



Alternative Formats

In an effort to make information as accessible as possible, this strategy can also be made available in alternative formats: large print (size required), computer disk, audio tape or translation. For an alternative format, please contact Edel McFall on 02825311193

PROTECT LIFE – A Shared Vision- N.I. Suicide Prevention Strategy & Action Plan

http://www.dhsspsni.gov.uk/phnisuicidepreventionstrategy_action_plan-

(With links also to: PROMOTING MENTAL HEALTH Strategy & Action Plan N.I.)

<http://www.dhsspsni.gov.uk/promotingmentalhealth.pdf>

(NHSSB/ NIFHP) SUICIDE PREVENTION STRATEGY

ACTION PLAN
REVIEW

PROTECT LIFE

ACTION PLAN 2008 – 2009

This document is a review of the NHSSB Protect Life 2008/2009 action plan. The review captures the key developments and outcomes achieved from April 2008 and also makes recommendations for priorities to be taken forward from April 2009. These recommendations along with other priorities identified will be incorporated into the local 2009/2010 Protect Life action plan. The action plan was developed in response to: ‘Protect Life, N.I. Suicide Prevention Strategy– a Shared Vision 2006-2011’; additional recommendations from SARN Scoping study 2007, input from & agreement with the multi sector Suicide Prevention and Mental Health Promotion Steering implementation group. The Protect Life Strategy requires each Health & Social Services Board area to develop a local Protect Life Action Plan in partnership with key stakeholders to target the actions laid out on the Strategy.

The action plan also aims to facilitate co-operative working between Protect Life and other related strategies such as Promoting Mental Health; Drugs and Alcohol; Children’s Services Plan- priority areas 4, 5, 7

It also links closely to the Board’s commissioning Plan for Mental Health Services 2008/09 - which is funded primarily from the Mental health services funding. Developments relevant to Suicide Prevention include: the recruitment of additional staff into community mental health teams, reduction of waiting times for psychological therapies and the development of additional services for older people with mental health problems. The NHSSB Mental Health Voluntary and Community grant scheme has awarded funding for a total of 12 projects within the year 07/08 which are also relevant to Suicide Prevention.

NHSSB District Council areas include:

Antrim, Ballymena, Ballymoney, Carrickfergus, Coleraine, Cookstown, Larne, Moyle, Newtownabbey

Key Contacts for more information on this Action Plan are:

NAME	POSITION	ADDRESS	TEL	EMAIL
Gabrielle Nellis	Coordinator for Suicide Prevention (NHSSB)	The Chestnut Cushendall Gargorm Road Ballymena BT42 1QB	02825311172	Gabrielle.nellis@nhssb.n-i.nhs.uk
Madeline Heaney	Person – Steering Group Commissioning Officer Health Promotion (NHSSB)	County Hall 18 Gargorm Road Ballymena BT42 1QB	02825311178	Madeline.Heaney@nhssb.n-i.nhs.uk
Jayne McConaghie	Promoting Mental Health Action Plan Contact: Senior Health Promotion Officer, Mental Health	Northern Health & Social Care Trust (NHSCT) Health Promotion Service Spruce House Cushendall Road, Ballymena, BT43 6HL	028 2563 5575	jayne.mcconaghie@northerntrust.hscni.net

ACTION PLAN REVIEW

CONTENTS

ACTION AREAS	PAGE NUMBER (S)
OVERARCHING ACTION – NHSSB/NifHP Steering group	3
POPULATION APPROACH	
<i>1. COMMUNITIES & FAMILY</i>	4-12
<i>2. CHILDREN & YOUNG PEOPLE</i>	13-19
<i>3. HEALTH & SOCIAL SERVICES</i>	20-24
<i>4. POLICE & EMERGENCY SERVICES</i>	24
<i>5. CHURCHES & RELIGIOUS BODIES</i>	25
<i>6. MEDIA</i>	26
TARGETED APPROACH	
<i>7. SELF-HARM</i>	27-29
<i>8. MENTAL ILLNESS</i>	30-31
<i>9. DRUG & ALCOHOL MISUSE</i>	32-33
<i>10. YOUNG MALES</i>	34
<i>11. BEREAVED BY SUICIDE</i>	35-36
<i>12. SURVIVORS OF SEXUAL, PHYSICAL AND EMOTIONAL ABUSE</i>	37
<i>13. MARGINALISED & DISADVANTAGED GROUPS Inc. Sexual Identity; Ethnic Minorities and Older Males in Rural Areas</i>	38-40
<i>14. HIGH RISK OCCUPATIONS</i>	41
<i>15. PRISONERS</i>	42

OVERARCHING ACTION:

ACTION	THOSE INVOLVED	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>NHSSB /NifHP Promoting Mental Health & Suicide Prevention Strategies Implementation Group to meet quarterly with regular information sharing; review of ongoing work, updating; evaluating and developing new actions.</p>	<p>NHSSB IFHP NHSCT Mental Health Services NHSCT HI/CD Service Suicide Prevention Coordinator</p> <p>Key Agencies and Sectors include: Statutory Education Youth Service Family Forum Community representatives</p>	<p>On-going</p>	<p>Improved links between HPSS and Community/Voluntary sector.</p>	<p>Agreement & Co-ordination of local action plans for PMH & SP including actions to address identified gaps in service provision.</p> <p>Improved Communication and information sharing – forum to influence regional and strategic direction.</p> <p>Increased range of organisations participating in activities and plans</p>	<p>5 meetings held in 08/09 Including presentations from local projects funded and updates by partners.</p> <p>Recommendation: Suggest a review of membership and attendance to increase range of agencies and particularly voluntary organizations' participation Also review of role and capacity of community networks sub-group</p>

SECTION A – POPULATION APPROACH

1. ACTION AREA: COMMUNITIES & FAMILY (Action 1.1)

Strategy Action (Pg 26 & 27 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>(i) To initiate a major public information campaign that aims to de-stigmatise mental health and promote awareness & understanding of issues relating to suicide & self-harm.</p> <p>(ii) To support and encourage the development of community based suicide prevention initiatives and support mechanisms.</p> <p>(iii) To ensure that in times of distress, families have the opportunity to access a local emotional health and well-being support network, including community/voluntary sector provision.</p>	<p>1.1</p> <p>Continuation of the 'Raising Public Awareness of Suicide sessions'</p> <p>This helps to develop partnerships between voluntary and community organizations and the statutory sector in order to support and strengthen community based suicide prevention, mental health promotion and bereavement support initiatives.</p>	<p>Community Networks Partnership Sub-group</p>	<p>NHSSB – Coordinator for Suicide Prevention NHSCCT Support of bereavement support group community models, e.g. PIPS (Public initiative to Prevent Suicide & Self Harm)</p> <p>Children's Planning Locality Groups HAZ Neighbourhoods</p> <p>Voluntary/Community Support services/groups/ individuals</p> <p>Statutory services</p> <p>General Public/bereaved/ young people Inter Faith/Church groups</p> <p>Media</p>	<p>March 2008 – March 2009</p>	<p>Raising awareness Education</p> <p>Reduction of Stigma – breaking down barriers to help seeking through sharing information on support services</p> <p>Development of local actions & local Support</p> <p>Media involvement</p>	<p>7sessions have being completed in 2007/08 exceeding planned output of 5 sessions</p> <p>08/09 to run at least 5 more sessions</p> <p>At least 50 attendees per session</p>	<p>08/09 – 1 Public Awareness night completed by CWSAN in Ballyronan April 08</p> <p>Demand and need for Public awareness sessions has decreased due to the availability of Suicide Talk & other developments.</p> <p>Recommendation is not to carry forward this action (1.1), as outcomes have been met through increased local involvement and the roll out of other initiatives.</p> <p>(If need arises in the future – this action can be reassessed).</p>

Communities & Family continued.....Action 1.2

Strategy Action (Pg26,32,34 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>(i) To initiate a major public information campaign that aims to de-stigmatise mental health and promote awareness & understanding of issues relating to suicide & self-harm.</p> <p>(ii) To support and encourage the development of community based suicide prevention initiatives and support mechanisms. <i>Also covers actions under: Marginalised and Disadvantaged Groups (Rural Communities)</i></p> <p><i>Drugs and Alcohol misuse</i></p>	<p>1.2 4 events in separate districts organized – outcome to ‘Raising Public awareness of Suicide Sessions’</p> <p>1. SARN/NCV/ANTRIM partnership Suicide Prevention Conference March 08</p> <p>2. CRUN Suicide Prevention Conference April 08</p> <p>2 more to be commissioned within 08/09 focused on:</p> <ul style="list-style-type: none"> Rural Suicide needs/issues/ community response Drugs/Alcohol Suicide & Self Harm 	Community Networks Partnership Sub-group	<p>NHSSB – Co-coordinator for Suicide Prevention</p> <p>Regional support groups</p> <p>Family Forum/Voices</p> <p>Children’s Planning Locality Groups HAZ Neighbourhoods</p> <p>Voluntary/ Community Support services/groups/ individuals</p> <p>Statutory services</p> <p>General Public/bereaved/ young people Inter Faith/Church groups Media</p>	Feb 08 – March 09	<p>Increased local support</p> <p>Increased awareness</p> <p>Improved local community based support</p>	<p>The focus to be agreed, through feedback from awareness sessions</p>	<p>Outcomes met: <u>SARN Conference</u> completed in April 08 ‘What’s Doing My Head In?’ <u>CRUN Conference</u> completed in April 08 ‘Don’t say the S* word’</p> <p>Total attended by approx 250 people – explored ways of promoting more effective cross sectoral Working, increased programmes as a follow up and increased awareness.</p> <p>Recommendation: Drugs and Alcohol, Suicide and Self Harm conference/seminar – to be held in 2009 through NDACT & Suicide Prevention partnership as NDACT annual seminar.</p> <p>Carry forward Rural Suicide Needs/Issues as a key theme to next year’s conference.</p>

Communities & Family continued.....Action 1.3

Strategy Action (Pg26 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To support and encourage the development of community based suicide prevention initiatives and support mechanisms.</p>	<p>1.3 SMALL GRANTS Continuation of Small grants scheme – due to local community support structures which have already been developed, and have shown to be successful in communication and awareness raising of promoting mental health and suicide prevention.</p> <p>To ensure that agreed community support groups are appropriately resourced.</p> <p>To administer small grants to local groups to increase evidence based activity on mental health and suicide related issues in the wider community.</p>	<p>Community Networks Partnership sub-group</p>	<p>Network Member Groups Local Community organizations and other relevant groups</p>	<p>March 08 – March 09</p>	<ul style="list-style-type: none"> ▪ Support for Community Networks ▪ Increased awareness in the community of mental health/suicide issues ▪ Help to de-stigmatize mental health issues ▪ self-help supports developed ▪ Monitoring mechanisms developed to inform service provision locally in support of suicide prevention. ▪ Increased community based suicide prevention initiatives. 	<p>Process agreed with community networks. Second round of Grants Schemes to commence March 2008</p> <p>SARN/NCV/ANTR IM partnership are delivering an evaluation conference on their small grants scheme with all applicants to date to help advise future roll out, engagement with groups & identifying models of effective practice March 08</p>	<p>Continuation of Small grants scheme via to local community support structures which have already been developed, and have shown to be successful in improving communication and awareness raising of promoting mental health and suicide prevention. (Currently in excess of 500 local projects have being supported via this programme).</p> <p>Recommendation – Continue scheme. Evaluation of model to date to prove effectiveness and draw out models of effective practice.</p> <p>Consider improved methods of sharing information in advance of planned/funded events - useful as they are impacting on local services.</p>

Communities & Family continued.....Action 1.4 & 1.5

Strategy Action (Pg26 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To support and encourage the development of community based suicide prevention initiatives and support mechanisms.	1.4 Big Lottery 'SAFE AND WELL' APPLICATION: Create a Proposal to establish an effective model throughout the partnership area to respond to Suicide Prevention, reduction of factors contributing to mental health issues, and build capacity and networks within communities to give ownership of initiatives to local communities.	SARN Community Networks & NifHP Partnership sub-group.	NHSSB Network Member Groups NHSC Local Community, Voluntary organizations and other relevant groups NEELB	March 08 – 09 1 st phase application was successful Feb 08, phase 2 to be completed October 2008	Establishment of local effective models to respond to suicide prevention: Hubs as a central point of access to information and all service provision for mental health and suicide prevention/ Postvention.	Proposal for 2 nd stage Big Lottery Safe and Well Application	Application completed – awaiting outcome from assessment Recommendation : To encourage local links with, and provide appropriate support and direction to successful Big Lottery Applications/ externally funded programmes targeting suicide and mental health issues within NHSSB area
	1.5 Develop good practice guidelines for Suicide Prevention initiatives using evidence base	Suicide Prevention Coordinator NHSSB/ NifHP	<ul style="list-style-type: none"> ▪ Local/Regional/Global Suicide Prevention providers ▪ Community Networks Sub-group ▪ NHSSB/NifHP Steering Group 	January 2008 – ONGOING	Increased number of local effective suicide prevention initiatives, regularly updated.	Guidance to help ensure that local initiatives are evidence based and reflects good practice.	Created in Jan08 and then updated both in May 08 & Feb 09 Ongoing – Suicide Prevention Coordinator reviewing research literature and circulation of key learning on safe effective practice to all key stakeholders.

Communities & Family continued.....Action 1.6

Strategy Action (Pg26&28 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To support and encourage the development of community based suicide prevention initiatives and support mechanisms.</p> <p><i>Also covers actions under Health & Social Services:</i></p> <p>To develop enhanced linkages between the Health and Social Services and the community/ Voluntary, counselling and support network.</p>	<p>1.6 Establish a strong link with the work of the Northern Area Trauma Advisory Panel in the response to the findings of the 'Trouble with Suicide' report and information sharing.</p> <p>To liaise with Social Services and others to explore possible models of good practice in the primary care setting for suicide prevention and supporting families affected by suicide.</p>	<p>Trauma Advisory & NHSSB/ NifHP</p>	<p>Steering Group</p> <p>Community Networks Sub-group</p> <p>Family Practitioner Unit NHST</p>	<p>2008/2009</p>	<p>Increased awareness of the needs of those who are affected by trauma.</p> <p>Increased community based suicide prevention initiatives.</p> <p>Primary care practitioners will have increased knowledge of, and access to, a greater range of support services for those who self-harm and their families.</p>	<p>Development of local actions & local Support</p>	<p>Strong links established with the work of the Northern Area Trauma Advisory Panel in the response to the findings of the 'Trouble with Suicide' report and information sharing.</p> <p>Recommendation: Suggest development of a primary care working group to ensure appropriate links, training and resources available to Primary care setting, and sharing of info – particularly with implementation of DES</p>

Communities & Family continued.....Action 1.7

Strategy Action (Pg26&27 of Protect Life)	Activity	Lead	Others Involved	Time- scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To support and encourage the development of community based suicide prevention initiatives and support mechanisms.	1.7 Drama based Suicide awareness work with communities, families and young people such as the plays: 'Testimonies' and 'Crossroads'	NHSSB to commission evidence based effective plays	Steering Group Community Networks Sub-group	2008/2009	Increased awareness of the needs of those who are affected Suicide and Self-Harm Increased community based suicide prevention initiatives.	4 locality based Community based suicide awareness plays (open to all) 2 youth based plays delivered within 2 priority areas (open to young people aged 14yrs +)	Funding agreed: <u>Crossroads play & workshops: 2 plays (inc workshops) delivered in November 08 & January 09 with approx over 80 young people at each event</u> Evaluation report to be recieved by March 08. <u>Testimonies</u> booked and delivered for 4 localities on 4 evenings in February. Evaluation report due end of March 08. At least 50 at each event. Weather affected numbers slightly – snow and ice. Recommendation: To incorporate similar creative interventions which seem to be proving effective through feedback to date.

Communities & Family continued.....Action 1.8

Strategy Action (Pg26&27 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To support and encourage the development of community based suicide prevention initiatives and support mechanisms.</p> <p>Also covers other actions in Protect Life which include training for specific target groups</p>	<p>1.8 Training and awareness through 'Suicide TALK' sessions delivered across the Northern Board area</p>	<p>NHSSB to commission</p>	<p>Steering Group</p> <p>Community Networks Sub-Group</p> <p>HAZ</p> <p>NHSCT</p>	<p>2008/2009</p>	<p>Increased public awareness and understanding of the issues around suicide, particularly stigma. Increased opportunities for people to talk safely about suicide with others in the community. Increased knowledge of how to find support in the community for people experiencing emotional distress.</p>	<p>08/09: At least 20 Suicide talks by end of March 09 (plus at least 20 talks per year over next 2 years).</p>	<p>25 group talks delivered to date - 300 people attended</p> <p><u>Talks delivered to range of organisations including :</u></p> <p>Volunteers</p> <p>Employees in a caring /helping/ social context</p> <p>Parent / Guardians</p> <p>Carers</p> <p>Those bereaved through suicide</p> <p>Sports Clubs</p> <p>Support staff for Homeless, ex-offenders and people who are dealing with addictions</p> <p>College students & Teachers</p> <p>Rural Community Groups inc Rural men</p> <p>Domestic Violence support groups</p> <p>Community Mental Health Team & Occupational Health Team</p> <p>Social Workers & GPs</p> <p>Youth Workers</p> <p>35 more talks to be delivered to approx 420 people before Sept 09. Recommendation: next steps agreed pending evaluation report in Sept 09. Due to current demand & perceived effectiveness to date, this may be at least 30 sessions per year for 2 years</p>

Communities & Family continued.....Action 1.9

Strategy Action (Pg26)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To support and encourage the development of community based suicide prevention initiatives and support mechanisms.</p> <p>Also covers Actions under other target areas in Protect Life e.g. Children and Young People, Young males, marginalised and disadvantaged groups</p>	<p>1.9 2 Community based Suicide Prevention Development Officer posts initially for:</p> <p>Mid Ulster (3 years)</p> <p>South Antrim (3 years)</p> <p>Due to the higher statistics of Suicide in both areas</p>	<p>NHSSB to commission through the Community Networks Sub-group</p>	<p>Steering Group</p> <p>Community Networks Sub-groups</p> <p><u>All</u> people within northern board communities</p> <p>Cross Sector involvement</p>	<p>2008/2009</p>	<p>Increased community based suicide prevention initiatives within areas of high need (higher suicide rates)</p> <p>Increased capacity to provide support, by the community and voluntary sector in NHSSB area, for individuals and carers affected by mental health problems, suicide and self-harm</p>	<p>To help communities develop & implement Suicide 'prevention' and other related education, awareness and capacity building programmes and interventions through a Community Development Approach for example: To target the following groups: Young Men Young Women Older Men/Women Those with Mental health problems Those who self-harm Unemployed Ethnic minority groups...</p>	<p>Agreement made with Oakleaf and Sarn to host and manage 2 Community Development Suicide Prevention posts to address need of vulnerable groups</p> <p>Next Steps: Posts advertised and recruited by March 08. Steering group established for posts. Evaluation will be built into this.</p> <p>Recommendation: Need to encourage and support the community and voluntary sector to develop their capacity to deliver therapeutic and other support directly to low – moderate mental illness and situational circumstances in the community</p> <p>Increase community based suicide prevention initiatives within areas of high need (higher suicide rates)</p>

Communities & Families continued....Action 1.10

Strategy Action (Pg26 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To encourage all statutory public bodies to carry out health impact assessments on their policies, in terms of possible adverse effect on the mental health and well-being of local communities.	1.10 Screen Current Policies	NHSCT	Key Stakeholders	Ongoing	Policies Screened & Revised as required	Policies Screened	<p>NHSCT policies developed having undergone screening for adverse impact in relation to number of regionally identified areas.</p> <p>Public consultation process provides additional opportunity for potential adverse impacts to be identified, which the Trust will address appropriately.</p>

2. ACTION AREA: CHILDREN & YOUNG PEOPLE (Action 2.1)

Strategy Action (Pg27&28&34 of Protect Life)	Activity	Lead	Others Involved	Time- scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To raise awareness of and ensure availability and timely access to appropriate intervention services.</p> <p><i>Also covers Actions under Health & Social Services:</i></p> <p>To develop enhanced linkages between the Health and Social Services and the community/ Voluntary, counselling and support network, particularly in relation to transition services and to bridge any gaps in service provision.</p> <p><i>Also covers objective under Marginalised & Disadvantaged groups:</i></p> <p>To ensure appropriate support services reach all marginalised and disadvantaged groups</p>	<p>2.1 Research most effective way to publicize information regarding local support/ information services for families& young people. Identify key organisations to be included on user friendly lists that can be forwarded to different people throughout NHSSB areas. Develop Website access into family; children & young people's services.</p>	<p>Children's Services Planning</p> <p>NACYPC</p>	<p>Voluntary/ Community/ Private/ Statutory service providers</p>	<p>2008 - 2009</p>	<p>Increased awareness of intervention services for families and young people.</p>	<p>Accessible user friendly web site available.</p> <p>Information on support services available locally</p>	<p>To be completed and launched by April/May 09 by Children's Services Planning. Development has been ongoing through their regional group</p>

ACTION AREA: CHILDREN & YOUNG PEOPLE (Action 2.2)

Strategy Action (Pg27&28&34 of Protect Life)	Activity	Lead	Others Involved	Time- scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To raise awareness of and ensure availability and timely access to appropriate intervention services.</p> <p><i>Also covers Actions under Health & Social Services:</i></p> <p>To develop enhanced linkages between the Health and Social Services and the community/ Voluntary, counselling and support network, particularly in relation to transition services and to bridge any gaps in service provision.</p> <p><i>Also covers actions under Marginalised & Disadvantaged groups:</i></p> <p>To ensure appropriate support services reach all marginalised and disadvantaged groups</p>	<p>2.2 Sub group formed from NHSSB/NifHP Suicide Prevention & Promoting Mental health Steering group to develop systems and processes with key stakeholder groups and organisations for:</p> <p>Regular updates of Suicide Prevention and Promoting Mental Health Actions</p> <p>Support information</p> <p>Updates on research & findings on effective practice.</p>	<p>NHSSB Suicide Prevention Coordinator</p> <p>NifHP Communication coordinator & NHSCT Health Promotion Officers for Mental health & Suicide NHSCT Childrens Services &/or CAMHS</p>	<p>Voluntary/ Community/ Private/ Statutory service providers</p>	<p>Ongoing</p>	<p>Increased awareness of intervention services for families, communities, cross sector organisations and young people.</p>	<p>Development of easy accessible and user friendly Northern Board areas local service information.</p> <p>Website updates for key stakeholders and people throughout the Northern Board areas to find out what is happening within local suicide prevention & promoting mental health strategies.</p>	<p>Posters and z cards produced by Feb 09 – LOOK AFTER YOURSELF AND OTHERS - NORTHERN AREA - Useful Contacts for Practical Support and Services to help Improve Mental Health and Emotional Well Being</p> <p>PR on positive developments to be completed by end of February 09 and placed throughout local and regional press</p> <p>Recommendation: Ongoing and regular PR required, to highlight the work of the partnership.</p> <p>Joint Suicide Prevention & Promoting Mental health Networking events for all caring/support services across Northern Board.</p> <p>NHSCT establishing links with voluntary sector agencies to widen support to communities where services are less accessible.</p> <p>Development of new NHSCT teams within Children's Services including a 16+/transition service and Family support Intervention Teams will enhance identification of, and support to, vulnerable young people.</p>

Children & Young People Continued..... (Action 2.3)

Strategy Action (Pg28 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To promote a culture of help seeking behaviour, particularly among young people.	<p>2.3 Young Women's needs to be assessed & addressed:</p> <p>The Northern Health & Social Services Board (Northern Board) will address the needs of young women and will tender for organisations to provide education and awareness in effective coping skills, decreasing stigma in help seeking behaviour, developing help seeking strategies, social problem solving techniques, providing young women with information on support. Examine the feasibility of developing at least 4 programmes in Northern Health Board areas.</p>	NHSSB	Organisations working with Young Women	March 08 - 09	Increased resilience through external supports, inner-strengths and interpersonal and problem-solving skills.	<p>Education / prevention programmes specifically targeted towards vulnerable / at-risk groups e.g.: school excludees, looked after children, young offenders, young homeless, young unemployed, and those who have been through mental health services</p> <p>Increased involvement of parents and carers of these young people where appropriate</p> <p>Relationships established with agencies working with at risk young people to promote joint working and ensure appropriate referrals to the programme(s) from these agencies.</p>	Women's Aid have been funded to roll out programmes for Young Women for 3 years subject to ongoing evaluation of need and effectiveness

Children & Young People Continued..... (Action 2.4 & 2.5)

Strategy Action (Pg27 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To make suicide awareness & positive mental health & well being training, including how to deal sensitively with disclosure of self-harm or suicidal behaviour a priority for teachers, youth workers etc.	2.4 Training aimed at building the skills and knowledge of parents, youth workers, teachers and HSCT staff in relation to supporting young people delivered by NHSCT	<u>NHSCT</u>	NEELB Councils Voluntary organizations Community Groups	All Ongoing	Increased ability of parents and those working with young people to effectively discuss issues impacting on their mental health and support them to develop appropriate problem-solving and resilience skills.	Increased knowledge among teachers and parents as to how to recognise potential problems or issues that may impact on young people's mental health and ways to address them.	<p>81 people attended Bounce (resilience based) training including 20 NEELB teachers, 15 CASS team and other staff such as social workers (5, 1 day courses)</p> <p>18 people attended 'Talking Teenagers' with 2 more courses to run before the end of March 09 with approx 18-20 people to attend each session</p> <p>14 Strengthening Families Programme facilitators trained</p> <p>3 NHSCT trained in MHFA T4T training in February and March 09.</p> <p>4 NHSCT staff contribute to delivery of ASIST programme across NHSSB area.</p>
	2.5 Contribute to an independent evaluation of ASIST programme	<u>Regional DHSSPS HPA</u>	Including: NHSSB NHSCT Voluntary & Community sector PSNI A & E Staff Religious Bodies Youth Service Education Private Sector	07/08 – 08/09	Increased knowledge of effectiveness and efficiency of ASIST programme	Information on impact and outcomes of training delivered to date. Clearer direction on way forward for training programmes. Information on geographical spread and identification of recruitment gaps.	Ongoing through HPA with NHSSB & NHSCT contributing as and when needed with input also from the Northern Area ASIST trainer team

Children & Young People Continued..... (Action 2.6)

Strategy Action (Pg27 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To make suicide awareness & positive mental health & well being training, including how to deal sensitively with disclosure of self-harm or suicidal behaviour a priority for teachers, youth workers etc.	2.6 Co-ordinate relevant training including ASIST training within NHSSB area	NHSSB	NHSCT Voluntary & Community sector PSNI A & E Staff Inter Faith Groups Youth Service/ Education Ethnic Minority Groups Private	2008/ 2009 09/11	<p>Increased knowledge, skills & awareness across local population of how to deal sensitively with disclosure of suicidal behaviour.</p> <p>Increased public awareness and understanding of the issues around suicide, particularly stigma.</p> <p>Increased opportunities for people to talk safely about suicide with others in the community.</p> <p>Increased knowledge of how to find support in the community for people experiencing emotional distress.</p>	<p><u>At least</u> 6 ASIST workshops/at least 144 people trained (offered across NHSSB areas)</p> <p>ASIST Training for Trainers delivered and at least 2 new trainers to join NHSSB team of facilitators (Increased number of trainers from variety of backgrounds)</p> <p>SAFETALK Training for Trainers delivered and at least 1 current ASIST trainer</p> <p>At least 3 Safe talks to be delivered within communities in Northern Board – to evaluate effectiveness</p>	<p><u>9 sessions completed with 4 further sessions planned in year. 1 trainer has joined the team 1 person trained in Safetalk, sessions to be delivered</u></p> <p>NHSCT has taken over co-ordination of ASIST training programme as of Dec 08.</p> <p>Recommendation: NHSCT to continue the roll out of ASIST sessions</p>

Children and young People continued..... (Action 2.7, 2.8)

Strategy Action (Pg28 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To promote a culture of help seeking behaviour, particularly among young people.	2.7 To provide a Depression Awareness Programme for young people in Post Primary School and their parents and others responsible for young people	Voluntary organisation to be identified	<ul style="list-style-type: none"> ▪ NEELB/SELB ▪ Post Primary Schools in NEELB/SELB ▪ Parents of young people participating in programme ▪ NHSCT ▪ NHSSB 	2008/2009	<p>Increased knowledge and understanding among young people and their parents of mental health / depression issues</p> <p>Support mechanisms accessed by young people and their parents which also protect against bullying</p>	<p>Number of young people who will benefit across NHSSB to be agreed with programme provider</p> <p>Number (tbc) of adults with responsibility for young people in same area will attend presentation</p> <p>Improved skills of young people in help seeking behaviour</p>	<p>Aware Defeat Depression have been funded to deliver 'Mood Matter's</p> <p>50 sessions to be delivered by June 09</p>
To promote a culture of help seeking behaviour, particularly among young people.	2.8 Ongoing work with schools/colleges and youth groups to promote services to young people.	Samaritans	NHSSB NifHP NHSCT Young People, NEELB Youth workers and teacher	Ongoing	Support mechanisms accessed by young people	(NHSSB Wide)	Ongoing Recommendation – Build on current programmes that meet the wider outcomes of Suicide Prevention work

Action area: Children and Young People (2.9, 2.10)

Strategy Action (Pg27&28 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To raise awareness of and ensure availability and timely access to appropriate intervention services (e.g. <u>Child and Adolescent Mental health services</u> , Mentoring schemes and other appropriate statutory and voluntary services).	2.9 See action 2.1 and 2.2	NHSCT	Primary Care, Voluntary & Community Providers	Ongoing	More awareness on support services available Improved transition between services		Ongoing Need – Improving links between Health and Social Care Services (adult and childrens) and Community and Voluntary Services Ongoing need – to raise awareness & ensure timely access to appropriate NHSCT adult and childrens intervention services
2.10 To develop and implement practices, protocols and referral pathways to smooth the transition from youth to adult Health and Social Services		NHSCT	Key Stakeholders	April 09 - ongoing	More awareness on support services available Improved transition between services		NHSCT 16+/ transition teams developed within Child Services to improve practice, protocols and referral pathways from youth to adult services Gap – regional protocol /pathway developed for transition between services

3. ACTION AREA: HEALTH AND SOCIAL SERVICES (Action 3.1)

Strategy Action (Pg28 of Protect Life)	Activity	Lead	Others Involved	Time scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To develop enhanced linkages between the Health and Social Services and the community/ Voluntary, counselling and support network, particularly in relation to transition services and to bridge any gaps in service provision.	3.1 A framework set up to act as Trust/Board Suicide Prevention interface facility.	NHST Assistant Director Mental Health Services	NHSSB NHST – Health Improvement & Community Development Service	April 08 – March 09	Improved information flows to Trust services about suicide prevention activities; better access to community based support; improved access to self help supports; increased awareness of intervention services for families and young people. Increased awareness of the strategy.	Review the impact of the strategy on the work of Mental Health Services. Increased awareness of the strategy and the services developed locally to support the prevention of suicide among staff across the Trust and NHSSB. Trust actions aimed at suicide prevention and bereavement support are captured within service planning and new needs, issues and developments are shared. LIFELINE Service promoted across the NHST area.	A Suicide Strategy link role has been developed within Health Improvement & Community Development Service and NHSSB Staff. Mapping of the impact of the Protect Life strategy on the work of Mental Health Services – near completion by NHST. Dedicated Suicide Prevention role identified within NHST to support services and promote development of initiatives internally. NHST Health Improvement Staff working with local community and voluntary organizations to build their capacity to deliver support services locally. LIFELINE materials disseminated to range of services and organizations on ongoing basis.

Action Area: HEALTH AND SOCIAL SERVICES continued... (Action 3.2)

Strategy Action (Pg28 of Protect Life)	Activity	Lead	Others Involved	Time scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To develop enhanced linkages between the Health and Social Services and the community/ Voluntary, counselling and support network, particularly in relation to transition services and to bridge any gaps in service provision.	3.2 NHSSB to commission evaluation of key programmes/ Initiatives taken forward.	NHSSB	Key Agencies and Sectors include: Statutory Education Youth Service Family Forum Community representatives Voluntary sector providers	2008 2009	Improved effectiveness & efficiencies of local key programmes & initiatives.	Evaluation by external provider	<p>Evaluation has been delayed to allow programmes funded in 08/09 to get established.</p> <p>NHSCT represented on LIFELINE Regional Working Groups.</p> <p>Recommendation:</p> <p>To be commissioned through the 09/10 action plan and advised within the partnership</p>

Action area: HEALTH AND SOCIAL SERVICES continued.... (Action 3.3)

Strategy Action (Pg28 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To make depression and suicide awareness/ prevention training a priority for all frontline staff dealing with people in distress, particularly for GP's, Primary Care and A&E staff in the HSS.	3.3 ASIST (Applied Suicide Intervention Skills) (See action 2.5) Suicide Awareness Raising, Risk Assessment & Management Training for HSCT staff	NHSSB NHCT Training services & NEDC	NHCT Voluntary & Community sector PSNI A & E Staff Inter Faith Groups Youth Service/ Education Ethnic Minority Groups Private	2008/2009 Ongoing 09/11	ASIST training available to all frontline staff. NHCT Staff trained appropriately in Suicide Risk Assessment and Management and awareness	At least 6 ASIST workshops/at least 144 people trained (offered to <u>anyone</u> living or working within the NHSSB areas over the age of 16) Staff Trained appropriately in recognizing risk factors, signs and indicators for suicide and relevant follow-up,/managemen t procedures	<p><u>9 sessions</u> completed with further 4 sessions planned in year. HPA – Leading on a regional training audit for Promoting Mental health and Suicide Prevention (ongoing) NHCT have taken on co-ordination of ASIST (Nov 09) and associated publicity to range of sectors. Staff from A & E, Children's Services and Mental Health services have completed ASIST training. NHCT Teams have accessed Suicide Talk sessions to raise awareness. Training Modules delivered internally (NHCT) on regular basis to new staff in Mental Health and Medical Settings who will have a role in assessment and management of suicide and self-harm.</p> <p>Recommendation: NHCT to continue the roll out of ASIST sessions. NHCT to identify additional training requirements across range of Trust services in relation to suicide and self-harm risk assessment, care and management, and appropriate courses to meet need.</p> <p>Explore piloting a Suicide Risk Assessment and Management Training package with NHCT staff, recommended as more appropriate than ASIST for Health and Social Care setting.</p>

Action area: HEALTH AND SOCIAL SERVICES continued.... (Action 3.4 & 3.5)

Strategy Action (Pg28 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To make depression and suicide awareness / prevention training a priority for all frontline staff dealing with people in distress, particularly for GP's, Primary Care and A&E staff in the HSS.	3.4 Primary Care Depression Awareness	HPA & NHSSB Family Practitioner Unit	NHSSB NHCT Voluntary sector	08/09	Greater awareness among GPs on the treatment of Depression and needs of those who seek their help.	STILL TO BE AGREED BY REGIONAL STEERING GROUP (TBC)	None within 08/09 but 24 Practice staff (GPs, Practice Nurses, Practice Managers, Mental Health Promotion staff) attended Maryanne Freer event in April (Ballymena) on Mainstreaming mental health promotion into primary care with wider promoting mental health links and models developing between FPU & Promoting Mental Health staff. Also in attendance at DASSH training.
	3.5 Increase awareness of services available particularly with GPs & other primary Care Staff.	NHSSB NHCT NifHP NHCT	FPU Community/ Voluntary Sector	08/10	Increased awareness of GPs & Primary Care staff of support services available.	TBC	Ongoing – agreement made that support posters and cards will be circulated by Primary care unit. Ongoing local liaison between NHCT CMHTs and Crisis Response/Home Treatment and Psychology services to increase Primary Care Staff knowledge of services and criteria for referrals Recommendation – review and explore training provision and needs for staff in relation to Suicide Risk Assessment and Management (NHCT)

Action area: HEALTH AND SOCIAL SERVICES continued (3.6)

Strategy Action (Pg28 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
3.6 To develop clinical guidelines for all HSS staff to use when dealing with people who are at risk of suicide/self harm.		NHSC	NIAS	09/10	Clinical Guidelines produced		Need – review of clinical guidelines implemented by HSC staff when dealing with people who are at risk of suicide and self-harm to check and ensure consistency and quality across services. Linked to implementation of new service frameworks and performance indicators. – potential for regional development/co-ordination

4. ACTION AREA: POLICE AND EMERGENCY SERVICES

Strategy Action (Pg29 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To make suicide awareness/intervention training a priority for all frontline emergency services staff.	ASIST offered within PSNI regularly (See action 2.5)	NHSSB	PSNI NIFRS Cross Sector ASIST Trainers facilitating ASIST courses	08 – 09	Increased number trained via ASIST Programme Increased awareness levels Enhancement of evidence base Raised level of knowledge and skills to prevent suicide across NHSSB area	At least 6 ASIST workshops/at least 144 people trained (offered to <u>anyone</u> living or working within the NHSSB areas over the age of 16)	Ongoing recruitment through all sectors inc PSNI and NIFRS. Increased access to, and awareness of, Suicide and Self-Harm training and support available to NHSC staff in range of professions and services

5. ACTION AREA: CHURCHES AND RELIGIOUS BODIES (INTER-FAITH)

Strategy Action (Pg29 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To support the development of enhanced links between churches/religious bodies and the local community support networks.</p> <p>To make suicide/depression awareness training available for all church/religious leaders</p>	<p>Due to the positive outcomes of the 07/08 Churches day on Suicide and Self Harm:</p> <p>NHSSB will develop a 08/09 working group to explore the possibility of running another -</p> <p>NHSSB wide Inter-Faith Suicide Awareness Study Day Based on outcomes from previous day and evaluation of needs, which highlighted the need for an annual event.</p>	NHSSB Coordinator for Suicide Prevention	<p>Churches/Religious Bodies/Inter-faith groups – all denominations</p> <p>Local community and voluntary partners.</p> <p>Community Networks</p> <p>Children's Services Planning (NACYPC)</p> <p>HAZ</p>	2008 - 2009	Increased support the role of churches and religious groups in providing pastoral care to the community and in promoting positive mental health, especially in relation to suicide prevention, intervention and postvention.	<p>At least 60 people to attend:</p> <p>(Involvement of clergy; church based youth leaders; pastoral visitors, elders and members of parish prayer groups – to develop actions in prevention of suicide)</p> <p>Development of future actions to help prevent suicide and self harm within the Northern Board communities, and in bringing support to those in need.</p>	<p>Completed by Suicide Prevention Coordinator and CWSAN and Inter-Churches working group. Seminar held in October 08 in Mid Ulster with over 60 people attending.</p> <p>Evaluation report completed and circulated with recommendations to continue annual seminars. Several Churches have since developed programmes through their communities.</p> <p>Recommendation: Seminar 09 will be supported by Newtownabby Borough Council Community Development Dept</p>

6. ACTION AREA: MEDIA

Strategy Action (Pg30 &33 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To pro-actively work with the media to promote positive mental health and raise awareness of sources of support for individuals or families experiencing mental health problems.	To work with local (or regional, when appropriate) media providers in order to advertise local events. For Example: 'Raising Public Awareness of Suicide Sessions' (see Communities action)	NHSSB	Communication Coordinator (NHSSB) Local Media providers Local community and voluntary partners.	Ongoing	Media engaged in processes and publicity of local actions Increased awareness of how to promote more positive reporting, Ensuring that media providers are aware of the Samaritans Guidelines on the reporting of Suicides.	Regular contact with media providers in planning and publicity of local events and updates on suicide prevention initiatives.	Ongoing Recommendation: Ongoing and regular PR required to highlight the work of the partnership. To have more training on dealing with the media and sensitive issues to be offered to partners especially within the Community and Voluntary sector

SECTION B – TARGETED APPROACH

7. ACTION AREA: SELF – HARM (Action 7.1)

Strategy Action (Pg31 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To ensure that responsive self-harm support services, including mentoring support, are in place in all Health and Social Services Trusts.</p> <p>To implement programmes that enhance the coping and problem solving skills of those who self-harm, and which reduce the risk of repeat self-harm.</p> <p>To improve detection of, and access to, support services for people who engage in less serious forms of self-harm.</p>	<p>7.1 The Western Board/Trust are currently piloting a (3 year) project – Mentoring programme also being piloted in EHSSB area. NHSSB and NHSCT to consider outcomes of this and other regional developments in relation to taking this work forward.</p>	<p>NHSSB</p>	<p>Local community and voluntary statutory partners NHSCT</p>	<p>2007 – 2009</p>	<p>Improved support services for those who self harm.</p>	<p>Information available on effective models of practice</p>	<p>Awaiting information from regional pilots</p>

7. ACTION AREA: SELF – HARM (Action 7.2)

Strategy Action (Pg31 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/1
<p>To ensure that responsive self-harm support services, including mentoring support, are in place in all Health and Social Services Trusts.</p> <p>To implement programmes that enhance the coping and problem solving skills of those who self-harm, and which reduce the risk of repeat self-harm.</p> <p>To improve detection of, and access to, support services for people who engage in less serious forms of self-harm.</p>	<p>7.2 Identify appropriateness of current good practice guidelines from existing evidence, and explore the potential to implement elements within services. E.g. 'Better Services for People who Self-Harm'</p>	<p>NHSCT NIAS</p> <p>NHSCT</p> <p>NHSCT</p>	<p>NHSSB FPU, including DUC</p> <p>Primary Care services Voluntary agencies e.g. Barnardos, womens Aid, etc.</p>	<p>2008/ 2009</p> <p>Ongoing</p> <p>09 - 11</p>	<p>Service developments in response to local needs are influenced by current evidence and available national guidelines.</p>	<p>Emergency services, mental health and ambulance services applying appropriate and effective models at a local level.</p>	<p>Pilot NHSCT Psychiatric Liaison Service (delivering follow-up support to A & E treatment of self-harm provided in Causeway Hospital) completed.</p> <p>Elements of identified good practice in relation to self-harm have been incorporated into NHSCT local practice and protocols, where agreed to be appropriate and where resourcing has allowed.</p> <p>NICE, DHSSPS and professional Good practice guidance incorporated, where appropriate.</p> <p>Recommendations from Independent Inquiries being assessed and included on an ongoing basis where and when appropriate.</p> <p>Needs: More support for less serious forms of self-harm in relation to service provision.</p> <p>Mentoring support provision within Northern area – awaiting outcomes from DHSSPS in relation to roll out as based on Western Board pilot.</p> <p>To implement training to improve skills and knowledge of staff in relation to identification, risk assessment and self-management of the self-harming patient staff to support them in developing coping and problem solving skills in people who self-harm.</p>

7. ACTION AREA: SELF – HARM continued (7.3)

Strategy Action (Pg31 of Protect Life)	Activity	Lead	Others Involved	Time- scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To ensure that responsive self-harm support services, including mentoring support, are in place in all Health and Social Services Trusts.</p> <p>To implement programmes that enhance the coping and problem solving skills of those who self-harm, and which reduce the risk of repeat self-harm.</p> <p>To improve detection of, and access to, support services for people who engage in less serious forms of self-harm.</p>	<p>7.3 PILOT A Family Support & Outreach Service initially within the priority areas, targeting families of those who self-harm by commissioning a model of effective practice within the Voluntary Sector with possibility to link into Community Development post: Bereavement area 11.2</p>	<p>NHSSB to commission Voluntary Sector Organisation</p>	<p>CAMHS NHCT NHSSB Community /Voluntary partners</p>	<p>2008/ 2009</p>	<p>Needs identified within the local communities of families who have experienced self-harm.</p> <p>Information made available on models of effective practice in targeting the families of those who self harm/have self harmed.</p> <p>The set up of new Outreach facilities in areas of higher need, to increase information, awareness and understanding of Self-harm for families directly impacted by Self Harm.</p> <p>Therapeutic intervention made available for anyone who needs it in those families who engage with the service.</p>	<p>Education, awareness and support programmes for family members and friends who are coping with the impact of self-harm or suicide.</p> <p>Increased involvement of parents and carers of those people who have self-harmed</p> <p>A minimum of 3 courses (4-6 sessions per programme) delivered before March 2009.</p> <p>A minimum of 4 courses / maximum 6 courses delivered in each of the following two years 2009/10, 2010/11.</p>	<p>ZEST Funded to develop programmes over the next 3 years, with courses commencing Feb 09.</p> <p>Recommendation:</p> <p>Through the partnership ensure that the appropriate support and networks are available for the effective roll out of this programme</p>

8. ACTION AREA: MENTAL ILLNESS (8.1 & 8.2)

Strategy Action (Pg31 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To provide support and information to promote awareness of suicide risk among people caring for someone with a mental illness.</p> <p>To provide timely and appropriate support and follow up for patients discharged from psychiatric units.</p>	<p>8.3 Support Advice 4 Health Programme.</p> <p>To provide patients and clients admitted to in-patient services or in contact with the Community Mental Health Teams with access to advice on benefit maximization/debt management through the provision of a specialist Advice Worker.</p>	<p>Antrim/Ballymena CAB</p>	<p>NHSCT NIFHP</p>	<p>Ongoing</p>	<p>Direct support provided to clients in contact with HPSS professionals on managing debt/ maximizing income. Reduction in clients' need for direct service intervention due to improved financial circumstance. Increased time for care professionals to deal with wider issues that may be impacting on clients' mental health and well-being.</p>	<p>Programme being delivered</p>	<p>Ongoing progress Carers involved where appropriate in care plans and carers assessments carried out to identify and address information and support needs.</p> <p>NHSCT services (e.g. Assertive Outreach, Crisis Response/Home Treatment) and in partnership with a number of voluntary providers deliver follow-up services for patients discharged from in-patient services, with ongoing care plan reviews and assessments of suicide and self-harm risk</p> <p>DHSSPS Discharge guidance implemented as relevant to service.</p> <p>NHSCT works in partnership with voluntary organisations including Rethink, CAUSE, NIAMH, Alzheimer's Society and Carers NI to improve support and information to carers in relation to suicide risk and support.</p> <p>Recommendation Explore possible gap in training on self-harm care and management for Carers</p>

9. ACTION AREA: DRUG AND ALCOHOL MISUSE (9.1,9.2)

Strategy Action (Pg32 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To ensure that appropriate suicide awareness/ intervention training is available for all frontline health services staff, police officers, and other relevant professionals who come into contact with people with alcohol and drug problems</p> <p>Also covers Actions under other target areas in Protect Life e.g. Children and Young People, Young males, marginalised and disadvantaged groups</p>	<p>9.1 ASIST Training: recruitment for training courses will target those groups who come into contact with people with alcohol and drug problems</p>	NHSSB	NHSSB NHSCT Local community, voluntary & statutory partners	08/09	Increased awareness among targeted professionals	Recruitment of relevant practitioners who come into contact with people with alcohol and drug problems onto ASIST training	<p>Ongoing 14 staff/volunteers from Drug and Alcohol organisations completed ASIST training.</p> <p>Recommend - Explore piloting a Suicide Risk Assessment and Management Training package with NHSCT staff, recommended as more appropriate than ASIST for Health and Social Care setting.</p>
	<p><u>9.2 DASSH 'Drugs, Alcohol, Suicide & Self Harm'</u> To link with the Northern Drugs & Alcohol Co-ordination Team (NDACT) to identify gaps in training and develop joint working to address these gaps. A training course developed and piloted 07/08. Further courses to be delivered following monitoring of pilot.</p>	<p>CRUN Training Coordinator Partnership between: NDACT & Suicide Prevention Coordinator</p>	<p>NHSSB NHSCT Local C/V & partners, NEELB PSNI PBNI YJA Looked After Children's Teams Family Social Care Teams, Youth work Young men's work /EOTAS/Pastoral care Counselling FPU</p>	<p>Ongoing.. 09/11</p> <p>Delivery of Pilot – 08/09</p>	<p>Practitioners will have: increased awareness of the linkages between substance use/misuse and self-harming behaviour, be more skilled and better able to support people at risk. Increased understanding of early indicators of drug or alcohol suicide related risk</p>	<p>Review of pilot programme completed. Minimum of 3 courses delivered 2008/09</p>	<p><u>7 DASSH programmes delivered</u> targeting over 140 cross sector practitioners. Evaluation report to be submitted by March 09. Diverse range of practitioners received this training including Youth workers, GP's, Social workers, support workers, counselors and more</p> <p><u>NDACT Team training day</u> in March 08 inc: Suicide Talk and Suicide Prevention strategy update.</p> <p>Recommendation: <u>NDACT conference – focusing on Drugs, Alcohol, Suicide Self-Harm.</u></p> <p>Review DASSH evaluation to identify future need</p>

Action area: DRUGS AND ALCOHOL MISUSE Continued..(9.3)

Strategy Action (Pg32 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To develop agreed protocols concerning the assessment and management of patients at risk while under the influence of drugs and/or alcohol	9.3 See actions under Action area 3 – Health and Social Services	NHSCT	GPs NIAS	09/11	See actions under Action area 3 – Health and Social Services	See actions under Action area 3 – Health and Social Services	Gap – protocols and practices concerning assessment and management of patients at risk whilst under influence of drugs and/or alcohol should be reviewed & agreed locally and regionally

ACTION AREA: BEREAVED BY SUICIDE (Actions 11.1)

Strategy Action (Pg33 of Protect Life)	Activity	Lead	Other Involved	Time scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To ensure that accessible information and timely support, both at community, voluntary and statutory level is available to all those bereaved by suicide and to encourage the development of support groups/ networks.	11.1 CRUSE Causeway area Expansion of service to further support those effected by suicide	CRUSE	NHSCT NHSSB Nursing Community Groups Voluntary Sector organizations	2008 – 2009	Increased support available for those bereaved by suicide.	Additional volunteers trained. Information and services increased	Capacity Building has started for CRUSE volunteers Recommendation: There exists significant gaps in voluntary service provision in some geographical areas e.g. Moyle and Mid-Ulster which needs to be addressed to ensure equity across NHSSB area. Reference to this in 1.9

ACTION AREA: BEREAVED BY SUICIDE Continued... (11.2)

Strategy Action (Pg33,34 of Protect Life)	Activity	Lead	Other Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>1. To ensure that accessible information and timely support, at community, voluntary and statutory level is available to all those bereaved by suicide and to encourage the development of support groups/networks.</p> <p>2. Implement programmes that enhance coping and problem solving skills of those who self-harm</p> <p>3. To ensure appropriate support services reach all marginalised and disadvantaged groups</p>	<p>11.2 NHSSB commission NHSCT to employ a community development worker to liaise across relevant health and social services, voluntary and community sectors in order to establish support networks for people bereaved by suicide and To work in partnership with a voluntary organisation to provide specific counselling / support for those who may require it.</p>	<p>Northern HSC Trust</p>	<p>NHSSB Suicide Prevention Co-ordinator</p> <p>Voluntary & community organisations</p> <p>Community Networks NifHP Sub-group</p> <p>HAZ Groups</p> <p>Churches/ Interfaith groups</p> <p>Family Forum/Family Voices network</p> <p>Carers Groups</p> <p>Support groups in other areas</p>	<p>2007-2009</p> <p>2009 - 2011</p>	<p>Model of effective family support identified and implemented</p> <p>Information and support available to those bereaved by suicide. Coping and problem solving skills increased among those who self harm.</p>	<p>Needs of those bereaved by suicide identified</p> <p>Support groups established</p> <p>Coping and problem solving skills initiatives developed</p> <p>Support services provided for Marginalised and disadvantaged groups</p>	<p>Suicide Bereavement Support Worker is being recruited in the NHSCT, initially for 3 years NHSCT has tendered for additional counselling support for those at higher risk of suicide and self-harm and those affected by these issues.</p> <p>NHSCT staff contribute to LIFELINE Governance and planning groups, and promote service on an ongoing basis internally and externally</p>

12. ACTION AREA: SURVIVORS OF SEXUAL , PHYSICAL AND EMOTIONAL ABUSE

Strategy Action (Pg34 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To provide an accessible support network in local communities for all survivors of abuse	Ongoing programmes with relevant partners being supporting include: work with Nexus, Women’s Aid, Drugs and Alcohol groups, Sexual Health Groups – (which are also supported across different strategy based action plans e.g. Sexual Health Promotion , Drugs and Alcohol etc).						Recommendations Establish formal links with support providers for victims and survivors of abuse to ensure accessible and local support provision
To initiate an information campaign that seeks to sensitively raise awareness of the increased risk of suicide among all survivors of abuse , and encourage survivors of abuse to seek help in times of crisis.							Recommend regional campaign
To make training available to support those working survivors of abuse							Increase awareness of ASIST and other appropriate courses to support providers.

13. MARGINALISED AND DISADVANTAGED GROUPS (Action 13.1) Inc. Sexual Identity; Ethnic Minorities and Older Males in Rural Areas

Strategy Action (Pg34 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To ensure that appropriate support services reach out to all marginalized and disadvantaged groups, in particular lesbian, gay, bi-sexual & transgender groups, rural communities, ethnic minorities, and those people who are economically deprived.	13.1 The Trust will explore ways of highlighting mental health issues arising from sexual orientation in young people. <i>BY SEPTEMBER 2008</i> , Boards & Trusts – should ensure that the regional suicide helpline is fully operational, accessible and integrated with relevant services across Northern Ireland, so as to contribute to a reduction in suicide rate. This will be available for young people needing support with sexual orientation.	CAMHS NHSC	NHSC Contact Youth NHSSB Local Statutory, Community & Voluntary Partnerships NHSC	2008/2009 Ongoing Ongoing	Needs identified. Resources used effectively to meet needs.	Raised awareness across Northern Board areas	Ongoing through the roll out of Lifeline and wrap around services linked to Contact Youth, their partnership with CAMHS and the regional Sexual Identity Project. Counselling is provided and a website of information and support with some awareness raising in schools. NHSC represented on LIFELINE Regional Working Groups. Promotion of LIFELINE service to local groups and organizations and NHSC staff.

Marginalised and disadvantaged groups continued.... (Action 13.2)

Strategy Action (Pg34 of Protect Life)	Activity	Lead	Others Involved	Time-scale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To initiate a targeted information campaign that seeks to sensitively raise awareness of the increased risk if suicide among those groups identified as marginalized and disadvantaged , and encourages them to seek help at times of crisis.	13.2 Explore what actions are needed to support and raise awareness for Ethnic Minority Groups: Identifying innovative approaches in suicide prevention issues to diverse communities e.g. translation service at suicide awareness events.	NHSSB	<u>Involvement of:</u> Local Ethnic minority community groups/organizations, service providers and networks Council Health & Wellbeing workers Community Network groups Children’s Services Planning ‘Locality Groups’ (NACYPC) Local Community/Voluntary and statutory groups NHSCT Workplace health workers / Occupational Health Depts	2008-2009 Ongoing	Increased awareness of mental health promotion & suicide prevention within Ethnic minority groups	At least 50 people from ethnic minority background to attend suicide awareness events across 10 Districts Culturally sensitive information made available	<p>This will be incorporated into the work of the 2 Community Based Suicide Prevention worker’s work in the Communities in the Northern Board. See Action 1.9 for more information.</p> <p>Recommendation: To explore the information needs for Ethnic Minority groups in relation to support</p>

Marginalised and disadvantaged groups continued.... (Action 13.3)

Strategy Action (Pg34 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
To ensure that appropriate support services reach out to all marginalized and disadvantaged groups, in particular lesbian, gay, bi-sexual& transgender groups, rural communities, ethnic minorities, and those people who are economically deprived.	<p>PILOT Resilience Building Programme for Older Men (40+)</p> <p>Explore male friendly social and learning programmes to engage vulnerable and isolated males.</p>	NHSSB to explore pilot	Good Morning Projects Local Community/ Voluntary Groups Sports organisations	2008-2009	<p>To encourage and build social networks for socially displaced male e.g. disrupted marital status, widowed males, single males to address barriers to physical and mental wellbeing.</p> <p>Promote activities as medium to get health information across, including linking history, culture, physical activity and health promotion</p>	<p>Providing targeted men with socialising opportunities to get them out of the home and active.</p> <p>Improved mental health and wellbeing</p>	This will be incorporated into the work of the 2 Community Based Suicide Prevention worker's work in the Communities in the Northern Board. See Action 1.9 for more information.

14. ACTION AREA: HIGH RISK OCCUPATIONS

Strategy Action (Pg35 of Protect Life)	Activity	Lead	Others Involved	Timescale	Intended Outcomes	Outputs	Progress 08/09 Recommendations 09/10
<p>To raise awareness of high risk occupations and develop a culture of help seeking among people in occupations that have a high risk of suicide and self harm.</p>	<p>ALL TRAINING PROVIDED THROUGHOUT THIS ACTION PLAN E.G. ASIST, DASSH, SUICIDE TALK, MENTAL AND SO ON ARE OFFERED ACROSS SECTORS AND STAFF TEAMS - ONGOING</p>						
<p>To develop a crisis plan for targeting people in high risk occupations as and when emergency situations arise.</p>							

15. ACTION AREA: PRISONERS

This area is not a direct priority within the Northern Area – as there are no prisons but NHSSB support the work offered through the Samaritans in their listening ear support and also all training offered throughout the action plan is open to police custody staff etc.