



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

www.health-ni.gov.uk

PROTECT LIFE 2

Implementation
Plan

2025 – 2027

with potential of extension to 2029

This document is the **Implementation Plan** for the Protect Life 2 (PL2) 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 PL2. This plan has been developed in response to Recommendation 1 of the Review Report. Recommendation 4 states ‘a clear owner should be designated against each Action’; a ‘delivery lead’ has been identified for each deliverable included in the implementation plan.

A delivery lead is responsible for reporting progress and monitoring data to the Regional Protect Life Implementation Group (RPLIG) via the identified ‘delivery coordinator’ designated in the high-level action plan. Delivery leads will work with partners as required to ensure implementation of each deliverable outlined in this plan.

How progress will be monitored will be agreed with delivery leads ahead of a deliverable being included in the implementation plan. This may include links to published reports where progress is recorded. Narrative reports should be provided detailing reasons and mitigating actions when progress is not being made.

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

Timelines for delivery of actions have not been included in this document, however these will be included on the reporting dashboard (Recommendation 7). Many actions will be ongoing over the life of the strategy, for these actions annual reporting and progress update will be required. Where actions are timebound specific timelines for delivery will be included in the dashboard.

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	BRAG
<p>1.1 Facilitate support networks for people bereaved by suicide and their role in influencing policy and service delivery.</p>	<p>Delivery of a Bereaved by Suicide Coordination, Facilitation and Development Project across Northern Ireland to ensure the voices, needs, interests and experiences of individuals and families, who have been bereaved by suicide is central to the delivery of suicide prevention and mental and emotional wellbeing work.</p>	<p>PHA</p>	
<p>1.2 Promote the PHA Quality Standards for services promoting mental and emotional wellbeing and suicide prevention (PHA Standards); Ensure adherence to PHA Standards by actively monitoring and supporting contracted organisations to meet and maintain them.</p>	<p>Maintain and develop the online portal to allow organisations to complete self-assessment against the PHA Standards and to monitor the number of groups who have completed this.</p>	<p>PHA</p>	
	<p>Carry out 5 independent assessments of PHA commissioned services per annum.</p>	<p>PHA</p>	
	<p>Include requirement to work to PHA Standards within any small grants programme criteria.</p>	<p>PHA</p>	
	<p>Continually review PHA Standards and develop additional standards in relation to peer support.</p>	<p>PHA</p>	
	<p>Produce guidance to support the completion of PHA Standards.</p>	<p>PHA</p>	
<p>1.3 Collaborate with other countries and regions to share learning about suicide prevention and self-harm.</p>	<p>Participation in UK and Ireland discussions and information sharing.</p>	<p>DoH</p>	
	<p>Input to the development of quality standards that may have influence on Northern Ireland service provision.</p>	<p>PHA</p>	

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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	BRAG
1.4 Link suicide and self-harm risk prevention to strategic activity across Government.	Facilitate the Executive Working Group.	DoH	
	Support and facilitate the Regional Protect Life Implementation Group.	DoH/PHA	
	Support and facilitation of Protect Life Implementation Groups (PLIGs) in HSCT areas.	PHA	
	Ensure Local Protect Life Group representation on Regional Crisis Service Implementation Group.	PHA/SPPG	
	Inclusion of risk related group(s) to be agreed annually for additional focus within short term funding grants programme.	PHA	
	Ensure individuals who are subject to an Enhanced Combination Order (ECO) undergo a psychological assessment.	Probation Board	
	Provision of supports to ensure that those in contact with the Probation Board receive appropriate mental health assessments.	Probation Board	
	Delivery of the Tackling Rural Poverty and Social Isolation Programme which includes the Farm Families Health Checks Programme and continued funding of the Rural Support Charity.	DAERA	
	Delivery of PEACEPLUS Youth Programme.	DfE	
	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	
DfC Work Psychology Service will continue as members of Regional Protect Life Implementation Group; Northern, Belfast, Western, Southern and South-eastern PLIGS. We will collaborate with statutory and community and voluntary partners to assist the most vulnerable customers of the Department.	DfC		

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Theme Two: Awareness and Prevention

Objective 2: Strengthen awareness and response to suicide and self-harm.

Actions	Deliverables	Delivery Lead	BRAG
2.1 Develop and deliver public information (connecting to Mental Health Strategy ¹).	Deliver one <i>Living Well</i> campaign.	PHA	
	Deliver annual HSC Mental Health Campaign.	PHA	
	Deliver a mass media campaign subject to DoH approval.	PHA	
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	
	HSENI work mental wellbeing programme.	DfE	
	Provision of support in further education.	DfE	
	Provision of support in higher education.	DfE	
	Support educational settings to promote emotional health and wellbeing at universal level through delivery of the Children and Young People’s Emotional Health and Wellbeing in Education Framework.	DE	
	Delivery of People and Place programmes.	DfC	
	Delivery of the Fresh Start programme in areas where paramilitarism is prevalent.	DfC	
	Delivery of Work and Wellbeing programme.	DfC	
	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	
	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	

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1 <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031>

Theme Two: Awareness and Prevention

Objective 2: Strengthen awareness and response to suicide and self-harm.

Actions	Deliverables	Delivery Lead	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	
	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	
	DfC Work Psychology Team will train new members of staff and refresh existing team members training in Tier 4, Specialised Skills Based Training to provide coverage to support the wider department.	DfC	
	Provision of support hubs to ensure consistency of approach in relation to harm and vulnerability.	DoJ	
	Support for victims of domestic and sexual violence.	DoJ/DoH	
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	
	Review current training provision for suicide prevention and self-harm, and improve collection of data and outcomes.	PHA	
	Development of an online mental health lesson plan for police officers.	PSNI	
	Delivery and monitoring of Mental Health First Aid training for PSNI staff.	PSNI	

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

Theme Two: Awareness and Prevention

Objective 3: Enhance responsible media reporting on suicide and self-harm

Actions	Deliverables	Delivery Lead	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	
	Agree escalation process for PLIG members to highlight potential breaches of the Media Guidelines.	PHA	
	Promote sensitive traditional reporting through appropriate guidelines and challenge inappropriate media reporting.	PHA	
	Development and delivery of training for media students on ‘safe reporting of suicide and self-harm’.	PHA	
3.2 Promote positive use of the internet and social media in relation to suicide prevention and self-harm reduction.	Implement actions from the Online Safety Strategy to manage and respond to harmful experiences online.	SBNI	

Objective 4: Enhance community capacity to prevent and respond to suicidal behaviour within local communities

4.1 Deliver effective, community-based suicide prevention services.	Ensure provision of community-based suicide prevention services.	PHA	
	Review current provision and improve data and outcome collection to develop evidence base.	PHA	
	Develop commissioning plan for community suicide prevention services.	PHA	
	Implement and evaluate community-based suicide prevention services.	PHA	

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Theme Two: Awareness and Prevention

Objective 5: Restrict access to the means of suicide

Actions	Deliverables	Delivery Lead	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	
	Investigate the potential for enhancing safety and the associated cost on the Foyle Bridge in Derry-Londonderry.	DfI	
	Launch 'Collective responsibility, collective action to prevent student suicide' guidance for Higher Education in Northern Ireland.	UU	
	Review and adapt the HSE 'Preventing suicide in public places: a best practice toolkit' for use in Northern Ireland.	DoH	
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	
	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	
	Promote messages to the public regarding safer use and disposal of medicines.	SPPG	

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Theme Three: 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	BRAG
<p>6.1 Provide timely, accessible de-escalation services for those in emotional crisis or despair through the provision of 24/7 crisis helpline.</p>	Ensure provision of Lifeline service.	PHA	
	Review the evidence for digital engagement through helplines.	PHA	
	Embed Lifeline within planned Regional Crisis Service Pathway within the Mental Health Strategy ³	PHA/SPPG	
<p>6.2 Embed safety plans across all sectors to support those who have thoughts of suicide or ideation.</p>	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	

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³ <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031>

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	BRAG
<p>7.1 Reduce the risk of further suicides in the community through surveillance and activation of agreed regional community response plan protocols.</p>	<p>Review and monitor Community Response Protocols (CRP) to inform continuous improvement.</p>	<p>PHA</p>	
	<p>Ensure North/South Connection included within CRP review and include shared surveillance on suicides that take place in vulnerable communities that are transient across the North/South border.</p>	<p>PHA</p>	
<p>7.2 Provide a consistent, compassionate approach to supporting those bereaved/ affected by suicide.</p>	<p>Develop, implement and evaluate a regional postvention service for under 18-year-olds.</p>	<p>PHA</p>	
	<p>Review and develop recommendations for a regionally consistent postvention service for adults.</p>	<p>PHA</p>	

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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	BRAG
<p>8.1 Reduce the incidence of suicide amongst people under the care of mental health services.</p>	Delivery of training and implementation of SHARE guidelines.	HSCTs	
	Implement recommendations from the National Confidential Inquiry.	HSCTs	
	Continued implementation of the Towards Zero Suicide Programme in HSC Trusts (including Healthcare in Prisons) to promote safer adult mental health services.	SPPG	
	Implementation of the suicide prevention care pathway in HSC Trusts (including Healthcare in Prisons).	HSCTs	
	Building safer wards/minimising restrictive practices in acute in-patient mental health units.	HSCTs	
	Regional consistency offering early post discharge appointment within 72 hours for 80% of patients discharged from acute services.	HSCTs	
	Implementation of the Towards Zero Suicide workforce learning and development plan.	HSCTs	

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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	BRAG
<p>9.1 Ensure provision of effective community-based responses that reduce incidences of self-harm.</p>	<p>Implement the self-harm intervention programme (SHIP) and monitor delivery.</p>	<p>PHA</p>	
	<p>Collaborate with Trusts to develop and agree protocols for step up from SHIP step 2 service to HSCT Tier 3 services when indicated.</p>	<p>PHA</p>	
	<p>Respond to data from the Northern Ireland Registry of Self-Harm by (Self-Harm Registry) by developing a pilot project for young women who have self-harmed or who are at risk of self-harm.</p>	<p>PHA</p>	

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Theme Five: Research, Evidence and Planning

Objective 10: Strengthen the local evidence on suicide patterns, trends & risk, and on effective interventions to suicide & self-harm.

Actions	Deliverables	Delivery Lead	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	
	Publish research on the socio-demographic associations of suicides, drug-related and alcohol specific deaths.	NISRA	
	Continue to maintain a Registry for self-harm and suicide ideation.	PHA	
	Produce data reports outlining rates and trends of self-harm and suicide ideation as captured in the Self-Harm Registry.	PHA	
	Raise awareness of data collected from the Self-Harm Registry to inform service developments and inform evidence/research.	PHA	
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	
	Development of an evidence base on conversion practices to support policy formulation.	DfC	
10.3 Continue participation in the National Confidential Inquiry on Suicide and Homicide (NCISH).	Ensure provision of data for the NCISH.	RQIA	

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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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