

Protect Life 2 Implementation Plan Update

2025 – 2026

with potential of extension to 2029

This document is the **Implementation Plan** for the Protect Life 2 strategy. It has been developed following publication of the [Review of Protect Life 2 Action plan: Report and Recommendations](#).

The implementation plan is a **live document** and will be updated throughout the duration of the Protect Life 2 Strategy. This plan has been developed in response to Recommendation 1 of the Review Report.

To monitor progress the implementation plan will use a BRAG status:

	Status	Risk
Blue	Completed	None
Red	Significant issues or delay	High
Amber	Some concerns, issues, which can be resolved	Medium
Green	Going to plan	Low

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
1.1	Facilitate support networks for people bereaved by suicide and their role in influencing policy and service delivery.	Delivery of a Bereaved by Suicide Coordination, Facilitation and Development Project across Northern Ireland to ensure the voices, needs, interests and experiences of individuals, families and communities, who have been bereaved through suicide is central to the delivery of suicide prevention and mental and emotional wellbeing work.	PHA	The Families Voices Forum continued to provide a regional platform for people bereaved by suicide, ensuring that lived experience informs suicide prevention policy, service development and decision-making. During 2025/26, the Forum strengthened its membership, broadened representation and enhanced engagement with statutory, community and voluntary sector partners. The Forum delivered four regional meetings, two engagement events and a range of subgroup activities, supporting participation from members across Northern Ireland. A Strategic Planning Day informed future priorities, with particular focus on inclusion, communication, equality of participation and advocacy. As a result, the experiences and perspectives of people bereaved by suicide have contributed more effectively to regional policy discussions, service improvement and suicide prevention initiatives. How much did we do?	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				• 4 Forum meetings with average 7 core members attending • 2 engagement events held (including Planning Day) with 73 participants • 8 sub-groups / task and finish meetings • 6 outreach engagements to increase representation • 90 active members including 10 new members • 4 newsletters circulated to 100+ members • Ongoing participation in regional and local structures and 4 consultation responses How well did we do it? • 10 new members • 97% retention of core members • High attendance at strategic structures (95–100%) Is anyone better off? • Lived experience voices are better represented in regional policy and decision-making structures	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				- Increased awareness among stakeholders of the needs of those bereaved by suicide - Stronger partnerships across community, statutory and research sectors Clear priorities identified to strengthen impact, inclusion and future direction	
1.2	Promote the PHA Quality Standards for services promoting mental and emotional wellbeing and suicide prevention; Ensure adherence to standards by actively monitoring and supporting contracted organisations into meet and maintain them.	Maintain and develop the online portal to allow organisations to complete self-assessment against the standards and to monitor the number of groups who have completed this.	PHA	The Quality Standards online portal continued to support organisations in assessing and improving the quality of mental health, emotional wellbeing and suicide prevention services. During 2025/26, 99 self-assessments were completed and registration on the portal increased to 720 organisations. New peer review standards were developed and published, and a Counselling Standards Workshop was delivered to support implementation.	
		Carry out 5 independent assessments of PHA commissioned services per annum.	PHA	Five independent assessments of commissioned services were completed during the reporting period, supporting quality assurance and continuous improvement.	
		Include requirement to work to PHA quality	PHA	The requirement to work towards PHA Quality Standards continued to be incorporated within	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		standards within any small grants programme criteria.		the small grants programme guidance to support quality service delivery across funded organisations. Grants - Developing Healthy Communities	
		Continually review standards and develop additional standards in relation to peer support.	PHA	Peer Support Standards were finalised and made publicly available through the PHA Resource Hub, supporting the delivery of safe and effective peer-led services. PHA Resource Hub	
		Produce guidance to support the completion of PHA Quality standards.	PHA	Guidance supporting organisations to complete the Quality Standards framework was produced and made available through the PHA Resource Hub. PHA Resource Hub	
1.3	Collaborate with other countries and regions to share learning about suicide prevention and self-harm.	Participation in UK and Ireland discussions and information sharing.	DoH	UK discussions occur on an ad hoc basis as part of public health working groups and UK CMO meetings. Regular meetings are held with colleagues in the South of Ireland.	
		Influence the development of quality standards that may have influence on Northern Ireland service provision.	PHA	The Public Health Agency continued to contribute to national and international learning on suicide prevention. During 2025/26, the PHA participated in the development of BS 30480: Suicide and the Workplace, contributing expertise to support best practice in workplace suicide prevention, intervention and postvention.	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				The standard was published in October 2025 and provides an important resource for organisations seeking to support the wellbeing of their workforce. BS 30480:2025 30 Oct 2025 BSI Knowledge	
1.4	Link suicide and self-harm risk prevention to strategic activity across Government.	Facilitate the Executive Working Group.	DoH	The most recent meeting of the Group took place on 12 March 2026. A revised thematic approach with the themes of early intervention, prevention and crisis intervention was agreed for future meetings. A further meeting is being planned for Autumn 2026.	
		Support and facilitate the Regional Protect Life Implementation Group (RPLIG).	DoH/PHA	The Regional Protect Life 2 Steering Group continued to provide strategic oversight of suicide prevention activity across Northern Ireland. Regular multi-agency meetings enabled partners to review progress, share learning and support coordinated delivery of Protect Life 2 objectives. Strong collaboration across sectors supported evidence-informed decision-making and strengthened regional leadership.	
		Support and facilitation of Protect Life Implementation Groups (PLIGs) in HSCT areas.	PHA	All Local Protect Life Implementation Groups met regularly throughout the year, providing an effective mechanism for local collaboration and information sharing. The groups supported partnership working, identified emerging local	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				issues and strengthened links between local and regional suicide prevention structures. Governance arrangements were further enhanced through the work of the PLIG Chairs subgroup. • 20 PLIG meetings • 159 members • 57 statutory and 102 C&V orgs	
		Ensure Local Protect Life Group representation on Regional Crisis Service Implementation Group.	PHA/SPPG	Arrangements were established to ensure representation from Local Protect Life Implementation Groups within the Regional Crisis Service Implementation Group, supporting effective communication between local and regional structures.	
		Inclusion of Risk related group(s) to be agreed annually for additional focus within short term funding grants programme.	PHA	Priority groups for additional focus through the short-term funding programme will be agreed as part of future planning and commissioning processes.	
		Ensure individuals who are subject to an Enhanced Combination Order (ECO) undergo a psychological assessment.	Probation Board	Probation Officers consult with the designated Probation Psychologist within 4 weeks of the Enhanced Combination Order being made. Probation Psychology subsequently undertake an assessment in every case where there is any history of mental ill health or where mental	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				health has contributed to offending behaviour and deliver interventions where appropriate.	
		Provision of supports to ensure that those in contact with the Probation board receive appropriate mental health assessments.	Probation Board	Every Community Forensic Service has an allocated Probation Psychologist who acts as the link or contact between Probation and the Community Forensic Service. Probation Psychologists attend the relevant Community Forensic Service multi-disciplinary meeting every 8-12 weeks. This is to discuss Service Users who are involved with both Probation and Community Forensic Services, as well as potential referrals to the Community Forensic Service for assessment or treatment.	
		Delivery of the Tackling Rural Poverty and Social Isolation Programme (TRPSI) which includes the Farm Families Health Checks Programme and continued funding of the Rural Support Charity.	DAERA	The TRPSI Action Plan for 2026/27 was approved by Minister Muir in March 2026. Over £10m (resource and capital) has been allocated to initiatives under the TRPSI Framework from the Department's budget. DAERA has supported the Rural Support charity since 2001. In 2026/27, £503k has been allocated to the charity to deliver on a range of objectives with the aim of reducing financial stress of farmers and farm families by delivering: business support sessions;	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				- providing emotional support and improving the mental health and wellbeing for those experiencing a crisis; and - improving awareness of mental health issues within the farming community. A dedicated Suicide Awareness Officer is now in place provide individual counselling, crisis intervention, risk assessment, safety planning, and facilitating access to relevant support services. The service also includes the delivery of the Social Farming Support Service.	
		Delivery of PEACEPLUS Youth Programme.	DfE	Youth Inclusion Branch continues to support the delivery of the PEACEPLUS Youth Programme, which provides opportunities for children and young people to participate in activities that promote inclusion, resilience, positive relationships and community connectedness. Through engagement with young people, particularly those facing barriers or disadvantage, the programme contributes to	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				wider wellbeing objectives and supports protective factors associated with positive mental health and emotional wellbeing.	
		DfC Work Psychology Service will continue to work with Lifeline to maintain the process where claimants expressing suicidal thoughts may have calls transferred to a Lifeline counsellor.	DfC	The Work Psychology Service continue to work with Lifeline to maintain call transfer agreement. This has been further enhanced by incorporating Big Word interpreter service to arrangement.	
		DfC Work Psychology Service will continue as members of Regional Protect Life Implementation Group, (RPLIG); Northern, Belfast, Western, Southern and South-eastern PLIGS. We will collaborate with statutory and community and voluntary partners to assist the most	DfC	The Work Psychology Service has active membership in Belfast and Northern PLIGs. Owing to recent staff movements, there is not current membership in Western, Southern and South-Eastern PLIGs. The team will provide coverage as staff resource improves.	

Theme One: Whole of Government and Society Approach					
Objective 1		Ensure a collaborative, co-ordinated cross departmental approach to suicide prevention			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		vulnerable customers of the Department.			

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
2.1	Develop and deliver public information (connecting to Mental Health Strategy ¹).	Deliver one <i>Living Well</i> campaign.	PHA	The Living Well campaign was delivered through community pharmacies across Northern Ireland during December 2025 and January 2026. The campaign encouraged people to consider their mental health and wellbeing and promoted practical actions to support positive mental health. Printed and digital resources were developed and distributed through participating pharmacies, while communication activity helped extend the reach of key campaign messages. Feedback demonstrated high levels of satisfaction with campaign resources and highlighted the important role community pharmacies play in providing accessible information, support and signposting. The campaign successfully engaged a wide range of population groups, including older people, individuals experiencing social isolation, people living with long-term conditions and those experiencing mental health difficulties. Feedback indicated that the campaign increased	

¹ [doh-mhs-strategy-2021-2031.pdf](#)

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				awareness of available support and encouraged people to seek help when needed. What did we do? • Leaflet, posters & promotional materials resources designed and printed. • Range of digital assets created by PHA comms team. • Press release was released at campaign launch. • Network of contracted community pharmacies contacted to promote the campaign. • PHA communication channels were updated, such as PHA intranet, staff news, etc How well did we do it? • 471 (94.2%) of pharmacies felt that the resources provided supported them to answer queries. • 382 (76.4%) pharmacies reported public feedback to be positive or very positive • 281 (56.2%) pharmacies reported that the campaign helped support the mental	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				health and wellbeing of the pharmacy team. 125 (25%) pharmacies signposted to the Minding your Head website. Is anyone better off? The main queries were in relation to general mental health and wellbeing, sleep, anxiety, stress management, depression, Take 5 steps to wellbeing and medication for mental health. Information was provided by pharmacies to the following target groups: 408 (81.6%) to older people 337 (67.4%) to people with long-term conditions or their carers 314 (62.8%) to young families 299 (59.8%) to socially isolated people 263 (52.6%) to people experiencing drug or alcohol dependence 207 (41.4%) to housebound individuals 201 (40.2%) to people of ethnic minorities 165 (33%) to people living in poverty or deprivation	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Qualitative Feedback: <i>“We held a team meeting dedicated specifically to staff mental wellbeing. The team found it very useful to speak about the stresses they were experiencing within the workplace and also in their personal life. It helped everyone develop a more empathetic approach and to understand that it is okay to have a bad day.”</i> <i>“A patient collecting a regular prescription engaged with the “How are you feeling?” display and mentioned they had been feeling overwhelmed, but had not spoken to anyone about it. This opened up a brief, supportive conversation in the consultation room, where we discussed stress management and local wellbeing services. We also provided information about self-care resources. The individual later returned to thank the team, stating that the conversation had encouraged them to seek further support and that they had not realised the pharmacy was a place they could talk about how they are feeling.</i>	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				 MH-eval-FV.pdf	
		Deliver annual HSC Mental Health Campaign.	PHA	The annual HSC Mental Health Campaign expanded on the Living Well initiative and promoted positive mental health, self-care and awareness of support services. The campaign supported the relaunch of the Minding Your Head website and contributed to raising awareness of suicide prevention and mental health support across Northern Ireland. A coordinated programme of communications activity was delivered across digital, print and broadcast media, supported by health and social care partners. Campaign messages reached a substantial audience through social media, partner networks and traditional media channels. Feedback demonstrated positive public engagement, with campaign resources widely used by organisations and individuals. The campaign strengthened awareness of available	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				information, services and training opportunities and encouraged greater engagement with mental health support. www.publichealth.hscni.net/news/pharmacies-encourage-everyone-look-after-your-mental-health What did we do? • Leaflet, posters & promotional materials resources adapted for HSC campaign use. • Range of digital assets created by PHA comms team. • Press release was released at campaign launch. • Minding your head webpage hosted the campaign asset hub Look after your mental health campaign 2025 Minding Your Head. • Trusts identified at least one piece of work they were involved with and shared this with PHA communications team to allow for video or static content to be developed to showcase the Trusts work.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				• Network of partners contacted to promote the campaign This reached over 1300 people/ organisations to facilitate sharing of messages to the public • All internal PHA communication channels were updated, such as PHA intranet, staff news, etc • Social media influencer Jonny Murphy supported HSC campaign messaging through his channels. Jonny has a large following (284K Instagram followers) – of a demographic we may not have otherwise • Campaign was featured in the Making Life Better newsletter and in SPPG pharmacy medicines management newsletter. • Trusts had individual schedules of activity depending on their individual workloads. How well did we do it? • Coverage was secured on a local radio station with a combined listenership figure of 363k weekly and print media	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				with circulation to 16k approx. The number of unique users who saw social media posts at least once were 99,278. The number of posts across all channels and stories was 45. The number of retweets, 66 and the number of link clicks throughout the campaign was 840 • The campaign was well engaged with over the four weeks, Facebook engagement figures, 2,348, Instagram, 424, X (Twitter) 132 • and LinkedIn, 30 (Total Engagements: 3,034). Is anyone better off? • Campaign feedback survey was uploaded to the campaign webpage and contacts encouraged to complete. • The most popular resources used were the social media graphics. • The resources identified as most helpful by all respondents were the poster and the social media graphics. • The main method of finding out about the campaign was via a friend or a colleague.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				- All reported that the audience's feedback on the campaign was positive or very positive. - All signposted to services on the Minding your head website. - All signposted to Trust contacts on the Minding your head website. - All signposted to or accessed training using the Minding your head website or Trust contacts. Qualitative Feedback <i>Great piece of work, thank you.</i> <i>Good simple Strapline and then lots of good information and signposting arising from it.</i> <i>I was speaking with a lady whose sister is suicidal. The lady had no idea how to support her sister. I was able to provide her with MYH Wallet Card and signposted her to the TZS training accessible via the mindingyourhead.org website.</i>	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		Deliver a mass media campaign subject to DoH approval.	PHA	From February – April 2025, and November 2025 – March 2026 the Public Health Agency ran the ‘Talking really helps’ mass media campaign. The campaign ran over eight weeks, and 18 weeks respectively. It was a rerun of an existing campaign that evaluated positively, with new assets introduced from February 2026. The aim of the campaign was to encourage openness and talking about feelings of anxiety, distress or crisis, increase help-seeking behaviour, and reinforce the concept of recovery. The campaign promoted Lifeline, Northern Ireland’s crisis response helpline. The primary audience for the campaign was all adults. Secondary targeted audiences were those people at greater risk of suicide (males and those who live in areas of deprivation), and family and friends of those most at risk of suicide. The attached scorecard illustrates the outcomes of the Feb- April 2025 campaign. An evaluation of the November – March campaign will be available in Autumn 2026.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				 Lifeline Campaign Scorecard for PL2 U	
2.2	Implement place or setting based strategies to effectively raise awareness of available support, both universally and through targeted outreach; tailored to the needs of families, communities and groups of interest.	Local PLIGs to develop and implement action plans.	PHA	Local Protect Life Implementation Groups continued to strengthen local suicide prevention activity through the review and implementation of local action plans. Activity focused on improving partnership working, enhancing communication and raising awareness of support services within local communities. Stronger links were developed with wider mental health and wellbeing structures to support a coordinated local response.  NPLIG Roadshows Summary report carc	
		HSENI work mental wellbeing programme.	DfE	During the 2025/2026 operational year, HSENI implemented a comprehensive workplace health campaign addressing key occupational health priorities, with a particular focus on work-related stress. This initiative formed part of a broader programme aimed at improving mental wellbeing across workplaces in Northern Ireland.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				The campaign prioritised the enhancement of awareness, communication and accessibility of information. Website content was reviewed and updated to improve clarity, usability and user engagement. In addition, a workplace-specific mental wellbeing poster was developed and distributed across multiple sectors. These materials incorporated QR codes to facilitate direct and immediate access to relevant guidance and support resources. The overall approach combined universal awareness-raising with targeted outreach to specific sectors and groups. HSENI's Mental Wellbeing at Work Advisory Service (MWAWAS) continue to provide structured support to employers, employees and line managers through a programme of webinars. These sessions focused on the HSE Management Standards, an evidence-based framework for the assessment and management of work-related stress as well as topics such as fatigue and burnout.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Throughout 2025/26, MWAAS played a central role by providing advice and guidance to duty holders and members of the public on a total of 751 occasions alongside the delivery of 26 seminars and webinars to a wide range of organisations. Delivery methods were designed to maximise reach and engagement, ranging from large-scale events attended by several hundred participants to smaller, interactive workshops that facilitated discussion and the sharing of experiences. Several sessions were delivered to key stakeholders, including NIPSA, ICTU, Forensic Science Northern Ireland, the Police Service of Northern Ireland, and Northern Ireland Electricity.	
		Provision of support in further education.	DfE	All six Further Education Colleges in Northern Ireland contribute to the delivery of this Protect Life 2 action by implementing a comprehensive range of health promotion and suicide prevention initiatives. Through a whole-college approach, the colleges strengthen awareness of mental health and available support, promote help-seeking behaviours, and provide accessible	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				early intervention services for students. This includes the delivery of mental health awareness campaigns, counselling and wellbeing services, targeted workshops, staff training in suicide prevention and mental health, partnerships with statutory and voluntary organisations, and tailored support for students with additional or emerging needs. Collectively, these initiatives strengthen awareness and response to suicide and self-harm across the Further Education sector and contribute to improving the mental health and wellbeing of students throughout Northern Ireland.	
		Provision of support in higher education.	DfE	Northern Ireland's higher education institutions provide comprehensive suicide awareness, mental health support, and crisis intervention services, combining on-campus wellbeing teams with 24/7 external helplines and counselling provision. The universities work closely with local charities and health services to promote help-seeking, reduce stigma, and train staff and students.	
		Support educational settings to promote emotional health and	DE	Being Well Doing Well Being Well Doing Well Programme Education Authority Northern Ireland	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		wellbeing at universal level through delivery of the Children and Young People's Emotional Health and Wellbeing in Education Framework.		421 schools (c.41%) currently engaged (June 2026) with Being Well Doing Well programme (whole school approach to emotional health and wellbeing) (June 2026), DE funding confirmed for 26/27 to continue. 48* schools received Connections Suicide Awareness Training to date. 89* schools received Mental Health First Aid Training to date. [*as part of BWDW, noting other schools may have completed outside of BWDW programme] Education Based Targeted Support New DE funded education-led targeted intervention programme (to replace REACH programme) in development for 26/27 academic year. HOPE Service (school counselling service for post-primary pupils) <i>(not part of the Framework)</i> School Counselling and Therapy (HOPE Service) Education Authority Northern Ireland	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				6,555 post-primary students used service in 24/25 academic year. 50,473* sessions provided in 24/25 academic year. [*40,570 individual; 1,016 group; 8,887 drop-in]	
		Delivery of People and place programmes.	DfC	DfC delivers on the Executives 'People and Place Strategy: A strategy for neighbourhood renewal' through the Neighbourhood Renewal (NR), Areas at Risk and Small Pockets of Deprivation programmes. They continue to be delivered in 65 geographical locations addressing identified deprivation within communities. Built on a structured approach to community development they benefit around 360,000 people with interventions designed to improve outcomes in health, education, employability, community safety and community capacity.	
		Delivery of the Fresh Start programme in areas where paramilitarism is prevalent.	DfC	The Developing Women in the Community programme Phase Three will deliver 8 projects providing training to women, building their confidence, skills and experience, enabling them to take on roles within their communities. Each project takes a Trauma Informed Approach and has a target to support women with their health	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				and mental well-being. The current Programme is being delivered to a minimum of 628 women across a 2-year period, from April 25 – March 27.	
		Delivery of work and wellbeing, ensuring that staff training and protocols are in place to identify and respond to effectively.	DfC	Delivery Teams for Workable (NI) and Condition Management Programme are equipped to identify and respond to possible cases of suicide and self-harm through training and established response protocols.	
		Zero Suicide Awareness training programme will continue to be made available to all DfC staff on the Links Learning portal as a refresher and for new entrants.	DfC	Zero Suicide Awareness training programme continues to be available to all staff on the Links Learning portal.	
		DfC Learning and Development Branch will aim to ensure that all front-line delivery staff receive suicide and self-harm awareness and Six Point Plan training within 2 months of starting their new roles.	DfC	During 2025-26 582 new staff received Suicide and Self-Harm Awareness and Six Point Plan training.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		DfC Learning and Development Branch will schedule a phased delivery of locally centred suicide and self-harm awareness and Six Point Plan refresher training for staff working across our front-line delivery network.	DfC	Completed the delivery of locally centred Suicide and Self Harm Awareness & Six Point Plan training delivered to 925 staff across the 35 Local Office network and to 387 staff across 3 UC Service Centres	
		DfC Learning and Development Branch will ensure that new trainers obtain an Accredited Unit of Learning at Level 4 in Suicide Prevention. Additionally, we will work with PLIGs to source and deliver suitable refresher skills training for our cohort of existing trainers.	DfC	6 new trainers obtained their level 4 Suicide First Aid Accreditation. 16 existing trainers attended a 'Connect Link Life Suicide Prevention Training' refresher skills session.	
		DfC Work Psychology Team will train new members of staff and	DfC	DfC Work Psychology Team members have completed ASIST training. All new team	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		refresh existing team members training in Tier 4, Specialised Skills Based Training to provide coverage to support the wider department.		members will complete training within 12 months of taking up post.	
		Provision of support hubs to ensure consistency of approach in relation to harm and vulnerability.	DoJ	Monthly Support Hub meetings continue to take place in all 11 Council areas. DoJ provides a small amount of funding (up to £3.6k pa per Hub) to assist with administrative costs. DoJ sits on the Support Hub Steering Group, along with representatives from • Councils • Education Authority • Strategic Planning and Performance Group • Northern Ireland Ambulance Service • Northern Ireland Fire and Rescue Service • Northern Ireland Housing Executive • Police Service of Northern Ireland • Probation Board for Northern Ireland • Youth Justice Agency • Safeguarding Board for Northern Ireland • Department for Communities	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				The Group provides strategic and, where appropriate, operational direction for Support Hubs. It also provides a forum for multi-agency consideration of the broader issues related to harm and vulnerability that the Support Hubs are dealing with, and provide a mechanism to agree appropriate collective action to support vulnerable people, including in the space of early intervention and diversion.	
		Support for victims of domestic and sexual violence.	DoJ/ DoH	The Domestic & Sexual Abuse Strategy 2024-2031 is inclusive, and applies to everyone regardless of gender. Pillar 4 concerns support and provision. Assist NI supports high risk/high harm victims through the criminal justice process, providing advocacy, information on court procedures and assistance with protective measures for adults and children. The 24 Hr DSA Helpline operated by Nexus ensures that there is immediate access to confidential guidance and crisis support at any time.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Men's Advisory Project focuses on supporting male victims through counselling, helplines and 1-to1 service. Civil service wide eLearning training was launched in July 2026 alongside specific Ending Violence Against Women and Girls training from TEO. Helps staff recognise and respond/support. Domestic Abuse Protection Notices and Orders are being piloted in 2027 to increase protections to victims, these will remove the burden of making an application for protection from the victim. Multi Agency Risk Assessment Conference (MARAC) is being replaced with Domestic Violence and Abuse Risk Response (D-VARR) in 2027, implementing recommendations made following a review of MARAC and strengthening the multi-agency response to domestic abuse. Subject to funding DoJ hope to develop a victim needs assessment.	

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
2.3	Delivery of capacity building activity to strengthen awareness of, and response to suicide and self-harm.	Ensure the provision of training programmes to meet the tiers of training as outlined within the PHA Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework ² .	PHA	 PL2 2025-26 Training Report.pdf The PHA Mental Health, Emotional Wellbeing and Suicide Prevention Training Framework was updated and published during August 2025. 946 training courses on suicide prevention and mental health training were successfully completed by 17,024 participants regionally. There were 833 courses in mental health and 113 in suicide prevention. Mental health training has included Mindset Adolescent, Mindset Adult, Living Life to the Full, Mood Matters Young People, Mood Matters Adult, Mental Health First Aid. Suicide prevention training has included Safetalk, ASIST and Connections Link Life. A training course finder tool, designed for integration into the Minding Your Head website, has been developed and is currently in alpha testing phase.	

² [PHA Mental and Emotional Health and Wellbeing and Suicide Prevention Training Framework | HSC Public Health Agency](#)

Theme Two: Awareness and Prevention					
Objective 2		Strengthen awareness and response to suicide and self-harm.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Stress control training is available through 6 online programmes and has had over 16000 views.	
		Review current training provision for suicide prevention and self-harm, improve data and outcome collection of the training.	PHA	A review of suicide prevention and self-harm training provision was completed during 2025/26. Work was undertaken to strengthen data collection and outcome monitoring processes, supporting improved evaluation of training activity across all training tiers. A revised monitoring framework has been developed and progress has commenced on the development of a training and standards portal to further enhance accessibility, consistency and quality assurance across commissioned training programmes.	
		Development of an online mental health lesson plan for police officers.	PSNI	Front line staff received face to face training on mental health and responsibilities under the Mental Health Order from April to July 2026. An electronic training package is in the final stages of development to compliment this face to face training and will be rolled out by the end of 2026.	
		Delivery and monitoring of Mental Health First Aid training for PSNI staff.	PSNI	Approximately 470 staff and officers have been trained in MHFA. Ongoing planning for refresher training. First cohort due in February 2027.	

Theme Two: Awareness and Prevention					
Objective 3		Enhance responsible media reporting on suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
3.1	Promote use of media guidelines and monitor the reporting of suicide, and continually review guidelines.	Identify a lead organisation for the monitoring of media reporting of suicide and self-harm.	PHA	Engagement is ongoing to identify and establish arrangements for the organisation that will lead on monitoring media reporting of suicide and self-harm.	
		Agree escalation process for PLIG members to highlight potential breaches of the Media Guidelines.	PHA	Work is underway with key stakeholders to develop and agree a process for raising concerns regarding potential breaches of the Media Guidelines.	
		Promote sensitive traditional reporting through appropriate guidelines and challenge inappropriate media reporting.	PHA	Ongoing activity continues to promote responsible and sensitive reporting of suicide and self-harm through the dissemination of recognised media guidelines and engagement with relevant stakeholders.	
		Development and delivery of training for media students on 'safe reporting of suicide and self-harm'.	PHA	In partnership with Samaritans, training on the safe reporting of suicide and self-harm was delivered to students studying media and journalism courses across Northern Ireland. Nine sessions were delivered, providing students with guidance on responsible reporting, the impact of media coverage and sources of support.	

Theme Two: Awareness and Prevention					
Objective 3		Enhance responsible media reporting on suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Feedback from educational institutions was highly positive and demonstrated the value of incorporating suicide prevention principles within journalism and media training.	
3.2	Promote positive use of the internet & social media in relation to suicide prevention & self-harm reduction.	Implement actions from the Online Safety Strategy to manage and respond to harmful experiences online.	SBNI	Extensive work continues under the Executive's Online Safety Strategy, with a focus on tackling online harms and exploitation. The SBNI and partner agencies are progressing delivery through coordinated activity, including the Online Safety Hub as Northern Ireland's central platform for education and support, the development of evidence-based resources and guidance, targeted prevention and reporting campaigns such as <i>Trust Trap</i> to address grooming and sextortion and reassure those in crisis, and ongoing work to strengthen the local evidence base on children's experiences online. Clear signposting to existing support services remains a core element. Although published as an Executive Strategy, no dedicated Executive funding was provided and delivery has relied on departments meeting actions from within existing allocations.	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
4.1	Deliver effective, community-based suicide prevention services.	Ensure provision of community-based suicide prevention services.	PHA	Community-based suicide prevention services continued to be delivered across Northern Ireland, providing counselling, early intervention, capacity-building and community support programmes. Services supported adults, children and young people, helping individuals improve their mental health and wellbeing while strengthening community resilience and awareness of suicide prevention. <u>Counselling Provision</u> 12,963 Counselling sessions delivered to 2161 adults (Belfast and SE Trust only) 35% male, 65% female 18-24 years 16% 25-44 years 51% 45-64 years 28% 65-74 years 4% 75+ years 1%	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				1,314 clients (out of 1,761 clients who had finished their counselling) completed a pre and post psychometric tool. 774 clients (59%) reported a clinically reliable improvement/recovery following counselling and 1,092 clients (83%) reported an improvement in mental health and wellbeing. Children and Young People Counselling Provision 918 Counselling sessions delivered to 178 children and young people. 39% Male 58% Female 3% Non-binary <10 years 20% 10-12 years 19% 12-14 years 17% 14-16 years 19% 16-18 years 22% <u>Small Grants 2025/26</u> What did we do? £1,466,856.95 allocated	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				446 overall projects supported with 36,555 beneficiaries working with 2,543 volunteers who provided 31,185 volunteer hours. How well did we do it? - Western area- 163 projects supported with 14,843 beneficiaries. - Southern area- 95 projects supported with 6,458 beneficiaries. - Belfast area- 74 projects supported with 5,079 beneficiaries. - South Eastern area- 55 projects supported with 5,065 beneficiaries. - Northern area- 59 projects supported with 5,110 beneficiaries. Is anyone better off? Small grants 2025/26 446 funded groups of which 314 used an approved psychometric tool (70% of funded groups) to measure outcomes in wellbeing for participants.	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				14,559 participants showed a positive wellbeing change which was 93% of those who utilised the approved psychometric measurement tools. 96% of participants showed positive increase utilising Take 5 activity evaluation. 99% of participants showed positive increase utilising Take 5 outcomes star. 96% of participants showed a positive increase utilising the Financial & Mental Health Wellbeing Communities Outcomes Star. Qualitative feedback from small grants participants in 2025/26: “I didn’t expect to make such strong friendships, I now have a support network outside the project.” “I’ve become more comfortable being around new people, which has helped me socially.”	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				"I've started attending other community activities because of the confidence I gained here." "My family has started adopting healthier habits because of what I've learned." "I've inspired friends to look after their wellbeing too." "I've become more active and spend less time on unhealthy habits." "The outcomes for our group have been: • Improved physical health and fitness, including strength, endurance, coordination, and overall wellbeing. • Enhanced mental resilience and emotional regulation, helping participants manage stress, anxiety, and daily challenges. • Increased confidence and self-esteem, empowering young people to set goals and take on new challenges.	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				• Development of life skills, such as discipline, teamwork, focus, and problem-solving. • Stronger social connections and sense of community, reducing isolation often experienced in rural areas. • Greater awareness of mental health and available support services, encouraging proactive self-care and help-seeking behaviours.” <u>Sports Coaches Grant 2025/26</u> What did we do? £18,377.99 awarded to 37 clubs in Western Trust area How well did we do it? • 11% of awards to new applicants increasing reach and awareness of suicide supports • 58% of those trained were male, increasing reach to men who are at higher risk of suicide.	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Is anyone better off? - Community capacity to respond to suicide increased with 119 sports club members trained in SafeTALK (117) and Sport NI Mental Health and Wellbeing (2) Northern Networks SPDO (Mental Health Community Development Support model groups) – Northern Trust What did we do? £90,201.13 allocated to 114 groups 3678 beneficiaries 798 volunteers providing 4429 volunteer hours How well did we do it? 95% agreed they know more about improving wellbeing 92% agreed that activity helped with their wellbeing 98% felt more connected in their community	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				 SPDO Model Group Infographic (1).png Is anyone better off? - I had so much fun getting out of the house and meeting people I don't go out otherwise. - It was good for my mental health and has taught me to breathe correctly. - Thoroughly enjoyed the project, it helped me emotionally. - Great taking part with all new friends. - Good respite for me as a carer, it's hard to find activities to take my wife with dementia to that we can both enjoy  PHA Funded Project Case Study EOI Gro LGBTQIA+ What did we do?	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				£86,703 allocated to deliver 429 health and wellbeing interventions and 533 counselling sessions How well did we do it? Increased engagement with wider support services such as peer support groups, refugee and migrant services Reduced stigma and increased visibility of LGBTQIA+ service users mental health needs reported. Improvements in emotional wellbeing supported healthier relationships with partners, families and carers, particularly for those experiencing isolation Service users reported that they would not have accessed counselling elsewhere due to past experiences of stigma or lack of cultural understanding. Is anyone better off? <i>“Just having the space to think out loud and listen to other people’s stories and experiences was invaluable”</i>	

Theme Two: Awareness and Prevention					
Objective 4		Enhance community capacity to prevent and respond to suicidal behaviour within local communities			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				<i>"Thank you so much, meeting others has made things not seem so heavy and we are not alone"</i> <i>"I now feel more equipped to advocate for my child within their school environment"</i> <i>"I feel more confident in understanding and supporting my child"</i>	
		Review current provision and improve data and outcome collection to develop evidence base.	PHA	Work is underway to review current service provision and strengthen data collection and outcome monitoring processes. This will support the development of a robust evidence base to inform future service planning and improvement.	
		Develop commissioning plan for community suicide prevention services.	PHA	Planned activity was progressed during the reporting period to support the ongoing development of community suicide prevention services.	
		Implement, evaluate community-based suicide prevention services.	PHA	Community-based suicide prevention services continued to be delivered and evaluated throughout the reporting period, supporting individuals, families and communities while informing ongoing service improvement and development.	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
5.1	Reduce risk of suicide at high-risk locations, engaging with local stakeholders and developing plans for enhancing safety at those locations.	Investigate the potential of carrying out a pilot to install green pedestrian barriers at two locations on the Westlink in Belfast.	DfI	The Department for Infrastructure (DfI) is currently developing a pilot to increase parapet heights on Clifton and Divis Street Bridges, at an estimated cost of £1.8m, subject to the availability of funding, using a green living wall rather than standard metal railings.	
		Investigate the potential for enhancing safety and the associated cost on the Foyle Bridge in Derry-Londonderry.	DfI	The Department for Infrastructure (DfI) is currently conducting a structural assessment regarding the installation of higher parapet railings. The study assesses whether the existing bridge structure can sustain the additional weight and wind loading. The review involves complex engineering considerations and will take several months to complete.	
		Launch 'Collective responsibility, collective action to prevent student suicide' guidance for Higher Education in Northern Ireland.	UU	Guidance was launched in Manchester University in October 2024. Engagement event held – Creating Safer Spaces in Higher Education in Northern Ireland, on 2 May 2025 in Ulster University Belfast Campus, in collaboration with Queens University. The event was supported by Professor Siobhan O'Neill Mental Health Champion Northern Ireland.	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		Review and adapt the HSE 'Preventing suicide in public places: a best practice toolkit' for use in Northern Ireland.	DoH	Work on this guidance has not yet commenced and will depend on securing additional staff capacity to lead and support its development.	
5.2	Work with professional groups to encourage safer prescribing.	Utilise pharmacy newsletters to promote safer prescribing messages to prescribers and to community pharmacists.	SPPG	A number of newsletter articles have been issued to GP practices and community pharmacies in the 25_26-time frame which promote safer prescribing messages to primary care prescribers and community pharmacists. Those which relate most directly to PL2 include: • Self -Harm Awareness Day (March 25) • Look after your Mental Health (Sept 25) • Opioid Supplement: Risk of self-harm and suicide with opioid analgesics (Mar 26) • Reviewing propranolol for anxiety (due to risk of toxicity in overdose) (March 26) All articles are available to view here In addition, newsletter articles and supplements are also frequently issued reminding of the safe and appropriate use of pain medicines for managing chronic non-cancer pain and alternatives available.	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		Monitor prescribing in primary care and suggest remedial actions to be taken by prescribers, community pharmacists and other agencies where appropriate e.g. patient review or reclassification of medicines.	SPPG	A range of measures are in place to support safer prescribing and help identify patients who may be at increased risk from certain medicines. Regular Monitoring of Prescribing Data Rational Prescribing Indicators (RPIs) are reviewed every three months. These indicators help identify prescribing patterns for medicines that can be associated with harm when used inappropriately, including: • Benzodiazepines (medicines often used for anxiety or sleep problems) • Z drugs (sleeping tablets) • Gabapentinoids (medicines used for nerve pain and some other conditions) • Opioids (strong painkillers) Pharmacy Advisers work with GP practices whose prescribing levels are significantly higher than average. Practices receive quarterly information through the GP COMPASS report to help them review prescribing and identify opportunities for improvement.	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Additional information has recently been included in these reports to highlight patients who may be at greater risk because they are prescribed combinations of medicines that can increase the likelihood of serious side effects, including: • More than one opioid medicine at the same time • An opioid together with a Benzodiazepine, Z drug or Gabapentinoid Monitoring Medicines Associated with Increased Risk The Strategic Planning and Performance Group (SPPG) monitors medicines included on the HSC Prescribing STOP and Limited Evidence Lists. Propranolol, when prescribed for anxiety, has recently been added to the Limited Evidence List. Evidence suggests that propranolol is frequently involved in deliberate overdose and may cause severe toxicity, particularly when taken alongside certain antidepressants. Other medicines monitored because of concerns about overdose risk include: • Co-proxamol • Dosulepin	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Prescribers are encouraged to regularly review the use of these medicines and consider safer alternatives where appropriate. Assurance and Governance An annual assurance statement is included within the Northern Ireland Controlled Drugs Assurance Framework (NICAF). This helps ensure that systems are in place to monitor and review the prescribing of controlled drugs and supports safe and effective prescribing practices. Reducing Risks Associated with Opioid Prescribing Following recommendations from the National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, reducing deaths from opioid overdose has been a key area of focus. To support safer opioid prescribing, the SPPG Pharmacy and Medicines Management Team (PMMT) has: • Issued guidance and communications to GP practices	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				- Shared learning from medicines safety improvement programmes - Provided prescribing alerts and safety messages through clinical systems - Developed a high-dose opioid dashboard with Digital Health and Care Northern Ireland (DHCNI), enabling GP practices to identify and review patients receiving the highest opioid doses Regular meetings also take place between SPPG, Trust representatives and GP prescribing leads to discuss prescribing trends and actions to improve patient safety. Supporting Deprescribing Reducing or stopping medicines that may no longer be needed, known as deprescribing, has been a priority for several years. Key areas of focus include: - Opioids - Gabapentinoids - Antidepressants, including dosulepin - Benzodiazepines - Z drugs	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Prescribers are supported through newsletters, educational workshops, clinical webinars and awareness campaigns to help ensure these medicines are used safely and only when clinically appropriate. These actions aim to improve patient safety, reduce medicine-related harm and ensure that patients receive the most appropriate treatment for their individual needs.	
		Promote messages to the public regarding safer use and disposal of medicines.	SPPG	Community Pharmacy Over-the-Counter (OTC) Codeine Brief Intervention and Referral Pilot Service Launched in April 2026, this pilot service enables community pharmacists to identify and support people who may be misusing over-the-counter codeine-containing medicines. Pharmacists can provide a brief intervention, offer advice, and, where appropriate, refer individuals to the Northern Trust Community Addictions Service (CAS) for further support. The CAS also provides advice and guidance to participating pharmacies. This service aims to improve early identification of problematic codeine use and ensure that people	

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				can access appropriate support and treatment when needed. Further details can be found here Public Awareness Campaign on the Risks of OTC Pain Medicines The Strategic Planning and Performance Group (SPPG), working in partnership with Digital Health and Care Northern Ireland (DHCNI), received award recognition for a public awareness campaign highlighting the potential risks associated with over-the-counter pain medicines. The campaign aimed to increase public understanding of the safe use of these medicines, encourage informed decision-making, and raise awareness of the harms that can occur when medicines are not used as directed. See here for further details Community Pharmacy Engagement Through Professional Communications An article published in the May 2026 edition of <i>PRN</i>, a professional publication developed by the SPPG Pharmacy and Medicines Management Team (PMMT) and distributed to all community	

Theme Two: Awareness and Prevention				
Objective 5		Restrict access to the means of suicide		
Actions		Deliverables	Delivery Lead	Progress
				pharmacies in Northern Ireland, highlighted the objectives of the PL2 strategy. The article encouraged community pharmacists to remind patients and carers to return unwanted or unused medicines to their local pharmacy for safe disposal. Safely disposing of medicines helps reduce the amount of excess medication in the home and can reduce access to medicines that may be used inappropriately or cause harm. The article can be viewed here Social Media Campaigns SPPG regularly uses Health and Social Care (HSC) social media channels to promote the safe disposal of unwanted medicines. These campaigns encourage patients to return unused or expired medicines to their local community pharmacy rather than storing them at home or disposing of them incorrectly. This supports patient safety, reduces waste, and helps limit access to medicines that may pose a risk if taken accidentally or inappropriately.

BRAG

Theme Two: Awareness and Prevention					
Objective 5		Restrict access to the means of suicide			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				The most recent social media campaign was delivered in March 2026.	

Theme 3: Supporting Compassionate Responses to Suicide				
Objective 6		Enhance the initial response to, and care and recovery of people who are suicidal.		
Actions		Deliverables	Delivery Lead	Progress
				BRAG
6.1	Provide timely, accessible de-escalation services for those in emotional crisis or despair through the provision of 24/ 7 crisis helpline.	Ensure provision of Lifeline service.	PHA	 Lifeline Annual Score Card 2025-26 ' Lifeline service continues to be provided across Northern Ireland on a 24/7 freephone basis. Around £3.5m is invested in Lifeline each year. Talking Really Helps mass media campaign has been delivered and been very well received. How much did we do? • An average of 894 unique clients used the helpline in 2025/26 (total 5185 unique clients). • An average of 183 new clients referred into Lifeline each month in 2025/26 (total 2191 new clients). • Total calls to Lifeline increased following the Lifeline Talking Really Helps mass media campaign. How well did we do it? • 94% calls answered • 31% and 52% of Helpline clients are from the top 20% and 40%

Theme 3: Supporting Compassionate Responses to Suicide					
Objective 6		Enhance the initial response to, and care and recovery of people who are suicidal.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				most deprived areas in NI respectively • 75% clients referred for counselling received first appointment within 7 days. • 76% of counselling clients attended 2 or more sessions. • 24 and 45% of new counselling clients are from the top 20% and 40% most deprived areas in NI respectively. <i>Is anyone better off?</i> • Positive feedback has been received from many clients regarding the service and counsellors.	
		Review the evidence for digital engagement through helplines.	PHA	The literature review is underway with a systematic search strategy having been developed in 2025/26. Completion of this work is scheduled for 2026/27.	
		Embed Lifeline within planned Regional Crisis Service	PHA/ SPPG	Progress was made in supporting the ongoing development of a coordinated	

Theme 3: Supporting Compassionate Responses to Suicide					
Objective 6		Enhance the initial response to, and care and recovery of people who are suicidal.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		Pathway within the Mental Health Strategy ³ .		regional crisis response pathway, with Lifeline continuing to play a key role in providing support for individuals experiencing emotional distress or crisis.	
6.2	Embed safety plans across all sectors to support those who have thoughts of suicide or ideation.	Embed consistency of safety planning interventions and follow-up across HSC Trusts (including healthcare in prisons) and community-based suicide prevention services, and consider process for sharing safety plans across sectors.	DoH/ HSCTs	Stanley Brown safety plan (SB SP) embedded in point of entry services. Preparations for spread and scale of SB SP and CoSP across AMH services, and GP Fed and C&V as part of phase 2 of the suicide prevention care pathway (SPCP) development. Ongoing engagement with Epic relating to adjustment required to encompass system in relation to safety planning flow and data collection. Safety plans have been viewable by SU on My Care App from Feb 2026. From 1/07/26 PHA to cease Lifeline pilot of offering SP follow-up to	

³ [doh-mhs-strategy-2021-2031.pdf](#)

Theme 3: Supporting Compassionate Responses to Suicide				
Objective 6		Enhance the initial response to, and care and recovery of people who are suicidal.		
Actions		Deliverables	Delivery Lead	Progress
				individuals referred by Trusts and identified at Step 1&2.

Theme Three: Supporting Compassionate Responses to Suicide					
Objective 7		Ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
7.1	Reduce the risk of further suicides in the community through surveillance and activation of agreed regional community response plan protocols.	Review and monitor Community Response Protocols (CRP) to inform continuous improvement.	PHA	Progress was made in strengthening the regional Community Response Plan framework during 2025/26. Updated guidance was developed to support a more consistent and coordinated approach to surveillance, response and recovery following suspected suicide clusters or incidents of concern. The revised framework incorporates learning from local practice and international evidence and provides clearer guidance on roles, responsibilities and partnership working across agencies.	
		Ensure North/South Connection included within CRP review and include shared surveillance on suicides that take place in vulnerable communities are transient across the North/South border.	PHA	Cross-border collaboration continued to be strengthened through the inclusion of North/South considerations within revised CRP guidance and ongoing engagement with partner organisations. This work supports improved information sharing and coordinated responses	

Theme Three: Supporting Compassionate Responses to Suicide					
Objective 7		Ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				where communities are affected across jurisdictions.	
7.2	Provide a consistent, compassionate approach to supporting those bereaved /affected by suicide.	Develop, implement and evaluate a regional postvention service for under 18-year-olds in Northern Ireland.	PHA	Development of a regional postvention service for children and young people continued during 2025/26, with work progressing to establish a consistent and compassionate model of support across Northern Ireland.	
		Review and develop recommendations for a regionally consistent postvention service for adults Northern Ireland.	PHA	Work is continuing to review current provision and develop recommendations for a regionally consistent postvention service for adults affected by suicide.	

Theme Three: Supporting Compassionate Responses to Suicide					
Objective 8		Reduce the incidence of suicide amongst people under the care of mental health services			
Actions		Deliverables	Delivery Lead	Progress	BRAG
8.1	To reduce the incidence of suicide amongst people under the care of mental health service.	Delivery of training and implementation of SHARE guidelines.	HSCTs	Rolling programme continues with AMH staff; promotion and monitoring uptake of training, and SHARE guidelines.	
		Implement the recommendations from the National Confidential Inquiry.	HSCTs	Ongoing work continues on phased implementation of the recommendation of NCI. Full implementation has been impacted by limited resources and system pressures.	
		Continued implementation of the Towards Zero Suicide Programme in HSC Trusts (including Healthcare in Prisons) to promote safer adult mental health services.	HSCTs	TZS project continues to evolve from initial implementation to core components becoming embedded within business as usual. TZS strategic frame work and action plan 2026/29 has been developed and is currently with TZS Collaborative Board for approval.	
		Implementation of the suicide prevention care pathway in HSC Trusts (including Healthcare in Prisons).	HSCTs	PHASE one of the SPCP has been implemented in point of entry services across all five Trusts.	

Theme Three: Supporting Compassionate Responses to Suicide					
Objective 8		Reduce the incidence of suicide amongst people under the care of mental health services			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Phase 2 of the suicide prevention care pathway (SPCP) will be presented for approval Autumn 2026. There remain ongoing areas of focus including Encompass You In Mind documentation and data extraction. Challenges were experienced in evaluation of SPCP Phase one with limited feedback obtained from Service Users and Carers.	
		Building safer wards/ minimising restrictive practices in acute in-patient mental health units.	HSCTs	MRP - Regional Quality improvement project identified overall 13.5% reduction in restrictive practices across pilot wards. BsW – regional audit tools agreed. Next stage - spread and scale across remaining wards and embed into local governance arrangements. Six monthly review to identify improvement and variation.	
		Regional consistency offering early post discharge appointment within	HSCTs	The TZS Regional target of 80% within 72 hours of patients being discharged	

Theme Three: Supporting Compassionate Responses to Suicide					
Objective 8		Reduce the incidence of suicide amongst people under the care of mental health services			
Actions		Deliverables	Delivery Lead	Progress	BRAG
		72 hours for 80% of patients discharged from acute services		from acute inpatient units has been achieved in Phase 1 of implementation. All Trusts are now moving to Phase 2 and a target of 100%. Regional TZS Post Discharge Group's focus for Phase 2 will also be the quality and consistency of approach to Post Discharge Appointments across all the Trusts.	
		Implementation of the Towards Zero Suicide workforce learning and development plan.	HSCTs	The TZS workforce learning and development plan has been approved by TZS Collaborative Board and is being implemented across all Trusts' mental health services in Phase2 of TZS Implementation.	

Theme Four: Supporting Compassionate Responses to Self-Harm					
Objective 9		Enhance services for people who self-harm, particularly for those who do so repeatedly.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
9.1	Ensure provision of effective community-based responses that reduce incidences of self-harm.	Implement the self-harm intervention programme and monitor delivery.	PHA	The Self-Harm Intervention Programme (SHIP) continued to provide timely support for children, young people, adults and their families affected by self-harm. During the reporting period, the service supported over 2,400 referrals and offered more than 15,000 appointments. Attendance rates remained high across all age groups, demonstrating continued engagement with the service. Feedback from service users and family members indicated that the programme supports individuals to manage difficulties more effectively and increases confidence among family members and carers in providing support. Outcomes continue to demonstrate the value of early intervention and community-based support for people affected by self-harm. What did we do?	

Theme Four: Supporting Compassionate Responses to Self-Harm				
Objective 9		Enhance services for people who self-harm, particularly for those who do so repeatedly.		
Actions		Deliverables	Delivery Lead	Progress
				BRAG April 2025 to March 2026: • 2,442 self-harm referrals received. • 966 (40%) were under 18 years. • 1,476 (60%) were adults (18+). • 15,681 appointments were offered. • 6,882 (44%) were under 18 years. • 8,799 (56%) were adults (18+). • 871 support persons were referred to the SHIP service (this includes support persons identified by SHIP staff who agreed to attend appointment). • 1,112 appointments were offered to support persons. How well did we do it? • 2,216 (91%) referrals were accepted as appropriate.

Theme Four: Supporting Compassionate Responses to Self-Harm				
Objective 9		Enhance services for people who self-harm, particularly for those who do so repeatedly.		
Actions		Deliverables	Delivery Lead	Progress
				BRAG 83% (n=12,956) appointments were attended. - Attendance rate for young people under 18 years was 84% (n=5,791). - Attendance rate for adults (18+) was 81% (n=7,165). 79% (n= 878) appointments were attended by support persons. Is anyone better off? Of those clients who provided feedback: % clients who reported that they usually or always “feel the SHIP service has helped me cope with my problems”. - Belfast area = 89% - Northern area = 88% - Southern area = 100% - South Eastern area = 93% - Western area = 94%

Theme Four: Supporting Compassionate Responses to Self-Harm					
Objective 9		Enhance services for people who self-harm, particularly for those who do so repeatedly.			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				% of support persons who reported that usually or always ‘the support I received from this service helped me understand how to support my family/partner/nominated friend’. • Belfast area = 94% • Northern area = 100% • Southern area = 100% • South Eastern area = 100% • Western area = 94%	
		Collaborate with Trusts to develop and agree protocols for step up from SHIP step 2 service to HSCT Tier 3 services when indicated.	PHA	Work on this has not yet commenced and will depend on securing additional staff capacity to lead and support its development.	
		Respond to self-harm registry data by developing a pilot project for young women who have self-harmed or who are at risk of self-harm.	PHA	Work on this has not yet commenced and will depend on securing additional funding to support its development.	

Theme Five: Research, Evidence and Planning					
Objective 10		Strengthen the local evidence on suicide patterns, trends and risk on effective interventions to suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
10.1	Conduct ongoing surveillance to monitor changing behaviours or trends in suicide, suicide ideation and self-harm means to inform preventative action, particularly where new methods emerge.	Continued collection and reporting of suicide statistics.	NISRA	Annual official suicide death statistics for the reporting year 2024 were published by NISRA on 20 November 2025. Annual statistics for 2025 will be published in Autumn 2026.	
		Publish research on the socio-demographic associations of suicides, drug-related and alcohol specific deaths.	NISRA	Research findings published in September 2025.	
		Publish research on area factors and suicide	NISRA	New deliverable to be introduced 2026/2027	
		Continue to maintain a registry for self-harm and suicide ideation.	PHA	What did we do? Self Harm Registry Regional Report 22/23 & 23/24 published on PHA website. During 2023/24: • 13,575 presentations to EDs with acts of self-harm or ideation. • 7,071 self-harm presentations and 6,504 ideation presentations.	

Theme Five: Research, Evidence and Planning					
Objective 10		Strengthen the local evidence on suicide patterns, trends and risk on effective interventions to suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				How well did we do it? • age-standardised rate of self-harm was 275 per 100,000. • The male rate was 263 per 100,000 and the female rate was 291 per 100,000. • The highest rate of self-harm was observed among 15 to 19 year old females and among 25 to 29 year old males, with rates of 889 per 100,000 and 636 per 100,000 respectively. • The overall age-standardised rate of ideation was 243 per 100,000. The male rate was 298 per 100,000 and the female rate was 190 per 100,000. • The highest ideation rate was observed among 25 – 29-year old males with a rate of 669 per 100,000. Among females, the highest rate occurred in the 20 – 24-year old age group at 410 per 100,000.	

Theme Five: Research, Evidence and Planning					
Objective 10		Strengthen the local evidence on suicide patterns, trends and risk on effective interventions to suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				Is anyone better off? - Between 2022/23 and 2023/24, the rate of self-harm for all persons in Northern Ireland decreased by 8%. - Over the ten year period from 2014/15 to 2023/24 the rate of self-harm in Northern Ireland decreased by 19%. Information session on Self-harm Registry findings planned for PLIG members in June 2026.	
		Produce data reports outlining rates and trends of self-harm and suicide ideation as captured in the self-harm registry.	PHA	Self Harm Registry Regional Report 22/23 & 23/24 published on PHA website.	
		Raise awareness of data collected from the self-harm registry to inform service developments and inform evidence / research.	PHA	Findings from the recently published Self Harm Registry (SHR) Report 2022/23 & 2023/24 were presented to Regional Protect Life Implementation Group.	

Theme Five: Research, Evidence and Planning					
Objective 10		Strengthen the local evidence on suicide patterns, trends and risk on effective interventions to suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				- Two information sessions were held in June presenting findings from the SHR Report to Local Protect Life Implementation Group members which are made up of community, voluntary and statutory sector staff and volunteers and HSC staff. - PHA in partnership with the National Suicide Research Foundation, have developed a paper on self-harm trends in Ireland and Northern Ireland, 2013 – 2022 which was submitted to the “Irish Journal of Psychological Medicine” on 22nd June 2026. - The Administrative Data Research Centre (NI) has secured a further 5 years of funding and continues to support work using the self-	

Theme Five: Research, Evidence and Planning					
Objective 10		Strengthen the local evidence on suicide patterns, trends and risk on effective interventions to suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				harm registry data. Current research projects include: • exploring trends in self-harm and the impact of SHIP • examining predictors and outcomes associated with ideation • exploring impact of where you live on self-harm and ideation to be examined early next year.	
10.2	Identify priorities for research into suicide, self-harm & their prevention including data linkage, with a view to future commissioning.	A regional project to identify priorities for self-harm and suicide prevention.	PHA	Data sub-group to be established within PHA during 2026 / 2027 financial year.	
		Development of an evidence base on conversion practices to support policy formulation.	DfC	Under the previous Minister, Department for Communities, grant-funded a research project into Conversion Practices in Northern Ireland. Funding was provided to a consortium of organisations from the LGBT sector to work in partnership with	

Theme Five: Research, Evidence and Planning					
Objective 10		Strengthen the local evidence on suicide patterns, trends and risk on effective interventions to suicide and self-harm			
Actions		Deliverables	Delivery Lead	Progress	BRAG
				academics from Ulster University and QUB, the research was published in May 2025.	
10.3	Continue participation in the National Confidential Inquiry on Suicide and Homicide (NCISH).	Ensure provision of data for the NCISH.	RQIA	RQIA continue to work collaboratively with Trusts and the NCISH project to ensure that datasets and suicide questionnaires are completed and returned in a timely manner. Completion rates for questionnaires for Northern Ireland have improved from 16% in March 2024 to 89% in May 2026. Northern Ireland data continues to be included in the NCISH annual report.	

Glossary

DAERA	Department of Agriculture, Environment and Rural Affairs
DE	Department of Education
DfC	Department for Communities
DfE	Department for the Economy
DfI	Department of Infrastructure
DoF	Department of Finance
DoH	Department of Health
DoJ	Department of Justice
HSCT	Health and Social Care Trust
NISRA	Northern Ireland Statistic and Research Agency
PHA	Public Health Agency
PSNI	Police Service of Northern Ireland
RQIA	Regulation and Quality Improvement Authority
SBNI	Safeguarding Board for Northern Ireland
SPPG	Strategic Planning and Performance Group
UU	University of Ulster