## Public Health Agency (PHA)

### Pre-consultation for suicide and post-vention services

### Introduction

In September 2019, the Department of Health published a new suicide prevention strategy for Northern Ireland known as <u>Protect Life 2</u>. The strategy includes specific actions which the PHA is responsible for delivering, and the agency is now undertaking a pre-consultation on these suicide prevention and post-vention services.

The PHA want to actively engage with stakeholders to support the development of future services by taking the views of services users and carers, local communities and providers into account.

### How to get involved?

There are a number of ways to get involved. You can participate in an engagement event or complete an <u>online survey</u>. This survey will be available for 8 weeks from 15<sup>th</sup> February 2021 until 11<sup>th</sup> April 2021.

Full details of the involvement process can be found here

## **Engagement Events**

Events are being held digitally using Zoom and each will last for approximately 2 hours

Events have been organised on a geographical basis with an additional evening session open to all areas.

Places are limited and booking is essential. To reserve a place, please complete the <u>registration form</u> below and return it to <u>Engage.PL2@hscni.net</u>

### **Event Details**

Details and dates of the events are outlined below. Please note that Zoom meeting details will be shared to the email address you have registered with prior to the event.

# PHA Stakeholder Engagement Zoom Meetings Registration Form

To register, please complete the form below and return it to by email to <u>Engage.PL2@hscni.net</u>.

Date	Time	Area
Thursday 25 <sup>th</sup> February	2 – 4pm	Western
Tuesday 2 <sup>nd</sup> March	10am – 12md	Southern
Friday 5 <sup>th</sup> March	10am – 12md	Belfast
Monday 8 <sup>th</sup> March	7 – 9pm	All areas
Thursday 11 <sup>th</sup> March	10am – 12md	Northern
Monday 22 <sup>nd</sup> March	10 – 12md	South Eastern

# Please note that there are limited places.

Registration Form	
Date of meeting you wish to	Click here to enter text.
attend	
Name of person attending	Click here to enter text.
Name of organisation	Click here to enter text.
(if appliaghte)	
(if applicable)	
Email address	Click here to enter text.
Please ensure to provide details	Click here to enter text.
of any accessibility requests:	