, advocacy for increased development and delivery of services and supports 		

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 coordinated, 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 Partners: HSE PC, Acute Hospitals, DECLG, Non-statutory partners		
Local Action 4.1.1: Support the development and delivery of care pathways through crisis intervention supports and services in SECH Lead: HSE MH Partners: ROSP; MHER; <i>CfL</i> Oversight and County Committees; C&V Sector		
Purpose: To ensure that there are appropriate pathways to care in a range of settings for people vulnerable to suicide in SECH		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration between HSE MH, HSE PC and Community and Voluntary Sector crisis response services • Increased engagement with Mental Health Service Users 		
Milestones		
Overarching Milestone 2022: Improved information, awareness and access to 24/7 crisis response services and referral pathways among those vulnerable to suicide	Q1 2022	-Support the continuing development of alternative pathways of care e.g. Crisis Cafés
	Q2 2022	-Review and update information and resources on referral pathways
	Q3 2022	-Engage with <i>CfL</i> stakeholders and MHER to assess progress to date
	Q4 2022	-Plan for 2023
Outputs by end of 2022: <ul style="list-style-type: none"> • Access to uniform and quality assured mental health services in a range of settings on a 24/7 basis 		

*South East Community
Healthcare*

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 Partners: NOSP, Non-statutory partners		
Local Action 4.2.1: Support the delivery of therapeutic interventions across SECH including the Talking Therapies Model of Care, NCS, CIPC, SHIP, Bereavement Counselling, Psychology in Primary Care and other counselling options available from community based and NGO sector partner organisations Lead: ROSP; HSE MH Partners: HSE PC; Cfl Oversight and County Committees; C&V Sector; NOSP		
Purpose: To improve access to counselling and therapeutic interventions, within and outside of mental health services, for people in SECH		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • ROSP representation on the Talking Therapies MOC Steering Group • Collaboration between HSE therapy providers • Signposting materials and resources • Support from HSE Mental Health Operations 		
Milestones		
Overarching Milestone 2022: Improved collaboration between providers and increased access to non-medical interventions in SECH	Q1 2022	-Support the development and pilot delivery of the Talking Therapies MOC in SECH
	Q2 2022	-Review and update information and resources on referral pathways
	Q3 2022	-Provide continued support, guidance and training to non-HSE therapeutic services -Provide resources for signposting through the HSE Regional Suicide Resource Office and Cfl stakeholders
	Q4 2022	-Provide continued support to non-HSE therapeutic services -Provide resources for signposting through the HSE Regional Suicide Resource Office and Cfl stakeholders
Outputs by end of 2022: <ul style="list-style-type: none"> • A broader range of therapeutic interventions available through HSE Mental Health Services and increased awareness of counselling options among the broader population of SECH 		

National Objective 4.3: Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide		
National Action 4.3.1: Deliver enhanced bereavement support services to families and communities that are known to mental health services and affected by suicide Lead: HSE MH Partners: HSE PC, CHOs		
Local Action 4.3.1: Deliver support to those bereaved by suicide in SECH at all levels including information and resources, additional supports and therapeutic interventions Lead: ROSP Partners: HSE MH; HSE PC; SBLO; <i>CfL</i> Oversight and County Committees; C&V Sector; NSRF; NOSP		
Purpose: To ensure that individuals, families and communities affected by suicide have access to a broad range of bereavement supports and services		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Coordination and delivery of the HSE Bereavement Counselling Service for Traumatic Deaths • Completed NSRF Evaluation of the service above • Partnership with the SBLO and Pieta • Access to resources and materials • Access to training/training delivery • Support from NOSP 		
Milestones		
Overarching Milestone 2022: Ongoing delivery of suicide bereavement supports and services across SECH	Q1 2022	-Work with the SBLO to ensure timely postvention support is available to those bereaved by suicide -Continue the distribution of the national Suicide Bereavement Support Guide "You are not alone" -Continue the delivery of the HSE Bereavement Counselling Service for Traumatic Deaths -Finalise the evaluation of the service
	Q2 2022	-Work with the SBLO to ensure timely postvention support is available to those bereaved by suicide -Continue the distribution of the national Suicide Bereavement Support Guide -Continue the delivery of the HSE Bereavement Counselling Service for Traumatic Deaths -Publish the evaluation of the service

	Q3 2022	-Work with the SBLO to ensure timely postvention support is available to those bereaved by suicide -Continue the distribution of the national Suicide Bereavement Support Guide -Continue the delivery of the HSE Bereavement Counselling Service for Traumatic Deaths -Implement recommendations from the evaluation of the service
	Q4 2022	-Work with the SBLO to ensure timely postvention support is available to those bereaved by suicide -Continue the distribution of the national Suicide Bereavement Support Guide -Continue the delivery of the HSE Bereavement Counselling Service for Traumatic Deaths
Outputs by end of 2022: <ul style="list-style-type: none"> • Increased access to information and resources, additional support and therapeutic interventions for people bereaved by suicide • Completed evaluation of the HSE Bereavement Counselling Service for Traumatic Deaths 		

Connecting for Life
 South East Community
 Healthcare

NATIONAL GOAL 5: TO ENSURE SAFE AND HIGH QUALITY SERVICES FOR PEOPLE VULNERABLE TO SUICIDAL BEHAVIOUR

National Objective 5.1: Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention		
National Action 5.1.1: Develop quality standards for suicide prevention services provided by statutory and non-statutory organisations, and implement the standards through an appropriate structure Lead: NOSP Partners: Non-statutory partners		
Local Action 5.1.1: Engage with community based organisations involved in suicide prevention, intervention and postvention activities in SECH and provide them with relevant information, training and support Lead: ROSP Partners: C&V Sector; CfL Oversight and County Committees; NOSP		
Purpose: To ensure that community based organisations involved in suicide prevention activity are supported to use evidence based and best practice approaches		
Planned start date and duration: Q2 2021-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration with community based organisations • Access to information, resources and training • Support from NOSP 		
Milestones		
Overarching Milestone 2022: Increased resources and information available to community based groups and organisations in SECH on best practice in suicide prevention	Q1 2022	
	Q2 2022	-Develop community guidance document for community based organisations -Continue suicide prevention, intervention and postvention training delivery
	Q3 2022	-Disseminate community guidance document -Distribute updated "Suicide Prevention in the Community" resource
	Q4 2022	-Continue suicide prevention, intervention and postvention training delivery
Outputs by end of 2022: Information, advice, support and resources available to communities from the HSE Regional Suicide Resource Office		

National Objective 5.1: Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention		
National Action 5.1.3: Provide support and resources for the implementation of the Department's curriculum and programmes in the promotion of wellbeing in the school community. Facilitate access to appropriate mental health and suicide prevention training for teachers e.g. through summer courses and the Education Centre network. In this regard, the support services will work collaboratively and liaise, as appropriate, with Government agencies. Lead: DES Partners: HSE H&W		
Local Action 5.1.3: Target school staff across the five counties of SECH for participation in suicide, self-harm and bereavement training Lead: ROSP Partners: Schools in SECH; ETB; Education Centres; CYPSC; NOSP		
Purpose: To ensure that school staff have the capacity to respond to students in distress		
Planned start date and duration: Q2 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Engagement with schools in SECH Access to training materials and resources Support from NOSP 		
Milestones		
Overarching Milestone 2022: Increased access and participation in suicide prevention training programmes among school staff in SECH	Q1 2022	
	Q2 2022	-Review previous access to training by school staff -Develop a communication campaign to target school staff in SECH
	Q3 2022	-Deliver training on request
	Q4 2022	-Deliver training on request -Plan for 2023
Outputs by end of 2022: Improved awareness and capacity among school staff in SECH to respond to students in distress		

National Objective 5.1: Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention		
National Action 5.1.5: Disseminate information on effective suicide prevention responses through the development and promotion of repositories of evidence-based tools, resources, guidelines and protocols Lead: NOSP, DJE		
Local Action 5.1.5: Disseminate information on effective suicide prevention, intervention and postvention responses and promote relevant resources, tools, guidelines and protocols Lead: ROSP Partners: <i>CfL</i> Oversight and County Committees; NOSP		
Purpose: To enhance and improve knowledge and awareness among professionals and organisations working in areas related to mental health and suicide provision		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Access to tools, resources, guidelines and protocols • Support from NOSP 		
Milestones		
Overarching Milestone 2022: Widespread dissemination of accurate, up to date information and resources to all <i>CfL</i> stakeholders and associated networks in SECH	Q1 2022	-Distribute relevant resources on an ongoing basis e.g. guidance documents and protocols developed by NOSP/ROSP; CSO briefing documents; NSRF research publications etc.
	Q2 2022	-Distribute relevant resources on an ongoing basis
	Q3 2022	-Distribute relevant resources on an ongoing basis
	Q4 2022	-Distribute relevant resources on an ongoing basis
Outputs by end of 2022: Comprehensive and varied repository of resources available to all <i>CfL</i> stakeholders through the HSE Regional Suicide Resource Office		

Connecting for Life
South East Community Healthcare

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 5.4.4: Recommend the incorporation of suicide prevention training as part of undergraduate curriculum of the relevant professions Lead: NOSP Partners: HEA		
Local Action 5.4.4: Deliver suicide, self-harm and suicide bereavement training to students in relevant undergraduate programmes in third level institutions in SECH Lead: ROSP Partners: Third Level Institutions in SECH; NOSP		
Purpose: To improve the capacity of students to respond to suicide related issues in their chosen areas of work after graduation		
Planned start date and duration: Q2 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Collaboration between ROSP and staff in third level education settings • Access to training resources and materials • Support from NOSP 		
Milestones		
Overarching Milestone 2022: Increased numbers of third level students in relevant undergraduate programmes participating in training programmes	Q1 2022	
	Q2 2022	-Re-engage with existing contacts in third level to promote training -Target third level institutions that have not previously availed of training -Deliver training on request
	Q3 2022	Deliver training on request
	Q4 2022	-Deliver training on request -Plan for training delivery to third level students in 2023
Outputs by end of 2022: Widespread delivery of suicide prevention training to third level students in relevant undergraduate programmes e.g. nursing, social care		

Connecting for Life
South East Community Healthcare

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 Partners: DECLG, NOSP		
Local Action 6.2.1: Work with relevant organisations to identify and map high risk locations, introduce preventative measures and additional supports in these areas Lead: Local Authorities Partners: ROSP; An Garda Síochána; Samaritans; <i>CfL</i> Oversight and County Committees; NOSP		
Purpose: To increase public health measures to reduce suicide in high risk locations and to increase the opportunity for last minute interventions		
Planned Start date and duration: Q3 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • Access to real time data on deaths by suspected suicide in SECH • LA representation on <i>CfL</i> structures in SECH • Signage • Funding • Support from NOSP 		
Milestones		
Overarching Milestone 2022 Increased opportunities to prevent suicide in public places	Q1 2022	
	Q2 2022	
	Q3 2022	-Review LA representation on <i>CfL</i> structures -Build links with Samaritans for collaboration on signage -Plan for increased measures in high risk locations throughout the region
	Q4 2022	-Commence implementation of measures
Outputs by end of 2022: Evidence of local authorities implementing effective steps to prevent public places being used for suicide		

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 7.2.3: Collect, analyse and disseminate high quality data on suicide and self-harm and ensure adequate access to, and understanding of the data among those working in suicide prevention across all sectors Lead: NOSP Key partners: DOH, NSRF, DJE/IPS, DCYA/TUSLA		
Local Action 7.2.3: Collect, analyse and disseminate suicide and self-harm data specific to SECH from all relevant bodies including NOSP, NSRF, CSO and NSHRI Lead: ROSP Partners: NOSP; NSRF; NSHRI; <i>CfL</i> Oversight and County Committees		
Purpose: To ascertain and identify trends and demographics related to suicidal behaviour in SECH that will subsequently inform more timely responses		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> Access to relevant and timely data Collaboration with NOSP, NSRF and NSHRI 		
Milestones		
Overarching Milestone 2022: Improved utilisation of data to inform activities under <i>CfL</i> in SECH	Q1 2022	-Obtain and analyse data from relevant sources, disseminate to appropriate partners and plan responses through <i>CfL</i> structures
	Q2 2022	-Obtain and analyse data from relevant sources, disseminate to appropriate partners and plan responses through <i>CfL</i> structures
	Q3 2022	-Obtain and analyse data from relevant sources, disseminate to appropriate partners and plan responses through <i>CfL</i> structures
	Q4 2022	-Obtain and analyse data from relevant sources, disseminate to appropriate partners and plan responses through <i>CfL</i> structures
Outputs by end of 2022: Access to a range of reports and briefings that will improve understanding of suicide and self-harm in SECH		

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 7.4.4: Evaluate innovative approaches to suicide prevention including online service provision and targeted approaches for appropriate priority groups		
Lead: NOSP		
Key partners: Third Level Institutions		
Local Action 7.4.4: Engage with NOSP and the ROSP Learning Community of Practice (LCOP) to ensure identification and replication of innovative and good practice approaches to suicide prevention in SECH		
Lead: ROSP		
Partners: HSE MH; NOSP; Cfl Oversight and County Committees		
Purpose: To ensure that innovative approaches to suicide prevention are shared with all those working in the area to achieve a population wide impact		
Planned start date and duration: Q1 2022-Q4 2024		
Location: SECH		
Inputs for 2022: <ul style="list-style-type: none"> • ROSP participation in the LCOP • ROSP representation on relevant national working groups • Support from NOSP 		
Milestones		
Overarching Milestone 2022: Increased capacity to implement innovative approached to suicide prevention in SECH	Q1 2022	-Participate in ROSP LCOP -Represent SECH on relevant local, regional and national working groups -Develop and replicate innovative approaches to suicide prevention in SECH
	Q2 2022	-Participate in ROSP LCOP -Represent SECH on relevant local, regional and national working groups -Develop and replicate innovative approaches to suicide prevention in SECH
	Q3 2022	-Participate in ROSP LCOP -Represent SECH on relevant local, regional and national working groups -Develop and replicate innovative approaches to suicide prevention in SECH
	Q4 2022	-Plan new approaches for 2023
Outputs by end of 2022: Recommended approaches for increased innovation and good practice in suicide prevention in SECH		

SECTION 8: APPENDICES

8.1 Abbreviations

ASIST Applied Suicide Intervention Skills Training	IPS Irish Prison Service
C&V Community and Voluntary	ISG Implementation Steering Group
CfL Connecting for Life	LA Local Authority
CHO Community Health Organisation	LCOP Learning Community of Practice
CIPC Counselling in Primary Care	MH Mental Health
CRP Community Response Plan	MHER Mental Health Engagement and Recovery
CSO Central Statistics Office	MHI Mental Health Ireland
CYPSC Children and Young People's Services Committee	MHS Mental Health Services
DAFM Department of Agriculture, Food and the Marine	MOC Model of Care
DCCA/DCENR Department of Communications, Climate Action and Environment	NCS National Counselling Service
DCYA Department of Children and Youth Affairs	NEPS National Educational Psychological Service
DECLG Department for Communities and Local Government	NGO Non-Government Organisation
DES Department of Education and Skills	NOSP National Office for Suicide Prevention
DJE Department of Justice and Equality	NSHRI National Self-Harm Registry of Ireland
DoD Department of Defence	NSRF National Suicide Research Foundation
DoH Department of Health	PC Primary Care
DSP Department of Social Protection	PPFS Partnership, Prevention and Family Support
DTTAS Department of Transport, Tourism and Sport	ROSP Resource Officer for Suicide Prevention
EAG Evaluation Advisory Group	safeTALK Suicide Alertness Training
ED Emergency Department	SBLO Suicide Bereavement Liaison Officer
ETB Education and Training Board	SECH South East Community Healthcare
FRC Family Resource Centre	SERDATF South East Region Drug and Alcohol Task Force
H&W Health and Wellbeing	SERFSN South East Region Family Support Network
HI Healthy Ireland	SHIP Self-Harm Intervention Programme
HRB Health Research Board	START Online Suicide Prevention Skills Training
HSE Health Service Executive	STORM Skills Training on Risk Management
IMHW International Mental Health Week	Tusla The National Child and Family Agency
	USH Understanding Self-Harm
	WHO World Health Organisation
	WSPD World Suicide Prevention Day

8.2 Connecting for Life Actions for National Implementation

Goal One: To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing				
National Objective	National Action	Output	Lead	Partners
1.1: Improve population-wide understanding of suicidal behaviour, mental health and wellbeing, and associated protective and risk factors	1.1.1 Measure how people currently understand suicidal behaviour, mental health and wellbeing and set targets for improved understanding	Population (and sub-population) estimates on exposure to suicide, impact of suicide, and prevalence of deliberate self-harm to inform national and local strategy implementation, and a survey module on suicide (exposure & prevalence) that can be used locally or among population groups (e.g. as part of a Traveller health survey) to estimate proportions/rates relative to the national estimates	NOSP	DOH
1.2 Increase awareness of available suicide prevention and mental health services	1.2.1 Deliver accessible information on all mental health services and access/referral mechanisms and make the information available online at YourMentalHealth.ie	Regularly reviewed HSE online mental health content attracting approximately 1m Irish visits per year. A tested, proven positive user experience for visitors to HSE online mental health content. An optimised and responsive website recognised as the 'go to' place for information on mental health supports and services (based on analytics and user testing). Accessibility of quality online information; online self-help tools; online supports; and, online services	HSE MH	NOSP
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	1.4.2 Broadcasting Authority of Ireland will apply and monitor its Code of Programme Standards including Principle 3 - Protection from Harm, which references self-harm and suicide, so as to ensure responsible coverage around these issues in the broadcast media	In addition to the annual outputs identified above the BAI will produce a 2022 Report to cover the three years of the plan, the actions implemented and the relevant outcomes	DCENR	BAI

	1.4.3 The Press Council will amend its code of practice to include a principle on responsible reporting of suicide	Full compliance with Principle 10	Press Council of Ireland	
Goal Two: To support local communities' capacity to prevent and respond to suicidal behaviour				
Objective	Action	Output	Lead	Partners
2.3 Ensure the provision and delivery of training programmes on suicide prevention to community based organisations	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	High quality and (cost) effective training supports for communities to respond to people at risk of suicide	NOSP	Non-statutory partners
Goal Three: To target approaches to reduce suicidal behaviour and improve mental health among priority groups				
Objective	Action	Output	Lead	Partners
3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide	3.3.1 Support the implementation of the relevant guidelines for mental health promotion and suicide prevention across primary and post primary schools, and the development of guidelines for Centres of Education	Comprehensive online resources for schools, all schools have engaged with wellbeing promotion using the school self-evaluation process, national CPD for teachers available	DES	TUSLA, HSE H&W, NOSP
	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	Primary schools provided with training on critical incident response, guidelines on SSTs updated and circulated to schools, NEPS psychologists trained on the development of SSTs	DES	NEPS, HSE H&W, NOSP
	3.3.4 Implement the National Anti-Bullying Action Plan including online and homophobic bullying	Every school will have a policy in place	DES	HSE H&W, NOSP
	3.3.5 Support all schools to implement a new Wellbeing programme, which will encompass SPHE, CSPE and PE, in Junior Cycle; and encourage schools to deliver an SPHE programme (including RSE and mental health awareness) at Senior Cycle	All schools have a wellbeing policy in place, review of Senior Cycle advanced	DES	HSE H&W, DCYA/TUSLA, DOH HI

	3.3.7 Deliver early intervention and psychological support service for young people at secondary care level; including CAMHS	Improved access to early intervention and psychological support services for young people at secondary care level achieved through the further enhancement of CAMHS services and Community Mental Health Team capacity and also through the on-going increase in capacity at other levels of support, e.g. in primary care, through Jigsaw and online. This will be underpinned by effective inter-agency collaboration	HSE MH	
--	--	---	--------	--

Goal Four: To enhance accessibility, consistency and care pathways of services for people vulnerable to suicidal behaviour

Objective	Action	Output	Lead	Partners
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicidal behaviour	4.1.2 Provide a coordinated, uniform and quality assured service and deliver pathways of care for those with co-morbid addiction and mental health difficulties	Measurable delivery of quality services for people experiencing dual diagnosis	HSE MH	Primary Care, Acute Operations
	4.1.3 Ensure that those in the criminal justice system have continued access to appropriate information and treatment in prisons and while under Probation services in the community. The Irish prison service and the HSE National Forensic Mental Health Service will complete an agreed Memorandum of Understanding on improved links through the NFMHS Prison In-reach Service and the Probation service will engage with the HSE on maintaining and developing access to community psychiatric services	Appropriate model of care for those in custody with severe mental illness developed and implemented.	DJE	IPS, Probation Service, HSE MH
	4.1.4 Deliver a uniform assessment approach across the health services, in accordance with existing and recognised guidelines for people who have self-harmed or are at risk of suicide	A uniform and consistent approach to suicide and self-harm awareness, assessment and response across the HSE leading to a reduction in rates of suicide and self-harm	HSE MH	HSE Acute Hospitals

	4.1.5 Deliver a comprehensive approach to managing self-harm presentations through the HSE Clinical Care Programme for the assessment and management of patients presenting with self-harm to emergency departments	A reduction in the national rate of hospital presented self-harm, a reduction in repeat self-harm behaviour presenting to hospital and an increase to 90%+ in the percentage of people receiving a bio-psychosocial assessment and follow-up after presenting to hospital following self-harm	HSE MH	HSE Acute Hospitals
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide	4.3.2 Commission and evaluate bereavement support services	High quality, evidence informed services are available for everyone impacted by a death by suicide	NOSP	NOSP, CHOs, Primary Care
Goal Five: To ensure safe and high quality services for people vulnerable to suicidal behaviour				
Objective	Action	Output	Lead	Partner
5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention	5.1.2 Continue to promote a whole-school approach to student guidance/ counselling within each post-primary school	Recommendations acted upon	DES	TUSLA, HSE H&W, NOSP
	5.1.4. Conduct a statutory consultation process and (in the context of wider policy development on the regulation of health & social care professionals) decide on the feasibility of designating by regulation the profession(s) of counsellor and psychotherapist	The Counsellors and Psychotherapists Registration Board will have established the Code of Professional Conduct and Ethics and standards of performance to which counsellors and psychotherapists must adhere to; establish a register of members of the professions; and set continuous professional development training courses	DOH	
5.2 Improve the response to suicidal behaviour within health and social care services, with an initial focus on incidents within mental health services	5.2.1 Develop and deliver a uniform procedure to respond to suicidal behaviour across mental health services	A uniform and consistent approach to suicide and self-harm awareness, assessment and response in mental health services leading to a reduction in rates of suicide amongst mental health service users and a consistent approach to incident review yielding usable and practical information	HSE MH	HSE PC, Acute Hospitals

	5.2.2 Strengthen the data systems to report and learn from investigations and reviews on child protection and deaths of children in care in order to review the profile of need and requisite service response to vulnerable young people who are in the care of the state or known to TUSLA	To have a data collection mechanism in place to capture information on self-harm and suicide and to provide learning from relevant reviews and investigations to inform practice, procedure and policy moving forward	DCYA/TUSLA	
5.3 Reduce and prevent suicidal behaviour in the criminal justice system.	5.3.1 Through the Death in Custody/Suicide Prevention Group in each prison, identify lessons learned, oversee the implementation of the corrective action plan, and carry out periodic audits	Improved practice in each prison which results in fewer incidents of death by suicide and self-harm	DJE	Chaired by senior Governor in each prison
	5.3.2 Ensure compliance with the relevant policies through regular audit and implementation of audit recommendations		DJE	IPS
	5.3.3 Implement the IPS Prisoner Release Policy, to ensure care, treatment and information is provided, including identifying the appropriate mental health services in each area for those leaving prison. This will include appropriate links with the community mental health services	Frontline DSP staff are well equipped to deal with people who present in suicidal crisis	DJE	HSE MH, HSE PC
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	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	All staff have access to and are encouraged to attend NOSP's standard suicide awareness and self-harm modules, particularly when relevant to their job	DAFM, DOH/HSE DJE/IPS, DSP, DES, DCYA/TUSLA DOD, DECLG, Local Authorities	NOSP
	5.4.3 Support professional regulatory bodies to develop and deliver accredited competency based education on suicide prevention to health professionals	All medical professionals have access to and are encouraged to attend NOSP's standard suicide awareness and self-harm modules, particularly when relevant to their job	DOH	A range of professional bodies
	5.4.5 Support the National Clinical Effectiveness Agenda and implement national clinical guidelines in line with NCEC requirements		DOH	HSE MH, NOSP

Goal Six: To reduce and restrict access to means of suicidal behaviour				
Objective	Action	Output	Lead	Partner
6.1 Reduce access to frequently used drugs in intentional drug overdose	6.1.1 Work with professional groups to reduce the inappropriate prescribing of medicines commonly used in intentional overdose, including benzodiazepines and SSRIs		DOH	
	6.1.2 Continue improvements in adherence to the legislation limiting access to paracetamol through raising awareness amongst retailers and the public and the use of point of sale systems	Reduce the use of paracetamol in intentional and non-intentional drug overdoses	DOH	
6.2 Reduce access to highly lethal methods used in suicidal behaviour	6.2.2 Implement a strategy to improve environmental safety within the HSE mental health services (e.g. ligature audits)	A shared, common national approach to environmental risk relevant to suicidal behaviour and safer environments as indicated by compliance with Mental Health Regulation 22	HSE MH	HSE Estates
	6.2.3 Ensure that access to ligature points in cells is minimised and that this issue is given ongoing attention, particularly in the planning of all new prisons	Development of best practice in addressing ligature risk in existing buildings where individuals may be detained, and in minimising risk in new buildings	DJE	IPS
Goal 7: To improve surveillance, evaluation and high quality research relating to suicidal behaviour				
Objective	Action	Output	Lead	Partners
7.1 Evaluate the effectiveness and cost-effectiveness of Connecting for Life	7.1.1 Conduct proportionate evaluations of all major activities conducted under the aegis of Connecting for Life; disseminate findings and share lessons learned with programme practitioners and partners	A suite of research materials (including research report, bulletins, briefings, presentations, articles etc.) which will represent a significant contribution to the national & international knowledge base on suicide prevention and a large body of evidence that will inform the on-going implementation of CfL, nationally and locally	NOSP	
7.2 Improve access to timely and high quality data on suicide and self-harm.	7.2.1 Develop capacity for observation and information gathering on those at risk or vulnerable to suicide and self-harm, this includes children/young people in the child welfare/protection sector and places of detention, including prisons	Comprehensive data to inform policy development in respect of those at risk / vulnerable to suicide and self-Harm	DJE, DCYA/TUSLA	IPS, Coroners' Offices (in context of the recording of deaths), CSO, NSRF

	7.2.2. Collate and report on incidences of suicide through current and expanded health surveillance systems over the life of Connecting for Life	Improved data, in terms of timeliness and depth, on all suspected suicides amongst (mental) health service users yielding information to inform improved suicide prevention practices where possible, aligned to other suicide mortality datasets	HSE MH	
7.3 Review (and, if necessary, revise) current recording procedures for death by suicide	7.3.1 The Justice and Health sectors will engage with the Coroners, Garda Síochána, NOSP, CSO and research bodies in relation to deaths in custody, and recording of deaths by suicide and open verdicts, to further refine the basis of suicide statistics		DJE	DOH, NOSP, Coroners' Offices, Garda Síochána, CSO, Research Bodies
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	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)	Finding and lessons learned from the CfL strategic research and evaluation programme of work	NOSP	DOH
	7.4.2 Support the coordination and streamlining of research completed by third level institutions	Evidence of enhanced collaboration through participation in seminars and sharing of relevant research among academics and policy makers	HEA	NOSP
	7.4.3 Develop working partnerships with centres of expertise to support evaluation and research, knowledge transfer and implementation support between researchers, policy makers and service providers			

Connecting for Life
South East Community Healthcare