



**Briefing Note for MLAs on
NISRA Suicide Statistics 2023
& the Protect Life 2 Strategy**

5 February 2025

NISRA statistics on suicide deaths for 2023 have been published this morning. You can access them [here](#).

This briefing note provides a brief analysis of the data, the failure of ambition and outcomes from the Protect Life 2 Suicide Prevention Strategy and the urgent need to address deaths by suicide as a public health crisis.

For more information, please contact.

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Key points

- There has been an **8% increase in deaths**, from 203 in 2022, to 221 in 2023.
- Since 2015, annual numbers of registered suicides have fluctuated, ranging from 195 in 2016 to 237 in 2021. There were 221 suicide deaths registered in Northern Ireland in 2023. Considering a three-year average trend drawing on post review data (from 2015), **the average rose from 204.7 in 2017 to 220.3 in 2021 and has remained at a similar level since then (220.3 in 2023).**
- **The suicide rate (age-standardised)** in Northern Ireland was 13.3 deaths per 100,000 population in 2023. This **rate has fluctuated since the start of the revised series (2015)**, ranging from 11.9 per 100,000 in 2016 to 14.3 per 100,000 in both 2018 and 2021.
- **Males** accounted for over **three quarters of all deaths** due to suicide (171 deaths).
- **Rates of death in deprived communities** is over **two times higher** than in the least deprived communities.
- The **Programme for Government** does not address the suicide crisis.
- **The Department of Health** did not provide any evidence that the current Protect Life 2 Strategy was working, yet in September 2023 it extended the Strategy for another 3 years, without any political scrutiny.
- Actions included in Protect Life 2 known to be effective in preventing suicide, including **training GPs** in suicide prevention and **removing access to means** (the Westlink Divis Bridge in Belfast being an example, see paragraph 12 below) have not been carried out. This is a failure of political will and of accountability, not of lack of resources.
- The Department of Health must ensure that the **revised Protect Life 2 Strategy**, sets out a clear vision and ambition, targets objective need, provides data to measure change and has robust accountability mechanisms.

Briefing

1. NISRA has published its annual [NI Suicide Statistics report for 2023](#), on 5 February 2023.
2. There has been an **8% increase in deaths, from 203 in 2022, to 221 in 2023**. Males accounted for over three quarters of all deaths due to suicide (171).
3. This increase in rates of suicide is mirrored in neighbouring jurisdictions. [Suicide rates in England and Wales in 2023 reached the highest levels since 1999](#). Rates in those jurisdictions increased across all age groups compared to 2022, especially among those aged 45-64 years, while the Northwest region saw the largest rise. Those figures, released in August 2024, led to a [call by the Samaritans for the UK government to treat suicide as a public health crisis](#), noting that **suicide is preventable but not without real action**.
4. [In response to an Assembly Question](#), the Minister of Health Mr. Mike Nesbitt, stated that the 3-year rolling average of suicide deaths has remained relatively stable since 2017, at around 11.6 deaths per 100,000. This does not seem to correlate with the analysis in [NISRA's report](#), as follows:

“The suicide rate (age-standardised) in Northern Ireland was 13.3 deaths per 100,000 population in 2023. This rate has fluctuated since the start of the revised series (2015), ranging from 11.9 per 100,000 in 2016 to 14.3 per 100,000 in both 2018 and 2021”. (page 1).
5. The percentage of suicides in 2023 from Northern Ireland's **most deprived** areas (per 28.5 %) was **over two times that of the least deprived areas** (per 13.1%). Despite this, Protect Life 2 Suicide Prevention Strategy does not **target resources in line with objective need**.
6. **The Programme for Government makes no mention of suicide**, despite it being a public health crisis, with major equality implications (see point 4). [Suicide Down 2 Zero](#), a community based suicide prevention charity in Co. Down [has highlighted the wider societal impact of suicide](#). In addition to the numbers of deaths each year, it estimates that suicide behaviours/ suicide attempts could be anything up to 22,100 and the number of people affected by the suicide deaths, each year, could be 37,260. It has also calculated that 60,000 people are affected by suicide every year here. That means that over the three-year life of the Programme for Government, 180,000 people are to

be left with `treatment as usual` with no Government urgency or priority brought to bear on this crisis.

7. The failure to adequately resource suicide prevention is having devastating consequences in every city and town across NI. Local communities are stretched beyond capacity in trying to prevent further deaths, provide support to bereaved families and educate communities on effective suicide prevention measures. **The experience of [STEPS](#), a community based suicide prevention charity in Draperstown, Co. Derry, highlights how unsustainable this current situation is** and why it is imperative that the Programme for Government includes suicide as a priority.
8. STEPS was established in 2016, as a community-based response to the increasing numbers of deaths by suicide in their community and the failure of government to address this crisis. Since then, STEPS has provided counselling to nine hundred people, across sixty-two towns and villages, mostly rural. The age range is 4 years to 88 years old. It has also delivered suicide awareness and education to two hundred clubs, schools, organisations, and businesses. They provide a range of alternative healing and therapeutic activities, including yoga and Pilates classes, horticulture, and hillwalking, with an average of 90-120 participants a month. **STEPS does not receive any statutory funding.** Over the years it has relied on local fund-raising efforts. More recently it has received Children in Need and Lottery funding.
9. In September 2023, the Department of Health announced a 3-year extension of the Protect Life 2 Suicide Prevention Strategy 2019-2024 to the end of 2027. **There is no clear evidence base for the decision to extend the strategy, which was taken by the Permanent Secretary, in the absence of a Health Minister.** The [only 'rationale' subsequently provided by the Minister of Health](#) for this decision, was that the Department of Health had faced both budgetary challenges, coupled with the impact of the Covid-19 pandemic.
10. In December 2023, the Department of Health announced a [Rapid Review of Protect Life 2](#) was to be undertaken, with a report due by the end of March 2024 and the plan updated by June 2024. That report was published in September 2024. Well over a year since the 'rapid' review was announced, on 5 February 2025 the revised Action Plan has now yet been published, calling into serious question the level of urgency or priority attached to this issue.
11. [New Script identified a number of concerns with the Rapid Review](#), including its Terms of Reference, which were limited to the Action Plan and excluded

any focus on the Aims and Objectives, the lack of an evidence base, lack of data on outcomes, failure to address objective need, lack of information on relevant legislative and regulatory frameworks.

12. **Protect Life 2 Suicide Prevention Strategy does not have accurate target for reduction in deaths by suicide**, [something the Department of Health has finally publicly acknowledged](#). How can we continue to have a **Suicide Prevention Strategy without a target and no hard evidence of outcomes**, as opposed to activity & outputs?
13. **The target rate of 10% for reduction in deaths by suicide is too low**. The previous Protect Life 1 target was set at 15% reduction in deaths by suicide. The WHO recommended 10% reduction target should be considered as a baseline, not a ceiling and each state should develop its target in line with its own circumstances. Countries with significantly higher targets include Japan (30% reduction) and Switzerland (25% reduction).
14. **Restricting access to means** is one of the actions that is known to reduce risk of suicide. Yet [work on heightening the paraquets on the Divis /Westlink Bridge](#), where a number of people have lost their lives from, and which is in one of the most deprived parts of Belfast, has not progressed since 2019.
15. [Protect Life 2](#) includes an action (7.2) to **train 50% of frontline Health and Social Care staff (HSC) in suicide prevention**. The Strategy identifies GPs as the most frequently used source of professional support for someone in the community seeking assistance with emotional distress. [In an FOI response to New Script for Mental Health](#), the Department of Health stated that Action 7.2 “has been difficult to monitor and collation of relevant data is challenging.” It also confirmed that data on numbers of HSC staff undertaking suicide prevention training cannot be disaggregated by profession, because that data is not captured during training. What this means is that the Department of Health is not collecting data on or monitoring the training of GPs in suicide prevention.

Suggested Questions you may wish to ask the Minister of Health and the NI Executive

1. Do the Minister for Health and his Ministerial colleagues recognise suicide as a major, urgent public health crisis?
2. Will the Minister of Health, with all urgency, provide a statement to the Assembly on NISRA's Suicide Statistics 2023, including an accurate analysis of overall patterns?
3. Will the Department of Health and the NI Executive ensure that the revised Protect Life 2 Strategy is fully funded?
4. Will the Department of Health ensure that the revised Suicide Prevention Strategy targets resources in line with objective need?
5. Will the Department of Health, with all urgency, publish a revised reduction target for the Suicide Prevention Strategy?
6. Can the Department of Health, the Department for Infrastructure and all relevant agencies and bodies provide a deliverable commitment, with information on timeframe for commencement and completion of work to raise the parapets on the Divis/Westlink Bridge in Belfast and the Foyle Bridge in Derry?
7. Can the Department of Health ensure that data is collected, analysed, and reported on, regarding the number of GPs are trained in suicide prevention, disaggregated by year and Local Commissioning Group/Trust area.