



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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PROTECT LIFE 2

Action Plan

2025 – 2027

with potential of extension to 2029

This document is the **high-level action plan** for the Protect Life 2 strategy (PL2). It has been developed following publication of the [Review of Protect Life 2 Action plan: Report and Recommendations](#).

This action plan has been developed in response to Recommendation 1 of the report, with the rationale and benefit for each action outlined as suggested in Recommendation 2.

The aims and objectives of the PL2 strategy have not changed however a revised Strategy target has been set. The objectives and actions have been categorised under five themes:



Theme One:

Whole of Government and Society Approach



Theme Two:

Awareness and Prevention



Theme Three:

Supporting Compassionate Responses to Suicide



Theme Four:

Supporting Compassionate Responses to Self-Harm



Theme Five:

Research, Evidence and Planning

The delivery of the action plan should be informed by the principles outlined in the Protect Life 2 strategy.

Aims of the Protect Life 2 Strategy

- ▶ Reduce the suicide rate in Northern Ireland by 10% by the end of the strategy
- ▶ Ensure suicide prevention services and support are delivered appropriately in deprived areas where suicide and self-harm rates are highest

Revised Strategy target:

Every suicide is preventable up to the point of completion, so while we may set realistic targets, the only acceptable number is zero. The Strategy committed to reducing suicide prevention rates by 10%. Suicide prevention rates are best calculated on three year rolling averages and a new baseline now needs to be set to reflect the NISRA review of suicide statistics. The new baseline for the Strategy will be: 13.3 deaths per 100,000 (age standardised) for 2021-2023. This equates to a revised reduction target of 12.0 deaths per 100,000 for the remainder of the Strategy.

PROTECT LIFE 2 PRINCIPLES:

- ▶ Be evidence-based where possible, achieve measurable outcomes and be fully evaluated.
- ▶ Be collaborative with public / private sector organisations, academia, professional bodies, service users, carers, voluntary & community agencies, and groups representing bereaved families.
- ▶ Be co-ordinated across government.
- ▶ Be informed through engagement and learning from suicide prevention approaches in other jurisdictions, especially those that have achieved reduction in suicide rates.
- ▶ Contribute to reducing inequalities.
- ▶ Be person centred and informed by those with lived experience of suicide and self-harm.
- ▶ Where appropriate, actions will be tailored to the diverse needs of different sub-populations at greater risk of suicide including, but not limited to, age, gender, ethnicity, social class, sexual orientation, location, physical and mental health, and occupation.
- ▶ Promote sustainable funding for suicide prevention.
- ▶ Be aware that measures to address the wider determinants of mental health and wellbeing also contribute to reducing suicide.
- ▶ Build on existing strengths such as strong community engagement.

Theme One: Whole of Government and Society Approach

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator ¹	Delivery Leads ²
1. Ensure a collaborative, co-ordinated cross-departmental approach to suicide prevention.	1.1 Facilitate support networks for people bereaved by suicide and their role in influencing policy and service delivery.	Those bereaved or who have experience of suicide have a significant influence to make in policy design, service delivery and advice. Continued valued contributions will enhance service delivery and ensure local voices influence decision making.	PHA	PHA
	1.2 Promote the PHA Quality Standards for services promoting mental and emotional wellbeing and suicide prevention ³ ; Ensure adherence to established standards by actively monitoring and supporting contracted organisations to meet and maintain them.	The Standards improve governance arrangements within organisations to provide safe and effective practice for service users.	PHA	PHA
	1.3 Collaborate with other countries and regions to share learning about suicide prevention and self-harm.	Opportunity to create strong collaborative partnerships to promote best practice and learn from other nations in preventing suicide and self-harm.	DoH	DoH, PHA
	1.4 Link suicide and self-harm risk prevention to strategic activity across Government.	Suicide prevention is a societal issue that requires collaborative cross-departmental working to address risk factors and reduce suicide and self-harm rates. The combined knowledge, expertise and resources across Departments, sectors and communities are essential for the delivery of the PL2 Strategy.	DoH	DoH, DFC, PHA, SPPG, DAERA, Probation Board, DfE

¹ Delivery co-ordinator will collate progress and monitoring data received from delivery leads and report these to the Regional Protect Life Implementation Group (RPLIG)

² Delivery lead is responsible for ensuring implementation of actions and reporting progress of these to RPLIG via the delivery co-ordinator.

³ [Resources - PHA Standards Assessment Tool](#)

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Theme Two: Awareness and Prevention

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator	Delivery Leads
2. Strengthen awareness and response to suicide and self-harm.	2.1 Develop and deliver public information (connecting to Mental Health Strategy ⁴).	Awareness raising is essential to promote help seeking and signposting to sources of support. This also promotes wellbeing and helps address stigma.	PHA	PHA
	2.2 Implement place-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.	Provides targeted awareness raising with identified groups.	DoH	PHA, DfE, DE, DfC, DoJ
	2.3 Delivery of capacity building activity to strengthen awareness of, and response to suicide and self-harm.	Training and education programmes improve help seeking behaviour, support others and raise awareness of support services.	DoH	PHA, PSNI

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⁴ [Mental Health Strategy 2021-2031 | Department of Health](#)

Theme Two: Awareness and Prevention

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator	Delivery Leads
<p>3. Enhance responsible media reporting on suicide and self-harm.</p>	<p>3.1 Promote use of media guidelines and monitor the reporting of suicide, and continually review guidelines.</p>	<p>Samaritans have developed appropriate toolkits and guidance to promote sensitive reporting in relation to suicide. The guidance, which is beneficial for journalists and the public, raises awareness of media guidelines to promote safe reporting.</p> <p>ComKit supports families, communities, agencies and representatives in times of heightened suicide concern.</p>	<p>PHA</p>	<p>PHA</p>
	<p>3.2 Promote positive use of the internet & social media in relation to suicide prevention & self-harm reduction.</p>	<p>Samaritans and the Safeguarding Board for NI (SBNI) have developed appropriate toolkits and guidance to promote safe use of the internet. The internet and social media can be utilised to promote awareness raising and signposting to sources of support.</p>	<p>DoH</p>	<p>SBNI</p>
<p>4. Enhance community capacity to prevent and respond to suicidal behaviour within local communities.</p>	<p>4.1 Deliver effective, community-based suicide prevention services.</p>	<p>This approach provides social support to vulnerable people, engaging in follow up care and implementing suicide prevention programmes. These services build resilience and promote positive mental health and wellbeing.</p>	<p>DoH</p>	<p>PHA</p>

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Theme Two: Awareness and Prevention

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator	Delivery Leads
5. Restrict access to the means of suicide	5.1 Reduce risk of suicide at high-risk locations, engaging with local stakeholders and developing plans for enhancing safety at those locations.	Evidence shows that restricting access to the means of suicide can reduce suicide; particularly for people known to be self-harming or vulnerable to suicidal thoughts.	DoH	Dfl, DoH, UU
	5.2 Work with professional groups to encourage safer prescribing.	Evidence has highlighted that safer prescribing in primary and secondary care can reduce suicide risk.	DoH	SPPG

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Theme Three: Supporting Compassionate Responses to Suicide

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator	Delivery Leads
6. Enhance the initial response to, and care and recovery of people who are suicidal.	6.1 Provide timely, accessible de-escalation services for those in emotional crisis or despair through the provision of 24/ 7 crisis helpline.	Crisis intervention and de-escalation for people in distress or despair saves lives. This is supported by follow-up care and safety planning. Early identification of suicidal behaviour and ensuring appropriate intervention and signposting can reduce suicide rates.	PHA	PHA, SPPG
	6.2 Embed safety plans across all sectors to support those who have thoughts of suicide or ideation.	Safety plans are effective in encouraging people to seek support when experiencing thoughts of suicide.	DoH	DoH, HSCTs
7. Ensure the provision of effective support for those who are exposed to suicide or suicidal behaviour.	7.1 Reduce the risk of further suicides in the community through surveillance and activation of agreed regional community response plan protocols.	Multi-agency response plans help support communities and those impacted by suspected suicide death and can reduce further risk.	PHA	PHA
	7.2 Provide a consistent, compassionate approach to supporting those bereaved /affected by suicide.	Evidence shows that up to half of those bereaved through suicide experience moderate to chronic trauma in the initial years. Support is often essential to help the grieving process, prevent longer term emotional distress, and promote healing. It also serves as a vehicle to reduce risk of further suicide.	PHA	PHA

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Theme Three: Supporting Compassionate Responses to Suicide

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator	Delivery Leads
<p>8. Reduce the incidence of suicide amongst people under the care of mental health services.</p>	<p>8.1 Reduce the incidence of suicide amongst people under the care of mental health services.</p>	<p>People experiencing mental illness can have a greater risk of suicide than people with good mental health. Mental Health Services can implement initiatives to prevent suicide and reduce this risk.</p>	<p>DoH</p>	<p>HSCTs, SPPG</p>

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Theme Four: Supporting Compassionate Responses to Self-Harm

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator	Delivery Leads
<p>9. Enhance services for people who self-harm, particularly for those who do so repeatedly.</p>	<p>9.1 Ensure provision of effective community-based responses that reduce incidences of self-harm.</p>	<p>Self-harm and in particular repeat self-harm is a significant risk factor for suicide. Early identification of people who self-harm and provision of support to help them come to terms with the underlying problems and finding other ways of coping, is important in reducing suicide.</p>	<p>DoH</p>	<p>PHA</p>

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Theme Five: Research, Evidence and Planning

Objective	Actions	Rationale and Benefit	Delivery Co-Ordinator	Delivery Leads
<p>10. Strengthen the local evidence on suicide patterns, trends, and risk, and on effective interventions to suicide and self-harm.</p>	<p>10.1 Conduct ongoing surveillance to monitor changing behaviours or trends in suicide and self-harm means to inform preventative action, particularly where new methods emerge.</p>	<p>Information obtained through systematic data collection has the potential to increase understanding of suicidal behaviour and inform preventative action to reduce suicide. This data/information provides further intelligence on possible suicides to inform rapid response. The process allows police officers to identify (with permission) individuals who would benefit from support from HSC Trusts. The Northern Ireland Registry of Self-Harm⁵ collects data on self-harm presentation and also records hospital attendances with ideation. A range of new interventions and service improvements have been implemented aiming to address self-harm.</p>	<p>DoH</p>	<p>NISRA, PHA</p>
	<p>10.2 Identify priorities for research into suicide, self-harm & their prevention including data linkage, with a view to future commissioning.</p>	<p>Research provides the evidence base for effective interventions. Improved recognition and understanding of influences on suicidal behaviour can help in the detection of high-risk individuals and in treatment selection.</p>	<p>DoH</p>	<p>PHA, DfC</p>
	<p>10.3 Continue participation in the National Confidential Inquiry on Suicide and Homicide (NCISH).</p>	<p>NCISH recommendations improve patient safety in mental health settings and reduce patient suicide rates.</p>	<p>DoH</p>	<p>RQIA</p>

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5 [Northern Ireland Registry of Self-harm Regional Report 2020/21 and 2021/22 | HSC Public Health Agency](#)

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
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

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