



Connecting for Life

Ireland's National Strategy to Reduce Suicide 2015-2020

Interim Strategy Review

An Independent Review of
Implementation Progress by Strategy Leads

January 2019

The HSE National Office for Suicide Prevention (NOSP) invited the Connecting for Life (CfL) Evaluation Advisory Group (EAG) to undertake an independent Interim Review of CfL. The aims of the review were to examine the extent to which the key actions of the strategy are on-track to being achieved (by 2020), to help identify what is working well and where the challenges lie, and to help set strategic priorities for the next two years and beyond.

The Review Group

The CfL Evaluation Advisory Group undertook the Interim Strategy Review. The EAG comprises the following members;

- Professor Steve Platt (chair) is Emeritus Professor of Health Policy Research at the University of Edinburgh. He has a lifetime research interest in social, epidemiological and cultural aspects of suicide, self-harm and mental health and ill-health. He is an adviser on suicide prevention research and policy to NHS Health Scotland, the NOSP and Samaritans.
- Professor Ella Arensman is Research Professor at the College of Medicine and Health and Chief Scientist of the National Suicide Research Foundation, University College Cork, Ireland. She is Past President of the International Association for Suicide Prevention and Vice-President of the European Alliance Against Depression. In these roles, she actively encourages international collaboration in suicide research and prevention.
- Dr Paul Corcoran is Director of Research in the National Suicide Research Foundation (NSRF). He is an epidemiologist with more than twenty years of experience in suicidal behaviour research.
- Professor Barbara Dooley is currently Dean of Graduate Studies & Deputy Registrar in University College Dublin. Her particular expertise is in the area of applied psychological research design and statistical analyses focusing on youth mental health. She has been involved in a number of large-scale national studies including the My World Study (the first national study of youth mental health in Ireland).
- Dr Claire Hickey is Senior Project Specialist, research and evaluation, with the Centre for Effective Services. She leads on the design and management of the national evaluation for the Area-Based Childhood Programme; and provides research and evaluation design and support across a number of CES projects including the Empowering Practitioner and Practice Initiative with Tusla and the Nurture Programme with the HSE. She has extensive experience of implementing and managing research and evaluation programmes, as well as promoting quality research and knowledge transfer within practice environments.
- Professor Agnes Higgins is based at the School of Nursing and Midwifery Trinity College Dublin, where she has held key administrative positions including Head of Mental Health Nursing and Head of School. She is the current chairperson of the Board of Mental Health Reform. Her research expertise lies in the area of mental health recovery, service user and family engagement, and sexualities. She has significant experience in mixed methods research and was the lead investigator on the LGBT Ireland study.
- Paul Crowley (former member of the EAG), Senior Statistician, Social Analysis Division of the Central Statistics Office.

HSE NOSP secretariat and research support to the Review Group

- Dr. Gemma Cox, the HSE NOSP Evaluation Manager
- Dr. Anita Munnelly, the HSE NOSP Research and Data Officer
- Hugh Duane, the HSE NOSP Research Assistant
- Sinéad Hardiman, the HSE NOSP Interim Lead for Strategy Coordination, Quality & Education

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Foreword

Suicidal behaviour (suicide and attempted suicide) is complex and multi-faceted, resulting from a wide range of interacting genetic, psychological, psychiatric, social, economic, cultural and other risk factors which operate at multiple levels (societal, community, relationship and individual). In order to address the complexity and magnitude of suicidal behaviour, national governments have recognised the need to develop and implement suicide prevention strategies that adopt a sustained, coordinated, multi-sectoral approach, involving a range of governmental and non-governmental agencies working in collaboration, both nationally and locally. These strategies should be grounded firmly in research evidence of interventions that are likely to contribute significantly to the prevention of, and reduction in, suicidal behaviour.

In 1996 the United Nations published guidelines, developed by international experts, for the development of a national suicide prevention strategy. At that time, Finland was the only country known to have developed and implemented a government-sponsored, systematic, national response to suicide. Over the intervening years the number of countries adopting a national suicide prevention strategy has grown to about 40. Ireland is one of several countries that have developed a 'second generation' strategy (Connecting for Life (2015-2020) following Reach Out (2005-2014)).

These national suicide prevention strategies typically adopt a broad public health approach, incorporating prevention interventions (targeted at the general population and population subgroups at high risk of suicidal behaviour) and treatment (targeted at those who are already vulnerable, e.g. having suicidal thoughts or engaging in self-harm). The evidence base supporting the incorporation of these components in a national suicide prevention strategy is reasonably extensive but uneven in terms of quality, scope and consistency. Research evidence on the effectiveness of national suicide prevention strategies, *considered as a whole*, is extremely limited. This is disappointing, but not entirely surprising, given limited resources allocated for evaluation purposes and methodological challenges.

As is the case in most suicide prevention strategies, the *final* (primary) outcome in the Connecting for Life strategy is the suicide rate (together with the rate of hospital presentations of self-harm). Connecting for Life recognises, however, that monitoring temporal trends in suicide, with the intention of measuring whether there has been a decline in the suicide rate over the implementation period, while indeed necessary, constitutes outcome evaluation in only in the narrowest possible sense. A national suicide prevention strategy should also identify and measure (change in) intermediate outcomes that are situated on the theoretical causal pathway between inputs (resources, equipment and personnel) and final outcome. Ideally, these intermediate outcomes should link to the components of the strategy, thus permitting the identification of interventions that contribute significantly to any observed impact on the final outcome, and enhancing understanding and learning about 'what works' among the delivery team and the wider suicide prevention policy and practice community. This type of outcome evaluation is, however, rather uncommon. Connecting for Life, through its incorporation of a strategic outcomes framework specifying indicators, instruments, data sources and data collection methods for each intermediate outcome, provides a rare example.

The Connecting for Life Evaluation Advisory Group was delighted to be invited to provide an independent, interim evaluation of implementation progress towards the achievement of the strategy's vision and goals, to identify implementation facilitators and barriers, and to recommend strategic priorities for 2019- 2020 and beyond. Our work has been structured around the Connecting for Life strategic framework, with assessments made at the level of the strategic objective (informed by progress in implementing actions) and strategic goal. We hope that the findings of our Interim Strategy Review will be useful to all those striving to deliver effective suicide prevention in Ireland at both practitioner and policy-making levels.

We are indebted to the NOSP Monitoring & Evaluation team for their unflagging support and cooperation, and the voluminous amounts of information that they made available to us, throughout the review process.

Stephen Platt

**Emeritus Professor of Health Policy Research, University of Edinburgh
Chair, and on behalf of, the CfL Evaluation Advisory Group.**

Section 1

Introduction

This report presents the findings of an Interim Review of Connecting for Life (CfL), Ireland's 2015-2020 national government strategy to reduce deaths by suicide. **The purpose of the Review is to provide an independent assessment of progress made by the 22 government departments/ state agencies in delivering on their commitments made under the strategy**, and to identify potential for improvements and risks to full-implementation and sustainability. The Review is also intended to inform thinking regarding the next iteration of CfL.

The specific objectives of the Interim Review are to:

- i) provide an independent assessment of (top-down) strategic progress to date by examining implementation advancements across all CfL actions/objectives/goals
- ii) identify what is working well & where the challenges to implementation lie (i.e. what are the implementation enablers & barriers)
- iii) help set strategic priorities for the next two years to increase the likelihood of CfL achieving its intended outcomes & impact
- iv) identify long-term strategic goals/actions for CfL beyond 2020.

It should be noted that the review process does not capture the entire story of CfL. The work carried out by funded non-governmental organisation partners (NGOs) is not covered, nor are the local developments/initiatives implemented under the (17) local area CfL suicide prevention action plans.

The CfL Evaluation Advisory Group (EAG), supported by the HSE National Office for Suicide Prevention (NOSP) Monitoring and Evaluation (M&E) Team, carried out the review. The EAG first convened in October 2017, when the terms of reference for the group were agreed. The primary purpose of the EAG is to provide scientific and programmatic advice and guidance to HSE NOSP's M&E Team on the monitoring and evaluation of CfL. When planning for the Interim Review of CfL, the HSE NOSP recognised that the assessment of strategic progress should be independent, impartial and rigorous, and that those involved in undertaking this assessment should have personal and professional integrity, and knowledge of suicide prevention, strategy implementation and evaluation. At the February 2018 CfL EAG meeting, members agreed to engage in the strategic review process. CfL EAG members are considered 'independent' insofar as no member is involved in the active implementation of CfL or is a named implementation lead¹.

This report presents a summary of the finding of the Interim Review. The intended audience is CfL stakeholders; therefore, the report assumes that readers are already familiar with the national suicide prevention strategy. Any reader wishing to find out more can access the strategy document and its implementation plan on the CfL website www.connectingforlifeireland.ie.

¹ It should be noted that Professor Ella Arensman was a subject matter expert involved in strategy development as a member of CfL's Strategic Planning Oversight Group and the Research Advisory Group. She is currently a member of the National Cross Sectoral Steering and Implementation Group (as a subject matter expert not as a named implementation lead). Professor Steve Platt was an external UK consultant brought in to inform and guide strategy planning. In addition, the HSE NOSP has Service Level Agreement with the National Suicide Research Foundation, which includes maintaining and reporting on the National Self-Harm Registry Ireland.

Section 2

Background and context

Connecting for Life (CfL, 2015-2020), Ireland's national government strategy to reduce deaths by suicide, was published in June 2015. The strategy has 69 actions under seven strategic goals; 22 government departments/agencies have made commitments, as leads and/or supporting partners, to deliver on these actions. In addition, approximately 23 NGO partners are funded by the HSE to deliver on work aligned with CfL's strategic objectives. The HSE NOSP is identified in the strategy as the provider of cross-sectoral implementation support, in addition to being a named lead and/or supporting partner on 39 CfL actions. At the same time, there is a parallel bottom-up approach to delivering on CfL's strategic objectives, realised through local area CfL suicide prevention action plans aligned with the national strategy (per CfL Action 2.1).

Figure 1 presents the strategic framework for CfL. The strategy's vision is 'An Ireland where fewer lives are lost through suicide...'. The population-level primary outcomes are identified as: reduced suicide rate (per CSO mortality data) and reduced rates of hospital presentations of self-harm (per National Self-Harm Registry Ireland). There are seven strategic goals, all of which contribute to the overarching vision of the strategy.

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

Figure 1 Cfl Strategic Framework

Vision

An Ireland where fewer lives are lost through suicide, & where communities & individuals are empowered to improve their mental health & wellbeing.

Outcomes: Reduced suicide rate in the whole population & amongst specified priority groups
Reduced rate of presentations of self-harm in the whole population & amongst specified priority groups

Strategic Goal 1
To improve the nation's understanding of and attitudes to suicidal behaviour, mental health & wellbeing

Strategic Objectives
1.1 Improve understanding of suicidal behaviour, mental health & wellbeing
1.2 Increase awareness of suicide prevention & mental health services
1.3 Reduce stigmatising attitudes
1.4 Improve the reporting of suicidal behaviour within broadcast, print & online media

Strategic Goal 2
To support local communities' capacity to prevention & respond to suicidal behaviour

Strategic Objectives
2.1 Improve the continuation of community level responses to suicide
2.2 Ensure accurate information & guidance on effective suicide prevention is provided for community-based organisations
2.3 Ensure delivery of training & education programmes on suicide prevention to community-based organisations

Strategic Goal 3
To target approaches to reduce suicidal behaviour & improve mental health amongst priority groups

Strategic Objectives
3.1 Improve the implementation of effective approaches to reduce suicidal behaviour
3.2 Support the Substance Misuse Strategy (to address high rates of alcohol & drug misuse)
3.3 Enhance supports for young people with mental health problems and/or vulnerable to suicide

Strategic Goal 4
To enhance accessibility, consistency & care pathways of services for people vulnerable to suicidal behaviour

Strategic Objectives
4.1 Improve psychosocial & psychiatric assessment & care pathways
4.2 Improve access to effective therapeutic interventions (e.g. DBT, CBT)
4.3 Improve the uniformity, effectiveness & timeliness of support services for families & communities bereaved

Strategic Goal 5
To ensure safe and high-quality services for people vulnerable to suicide

Strategic Objectives
5.1 Develop/implement national standards & guidelines for non-statutory agencies
5.2 Improve responses to suicidal behaviour within health & social care services
5.3 Reduce/prevent suicidal behaviour in Criminal Justice System
5.4 Ensure best practice amongst health/social care practitioners

Strategic Goal 6
To reduce & restrict access to means of suicidal behaviour

Strategic Objectives
6.1 Reduce access to frequently used drugs in intentional drug overdose
6.2 Reduce access to highly lethal methods used in suicidal behaviour

Strategic Goal 7
To improve surveillance, evaluation & high-quality research relating to suicide

Strategic Objectives
7.1 Evaluate the (cost) effectiveness of Cfl
7.2 Improve access to timely high quality data on suicide (& self-harm)
7.3 Review (& revise as necessary) current recording procedures for death by suicide
7.4 Develop national M&E plan that supports innovation

Guiding principles: Collaboration, accountability, responsiveness, evidence informed & outcome focused, adaptive to change

2.1 Suicide data in Ireland

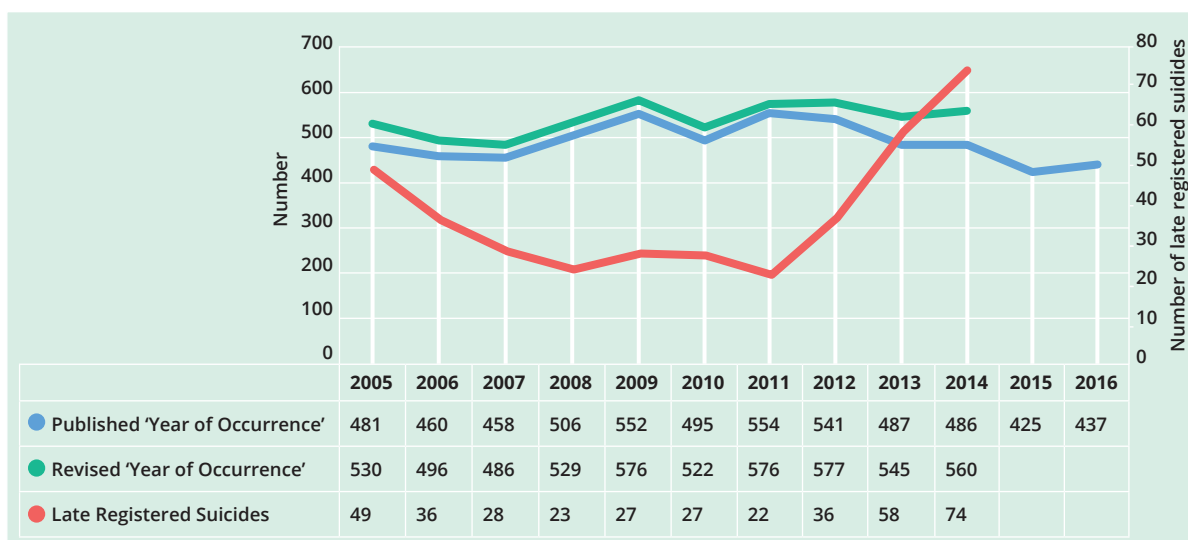
The primary aim of CfL is to reduce the suicide rate in Ireland. The World Health Organisation (WHO) target of a 10% reduction in deaths by suicide by 2020 was adopted as the minimum target. Achieving and evidencing this reduction will be challenging as will demonstrating CfL's contribution to any reduction which may be achieved. Determining whether a death is suicide is challenging, since it requires an assessment of the suicidal intent of the person who has died. Many studies have highlighted issues with the reliability of suicide statistics; verifying that a reduction in suicide has been achieved will not be straight-forward. The delay in publishing official suicide statistics compounds this problem and this delay appears to be increasing over time in Ireland.

The Central Statistics Office (CSO) publishes Irish statistics on the annual number of suicide deaths that occurred in the country 22 months after the end of the year in question. These year-of-occurrence figures cannot include suicide deaths that had a protracted investigation and registration process. Previously there were relatively few of these late-registered suicide deaths so the year-of-occurrence figures could be considered close to complete. However, the number of late-registered suicide deaths has increased in recent years. For example, the CSO reported that the year-of-occurrence figure for suicide in 2014 was 486. The CSO reported in October 2018 that there were an additional 74 late-registered suicide deaths in 2014. The addition of these deaths represents a 15% increase in the number of suicide deaths for 2014. These late-registered cases should be included in an assessment of temporal change in the suicide rate before and after implementation of CfL. However, their inclusion would require waiting almost four years after the last year of interest, i.e. waiting until the end of 2024 for the 2020 suicide data.

It should also be noted that EuroStat data are based on the CSO 'year of occurrence' suicide data; late-registered suicide deaths are not included. This creates a discrepancy between the official 'final' total of suicide deaths reported in Irish statistics and the total of suicide deaths reported in EuroStat publications.

Figure 2 displays the trend in 'year of occurrence' and 'late registered deaths' during the period 2005-2016.

Figure 2: CSO Suicide Data: Trends in 'year of occurrence' and 'late registered deaths' 2005-2016



Section 3

Evaluation approach and methodology

The Interim Strategy Review set out to assess progress in the implementation of CfL towards achieving the overall strategic objectives, to identify the implementation facilitators and barriers and to set strategic priorities for the next two years and beyond 2020. The evaluation included an assessment of the performance of all government departments/lead agents against Cfl’s strategic objectives/goals. As can be seen below, these assessments were made at the level of the strategic objective (informed by progress in implementing actions) and strategic goal. This Review does not report on the progress by individual lead agents or government department(s).

3.1 Assessing implementation progress

Seven Cfl Progress Reports were compiled by the HSE NOSP M&E Team, one for each of the Cfl strategic goals (See Supplementary Report). Included are summaries of “progress to date” for each Cfl action, informed by an analysis of data obtained from the Cfl Implementation Monitoring Dashboards² and key stakeholder interviews³. The Cfl Progress Report was circulated to the EAG in a Technical Report; thereafter a Cfl Strategy Review Group meeting was held (in September 2018). Key Cfl stakeholders⁴ were invited to attend the facilitated discussion with the EAG and share their perspectives on: (i) the contextual factors/conditions influencing the implementation of Cfl; (ii) what has worked well and what has not progressed as intended; and (iii) the likelihood of their action being delivered upon. The meeting discussion was recorded and a written report was circulated to the EAG to inform their deliberations. EAG members assessed implementation progress, informed by the data presented in the Cfl Progress Reports and discussion in the Strategy Review Group meeting (See Appendix 1).

² A Cfl Implementation Monitoring Dashboard was developed for each lead government department/state agency, listing all actions that they have responsibility to lead on. Each quarter, the HSE NOSP M&E Team circulates ‘Implementation Monitoring Dashboards’ to lead agents, requesting an update on key milestone activity by action for 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. As part of the quarterly reporting process, an update is requested on each yearly action milestone (as set out in the Cfl Implementation Plan 2017-2020) as to whether the milestone is On Track, Needs Attention or is Off Track to being achieved in the year, as well as an update on the ‘Implementation Stage’. Lead agents are also requested to highlight any ‘Issues Arising’ which may be hindering the implementation of Cfl actions; these are brought to the attention of members of the Cfl National Cross Sectoral Steering and Implementation Group for discussion and resolution, if possible. Based on information received in the Dashboards, a report is produced each quarter. A bi-annual implementation progress report (published in July and December) gives a more detailed analysis of overall implementation activity and a report focusing primarily on ‘red flag’ issues, as well as an overview of implementation progress, is published in April and October. These reports are published on the Cfl website www.connectingforlifeireland.ie

³ The NOSP M&E Team held one-to-one interviews with five Cfl action leads, which provided important background and contextual information regarding progress made to date, challenges and risks, and future plans.

⁴ An invitation was extended to 32 Cfl stakeholders, of whom 19 attended the event and actively participated in the process.

Table 1 presents the five-point Likert Scale used by the CfL EAG to assess progress. Each strategic objective and goal was first assessed independently by three members of the CfL EAG and their assessments were subsequently reviewed by the whole EAG. Any discrepancies between assessors' ratings were discussed among the whole group, at a second all-day strategy review meeting (in November 2018) until a consensus was achieved.

Table 1: Rating scale for assessing progress towards the achievement of strategic goals and objectives

0	No progress	No progress made towards goal/objective – severe risk to achieving strategic objective
1	Limited progress	Progress towards goal/objective greatly below expectations at this stage of implementation
2	Moderate progress	Progress towards goal/objective below expectations at this stage of implementation
3	Good progress	Progress towards goal/objective meeting expectations at this stage of implementation
4	Outstanding progress	Progress towards goal/objective exceeding expectation at this stage of implementation
999	Not possible to rate progress	Information lacking/incomplete: not possible to make a substantive assessment of progress towards goal/objective

3.2 Identifying implementation enablers and barriers

The Consolidated Framework for Implementation Research (CFIR) was used as an organising structure to inform the identification of challenges and risks within the implementation context and to help explain implementation advancements⁵. For the purposes of this Review four of CFIR's five⁶ domains were used (see Supplementary Report);

- **The intervention characteristics**, which are the features of an intervention that might influence implementation. Eight constructs are included in intervention characteristics (e.g., stakeholders' perceptions about the relative advantage of implementing the intervention, its complexity)
- **Inner setting**, which includes features of the implementing organisation that might influence implementation. Twelve constructs are included in inner setting (e.g., implementation climate, leadership engagement)
- **Outer setting**, which includes the features of the external context or environment that might influence implementation. Four constructs are included in outer setting (e.g., external policy and incentives)
- **Implementation process**, which includes strategies or tactics that might influence implementation. Eight constructs are related to implementation process (e.g., engaging appropriate individuals in the implementation and use of the intervention).

5 See Damschroder, L., Aron, D., Keith, R. et al (2009) Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science* 4:50.

6 The fifth domain of the CFIR is "characteristics of individuals involved in implementation that might influence implementation". This domain was not included as it was beyond the remit of this review.

Once the seven CfL Progress Reports were compiled, the CFIR was used by the HSE NOSP M&E Team as a guide to interpret the data. To this end, each data segment presented in the CfL progress report was analysed by the Team (collectively) and assigned the respective CFIR domain construct and sub-construct reflecting the principle implementation theme in the data. The strengths and direction of the influence of the identified constructs were assessed using aggregated findings and marked either as positive/very positive (+/++) implementation facilitators or negative/very negative (-/--) implementation barriers. Using the CFIR ensured that the key barriers and facilitators to implementation were examined systematically across all strategic goals. The findings are discussed in Section 5. **Figure 3** summarises the CfL Interim Review process and shows the timeframe for the work.

Figure 3: CfL Interim Strategy Review Process

Step 1: Document CfL's progress to date July - September 2018 (NOSP M&E Team)

- Analyse/synthesise the lead agent's quarterly implementation data dashboards
- One-to-One meetings with key HSE Mental Health stakeholders including NOSP implementation leads
- Literature review of effective suicide prevention strategies, implementation science & other strategies
- Compilation of a Technical Report to inform the EAG including 7 CfL Progress Reports by Strategic Goal, implementation barriers and enablers & key CfL achievements

Step 2: EAG Strategy Review Group Meeting - September 20th 2018

- 1st all day Strategy Review Group meeting with CfL Evaluation Advisory Group
- Key strategy stakeholders invited to attend to discuss their experience of implementing CfL
- Technical Report circulated to all attendees in advance of the meeting (to inform discussion)
- Meeting documented for EAG

Step 3: Data Analysis, Integration & Reporting - October/November 2018

- Review and selection of appropriate implementation science framework (i.e. CFIR)
- Coding and analysis of data (per CFIR)
- Reframing/editing of CfL Progress Report as required (the NOSP M&E team)
- Individual EAG members assess CfL progress by strategic objective

Step 4: EAG Strategy Review Group Meeting - November 12th 2018

- 2nd all day Strategic Review Group meeting with CfL Evaluation Advisory Group
- Agree collective EAG assessment of strategic progress by objective & draft summary text
- Develop recommendations i.e. (i) strategic priorities for 2019/2020 and (ii) long-ranging strategic goals
- Finalise CfL Interim Strategy Review document

Step 5: Reporting on the CfL Interim Strategy Review

- Finalise CfL Interim Strategy Review document
- Stakeholder engagement event (early 2019) to discuss findings & key recommendations

Section 4

Assessment of progress towards strategic goals

Implementation progress towards the CfL strategic goals is assessed below, using the scale presented in Table 1. It should be noted that no strategic goal was rated zero (no progress) or 4 (outstanding progress). Some degree of implementation progress (limited, moderate or good) was evident in respect of all strategic goals.

Goal 1

To improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing

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

The EAG gave an overall assessment of **moderate progress** towards the achievement of Goal 1.

Good progress has been made in relation to:

- the delivery of co-ordinated HSE communication campaigns for the promotion of the mental health and wellbeing (i.e. Little Things), the re-development of the www.yourmentalhealth.ie website and www.drugs.ie
- national stigma reduction activities (in, for example, the workplace and with the 'Pleasetalk' campaign with third-level students across the country)
- the development of the National Physical Activity Plan (NPAP)
- media monitoring activities, including the Headline monitoring system, the work of the Broadcasting Authority of Ireland and the Press Council.

Limited progress has been made in relation to:

- the collection of baseline data on the nation's attitudes towards, and understanding of, suicidal behaviour
- finalising and implementing the Mental Health Promotion Plan
- securing a safe online environment.

The EAG recommends:

- Prioritising the collection of baseline data on attitudes towards, and understanding of, suicidal behaviour
- Considering a merger of existing mental health awareness (Little Things) and stigma reduction campaigns.

"It's extremely difficult to improve the nation's understanding of suicide when there's no baseline of information, that makes it really tricky! There are different ways one can address this – but it has to be addressed...Is it that we want to know about the general population, or would it be much more helpful to focus on certain priority groups? That's much more difficult to do. It's more costly, you can't just do a broad survey, you are faced with issues about how you recruit and identify participants, but it could make a major contribution."

Professor Steve Platt

Goal 2

To support local communities' capacity to prevent and respond to suicidal behaviour

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

The EAG gave an overall assessment of **moderate progress** towards the achievement of Goal 2.

Moderate progress has been made in relation to:

- recruitment of ROSPs across the country
- the development of 17 local area-level CfL suicide prevention action plans, aligned with the national strategy
- the establishment of 15 multi-agency implementation teams to drive the implementation of the area-level CfL action plan.

Limited progress has been made in relation to:

- the strategic and coordinated delivery of suicide prevention training, i.e. safeTALK (suicide alertness for everyone), ASIST (applied suicide intervention skills training in suicide first-aid), and STORM (skills-based suicide prevention training)
- supporting the provision of community-based guidelines and protocols on effective suicide prevention.

The EAG recommends:

- Continued resourcing of the ROSPs' Learning Community of Practice, as a key mechanism to support the bottom-up implementation of CfL
- Prioritise the implementation of a system to monitor the reach of suicide prevention training in order to ensure a targeted approach.

"The area level CfL suicide prevention action plans are there now. What is needed is support for the local resource officers to implement those plans."

Dr. Claire Hickey

"If the learning community of practice really gets going, it will help give some consistency to the work around the country and reduce variance."

Professor Barbara Dooley

Goal 3

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

While Ireland's overall suicide rate is among the lowest in the OECD, particular demographic groups have an increased risk of suicidal behaviour (according to national and international research evidence). These include young people aged 15-24, people with mental health problems of all ages, people with alcohol and drug problems, people bereaved by suicide, and prisoners. There are other groups, e.g., asylum seekers, refugees, migrants, sex workers and people with chronic illness or disability, with potentially increased vulnerability to suicidal behaviour where the research evidence is either less consistent or limited. Further research is required for these groups. While there is significant overlap between many of the groups, it is important to note that, even within a 'high risk' group, only a minority will engage in suicidal behaviour during their lifetime.

The EAG gave an overall assessment of **good progress** towards the achievement of Goal 3.

Good progress has been made in relation to:

- the provision by the HSE of early intervention and psychological services for young people and/or specialist services (eating disorders)
- the provision of evidence-informed interventions across priority areas (drugs, alcohol, mental health), such as SAOR, MECC, MINDOUT
- the development and promotion of programmes and guidance resources to support mental health and wellbeing across primary and post-primary settings
- the provision of guidance for the implementation of relevant policies and plans in schools, including support for the development of Student Support Teams and the management of critical incidents by the Department of Education.

Limited progress has been made in relation to:

- the delivery of suicide prevention training to key frontline staff, including teaching staff in post-primary schools, psychiatrists and GPs by the HSE NOSP
- the development of agency and inter-agency operational protocols to assist organisations and agencies to work collaboratively in relation to suicide prevention and the management of critical incidents.

The EAG recommends:

- The immediate development of a strategic plan to inform CfL activity intended to prevent suicidal behaviour among priority groups.

“One of the problems is [whether]... to prioritise groups that have a high relative risk of suicide, or is it to prioritise groups that contribute most to the overall burden of suicide – and they are not the same thing because it depends on the [size of the] base. You can have a very high rate of suicide in a tiny population... it's a very small number of people and so it's very difficult to identify and intervene... There needs to be some strategic approach which is defensible and, in the absence of that, it will just be scattergun.”

Professor Steve Platt

Goal 4

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

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

The EAG gave an overall assessment of **limited progress** towards the achievement of Goal 4.

Good progress has been made in relation to:

- the development and implementation of a Model of Care to manage self-harm presentations to Emergency Departments through the National Clinical Care programme.

Some progress has been made in relation to:

- the provision of a coordinated 24/7 service through the roll-out of 7/7 (7 out of 7 days a week) provision for existing service users.

Limited progress has been made in relation to:

- developing a coordinated, uniform and quality-assured service and care pathway for those with co-morbid addiction and mental health difficulties
- advancing delivery of effective therapeutic interventions for people vulnerable to suicide
- the roll-out of a rapid access, stepped care service for adults with mild-to-moderate mental health problems
- progressing work on delivering a uniformed assessment approach across the health care system.

The EAG recommends:

- Continuing the roll out of evidence-based psychological interventions (counselling, Dialectical Behaviour Therapy (DBT) and Cognitive-Behavioural Therapy (CBT)), while prioritising the development of a model of care for talking therapies.

What's important is capacity building in areas where there is limited access to CBT and DBT. There needs to be a greater understanding of the tiered approach, because not everyone wants or needs DBT, some people can highly benefit from CBT, it depends on their profile. The tiered approach is a cost-effective approach.

Professor Ella Arensman

Goal 5

To ensure safe and high-quality services for people vulnerable to suicide

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

The EAG gave an overall assessment of **moderate progress** towards the achievement of Goal 5.

Moderate progress has been made in relation to:

- regulations governing the professions of counsellor and psychotherapy
- development and implementation of the Irish Prison Service Release Policy across all prisons, to ensure that care, treatment and information (including information on appropriate mental health services) is provided to those leaving prison
- updating of Safety Observation Cell policies to ensure compliance with the relevant policies in prisons.

Limited progress has been made in relation to:

- implementing the Best Practice Guidance for Suicide Prevention Services for NGO organisations
- developing and delivering uniform procedures to respond to suicidal behaviour across mental health services.

The EAG recommends:

- Assessing and meeting the implementation support needs of lead agents and stakeholders to facilitate their delivery on key actions across CfL.

...maintaining the attention, focus and quality is essential. Usually people start off enthusiastically, but you also have to face challenges and disappointments'

Professor Ella Arensman

Goal 6

To reduce and restrict access to means of suicidal behaviour

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

The EAG gave an overall assessment of **moderate progress** towards the achievement of Goal 6.

Good progress has been made in relation to:

- issuing the HSE's multi-disciplinary Medicines Management Programme (MMP) guidance to support GPs in reducing benzodiazepine prescriptions
- the development of a website with information for retailers on the sale of paracetamol
- improvements in removing ligature points in prisons.

Limited progress has been in relation to:

- restricting access to means of suicide in public places (at a local level)
- audits on ligature points in mental health services.

The EAG recommends:

- Prioritising analysis of Garda PULSE data to inform the identification of locations across Ireland where there is an excess of suicide deaths
- Supporting research on frequently-used methods of suicide, in particular hanging.

"More effort needs to be put into dealing with the number one method that is being used... hanging... It's not obvious how we can counteract it... I don't have the answers. I don't think that anyone does... but somebody needs to be thinking about it!... So the priority is hanging in the community, mental health facilities and prisons. But the first priority is more research. We don't know enough to be able to mount any kind of initiative or action because we don't understand enough about why people choose different methods."

Professor Steve Platt

Goal 7

To improve surveillance, evaluation and high-quality research relating to suicidal behaviour

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

The EAG gave an overall assessment of **good progress** towards the achievement of Goal 7.

Good progress has been made in relation to:

- the maintenance and future-proofing of the National Self-Harm Registry for monitoring the incidence of hospital-treated self-harm
- setting up and implementing surveillance systems in Irish prisons to monitor and report on incidences of self-harm
- understanding the coronial process of recording deaths by suicide and open verdicts through expanded surveillance systems
- evaluating suicide prevention training at CHO level.

Limited progress has been in relation to

- evaluating the cost-effectiveness of CfL.

The EAG recommends:

- Prioritising the review of mortality data in light of late registration of suicide deaths
- Conducting an audit of existing formal data sources relevant to suicide and self-harm
- Assisting with the recommended audit, HSE Mental Health services to report on the incidence of suicide and suicidal behaviour by 2020
- Developing a plan of work for research on innovation, risk and protective factors.

“Currently, CSO data gives the impression that the suicide rate in Ireland is going down... because the rates are significantly lower compared to the rates if we would have the late registered deaths included... the late registered suicide data are accessible on the (CSO) website but are hard to grasp for a lay person...”

Professor Ella Arensman

Section 5

Factors influencing strategy implementation

A key objective of the Interim Review was to identify factors that influence the implementation of CfL: what is working (implementation enablers and/or positive influences) and where the challenges (implementation barriers and/or negative influences) lie. By identifying influences on implementation of each of the actions, and consequently the outcomes of CfL, the HSE NOSP and other lead agents will be better informed as regards strategy implementation facilitators and barriers. **Figure 4** presents an overview of the main influencing factors on strategy implementation ordered by the CFIR domains and constructs. The constructs identified in the analysis were viewed as facilitators and/or barriers (see Supplementary Report for a more detailed description of the CFIR factors and constructs that were analysed in the current report).

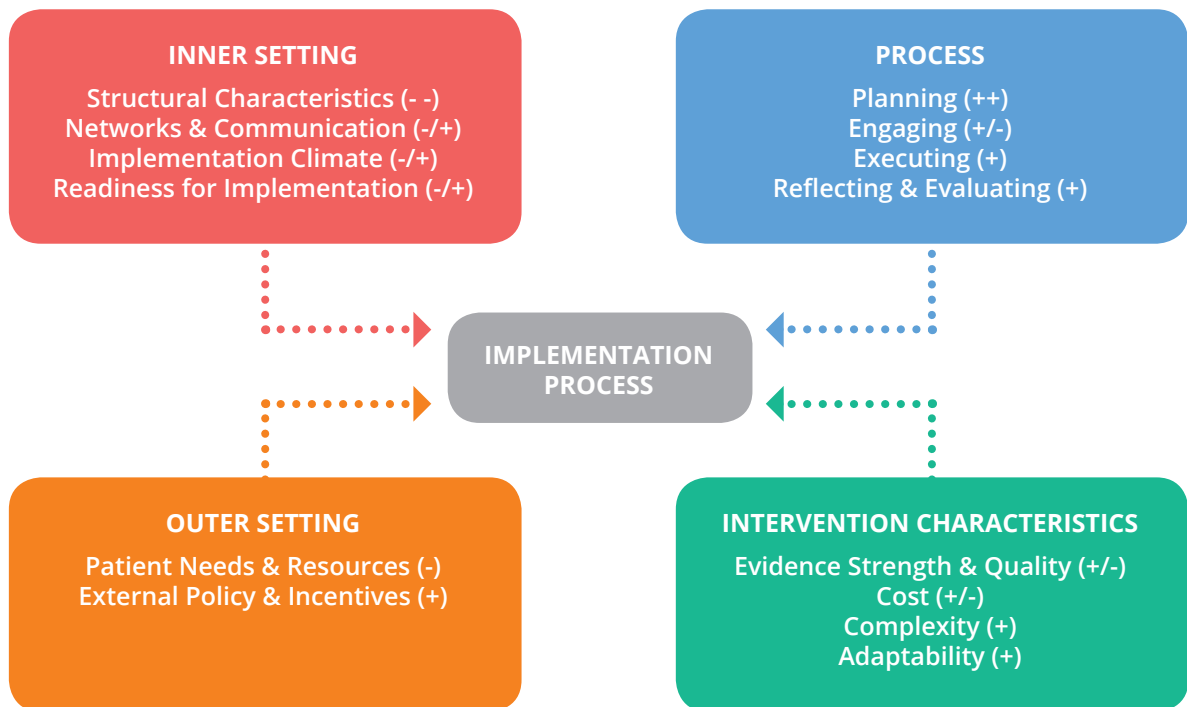
The Process domain and the constructs therein were key implementation enablers, most exerting a positive influence. This is not surprising, since the constructs contained (i.e. Planning, Engaging, Executing, Reflecting & Evaluating) are essentially interrelated activities at the heart of implementing any change process. On the occasions that Process was seen as having a mixed influence on implementation, it was under the Engaging construct and was due to not attracting and involving the appropriate individuals in the implementation efforts; for example, when there was no Formally Appointed Implementation Leaders with the capacity to drive the work.

The Inner Setting domain with constructs related to the internal context or within the organisation, the relevant government departments or wider system, had mixed influences on implementation. Thus, Networks & Communications, Implementation Climate and Readiness for Implementation were both enablers and barriers to implementation. For example, Implementation Readiness, in the form of Available Resources, Access to Knowledge and Information and Leadership Engagement, enabled strategy implementation, while their absence exerted a negative influence and could be considered barriers. **Figure 4** clearly shows that Structural Characteristics (which relate in part to the social architecture and size of an organisation) were primarily viewed as a barrier, and as having a negative influence on implementation. In the context of, for example, the top-down implementation of suicide prevention training by a government department, systemic issues can clearly be challenging.

In the Outer Setting, the CFIR was applied to two constructs: Patient Needs & Resources and External Policy & Incentives. The Outer Setting corresponds to the economic, political and social context within which an organisation resides. **Figure 4** shows that External Policy & Incentives have had a positive influence on implementation, most notably when these policies are aligned with CfL, while Patient Needs and Resources were reported (once) to have exerted a negative influence on implementation, largely due to stakeholders having a narrow strategic focus.

Finally, Intervention Characteristics, which consist of the key attributes of interventions/strategies that influence the success of implementation, were both enablers and barriers and had both positive and negative influence on implementation. **Figure 4** shows, for example, that stakeholders' perceptions of the evidence strength and quality of the strategy/intervention exerted a mixed influence; lack of engagement with evidence had a negative influence on implementation.

Figure 4: Factors Influencing strategy implementation (by CFIR domains/constructs)



Legend: + positive/++ very positive influence; -negative/-- very negative influence; +/- mixed influence

Section 6

Suicide prevention in Ireland beyond 2020

"...It's about not putting effort into a new strategic plan. Seriously! It has taken so long to get here... we know what we have to do: it's planning to do it, making it happen, doing it well and monitoring how well it's being done. It is about continuity and change and getting that change up and running and implemented well... It should be about looking at areas where there have been successes, areas where there are still things to be done and thinking through what it is to implement a strategy. The sophistication needs to be about implementation"

Professor Steve Platt, Chair of the CfL's Evaluation Advisory Group

Public policy decisions are often made for short-term reasons, thus not reflecting the longer-term interests of the nation. National strategies are important because they help to coordinate and reconcile governmental priorities and to ensure that long-term and short-term goals are consistent across departments.

For the last three years, Connecting for Life (CfL) has been the Department of Health's flagship suicide prevention strategy. Recognising, however, that effective suicide prevention requires co-ordinated, cross-departmental planning and action, the Department of Health has sought (and received) commitments to CfL from other government departments, including The Department of Education and Skills, The Department of Justice and Equality, The Department of Social Protection, and The Department of Children and Youth Affairs. CfL has helped to promote a focused, coherent, strategic approach to suicide prevention in Ireland, informed by wide-ranging consultation and engagement processes⁷, and the best available international evidence on suicide prevention, strategy design and implementation.

While this Interim Strategy Review clearly shows that progress has been made in implementing CfL, there is still work to be done before the seven strategic goals and all their actions are fully achieved and its vision of an Ireland where fewer lives are lost through suicide is realised and sustained.

A more concentrated and intensive national effort is required to achieve an outstanding level of progress, which would be demonstrated by: rapid access to quality, needs-based and evidence-informed services for at-risk individuals; communities better equipped to respond to the needs of their members through greater knowledge, awareness and understanding of suicidal ideation and self-harm; service providers and frontline professionals using uniform assessment approaches and integrated referral pathways; and the availability of accurate and timely data on suicide and self-harm to inform national and local responses to the changing epidemiology and characteristics of suicidal behaviour in the country.

Consistent implementation of the strategy beyond 2020 is required to achieve an outstanding level of progress in implementing CfL. The strategic vision of CfL remains appropriate and its core

⁷ The range of stakeholders includes service providers, the general public, people affected by suicide, government departments and state bodies.

components continue to operationalise the key evidence-informed suicide prevention approaches which are fundamental to the national strategic response to reduce deaths by suicide. Although there may be new challenges, or attention may need to shift to particular priority groups, we believe that the seven strategic goals of CfL will remain relevant beyond 2020. This focus would be consistent with the UN Sustainable Development Goal (SDG), target 3.4, requesting countries to reduce by one-third (by 2030) premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

The translation of strategic goals into concrete activities and services, however, will need to be sensitive to the changing policy context in which CfL is implemented.

There has been considerable investment in the Connecting for Life brand/trademark at the national level. As the 17 area-level CfL suicide prevention action plans move into the implementation phase, local practitioners (in both social and third sectors) will begin to make a significant, additional contribution to the overall suicide prevention effort. If given the opportunity to establish a consistent presence throughout the country, CfL has the potential to make a significant impact on the incidence of suicidal behaviour in Ireland.

Recommendation 1:

The Department of Health should extend the timeframe and funding of Connecting for Life (CfL) to 2024.

- The HSE NOSP should **develop a CfL Implementation Plan 2020-24**, informed by a review of available evidence, and with key partners to secure the commitments required at a Departmental level to continue to deliver on the strategy.
- A **2nd Interim Strategy Review** should be conducted in 2022.

A key challenge is ensuring that the activities specified in the CfL strategy are fully implemented. Attracting and involving appropriate individuals and agencies in the implementation of CfL is crucial to its success.

As suicide prevention is a cross-government issue, the national strategy and its implementation structures, most notably the CfL National Cross Sectoral Steering and Implementation Group, should continue to co-ordinate different government departments and (departmental) strategies and build momentum around the work. At the same time, formally appointed internal implementation leaders, such as the HSE National Office for Suicide Prevention, as the named provider of 'cross-sectoral support for implementation' of CfL, are crucial to advancing the work.

Recommendation 2:

Existing CfL implementation structures should be maintained

- The HSE National Office of Suicide Prevention should continue to lead implementation of the strategy as its core programme of work.
- The National Cross Sectoral Steering and Implementation Group (Chaired by the Department of Health) and corresponding local implementation teams (including Resource Officers for Suicide Prevention) should continue as key drivers of strategy implementation and evaluation.

Recommendation 3:

The HSE National Office of Suicide Prevention should commission an external summative (impact) evaluation of CfL, conducted after 2024.

- This evaluation should focus on the measurement of progress towards principal and intermediate CfL outcomes and linkage of outcomes to implementation achievements.

Appendix 1

The (EAG) Review Group Progress Ratings by Strategic Objectives

Assessment of implementation progress (strategic goals and objectives): consensus ratings and comments

Strategic Goal 1: Overall rating 2		
Objective	Consensus assessment of implementation progress	Summary of comments
1.1 Improve the nation's understanding of, and attitudes to, suicidal behaviour, mental health and wellbeing	1	Whilst there is evidence of progress relating to Little Things, no other campaign is mentioned. Limited progress in relation to substance misuse. Progress relating to other actions is limited or delayed. Without a national mental health promotion plan, there is the potential that actions will be disconnected and fragmented.
1.2 Increase awareness of available suicide prevention and mental health services	3	Some progress made on information for young people; however, information to wider community has not progressed as one would expect. Currently focus is on having information on website, but there is need to expand strategies to increase awareness of services and also develop strategies to access hard to reach population and groups that are not technology focused. While investment has been made in the Little Things campaign, this has not addressed the information deficit relating to suicide prevention and mental health services.
1.3 Reduce stigmatising attitudes to mental health difficulties and suicidal behaviour at population level and within priority groups	1	Apart from ongoing campaigns, there has been limited progress in relation to addressing mental health-related stigma among priority groups. Stigma campaigns need to be more focused and targeted at particular groups, including people working in the mental health system. Evaluation findings of existing activities and future research will guide the development of strengthened stigma reduction campaigns.
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	3	Evidence of good progress on some actions. Limited progress made on others, potentially associated with specific challenges in establishing links with social media platforms.

Strategic Goal 2: Overall rating 2		
Objective	Consensus assessment of implementation progress	Summary of comments
2.1 Improve continuation of community level responses to suicide through planned multi-agency approaches	3	Overall good progress, including doubling number of HSE ROSPs, completion and launch of 17 local action plans, despite some delays. However, specific information is lacking on how the improved capacity is focused on responding to suicidal behaviour in the community.
2.2 Ensure that accurate information and guidance on effective suicide prevention are provided for community-based organisations	1	Limited progress in relation to delivery on protocols and guidelines. Some progress made with specific organisations but not consistent across the sector. Lack of coordination and assigned NOSP implementation leader.
2.3 Ensure the provision and delivery of training programmes on suicide prevention to community-based organisations	1	Training delivery seems extensive but poor progress on training and education plan. Lack of clarity regarding the evidence base for the selected training programmes. A strategic approach to implementation of training programmes is required.

Strategic Goal 3: Overall rating 3		
Objective	Consensus assessment of implementation progress	Summary of comments
<p>3.1 Improve the implementation of effective approaches to reducing suicidal behaviour among priority groups</p>	1	Some good progress despite lack of dedicated implementation resources. However, there are challenges in the planning, engagement (process) and intervention characteristics across each of the six sub-objectives, for example, engaging with the 'right' people, and pace of progress relating to other actions.
<p>3.2 Support, in relation to suicide prevention, the Substance Misuse Strategy to address the high rate of alcohol and drug misuse</p>	3	Good progress on implementing training- SAOR, Making Every Contact Count. Integration and alignment of National Drugs Strategy goals with CFL objectives enabling progress. Challenge to this objective includes resistance from stakeholders to the rollout of the National Overdose Prevention Strategy.
<p>3.3 Enhance the supports for young people with mental health problems or vulnerable to suicide</p>	3	Some good progress on the development of policies and protocols, but degree to which these are being implemented is unclear. DES delivered on several guidelines to be used in schools, also rolling out wellbeing teams. Progress in Primary Care supported by the recruitment of 122 Assistant Psychologists. Work with HEA not commenced.

Strategic Goal 4: Overall rating 1		
Objective	Consensus assessment of implementation progress	Summary of comments
4.1 Improve psychosocial and psychiatric assessment and care pathways for people vulnerable to suicide	1	Main barrier identified is of lack of implementation leaders across a number of sub-objectives. 80% rollout of 7/7 service, first stage in attaining goal of 24/7 service. Ongoing recruitment a challenge in service delivery both in CHO areas and Dept of Justice. Variable progress across the five actions. Progress on planning is evident. Good progress on NCP for self-harm.
4.2 Improve access to effective therapeutic interventions for people vulnerable to suicide	1	Challenges across all sub-objectives. Strength and quality and capacity to execute implementation not systematic or evenly distributed, e.g. APSI not available equally across the country and APSI for children and young people not yet established. Online signposting tool not yet tested. Concern re integration and alignment of activities. Decision on signposting tool not agreed.
4.3 Improve the uniformity, effectiveness and timeliness of support services to families and communities bereaved by suicide	1	Addressing actions slow to start. Progress impeded by absence of dedicated training resource in NOSP and lack of National Training and Education Plan. Whatever progress has been made appears relatively recent. Change in service provider for HSE-funded bereavement services was necessary but may have caused setback.

Strategic Goal 5: Overall rating 2		
Objective	Consensus assessment of implementation progress	Summary of comments
5.1 Develop and implement national standards and guidelines for statutory and non-statutory organisations contributing to suicide prevention	1	Thorough, though prolonged, development of BPG and implementation to come. Progress on DES actions on framework and circulars but progress on implementation not provided. DOH regulation action completed. Increasing progress on dissemination and repositories.
5.2 Improve the response to suicidal behaviour within health and social services, with an initial focus on incidents within mental health services	1	On balance there has been limited progress on this objective. HSE Incident Management Policy Framework developed and training given, but problems with dissemination, feedback and learning. No information on TUSLA action.
5.3 Reduce and prevent suicidal behaviour in the criminal justice system	3	Progress on all Irish Prison Service (IPS) actions evident. Implementation by IPS of Self-harm & Suicide Monitoring System. New special observation and night guard policies being developed. Safety observation cell policies reviewed and updated, but compliance unknown. IPS prisoner release policy implemented.
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	1	Training has been delivered to a range of professionals but little progress on implementing an integrated training and development plan. Unclear if the NCEC Guideline Development Manual is available. Little progress evident across other actions within the objective.

Strategic Goal 6: Overall rating 2		
Objective	Consensus assessment of implementation progress	Summary of comments
6.1 Reduce access to frequently used drugs in intentional drug overdose	3	Lack of progress on 'inappropriate prescribing' action. Ongoing checks on paracetamol sales adherence and related awareness raising, but stronger action is required.
6.2 Reduce access to highly lethal methods used in suicidal behaviour	1	Limited evidence that local authorities can deliver on restricting access in public spaces. Need for internal implementation leader. Some progress on ligature point restriction in MHS and prisons. Lack of information released from MHS audits. Lack of detail on progress of MHS capital programme.
Strategic Goal 7: Overall rating 3		
Objective	Consensus assessment of implementation progress	Summary of comments
7.1 Evaluate the effectiveness and cost-effectiveness of CfL	3	Several evaluations ongoing. M&E Framework developed. Monitoring of implementation established. Short-term outcomes of training evaluated. Insufficient focus overall on outcomes. Other key work commissioned. No mention of evaluation of cost-effectiveness.
7.2 Improve access to timely and high quality data on suicide and self-harm	3	Good progress in relation to expanding self-harm surveillance in collaboration with the IPS. However, limited progress and delays in improving accuracy of data on suicide. Review of NSRF National Self-harm Registry completed; not known if recommendations are to be implemented. Briefings on suicide by NOSP to ROSPs and other stakeholders. Annual reports on self-harm by NSRF.
7.3 Review (and, if necessary, revise) current recording procedures for death by suicide	3	Good progress in relation to the review component of the objective; however, limited progress in revising the recording procedures. CSO suicide mortality statistics Liaison Group established; its impact is unknown.
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	1	Limited progress on all actions, which may be associated with a lack of strategic approach. While there is a significant amount of research being conducted, there is still no national research and evaluation plan and there does not appear to be a strategy for developing such a plan.

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