



Department of

Health

An Roinn Sláinte

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Mental
2021-2031 **Health**
Strategy

Mental Health Strategy

Delivery Plan

—
2026/27

Index	
Executive Summary	2
Introduction	4
How we developed the 2026/27 Annual Delivery Plan	5
Mental Health Strategy 2021-2031 Progress to date	8
Mental Health Strategy Review of Deliverability	19
Key 2026/27 Activities	21
Mental Health Strategy - Governance and Oversight	35
Next steps	36
Annex A	37
Annex B	43

Executive Summary

The Mental Health Strategy 2021–2031 sets out the Department of Health's long-term vision for improving mental health and wellbeing across Northern Ireland. The Mental Health Strategy Delivery Plan 2026/27 builds on that vision by setting out the key activities that will be progressed during the year ahead.

The Delivery Plan has been developed in the context of the current financial position and reflects the findings of the Review of the Deliverability of the Mental Health Strategy, published in October 2025. While reaffirming the Department's commitment to the ambitions of the ten-year Strategy, the Review identified the need to focus delivery effort on those areas where the greatest progress can be achieved within available resources.

Accordingly, during 2026/27, delivery effort will be concentrated on four key areas:

- strengthening the mental health workforce, including the contribution of the Community and Voluntary sector;
- progressing a regionally consistent Mental Health Crisis Service;
- reducing inequity through greater regional consistency and collaboration; and
- progressing low-cost and no-cost actions that maximise the impact of existing resources.

Development of the Delivery Plan has also been informed by stakeholder engagement undertaken in April 2026. Representatives from across Health and Social Care, the Community and Voluntary sector, primary care and wider partner organisations helped identify where delivery effort should be focused during the coming year.

While this Delivery Plan prioritises these areas during 2026/27, implementation of the wider Mental Health Strategy continues. Progress will continue across the full range of commenced Strategy actions, recognising that many programmes are already well established whilst recognising that future delivery will continue to be shaped by the current financial context.

This Delivery Plan provides a realistic and deliverable programme of work for 2026/27, maintaining momentum towards the long-term ambitions of the Mental Health Strategy while making best use of existing resources.

Introduction

The Mental Health Strategy 2021–2031 provides the strategic framework for improving mental health and wellbeing across Northern Ireland. It sets out a ten-year vision for transforming mental health services, promoting prevention and early intervention, improving outcomes, and ensuring that people can access high-quality support when and where they need it.

Annual Delivery Plans support implementation of the Strategy by setting out the key activities that will be progressed each year. They provide a practical framework for delivery while recognising that implementation of the Strategy is a phased programme of work that must respond to changing priorities, emerging evidence, and the resources available.

The Mental Health Strategy Delivery Plan 2026/27 has been developed within the current financial context and reflects the Department's commitment to maintaining progress across the wider Strategy while concentrating delivery effort on those areas identified as the highest priorities for the year ahead.

The activities included within this Delivery Plan have been informed by the findings of the Review of Deliverability together with engagement undertaken with key stakeholders across the mental health system. It also takes account of the new context for delivery of mental health services under the Department's Reset agenda with a greater focus on a neighbourhood model of delivery and a commitment to the refocusing of care from hospital to community settings, supported by the redirection of funding and the wider ambition to shift 2% of overall hospital-based spend each year into community-based provision through Integrated Neighbourhood Teams and neighbourhood services. In particular, the work to establish Area and Local Mental Health Collaboratives under Action 31 (Regional Mental Health Service) is entirely aligned to the neighbourhood model of delivery and will be taken forward in that context.

Further information on the development of the Delivery Plan is provided in '**Key 2026/27 Activities**' below.

How we developed the 2026/27 Annual Delivery Plan

Strategic Context

Development of the Delivery Plan 2026/27 has been informed by the findings of the Review of Deliverability report published in October 2025¹. The Review identified the need to focus delivery effort, and any additional funding (if available) on a smaller number of high priority actions, over a 3-year period as follows:

- 2026/27
 - Mental Health Workforce.
 - Mental Health Crisis Services.
- 2027/28
 - Mental Health and Older Adults.
 - Digital Mental Health Model.
- 2028/29
 - Increasing CAMHS funding to 10% of Adult Mental Health Funding.
 - Support for Individuals with Severe and Enduring Mental Ill Health.

Throughout this period, the Mental Health Strategy will maintain a strong focus on reducing inequity as a cross-cutting priority, implemented through multiple actions across the Strategy rather than through a single dedicated action. It will also advance low-cost and no-cost actions capable of delivering meaningful improvements within existing resource constraints.

The Delivery Plan therefore sets out the key activities that will be prioritised during 2026/27 while continuing implementation across those actions of the Mental Health Strategy which already receive some recurrent funding as well as those where work can continue with limited resource.

The Delivery Plan has also been informed by ongoing policy development, progress against previous Delivery Plans and wider strategic priorities across Health and Social Care.

¹ [The Northern Ireland Mental Health Strategy A Review of the deliverability of the Strategy's Actions 2026-2029 - FINAL.pdf](#)

Stakeholder Engagement

To support development of the 2026/27 Delivery Plan, the Department undertook two stakeholder workshops in April 2026 involving representatives from across Health and Social Care, the Strategic Planning and Performance Group (SPPG), the Public Health Agency (PHA), Health and Social Care Trusts, the Community and Voluntary sector, professional bodies and other key partners.

Building on the foundations established through previous Delivery Plan workshops, this year's engagement focused on how implementation of the Mental Health Strategy could be progressed within the current financial context. Rather than identifying new priorities, participants explored how delivery effort could best be focused to maximise progress during 2026/27 within the current financial context.

Workshop discussions centred on four key areas identified through the Review of Deliverability:

- strengthening the mental health workforce, including the contribution of the Community and Voluntary sector;
- progressing a regionally consistent Mental Health Crisis Service;
- reducing inequity through greater regional consistency and collaboration; and
- identifying low-cost and no-cost actions capable of delivering meaningful improvement.

Participants explored practical opportunities to strengthen collaboration, improve integration across statutory and community services, make better use of existing resources, and identify actions that could be progressed during the year ahead.

The workshop findings have directly informed the priorities and activities set out in this Delivery Plan.

The detailed findings are available in the accompanying Mental Health Strategy Delivery Workshops Report 2026.

Together, the Review of Deliverability, stakeholder engagement and progress against previous Delivery Plans have informed the development of a focused and deliverable programme of work for 2026/27.

Mental Health Strategy 2021-2031- Progress to date

Implementation of the 2025/26 Delivery Plan continued against a backdrop of significant financial challenge across the Health and Social Care system. Despite these pressures, good progress has been maintained across the Mental Health Strategy, with delivery continuing across all three strategic themes while making best use of available resources.

Alongside implementation of the 2025/26 Delivery Plan, the Department completed the Review of Deliverability, providing an important opportunity to assess progress to date, consider future priorities and ensure that implementation remains realistic and achievable within the current financial context.

A detailed progress update against all Mental Health Strategy actions is provided at **Annex A**. The examples below highlight some of the key achievements delivered during 2025/26 across each of the three strategic themes of the Strategy.

Theme 1 – Promoting mental wellbeing, resilience, and good mental health across society

Actions 1 & 2 - Early Intervention and Prevention

Delivery of the final year of the three-year Early Intervention and Prevention (EIP) programme has continued throughout 2025/26, with achievements including:

- a) Work to develop Job Descriptions for two communications posts, with a view to having both in place by end of June 2026.
- b) A refreshed EIP Action Plan for the next 3 year period 2026–2029 was developed following engagement and is in the process of being finalised.
- c) Work was taken forward to produce an EIP Data & Outcomes Framework report in an accessible format and to address priority recommendations; however, publication is pending as it needs to align with the new 3 year EIP Action Plan.
- d) PHA and HSC organisations delivered a campaign to encourage people to “Look after your mental health” (September and October 2025) and the Living Well campaign with community pharmacy (December 2025 and January 2026) focused on mental health and ‘Take 5 Steps to Wellbeing’.

- e) Opportunities for shared learning, reflective practice and expansion of the evidence base for EIP were delivered through the EHCO network, seminars and conference; an ECHO evaluation report and recommendations for next steps was developed, with plans for further sessions in 2026/27; a Health Inequalities Conference was held in May 2025, and conference report issued.
- f) A report on EIP training has been developed;
- g) PHA led discussions with DE, the Education Authority and HSC Trusts to discuss current models for Take 5 in schools, baseline information has been gathered, and a workshop was planned for May 2026 to align with the findings of the Review of the Emotional Health & Wellbeing Framework in Schools.
- h) A small grants programme aimed at FE, HE and training providers was launched at the end of September 2025 and 17 grants were provided (total allocation 114k) focusing on promotion and early intervention within these cohorts.

Action 8 – Student Mental Health

As recommended in the initial review of the Student Mental Health pilot underway in the Belfast Health and Social Care Trust in partnership with QUB and UU, the pilot was extended for a further 12 months to enable further data collection and planning to support a regional model. This work will continue into the 2026/27 academic year with Ministerial agreement that work should continue despite wider budgetary pressures.

Action 9 - Embed unpaid carers, families and others in mental health and support and policy development

Service users and carers have continued to be involved in numerous workstreams and projects across the Mental Strategy, including the work relating to the Regional Mental Health Service. Policy and operational teams in the Department of Health and the Public Health Agency, alongside service users and carers from the PCC Engagement Platform, have engaged in codesign, coproduction and delivery of cocreated Empowerment Workshops, led by a dedicated Service User Consultant in the SPPG team. These workshops were held in December 2025 and February 2026, with an aim of strengthening existing arrangements and ensuring that service users are connected at all levels: at HSC Trust level, commissioning level and

policy/strategy level. The workshops brought together over 140 individuals, including people with lived experience of mental health services, carers, and organisations that support or deliver mental health work. Data has been collected on the sessions and actionable outcomes are being produced. The PCC Mental Health Engagement Platform and its members also continue to support numerous Mental Health Strategy workstreams.

Theme 2 – Providing the right support at the right time

Actions 10 & 11 – Children and Young People (CAHMS)

As part of the joint DE/DoH Emotional Health and Wellbeing in Schools Framework, DoH-funded Emotional Wellbeing Teams in Schools (EWTS) are now fully operational across 49 post-primary schools, impacting over 30 000 pupils, with strong evidence of impact on pupils' knowledge, confidence and emotional wellbeing. Recruitment for Year 4 of the programme (2026/27) was progressed, targeting a further 51 post primary schools that have not yet accessed EWTS support.

In relation to CAMHS provision, progress continued on the development of a regional CAMHS Intellectual Disability model, supported by Trust scoping work and a commissioning workshop in April 2026 where a draft commissioning specification for the model was presented. The model is, however, predicated on future investment being available.

Strengthening cross-system working with Youth Justice and Disability services continued. A two-phased evaluation of the co-located Mental Health Practitioner post within Youth Justice Agency across all five HSCTs began, to review the project in relation to delivery and impact. Phase 1 commenced with Phase 2 due to begin before Summer 2026.

Actions 12 & 27 – Crisis Service

Implementation of the Regional Mental Health Crisis Service continued with key actions in 2025/26 as follows:

- a) two short-term working groups have focused on developing regional operational procedures for Mental Health Liaison and Crisis Response Home Treatment.
- b) Recruitment has further advanced in relation to the regional crisis team in PHA. A Nurse Consultant and Programme Manager have been appointed and an AHP Consultant is due to commence in post April 2026.
- c) Regional standards, adopting the Royal College of Psychiatry Standards for Mental Health Liaison and Crisis Response Home Treatment, have been agreed. All Trusts are currently mapping their current practice against accreditation standards.
- d) Further work was taken forward on the crisis model and staff profile including training to ensure there is a skill set to provide a liaison service across the lifespan.
- e) A review of the use of Card Before You Leave from Emergency Departments and the eligibility criteria has been undertaken.
- f) An evaluation of the Hear and Treat and Multi-Agency Triage Team pilots continued, in order to inform decisions on future regional roll-out.

Action 17 – Integration of the Community & Voluntary sector as Partners

Following extensive engagement with organisations with a core mandate to provide mental health services, a review of the capacity of the Community & Voluntary sector to be fully integrated into the delivery of mental health services, commissioned from EY, was published in January 2026 (Action 17 - Community and Voluntary Sector Review)

A joint Task and Finish Group was established in March 2026, jointly chaired by the Department and a senior representative of the Community and Voluntary sector, to oversee a phased implementation of the recommendations of the Review, subject to available funding. An early priority identified is to ensure that mechanisms are put in place to optimise sector engagement in this work.

Action 28 - Co-Occurring Mental Health and Substance Use

Implementation of the Co-occurring Mental Health and Substance Use (COMHSU) work programme continued across prevention, early intervention, crisis and recovery services. Regional work has progressed to strengthen pathways between Community Mental Health Teams and Addiction Services and further embed the Four Quadrant Model to support clinical decision-making and improve access to appropriate care. Development of regional datasets has also progressed, alongside training, and strengthened partnership working with Community and Voluntary sector organisations to support integrated service delivery and improved outcomes for people with co-occurring conditions.

Action 29A – Perinatal Mental Health

While Perinatal Mental Health teams are now in operation across all Trusts, the focus in this area has been to progress the work to deliver a regional in-patient Mother and Baby Unit. During the course of this year, the Belfast Trust approved an Outline Business Case and a Commissioner's Letter of Support has been sought. Further granular work on options for a potential interim or alternative permanent solution has now been completed to enable a decision to be made.

Action 29C – Personality Disorder Services

Established in 2026, the Regional Personality Disorder Managed Care Network provides strategic leadership for the development of personality disorder services across Northern Ireland. Guided by its three-year Strategic Framework and Implementation Plan, launched in May 2026, the Network is driving progress through dedicated workstreams focused on Training and Communication, Access to Services, Workforce, and Research, Data and Outcomes. Underpinned by meaningful lived experience involvement, each workstream is progressing time-bound action plans to improve service quality, accessibility, and outcomes.

Action 29D – Eating Disorder Services

The Eating Disorder Managed Care Network has been established to provide regional strategic leadership to improve the consistency, accessibility and outcomes

of eating disorder services across Northern Ireland. The Network's Strategic Framework and Implementation Plan was formally launched by the Health Minister at Stormont in February 2026, setting a clear direction for service development. Through collaborative, multi-agency partnership working, the Network is progressing key priorities including access to services and workforce development, training and communication and research, data and outcomes. Meaningful lived experience involvement underpins all aspects of the work, with dedicated workstreams delivering time-bound actions to support the provision of equitable, evidence-based care for individuals and families affected by eating disorders.

Theme 3 – New ways of working

Action 30 – Digital Mental Health

Work progressed to finalise an action plan for a Digital Mental Health model for Northern Ireland. Workshops were held in February, May and October 2025 with members of the Digital Mental Health Forum to develop draft actions, based around the HSC Stepped Care model and reflecting feedback gathered previously from a wide range of relevant stakeholders including service users and carers. Work is well progressed on development of the draft action plan. However, finalisation and implementation going forward will be subject to funding decisions.

Action 31 – Regional Mental Health Service

A Collaborative Board has been established which brings together representatives from the Department of Health, Primary and Secondary care, the community and voluntary sector, service users, and the Mental Health Champion. The Board's role is to provide strategic leadership and oversight to ensure the successful rollout of the Regional Mental Health Service, and delivery of associated outcomes.

An Area Mental Health Collaborative has been established within the Southern Trust, which brings together service providers across HSC and non-HSC organisations to identify and collectively work together to address specific mental health needs within the locality. Jointly chaired by the Southern Trust Mental Health Director and a representative from the community and voluntary sector, the Area Collaborative have

worked to address key priorities including streamlining referral processes and cutting waiting times between local providers.

Significant progress has been made towards a regionally consistent Community Mental Health Model, with a draft model expected by May 2026. A Pathfinder site in West Belfast continues to test new ways of working in a local area. Co-produced service user guidance has been completed, a Review of Implementation Plan has been undertaken and a communications and engagement strategy is finalised.

Action 32 – Workforce

Implementation of Recommendations 1 and 2 (relating to costing and prioritisation) of the July 2023 Mental Health Workforce Review has progressed this year, with a report due to be finalised in Q1 2026/27. Alongside this there has been a focus on psychiatry workforce pressures with a dedicated action plan put in place to address the issues. Actions are being progressed by relevant leads, in discussion with DoH (policy and SPPG), HSC Trusts, Royal College of Psychiatrists and NIMDTA. A workshop was held with members of the Psychiatry workforce on 26 March 2026 to seek their views on addressing workforce challenges and feedback will be used to review and refine the action plan.

An Interim Chief Psychological Professions Officer was recruited in March 2025 and during 2026/27, she established a regional Psychological Therapies Forum to progress Recommendation 7 of the Workforce Review. This work is also supporting delivery of MHS Action 19, which commits to embed psychological services into mainstream mental health services.

Action 34 - Mental Health Outcomes Framework (MHOF)

Initial implementation of the MHOF is underway, with agreed priority measures piloted across services and networks. A synopsis reporting structure for MHOF has been developed and sets out the levels at which data should be available, from individual practitioner and service user use through to Trust and regional reporting. Engagement has taken place with encompass to discuss how this reporting structure can be supported within the system. While technical development will continue, the

focus this year has been on ensuring that agreed measures are operationalised and embedded in practice ahead of more advanced reporting functionality.

Alongside this, work has commenced to develop training and support materials to enable clinicians and managers to understand how to access outcome information within the encompass system and how to assign agreed outcome measures via MyCare, where this is feasible and clinically appropriate. The focus of this work is on practical system use rather than clinical interpretation.

Overall, activity to date has focused on establishing the conditions necessary to support wider adoption of MHOF, with agreed measures, emerging implementation arrangements, early system-focused training development, and a clear emphasis on operational readiness and engagement across the system, despite no additional funding in 2025/26.

Wider developments

It is also important to recognise that a number of other key programmes or work, funded separately, are contributing in a significant way to the delivery of the aims and objectives of the Mental Health Strategy. These include:

Primary Care MDTs

The rollout of the Primary Care Multi-Disciplinary Teams (MDT) programme continues to contribute to the implementation of the Mental Health Strategy. The MDT Programme introduces a range of new roles including physiotherapy, social work and mental health into general practice, to work alongside the existing practice team which provides a basis for a more preventative model for health care based on early intervention, supporting good physical and mental health, and social wellbeing.

The MDT mental health practitioners work with patients to help improve mental health and wellbeing through early intervention, prevention and management of mental health issues, ensuring they have access to timely assessment and appropriate support to address their individual mental health needs.

The MDT Implementation Plan, published on 24 July 2025, outlines how the MDT model will be further rolled out across Northern Ireland.

The Children and Young People's Emotional Health and Wellbeing in Education Framework

The Emotional Wellbeing Teams in Schools (EWTs) programme, delivered through the DE/DOH Children and Young People's Emotional Health and Wellbeing in Education Framework, is making a significant contribution to the delivery of the Mental Health Strategy through its focus on prevention, early intervention and resilience-building.

Operating across all Health and Social Care Trusts, EWTs provides dedicated support to post-primary schools and Education Other Than At School (EOTAS) settings by working collaboratively with education staff, health services and Community and Voluntary sector organisations to identify emotional wellbeing needs, deliver targeted pupil and staff workshops, improve awareness of available services and strengthen referral pathways.

Pathways to Work & Wellbeing Transformation Project

The Department is also working closely with the Department for Communities (DfC) and Department for the Economy (DfE) to deliver a 3-year £16m DfC-led Transformation Project on Pathways to Work and Wellbeing. The Project has seen the establishment of an independent Commission on Work and Wellbeing, focussing on disability and ill health related economic inactivity, to explore stronger integration between local employment, skills, health and community supports, targeting system redesign and opportunities for new ways to deliver more effective services, to support people to find and remain in work.

The Commission will provide independent challenge and system level leadership to address the structural drivers of economic inactivity in Northern Ireland, with a particular focus on disability and long-term ill health, including mental health. When delivered, this project will directly contribute to a number of key Mental Health

Strategy actions relating to early intervention and prevention (Actions 1 and 2), as well as addressing the social determinants of mental ill-health (Actions 3 and 4).

The PEACEPLUS Programme

The PEACEPLUS Programme (2021-2029) is a unique cross-border initiative funded by the European Union, the Governments of the United Kingdom and Ireland, and the Northern Ireland Executive. In line with the strategic context of the Mental Health Strategy, a key theme of PEACEPLUS-funded health and social care projects is to ensure equal access to healthcare and foster resilience in health systems through a range of collaborative, cross-border initiatives involving the statutory, Community and Voluntary sectors.

Twelve projects have been funded from €97m available from PEACEPLUS with eight of these closely aligned to the Mental Health Strategy, including initiatives focused on ADHD, ASD, learning disability and addiction. In their totality, these PEACEPLUS projects aim to address the complex and diverse mental health needs of children, young people and adults while also reflecting the three key themes of the Mental Health Strategy, namely, to promote good mental health and wellbeing across society through new ways of working and provision of the right support at the right time.

Regional Trauma Network (RTN)

The Regional Trauma Network (RTN) contributes to the aims and objectives of the Mental Health Strategy 2021-2031 by supporting a more integrated, accessible and trauma-informed mental health system. Through its partnership approach, the RTN strengthens collaboration between statutory, community and voluntary sector organisations, supports the development of regional service provision, and improves access to evidence-based psychological therapies. The Network also promotes trauma-informed practice across services, enhances workforce capability through training and professional development, and supports continuous service improvement through the development of data and evaluation infrastructure. Collectively, these activities contribute to the delivery of key Mental Health Strategy

outcomes relating to service integration, early intervention, person-centred care, workforce development and improved population mental health.

Protect Life 2

Around £12m is invested in suicide prevention each year and a wide range of services and programmes are delivered which also contribute towards the Mental Health Strategy. In particular, the Lifeline helpline on 0808 808 8000 is available free of charge 24/7 for anyone in distress or despair and has a key role in future crisis services provision. The Self Harm Intervention programme is also available for anyone aged 11+ and provides support for those who self harm and for their carers. Community and Voluntary Groups also deliver many services across the region which support mental health, resilience building and emotional health and wellbeing.

The Protect Life 2 Suicide Prevention Action Plan and Implementation Plan run until the end of 2027 and commits Departments to over 80 actions across five themes: A Whole of Government and Society Approach; Awareness and Prevention; Supporting Compassionate Responses to Suicide; Supporting Compassionate Responses to Self Harm; and finally, Research, Evidence and Planning.

Mental Health Strategy Review of Deliverability

The Review of Deliverability, published in October 2025, in response to a recommendation made by the Public Accounts Committee, was commissioned to assess progress against the Strategy and consider how implementation could best be progressed within the current financial context. This was a key milestone in 2025/26.

The Review reaffirmed the importance of the Mental Health Strategy 2021–2031 and its long-term vision for improving mental health and wellbeing across Northern Ireland. However, it also recognised that continued financial pressures required a more focused approach to delivery, concentrating effort on those areas where the greatest impact could be achieved within available resources.

The Review therefore provides the strategic context for the focused programme of work set out in this Delivery Plan.

Key Findings

The Review identified two immediate priorities for focused delivery during 2026/27:

- strengthening the Mental Health **Workforce**, including recognising, and maximising the contribution of the Community and Voluntary sector; and
- progressing a regionally consistent Mental Health **Crisis** Service.

Alongside these priority actions, the Review also recognised the importance of:

- **tackling inequity** through greater regional consistency, collaboration, and improved access to services; and
- progressing **low-cost and no-cost improvements** capable of delivering meaningful benefits within the current financial context.

These additional areas were explored further through stakeholder engagement undertaken during the Mental Health Strategy Delivery Plan workshops and have been incorporated into the Delivery Plan for 2026/27.

A Focused Approach to Delivery

Recognising the current financial position, delivery effort during 2026/27 will focus on those areas where meaningful progress can be achieved within available resources.

This approach aims to:

- maintain momentum across the Mental Health Strategy;
- maximise the impact of existing resources;
- strengthen partnership working across statutory and Community and Voluntary sectors;
- improve regional consistency; and
- provide a realistic and deliverable programme of work for 2026/27.

The priority activities arising from the Review are set out in '**Key 2026/27 Activities**' below.

Key 2026/27 Activities

The activities below reflect the priorities identified by the Review of Deliverability while continuing implementation across the wider Mental Health Strategy. Together, they provide a focused and deliverable programme of work for 2026/27, enabling the Department and its delivery partners to make best use of existing resources, maintain momentum across the Strategy and continue improving mental health services and outcomes for the people of Northern Ireland.

The activities below will be monitored and reported through the Department's Mental Health Strategy governance arrangements during 2026/27.

Priority areas

WORKFORCE (INCLUDING THE COMMUNITY & VOLUNTARY SECTOR)

Action No.	Overview	Key 2026/27 activities	Lead
32 Mental Health Workforce	Undertake a comprehensive workforce review considering existing workforce need, training and development of the future mental health workforce.	<ul style="list-style-type: none">Finalise the Mental Health Workforce Review costing and prioritisation report to inform future workforce investment decisions by 30 June 2026 - CompletedProgress implementation of the remaining Mental Health Workforce Review recommendations, working with delivery partners within available resources, by 31 March 2027.Strengthen alignment between the statutory and Community and Voluntary sector workforce to support integrated mental health service delivery, linked to Action 17, by 31 March 2027.	DoH Mental Health Directorate (MHD)

		<ul style="list-style-type: none"> Continue implementation of the Psychiatry Workforce Task and Finish Group recommendations by 31 March 2027. Progress actions through the Chief Psychological Professions Officer and Psychological Professions Forum in line with Recommendation 7 of the Mental Health Workforce Review and Action 19 of the Strategy by 31 March 2027. 	
<p>17</p> <p>Integration of the Community & Voluntary Sector into Mental Health Service delivery</p>	<p>Review and strengthen the role of the Community and Voluntary sector in the provision of mental health services.</p>	<ul style="list-style-type: none"> Agree a prioritised implementation plan arising from the Ernst and Young Community and Voluntary Sector Review, aligned with Action 31, by 30 September 2026. Progress implementation of the agreed priority recommendations within available resources by 31 March 2027. Strengthen integration of Community and Voluntary sector organisations within regional mental health service delivery by 31 March 2027. Continue partnership working with Community and Voluntary sector organisations to support implementation of the Mental Health Strategy by 31 March 2027. 	<p>DoH MHD</p>

CRISIS

Action No.	Overview	Key 2026/27 activities	Lead
12 & 27 Mental Health Crisis Service	Develop a regionally consistent Mental Health Crisis Service that improves access, strengthens partnership working and delivers timely, high-quality crisis support.	<ul style="list-style-type: none"> Regularly review implementation of the Regional Mental Health Crisis Service Implementation Plan by 31 March 2027. Develop a business case for Community Crisis Services by 31 March 2027. Continue development of regionally consistent Mental Health Liaison and Crisis Response Home Treatment Services through the Care Network by 31 March 2027. Develop business cases for Mental Health Liaison and Crisis Response Home Treatment Services within the South Eastern and Western Trusts by 31 March 2027. Further develop a streamlined Regional Mental Health Crisis Service pathway by 31 March 2027. Strengthen partnership working across services to support coordinated crisis responses by 31 March 2027. Develop alternative pathways to reduce presentations to 	DoH Strategic Planning and Performance Group (DoH SPPG)/Public Health Agency (PHA)

		<p>Emergency Departments by 31 March 2027.</p> <ul style="list-style-type: none"> Progress regional staff training to support a consistent crisis intervention model by 31 March 2027. <p>The above actions will require new recurrent funding.</p>	
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TACKLING INEQUITY

‘Tackling Inequity’ is a cross-cutting priority within the Delivery Plan 26/27. The Actions outlined below, alongside Actions 12, 27 relating to crisis, and Action 32 relating to workforce are, however, intended to improve fairness and consistency across the mental health system, supporting more equitable access, experiences and outcomes for people across Northern Ireland. It must be noted that sustained investment is required to increase assessment capacity, reduce waiting times and ensure equitable access to mental health services across Northern Ireland.

Action No.	Overview	Key 2026/27 activities	Lead
	Levelling up of Mental Health Waiting Lists	<ul style="list-style-type: none"> Co-ordinate engagement with Trusts and affiliated stakeholders to ensure shared learning, review of pathways, and optimal use of available resources through improving efficiency and consistency across the region. 	DoH SPPG
31 Regional Mental Health service	Develop a Regional Mental Health Service operating across the five Health and Social Care Trusts to deliver greater regional consistency and improve outcomes.	<ul style="list-style-type: none"> Continue development of a regionally consistent community mental health model through engagement with Primary Care and the Community and Voluntary sector by 31 March 2027. 	DoH SPPG

		<ul style="list-style-type: none"> • Continue development of Regional Mental Health Service governance arrangements, including rollout of Area and Local Mental Health Collaboratives aligned to the Neighbourhood Model, by 31 March 2027. • Finalise and agree the refreshed Regional Mental Health Service Implementation Plan (2026–2029) with multi-sectoral stakeholders by 31 July 2026. • Oversee delivery of the agreed priorities within the refreshed Regional Mental Health Service Implementation Plan by 31 March 2027. • Scope the potential need and supporting evidence for future Care Networks, with an initial focus on Older People's Mental Health Services and Adult Mental Health Supported Living, by 31 March 2027. • Deliver a Mental Health/Neighbourhood workshop, by December 2026. 	
10	Improve Child and Adolescent Mental Health Services (CAMHS) through strategic planning, investment, and strengthened community-based provision.	<ul style="list-style-type: none"> • Complete a regional funding mapping exercise and identify the investment required to achieve the commitment to invest 10% of adult mental health funding in CAMHS by 31 March 2027. • Work with the <i>Together for Families</i> programme to strengthen emotional wellbeing support for children, young people, and their families by 31 March 2027. 	DoH SPPG

		<ul style="list-style-type: none"> • Develop a three-year CAMHS Strategic Plan by 31 March 2027. • Standardise crisis provision for children and young people as part of the regional crisis lifespan model, including improved community-based services and out-of-hours response pathways by 31 March 2027. 	
11	Improve outcomes for children and young people by strengthening regional consistency, quality improvement and partnership working across Child and Adolescent Mental Health Services.	<ul style="list-style-type: none"> • Progress implementation of the <i>NICCY System at a Crossroads recommendation</i> by 31 March 2027. • Finalise the regional CAMHS Intellectual Disability model, including completion of the Review of Iveagh Centre Step 5 provision by 31 March 2027. • Develop a regional CAMHS performance dashboard by 31 March 2027. • Embed Kidscreen and specialist outcome measures within the CAMHS dashboard by 31 March 2027. • Develop a regional partnership protocol with Safer Connections (Looked After Children) by 31 March 2027. 	DoH SPPG
28	Create a Managed Care Network with experts in dual diagnosis, supporting and building capacity in co-occurring mental health and substance use (COMHSU).	<ul style="list-style-type: none"> • Continue implementation of the COMHSU work programme across early intervention and prevention, assessment and treatment, crisis, and recovery by 31 March 2027. • Deliver co-occurring workshops across the remaining Health and Social Care Trusts using the Scottish Toolkit to improve 	DoH SPPG

		<p>referral pathways and access to services by 31 March 2027.</p> <ul style="list-style-type: none"> • Continue promotion of the Four Quadrant Model to support clinical decision-making and mapping of local services by 31 March 2027. • Develop local and regional datasets to support the COMHSU programme by 31 March 2027. • Develop a neighbourhood model for co-occurring mental health and substance use by 31 March 2027. • Strengthen integration with Community and Voluntary sector partners through co-production and mapped referral pathways by 31 March 2027. • Develop a regional Co-occurring Framework with Trust-specific action plans to improve referral pathways and joint working by 31 March 2027. 	
29A	Improve specialist perinatal mental health services across Northern Ireland.	<ul style="list-style-type: none"> • Monitor progress in the delivery of the Regional Mother and Baby Unit (MBU) at the Belfast City Hospital site, including commissioning oversight and representation on the MBU Project Board, by 31 March 2027. • Complete a regional review of progress against the RQIA Perinatal Mental Health Review recommendations and produce a final assurance report by 31 March 2027. • Develop a regional outcomes framework for specialist perinatal 	DoH SPPG

		<p>mental health services by 31 March 2027.</p> <ul style="list-style-type: none"> • Review the Regional Perinatal Mental Health Care Pathway, including consideration of services for women with mild to moderate perinatal mental health needs, by 31 March 2027. • Strengthen service user and lived experience involvement through the Regional Perinatal Mental Health Forum and associated governance arrangements by 31 March 2027. • Implement the Regional Perinatal Mental Health Implementation Group workplan and reporting framework by 31 March 2027 	
29C	<p>To enhance the provision of services through the creation of a Regional Personality Disorder Managed Care Network leading high-quality, safe, effective, and efficient services delivered to individuals and communities affected by personality disorder.</p>	<ul style="list-style-type: none"> • Continue implementation of the Eating Disorders Managed Care Network and Personality Disorder Managed Care Network, focusing on Communication and Training, Access to Services and Workforce, and Research, Data and Outcomes, by 31 March 2027. • Launch the Personality Disorder Managed Care Network Three-Year Implementation Plan and Research Symposium by 31 March 2027. • Develop local and regional datasets to support commissioning, service planning, and performance management by 31 March 2027. • Support the Mental Health Outcomes Framework through 	DoH SPPG

		the completion of Difficulties in Emotional Regulation Scale (DERS), Level of Personality Functioning Scale (LPFS-BF 2.0) and Warwick-Edinburgh Mental Wellbeing Scale (WEMBWS) within all specialist Personality Disorder Services across the region – Ongoing.	
29D	To enhance the provision of services through the creation of a lifespan Regional Eating Disorder Managed Care Network leading high-quality, safe, effective, and efficient services delivered to individuals and communities affected by eating disorder.	<ul style="list-style-type: none"> Continued implementation of the Eating Disorder Managed Care Network focusing on Communication & Training, Access to Services & Workforce and Research, Data & Outcomes Development of local and regional datasets for commissioning and performance management. To support the Mental Health Outcomes Framework through the completion of Eating Disorder Examination Questionnaire (EDE-Q), Warwick-Edinburgh Mental Wellbeing Scale (WEMBWS) and KIDSCREEN within all specialist Eating Disorder Services across the region Continue implementation of the Eating Disorders Managed Care Network and Personality Disorder Managed Care Network, focusing on Communication and Training, Access to Services and Workforce, and Research, Data and Outcomes, by 31 March 2027. 	DoH SPPG

LOW COST/NO COST ACTIONS

Action No.	Overview	Key 2026/27 activities	Lead
Low-Cost and No Cost Actions	Maximise the impact of existing resources by implementing Low-Cost and No-Cost Actions that enhance access, strengthen collaboration, reduce duplication, and improve mental health outcomes.	<ul style="list-style-type: none"> Low-Cost and No-Cost actions will be taken forward by action owners and reported on as part of their planned work for this year, by 31 March 2027. An analysis of the uncommenced actions, together with additional suggestions emerging from the Delivery Plan workshops, will be undertaken to identify further Low Cost and No Cost activities that could be progressed. This analysis will be completed by 31 March 2027. 	DoH MHD, DoH SPPG & PHA

Ongoing MHS Actions

Alongside the priority Actions, a number of ongoing Actions will continue to be progressed during 2026/27. These Actions represent significant and sustained areas of work that remain integral to delivering the ambitions of the Mental Health Strategy 2021-2031 and will continue to be monitored through the Delivery Plan 26/27.

Action No.	Overview	Key 2026/27 activities	Lead
1&2	Develop a comprehensive Mental Health Promotion Plan, with a particular focus on prevention and early intervention, and establish a cross-departmental Mental Health in All Policies approach.	<ul style="list-style-type: none"> Develop and implement a rolling programme of communications and public awareness activity targeting people across the life course and a range of community settings by 31 March 2027. Agree development plans for the <i>Minding Your Head</i> and <i>Youth Wellness Web</i> websites by 31 March 2027. 	PHA

		<ul style="list-style-type: none"> • Relaunch the Public Mental Health ECHO Network and deliver a programme of shared learning events throughout 2026/27. • Plan and deliver a regional Mental Health Conference by October 2026. • Establish a Mental Health in All Policies (MHiAP) test project, including creation of a working group and project plan by 30 September 2026, with implementation progressing during 2026/27. • Review the delivery model for Youth Engagement Services and explore opportunities to develop a universal youth prevention service by 31 March 2027. • Strengthen links with Local Integrated Neighbourhood Teams, Mental Health Collaboratives and Community Planning Partnerships to support joined-up delivery and reduce inequalities by 31 March 2027. • Publish the Children and Young People's Emotional Health and Wellbeing Framework and commence implementation by 31 December 2026. 	
8	Establish a regional Student Mental Health Service to improve support for students in higher and further education.	<ul style="list-style-type: none"> • Confirm funding arrangements and scope for the revised Belfast Trust/Queen's University Belfast Student Mental Health Pilot by 31 July 2026. - Completed • Agree arrangements for a regional Student Mental Health Service model and commence implementation, where appropriate, by 31 March 2027. 	DoH MHD

9	Improve the involvement of service users, carers and families in the planning, delivery, and evaluation of mental health services.	<ul style="list-style-type: none"> Continue involvement of carers in Mental Health Strategy workstreams by 31 March 2027. Strengthen co-production through the Patient and Client Council Mental Health Engagement Platform by actively involving people with lived experience, carers, and families in planning, designing, delivering, and evaluating actions linked both to the Regional Mental Health Service Collaborative and the wider Mental Health Strategy by 31 March 2027. 	DoH MHD & SPPG
13	Develop proposals to improve transitions between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services.	<ul style="list-style-type: none"> Hold a Phase 1 workshop with the Child and Adolescent Mental Health Unit (CAMHU), Strategic Planning and Performance Group (SPPG) and relevant stakeholders to review current transition pathways across Health and Social Care Trusts and identify opportunities for greater regional consistency. - Completed Hold a Phase 2 workshop to develop policy proposals for a regional transition model between CAMHS and Adult Mental Health Services, taking account of relevant models, including Learning Disability, by 31 March 2027. Establish a regional working group to consider the outputs from the Phase 1 workshop and identify transition processes that could be standardised across Northern Ireland by 31 March 2027. 	DoH MHD
	Create a recovery model and further	<ul style="list-style-type: none"> Establish a Recovery College Network by 31 March 2027. 	

16 & 33	develop and embed the work of Recovery Colleges to ensure that a recovery-focused approach is embedded across the entire mental health system. Create a peer support and advocacy model across mental health services.	<ul style="list-style-type: none"> • Develop and implement regionally agreed Knowledge and Skills Framework (KSF) profiles and job descriptions for Band 3 Peer Support Worker roles by 31 March 2027. • Strengthen membership and engagement of the Patient and Client Council Mental Health Engagement Platform to support meaningful involvement of people with lived experience and carers in planning, designing, delivering, and evaluating mental health services by 31 March 2027. • Establishment of a Service User Consultant Network by 31 March 2027 	DoH SPPG
30	Develop a Digital Mental Health Framework to support innovation and improve access to services.	<ul style="list-style-type: none"> • Finalise the Digital Mental Health Action Plan, taking account of consultation responses, by 30 October 2026. • Subject to available resources, progress a Digital Psychological Intervention pilot to inform future digital service provision by 31 March 2027. 	DoH MHD
34	Develop a Mental Health Outcomes Framework to support improved outcomes measurement and continuous service improvement.	<ul style="list-style-type: none"> • Co-design and finalise, with multi-sectoral stakeholders, an implementation plan for the Mental Health Outcomes Framework by 31 March 2027. • Oversee delivery of the priorities within the Mental Health Outcomes Framework Implementation Plan by 31 March 2027. • Engage with Primary Care and the Community and Voluntary sector to support implementation of the Outcomes Framework 	DoH SPPG

		<p>across all sectors by 31 March 2027.</p> <ul style="list-style-type: none"> • Progress Encompass development and outcomes reporting arrangements by 31 March 2027. • Strengthen service user engagement in implementation of the Mental Health Outcomes Framework by 31 March 2027. 	
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Mental Health Strategy - Governance and Oversight

Strong governance and effective partnership working will continue to underpin delivery of the Mental Health Strategy during 2026/27.

The governance arrangements supporting the Mental Health Strategy will provide oversight of implementation of this Delivery Plan, ensuring that progress is monitored, risks and issues are identified at an early stage, and delivery partners are supported to address barriers to implementation. These arrangements will help ensure that delivery remains focused on the priorities identified through the Review of Deliverability, while maintaining momentum across the wider Mental Health Strategy.

During 2026/27, these arrangements will continue to support collaborative working across the Department of Health, the Strategic Planning and Performance Group (SPPG), the Public Health Agency (PHA), Health and Social Care Trusts, the Community and Voluntary sector, primary care and people with lived experience. They will also support the continued development of the Regional Mental Health Service, recognising the importance of regional collaboration, shared learning, and consistent approaches to service improvement.

These arrangements will also support delivery of the four priority areas identified through the Review of Deliverability:

- strengthening the mental health workforce, including the contribution of the Community and Voluntary sector;
- progressing a regionally consistent Mental Health Crisis Service;
- tackling inequity through greater regional consistency, collaboration, and improved access to services; and
- progressing low-cost and no-cost actions capable of delivering meaningful improvement within existing resources.

Progress against the activities contained within this Delivery Plan will be reported regularly through the established governance arrangements, enabling delivery partners to monitor implementation, review progress and take corrective action

where required. This will support continuous improvement and ensure that resources continue to be directed towards activities that will deliver the greatest impact.

Further information on the governance and monitoring arrangements supporting delivery of the Mental Health Strategy is provided at **Annex B**.

Aligning Mental Health Strategies with Reset Agenda and with one another

The Department will continue work to align mental health-related strategies and governance arrangements with the Health and Social Care Reset agenda. This will build on engagement and review activity undertaken in 2025/26 and will seek to identify practical opportunities to enhance collaboration, streamline governance, reduce duplication and strengthen the delivery of shared outcomes across mental health, suicide prevention, substance use and wider population wellbeing policy areas. Through this work, the Department aims to support a more integrated, efficient and outcomes-focused approach to strategic planning and delivery.

Next steps

The Delivery Plan provides a focused and realistic programme of work for 2026/27. Delivery partners will continue to work collaboratively to implement the agreed activities, monitor progress through established governance arrangements and review delivery throughout the year. This will help ensure that implementation remains responsive to emerging priorities while continuing to improve mental health services and outcomes for the people of Northern Ireland.

Annex A

2025/26 Delivery Plan Progress Update

MHS Action and 2025/26 Activities	Progress Update
Actions 1 & 2 – Early Intervention and Prevention (EIP)	
<ul style="list-style-type: none"> • Complete recruitment of the Early Intervention and Prevention co-ordination team, including two communications posts. • Refresh the Early Intervention and Prevention Action Plan for 2026–2029. • Progress recommendations arising from the Early Intervention and Prevention data and outcomes framework. • Deliver two regional mental health promotion and early intervention campaigns. • Continue shared learning through the Project ECHO network, seminars, and conferences. • Report on Early Intervention and Prevention training. • Work with education partners to review the delivery of Take 5 in schools. • Deliver a small grants programme to support mental health promotion and early intervention across higher education, further education, and training providers. 	<ul style="list-style-type: none"> • Public mental health awareness campaigns were delivered during 2025/26. • The Regional Early Intervention and Prevention Action Plan was refreshed to support delivery during 2026–2029. • Work progressed on the Early Intervention and Prevention data and outcomes framework, including development of web-based resources. • Shared learning continued through the Project ECHO network, regional seminars, and the Health Inequalities Conference. • A small grants programme supported early intervention and mental health promotion across education settings. • Work with education partners progressed to strengthen delivery of Take 5 within schools.
Action 8 – Student Mental Health	
<ul style="list-style-type: none"> • Reconstitute governance arrangements for the Student Mental Health Service to support development of a regional model. • Subject to agreement with Belfast Health and Social Care Trust, Queen's University Belfast and Ulster University, extend the Student Mental Health pilot to support further planning and development of a regional model. 	<ul style="list-style-type: none"> • The Student Mental Health pilot was extended for a further 12 months to enable continued data collection and planning for a regional model. • Ministerial agreement was secured for the work to continue into the 2026/27 academic year despite wider financial pressures. • Governance arrangements continued to support

	development of a sustainable regional model for student mental health services.
Action 9 – Service Users, Carers and Families	
<ul style="list-style-type: none"> • Continue the involvement of carers in relevant Mental Health Strategy workstreams. • Continue engagement with the Patient and Client Council Mental Health Engagement Platform and strengthen links with Regional Mental Health Service engagement activity. 	<ul style="list-style-type: none"> • Service users, carers, and families continued to contribute to a wide range of Regional Mental Health Service workstreams and projects. • Two co-designed Empowerment Workshops were delivered, engaging more than 140 participants with lived experience, carers, and partner organisations. • The Patient and Client Council Mental Health Engagement Platform continued to contribute to Regional Mental Health Service implementation, communications, and engagement work. • Work commenced on a Memorandum of Understanding between the Regional Mental Health Service Collaborative Board and the Patient and Client Council Engagement Platform to strengthen future collaboration.
Actions 10 & 11 – Child and Adolescent Mental Health Services (CAMHS)	
<ul style="list-style-type: none"> • Stabilise the Emotional Wellbeing Teams in Schools service. • Progress a regionally consistent CAMHS Intellectual Disability model. • Prioritise CAMHS Intellectual Disability for future investment, subject to funding. • Continue joint working with the Youth Justice Agency and Health and Social Care Trusts to evaluate co-located Mental Health Practitioner posts. 	<ul style="list-style-type: none"> • Emotional Wellbeing Teams in Schools continued to be stabilised and expanded. • Progress was made towards developing a regionally consistent CAMHS Intellectual Disability model. • Cross-system collaboration continued with the Youth Justice Agency and disability services to improve support for vulnerable children and young people. • Planning continued to support future investment in CAMHS Intellectual Disability services, subject to available resources.
Actions 12 & 27 – Regional Mental Health Crisis Service	

<ul style="list-style-type: none"> • Continue delivery of the Regional Mental Health Crisis Service Implementation Plan. • Progress development of Mental Health Liaison and Crisis Response Home Treatment Services. • Develop regionally consistent crisis pathways and standards. • Progress work to improve partnership working and alternatives to Emergency Department attendance. 	<ul style="list-style-type: none"> • Delivery of the Regional Mental Health Crisis Service Implementation Plan continued across partner organisations. • Regional Mental Health Liaison and Crisis Response Home Treatment work progressed through the Care Network, supporting greater regional consistency. • Work continued to standardise crisis pathways and strengthen collaboration between statutory, Community and Voluntary sector partners. • Progress was made in developing alternatives to Emergency Department attendance and improving access to timely crisis support across Northern Ireland
Action 13 – Transitions between CAMHS and Adult Mental Health Services	
<ul style="list-style-type: none"> • Progress work to improve transitions between Child and Adolescent Mental Health Services and Adult Mental Health Services. • Engage relevant stakeholders to develop regional proposals. 	<ul style="list-style-type: none"> • Engagement continued with CAMHU, SPPG and key stakeholders to improve transition arrangements between CAMHS and Adult Mental Health Services. • Preparatory work was undertaken to inform the development of regionally consistent transition pathways. • The foundations were established for further policy development during 2026/27.
Actions 16 & 33 – Recovery and Peer Support	
<ul style="list-style-type: none"> • Progress implementation of the Mental Health Recovery Approach. • Continue development of Recovery Colleges. • Develop regional peer support and advocacy arrangements. 	<ul style="list-style-type: none"> • The Public Health Agency completed the Mental Health Recovery Approach report and implementation plan. • Work progressed to strengthen Recovery Colleges through greater regional collaboration. • Development of regional peer support arrangements continued, with work progressing on

	<p>governance, workforce planning, and service user involvement.</p> <ul style="list-style-type: none"> Recovery principles continued to be embedded across Regional Mental Health Service developments.
Action 17 – Community and Voluntary Sector	
<ul style="list-style-type: none"> Publish the review of the Community and Voluntary sector. Progress implementation planning. Identify low-cost and no-cost actions to strengthen integration of the Community and Voluntary sector within mental health services. 	<ul style="list-style-type: none"> The review of the Community and Voluntary Sector was completed. Work commenced to develop an implementation plan for the review's recommendations. Low-cost and no-cost opportunities to strengthen collaboration were identified through both the review and stakeholder workshops. The review informed ongoing work to strengthen the contribution of the Community and Voluntary sector to Regional Mental Health Service development and wider Mental Health Strategy delivery.
Action 28 – Co-occurring Mental Health and Substance Use	
<ul style="list-style-type: none"> Continue implementation of the Co-occurring Mental Health and Substance Use (COMHSU) work programme. Strengthen regional pathways and improve collaboration across mental health and addiction services. Develop regional approaches to improve outcomes for people with co-occurring conditions. 	<ul style="list-style-type: none"> Implementation of the COMHSU work programme continued across prevention, early intervention, crisis, and recovery. Regional work progressed to strengthen pathways between Community Mental Health Teams and Addiction Services. The Four Quadrant Model continued to be embedded to support clinical decision-making and improve access to appropriate services. Progress was made in developing regional datasets and strengthening collaboration with Community and Voluntary sector partners to support integrated care.
Action 29A – Perinatal Mental Health	

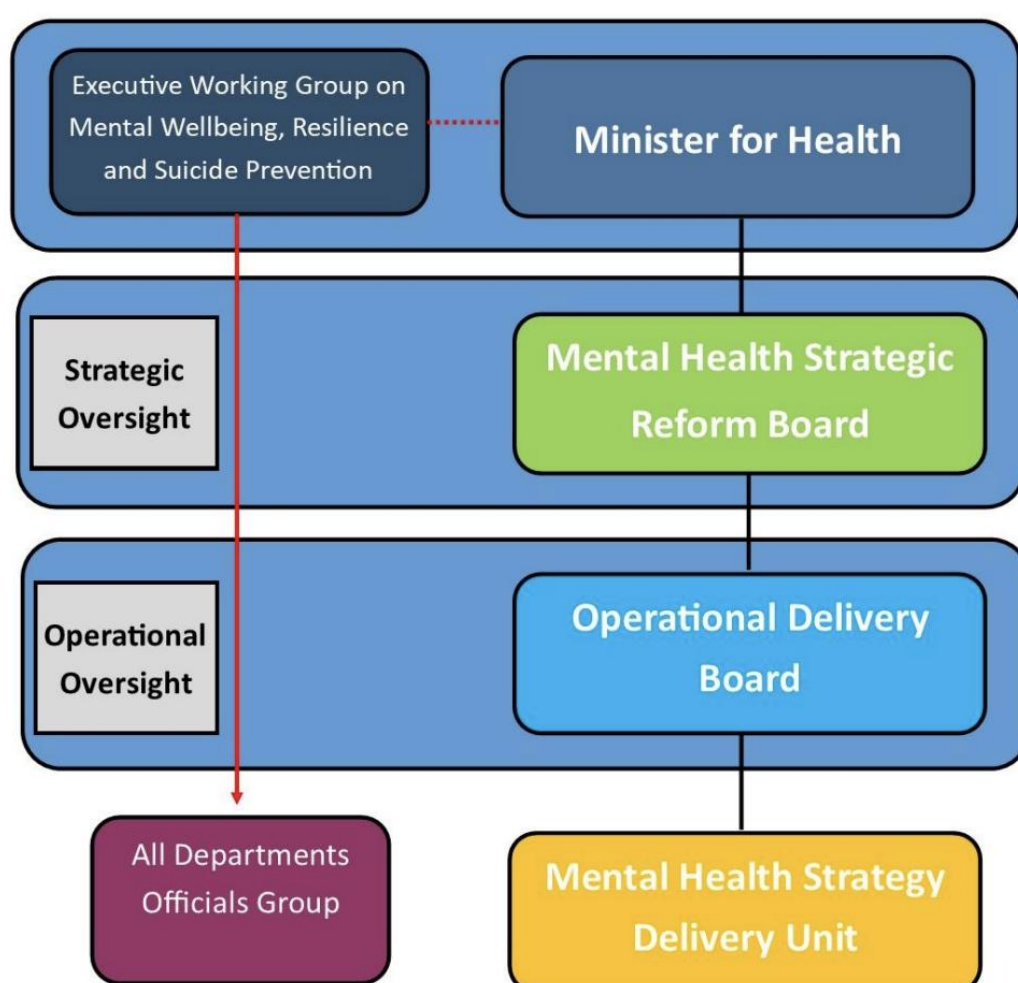
<ul style="list-style-type: none"> • Continue implementation of regional specialist perinatal mental health services. • Progress work relating to the Regional Mother and Baby Unit. • Continue implementation of regional governance and quality improvement arrangements. 	<ul style="list-style-type: none"> • Perinatal Mental Health governance structures were established. • The Mother and Baby Unit Outline Business Case has been submitted for assessment. • RQIA recommendations continued to be implemented, and • Service user involvement continued to inform service development
Actions 29C & 29D – Personality Disorder and Eating Disorders	
<ul style="list-style-type: none"> • Continue development of the Personality Disorder Managed Care Network. • Continue development of the Eating Disorders Managed Care Network. • Improve regional collaboration, service consistency, and workforce development. 	<ul style="list-style-type: none"> • Progress continued on developing both Managed Care Networks. • Workstreams advanced in relation to communications, workforce, access to services, research, and outcomes. • Development of strategic implementation plans continued to support consistent regional service delivery. • Opportunities to strengthen service user involvement and improve access to specialist services were progressed during the year.
Action 30 – Digital Mental Health	
<ul style="list-style-type: none"> • Develop the Digital Mental Health Action Plan. • Progress digital approaches to improve access to mental health support. 	<ul style="list-style-type: none"> • Draft Digital Mental Health Action Plan progressed to an advanced stage following stakeholder engagement and workshops, with finalisation and implementation planning underway subject to funding.
Action 31 – Regional Mental Health Service	
<ul style="list-style-type: none"> • Continue development of the Regional Mental Health Service. • Progress Regional Mental Health Service governance arrangements. • Strengthen regional collaboration and consistency across services. 	<ul style="list-style-type: none"> • Significant progress was made in developing a Regional Mental Health Service model. • Progress continued in advancing pathfinder collaboratives. • Continued progress was made in finalising service user guidance and drafting a communications strategy.

Action 32 – Workforce	
<ul style="list-style-type: none"> • Progress implementation of the Mental Health Workforce Review. • Develop actions to address workforce pressures across the mental health system. • Progress work led by the Chief Psychological Professions Officer. 	<ul style="list-style-type: none"> • Workforce Review recommendations progressed and are nearing completion. • A Psychological Therapies Forum was established. • Delivery of the Psychiatry Action Plan progressed with stakeholder engagement.
Action 34 – Mental Health Outcomes Framework	
<ul style="list-style-type: none"> • Continue development of the Mental Health Outcomes Framework. • Develop regional outcome measures and reporting arrangements. • Support implementation through engagement with stakeholders. 	<ul style="list-style-type: none"> • The Mental Health Outcomes Framework continued to be operationalised through governance arrangements, outcome measure testing, reporting structure development, and Encompass training preparations, despite workforce capacity challenges.

Governance and Monitoring Arrangements

Overview

The governance and monitoring arrangements within which the Mental Health Strategy implementation operates are summarised below.



Mental Health Strategic Reform Board

This Board provides procedural oversight and governance of the implementation of the Mental Health Strategy 2021–31. The Board provides regular progress reports to the Department of Health Permanent Secretary and the Minister. Where particular

actions cannot be taken forward to the required timetable, the Board provides advice on mitigation and contingency arrangements. The Board will alert the Permanent Secretary and the Minister if there is a material risk to the implementation process.

Mental Health Operational Delivery Board

The Operational Delivery Board serves as the first line of oversight for the implementation of the Mental Health Strategy Delivery Plans. It provides a structured forum where:

- Action Owners and Leads present detailed updates on progress.
- Issues and challenges related to specific actions are discussed collaboratively.
- Escalation pathways are established for matters requiring Strategic Reform Board attention.
- Cross-workstream collaboration is encouraged, enabling:
 - identification of interdependencies;
 - joint problem-solving; and
 - a more integrated approach to delivery.

Action Owners

Actions within the Mental Health Strategy Delivery Plan are owned and led by individual business areas across Health and Social Care, including the Department of Health, the Public Health Agency and the Strategic Planning and Performance Group. Action Owners are responsible for planning and implementing actions and for reporting progress and any emerging risks to the Mental Health Strategic Reform Board via the Mental Health Strategy Delivery Unit.

NI Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention

The NI Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention provides cross-departmental leadership and oversight to reduce suicide rates and improve mental wellbeing across Northern Ireland. The original terms of reference for the Executive Working Group already refer to the Mental Health

Strategy; however, there is now a more deliberate focus on working collaboratively with other Departments and on examining issues relevant to the Strategy in greater depth at future meetings of this Group.

All Departments Officials Group (ADOG)

ADOG brings together senior officials from all Northern Ireland Government Departments, the Food Standards Agency (FSA), and the Public Health Agency (PHA) to support the Executive's Ministerial Committee for Public Health by providing strategic advice, fostering cross-government collaboration, and ensuring coherence in the development and delivery of public health policy.