



Title of Paper: <u>NISRA Suicide Statistics in Northern Ireland 2024</u>		
For Decision Requires majority decision prior to implementation or action	For Discussion Requires consideration and debate.	For Noting Contains information Members should be made aware

1.0 Background

In November 2025, the South Eastern Health and Social Care Trust received correspondence from the Chief Medical Officer (CMO) regarding the publication of the NISRA Suicide Statistics for 2024. Please see Appendix 1 for the CMO’s letter and Appendix 2 with NISRA details. The CMO highlighted the following:

- Recorded suicides increased from 221 in 2023 to 290 in 2024.
- While this represents a significant rise, the CMO emphasised the importance of focusing on the three-year average, which provides a more stable and reliable indicator than single-year fluctuations.
- Although the three-year average has remained relatively consistent over time, any upward movement remains concerning and reinforces the need for ongoing, targeted action to support those most at risk.

The CMO also stressed that - behind every statistic - is an individual and a family profoundly impacted by suicide

2.0 Key Issues

Strategic Drivers (Appendix 3)

Protect Life 2 (PL2) [Protect Life 2 - Suicide Prevention Strategy | Department of Health](#) is the Executive’s long-term suicide prevention strategy, now extended to December 2027. It aims to reduce suicide and self-harm through coordinated action across government departments, agencies and the community and voluntary sector. It acknowledges that no single organisation can address the complex interplay of factors that lead to suicidal behaviour. A review of the PL2 Action Plan has been completed with the report and recommendations now available in above link.

Mental Health Strategy 2021–2031

The Mental Health Strategy [Mental Health Strategy 2021-2031 | Department of Health](#) is a 10-year plan to transform services by:

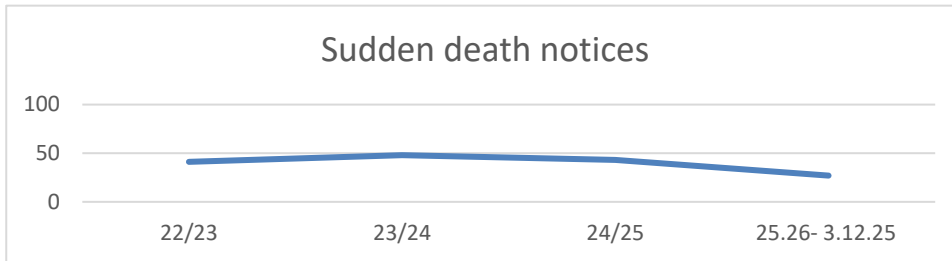
1. Promoting emotional wellbeing and resilience across the population.
2. Providing the right support at the right time through improved prevention, early intervention and specialist mental health care.

3. Developing new, integrated ways of working supported by digital innovation and strengthened partnership with the community and voluntary sector.

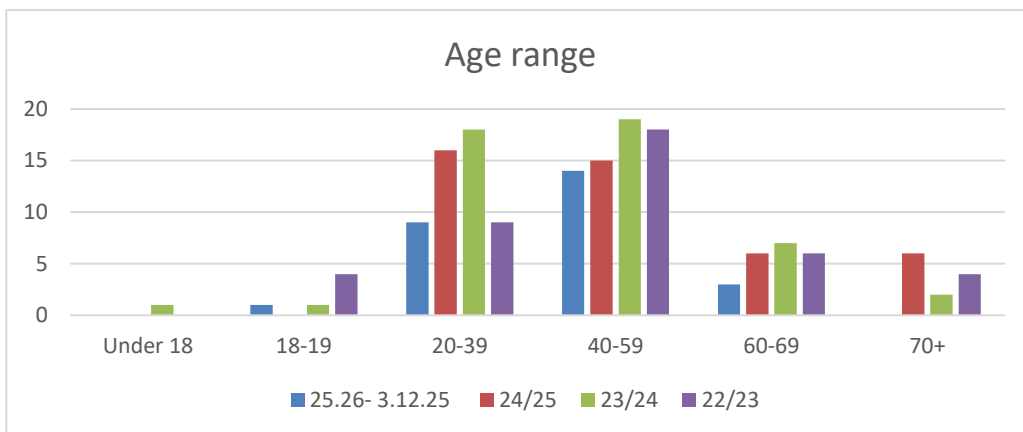
The strategy is based on a whole-life, whole-system approach, ensuring equitable, person-centred mental health support for people of all ages.

Review of SEHSCT Data

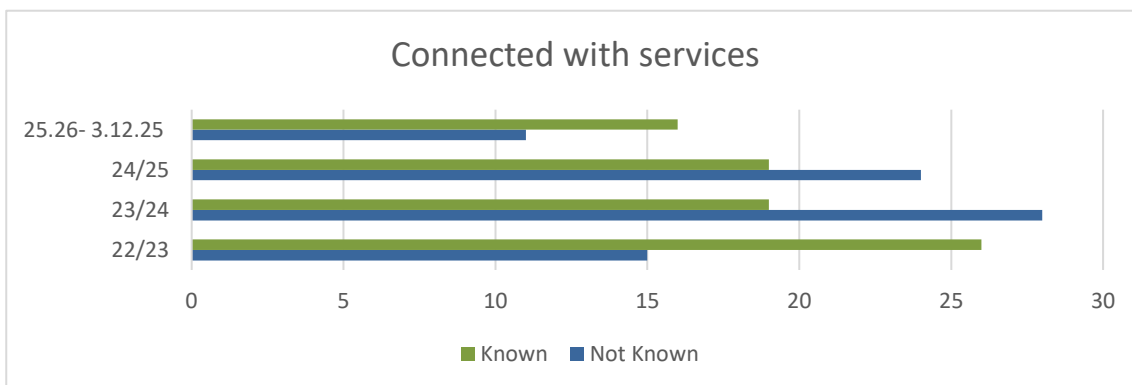
In the South Eastern Trust area from April 2021 until 3 December 2025, there have been 159 Sudden Death notifications received by the Trust.



Of these sudden deaths (suspected suicides), 122 were male and 37 were female with the most commonly used method is hanging.



The highest level of deaths occur within the 40-59 age range with 66 deaths by suicide.



Over half (52%) of total suspected suicides have been known to mental health service meeting the criteria of being actively open or connected with mental health services within the previous year to their death

Area	Postcode	Number of deaths
Downpatrick	BT30	19
Newtownards	BT23	19
Dunmurry/Twinbrook (West Belfast)	BT17	18
Lisburn (Cargacreevy, Drumalig, Drumbo, Hilden, Hillhall, Lambeg and Temple)	BT27	17
Lisburn (Lisburn City area, Ballinderry Lower & Upper, Stoneyford)	BT28	17
Peninsula	BT22	15
Bangor (including Crawfordsburn, Groomsport and Helen's Bay)	BT19	12
Ballynahinch	BT24	11
Bangor (including Faulkner, Hawthorne Shaftesbury, Primrose, Glen, Belfast Road, Crawfordsburn Road, Bryansburn, Croft & Silverstream areas)	BT20	8
Donaghadee	BT21	6
Newcastle	BT33	5
Holywood	BT18	4
Dromore	BT25	2
Hillsborough	BT26	2

Analysis of the geographical distribution of deaths shows that they are spread across the SEHSCT area. However, there is evidence of a higher concentration in Downpatrick, Lisburn and Newtownards. The team is currently using this metadata to map these patterns against areas of highest deprivation.

The Trust undertakes a variety of suicide prevention intervention and postvention initiatives including:

- Public Health Campaigns
- Mental health and suicide prevention training
- Recovery College suicide prevention and intervention training
- Service improvement: Toward Zero suicide
- SD1 Surveillance

We have excellent partnership with others such as:

- SPTG Groups
- Community of interest
- Regional SD1/CRP group
- APG Suicide Prevention

Community Response Plans (CRP)/Postvention in SESHCT 2024/25

CRP November/December 2024 – Lisburn Level 1 due to the very public nature of this suicide. Mental Health, Health Development and PHA engaged with local organisations to identify the needs of the community in the aftermath of this tragedy.

- We increased support & self-help resources within the area in the following weeks.
- Engaged with the local funeral director/ faith leader, who performed the funeral, regarding language that used. Guidance provided.
- Commissioned Papyrus to provide a number of support workshops for young people affected, with a local youth club.
- Commissioned Barnardos bereavement service, who provided additional support to children in 2 local schools.
- Action Mental Health provided 1-1 support to those affected.

CRP September 2025 – Ardglass Level 1 due to public concern regarding recent suicide impact. Mental Health, Health Development and PHA engaged with a local Suicide Prevention Task Group to identify the needs of the community in the aftermath of this tragedy.

- We increased support & self-help resources with the area in the following weeks.

3.0 Next Steps

1. Implementation of a real-time suicide surveillance system (QES) which will support earlier identification of trends.
2. Continue to implement the TZS regional project, across Adult Mental Health Service Directorate wide and strength and collaborate with community and Voluntary sector partners.
3. Improve the awareness and importance of Mental Health campaigns.
4. Improve partnership working with SPTG in SESHCT area.
5. Continue to develop the Community of interest group.
6. Continue to contribute to the SEPLIG and SEPLIG action plan.
7. Increase awareness and capacity of Mental Health and suicide prevention training, available through both HD and The Recovery College.
8. Continue to develop place based early intervention programme – such as the BITC Take 5 in Work Place accreditation, which support wellbeing within the workplace. For every £1 spent on early intervention and prevention, creates a £15 return.
9. Continue to engage with local Suicide Prevention Task groups, attempt to re-established / create suicide prevention group within areas of high need.

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