

Appendix 3

Protect Life 2

PL2 is a long-term strategy for reducing suicides and the incidence of self-harm with action delivered across a range of Government departments, agencies, and sectors. The Strategy has been extended until end 2027. A Review focusing on the Strategy action plan has been completed and the Report and Recommendations of the Review is available below.

It recognises that no single organisation or service is able to influence all the complex interacting factors that lead someone to harming themselves or, ultimately, to taking their own life.

The SEHSCT Protect Life Implementation group (SEPLIG) is a strategic group, which is responsible for implementation of the strategy locally. Emerging needs can be escalated to the Regional PLIG with is Chaired by the Chief Medical Officer.

It stresses the importance of services, communities, families and society working together to help prevent suicides. The strategy encompasses:

- General population-based approaches designed to influence attitudes and behaviours such as help-seeking behaviour, restricting access to means of suicide, raising awareness and supporting responsible media reporting.
- targeted intervention such as training for health and social care staff and people working in the community, self-harm referral from emergency departments, self-harm case management, improving risk management within mental health services, screening in health and substance misuse services, and supporting recovery in those who have made suicide attempts.
- Crisis de-escalation and case management to prevent attempted suicide by people in mental health crisis and/or emotional or social crisis.
- Postvention support for those bereaved or otherwise affected by suicide, and improving data collection and analysis in relation to suicide in order to inform service improvement.

<https://www.health-ni.gov.uk/sites/default/files/publications/health/pl-strategy.PDF>

[Mental Health Strategy](#)

Mental Health Strategy links to suicide prevention/intervention/postvention

• Shared aims of early intervention, prevention and timely support

- The Mental Health Strategy sets out 35 key actions across three core themes: **“promoting mental wellbeing”**, **“providing the right support at the right time”**, and **“developing new ways of working.”**

- Actions under the Strategy include creating an action-plan for early intervention and prevention (spanning the life course, from infancy to older age), increasing awareness and reducing stigma, improving access to community-based services, integrating voluntary and community sectors, and improving urgent, emergency and crisis provision.

These themes create a supportive mental-health infrastructure that underpins suicide prevention, by addressing upstream risk factors (poor mental health, lack of early support, social inequalities, stigma) rather than waiting until crisis. That means the Mental Health Strategy provides a foundation that makes intervention and prevention more feasible.

• Crisis, urgent and emergency mental-health provision (which supports intervention)

- The 2022/23 delivery plan for the Mental Health Strategy commits to “urgent, emergency and crisis” support pathways.
- This is critical: timely access to care and support during a mental health crisis can help prevent escalation into suicidal behaviours.

• Tackling inequalities and social determinants (reducing structural risk factors)

- The Strategy’s prevention work considers social determinants and inequalities (e.g. poverty, deprivation, trauma, marginalised groups) as key areas for action.
- Since suicide risk is heavily influenced by socio-economic and environmental factors, this broader public-mental-health approach supports suicide prevention beyond clinical services — by reducing risk at a population level.

• Integrating community and voluntary sector, and non-clinical supports

- The Strategy highlights the need to improve integration between statutory services and community/voluntary organisations.
- Such integration means more accessible community-level mental health and wellbeing services, which can function as early intervention points — and also support people after crises (i.e. informal or peer support, social connection), which often mitigates suicide risk.

• Overlap and coordination with the suicide-specific strategy (Protect Life 2)

- The Mental Health Strategy doesn’t spell out detailed suicide-prevention objectives; instead it dovetails with Protect Life 2. Indeed, some actions under the Mental Health Strategy are explicitly framed as complementing suicide prevention work.
- For example: early intervention/prevention; reducing stigma; improving crisis responses; integrating community services — all support objectives of Protect Life 2 (like reducing suicide among mental-health care users, improving initial response, improving services for self-harm, etc.).

What the link means in practice (intervention & postvention)

Because of the overlap, here's how the Mental Health Strategy helps enable intervention and postvention efforts:

- **Intervention:** By improving early access to support services, crisis care, reducing stigma, and expanding community-based mental health care, people at risk have better chances to get help before suicidal thoughts or behaviours escalate.
- **Prevention (broad):** By promoting mental wellbeing, tackling inequalities, reducing social determinants of poor mental health, the Strategy helps lower population-level risk factors for suicide.
- **Postvention readiness/integration:** While the Mental Health Strategy doesn't explicitly outline postvention services, by supporting community and voluntary sector integration and encouraging mental health supports across sectors, it helps create a framework in which postvention (bereavement, support for those affected by suicide) — as outlined in Protect Life 2 — can more effectively operate.

Protect Life 2 Objective	Relevant / Overlapping MHS Actions / Themes	How MHS supports / enables the Objective	Notes / Limitations
<p>Objective 1: Ensure a coordinated cross-departmental approach to suicide prevention</p>	<p>MHS is built on a “whole-system” and “whole life / whole society” philosophy; the Strategy was co-produced with a broad range of stakeholders (health, social care, community & voluntary sector, academia, service-users and carers).</p>	<p>By embedding mental health within a systemic, cross-sector strategy, MHS fosters the institutional and inter-sectoral collaboration that PL2 demands.</p>	<p>MHS itself doesn't explicitly reference all PL2 sectors (e.g. media, justice, schools) — the cross-departmental coordination for suicide prevention remains formally under PL2.</p>
<p>Objective 2: Improve awareness of suicide prevention and associated services</p>	<p>MHS Actions 1 & 2: an early-intervention & prevention plan, public-awareness/education to raise understanding of mental wellbeing vs ill-health, reduce stigma, and promote mental health literacy across the life course.</p>	<p>By normalising mental health discussion, raising awareness and reducing stigma, MHS helps create the social context in which people are more likely to seek help — a fundamental enabler for PL2's awareness goal.</p>	<p>MHS awareness work is broad (mental health generally), not always suicide-specific. Additional dedicated suicide-awareness campaigns remain under PL2's remit.</p>