New Script Response to Órlaithí Flynn MLA Private Member's Suicide Prevention Training Bill Consultation

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New Script for Mental Health is pleased to have the opportunity to respond to Órlaithí Flynn MLA's public consultation for her Private Member's Suicide Prevention Training Bill. This bill would place a statutory duty on public sector employers to provide mandatory training in suicide prevention to all frontline staff.

Suicide is a major public health issue. Every death by suicide has devastating impacts for bereaved family and friends, affecting wider communities and society as a whole. Significantly, the consultation document brings attention to the higher rates of death by suicide among people living in deprived communities.

New Script activists recognise Órlaithí Flynn's commitment to suicide prevention over many years, including her work supporting grassroots community groups. We acknowledge her ongoing contribution to address suicide as a major public health issue through her proposals for this Private Members Bill.

The consultation document raises important awareness on the realities of suicide rates in our society, the critical need for comprehensive strategies to prevent suicide, and the role that public-facing staff can play in supporting individuals in crisis.

The consultation also resurfaces several questions and concerns from New Script activists.

The proposed aims of the bill need to be considered in the context of what is currently provided for as part of the Protect Life 2 Suicide Prevention Strategy[i] (PL2). We need to see what is working and build on it, but there is a lack of accessible data on our suicide prevention strategies, including on the provision and outcomes of training targets set out by the PL2 strategy.

Current training provisions and objectives in PL2

The 2019-2024 Protect Life 2 Suicide Prevention Strategy aimed to provide suicide awareness and intervention training to 50% of HSC frontline staff by 2022, with a focus on those working in primary care, emergency services, and mental health and addiction services (pg. 59). This target has since been removed from the 2025-2027 action plan and implementation plan.

Currently, the PL2 Implementation Plan details several aims for suicide awareness training to be delivered by the Department of Communities (DfC) and made available for front-line staff[ii]. The key deliverables are:

- Zero Suicide awareness training to continue to be made available for all DfC staff

- The 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

Also detailed is the implementation of the Toward Zero Suicide Programme[iii] in HSC Trusts; a key initiative detailed within the PL2 strategy's objective to reduce incidence of suicide amongst people under the care of mental health services. The programme is reported to contribute to training health and social care professionals as part of enhancing initial response, care, and recovery for suicidal individuals[iv].

The PL2 implementation plan also calls for the DfC to review current training provision for suicide prevention and self-harm and improve collection of data and outcomes[v].

What we know

In an FOI response received by PPR from the Department of Health (Ref: 2023-0233) the Department stated that Action 7.2 (to provide suicide awareness and intervention training to 50% of HSC frontline staff by 2022) 'has been difficult to monitor and collation of data is challenging'. It also confirmed that data on numbers of HSC staff undertaking suicide prevention training cannot be disaggregated by profession, because data is not captured at training. Despite GPs being the first point of contact for people experiencing distress or suicidal ideation, neither the Department of Health nor the Public Health Agency can provide data on how many GPs have been trained in suicide prevention since the launch of PL2 in 2019. Given the implementation of the Towards Zero Suicide Programme and targets for training staff across mental health services, robust data would be expected for that sector.

Monitoring the provision, outcomes and impact of this training is essential to evaluate the effectiveness of a proposal for mandatory training for all frontline workers. However, there is little to no available data on the outcomes of suicide awareness training being provided for under the implementation plan.

Questions for duty bearers

The following questions need to be answered by both the Department for Health and DfC:

- How many people were trained in suicide awareness?
- What sectors /professions were they in?
- What type of training has been delivered?
- What evidence of impact was gathered?

- What challenges did they encounter?
- Why was the target to train 50% of HSC frontline staff by 2022 removed from the current action plan?

This information is vital to inform public responses to the consultation and feed into the development of Flynn's proposed private member's bill.

Analysis and Recommendations

Training is important for early identification of the risk of suicide of self-harm. Evidenced by a World Health Organisation report and international examples of good practice[vi], early identification is one of the core elements of national suicide prevention strategies and includes equipping specialised and non-specialised healthcare workers (those working in healthcare institutions and those at community level) through training. Also important is involving workers to adapt training to the local context which can enhance motivation and the effectiveness of intervention as well as ensuring workers meet competency requirements.

Suicide awareness training differs from suicide prevention training. Prevention training is more appropriate in healthcare contexts and should be provided for healthcare workers, particularly GPs. People are told to go to their GP as their first point of contact when experiencing emotional distress or suicidal ideation. It is therefore vital that GPs are trained in suicide prevention.

It is difficult for us to provide a more detailed, considered response to this consultation and proposals for the bill without relevant details on the type of training, who would deliver it, and the evidence base for provision of mandatory suicide prevention training. The lack of transparency and accountability in our current suicide prevention strategies, as well as issues of political will and financing, also raises concerns about implementation. A comparison with investment into other suicide prevention actions and their impact would be needed in determining what will best serve people impacted by suicidal distress and their supporters.

A proposal for mandatory suicide prevention training would need to be accompanied by a number of key actions as previously outlined in New Script's response to the review of the PL2 Strategy[vii], including:

- A more ambitious target for reducing rates of suicide, based on consultation with communities.
- Targeting resources in line with objective need
- Transparency and accountability in suicide prevention strategies – publication of a detailed progress report on the implementation of PL2
- Targeted focus on higher rates of suicide risk in most deprived areas

As well as early identification, limiting access to means is a core element of suicide prevention strategies. However, issues raised by bereaved families and campaigners such as the need for suicide prevention measures on Divis Bridge in Belfast have been left unaddressed. There is an urgent need to put these into action.

The New Script campaign assesses all policy and legislative proposals using a human rights framework. A rights-based approach also requires focus on tackling the root causes of emotional distress and suicidality. The causes of suicide are complex, but we know that a number of factors, including trauma, abuse, poverty, unemployment, and discrimination in its various forms increase the risk of death by suicide. Addressing poverty, social inequality and discrimination in our society is essential to addressing increased risk of death by suicide for people living in disadvantaged communities.

Connecting symptoms to causes is the first step of New Script's Give 5 Framework: Connect, Be Active, Take Notice, Keep Learning and Give People dignity. 'Give 5' is a human rights framework is grounded on United Nations and World Health Organisation human rights standards and has been endorsed by the six main political parties. These are the essential steps that New Script for Mental Health is urging government to take to protect and promote people's right to good mental health. We continue to advocate for a suicide prevention strategy that is grounded in human rights - first and foremost, the right to life and safety.

[i] Department of Health (2019) Protect Life 2 A Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-2024, Department of Health, https://www.health-ni.gov.uk/sites/default/files/publications/health/pl-strategy.PDF

[ii] Department of Health (2025) Protect Life 2 Implementation Plan 2025-2027, Department of Health, p. 5. https://www.health-ni.gov.uk/sites/default/files/2025-07/PHA%20-%20Protect%20Life%202%20-%20Implementation%20Plan%202025-2027.pdf

[iii] Western Health and Social Care Trust (2020) 'Toward Zero Suicide launches in Northern Ireland', Western Health and Social Care Trust, https://westerntrust.hscni.net/towards-zero-suicide-launches-in-northern-ireland/

[iv] Department of Health (2024) Protect Life 2 A strategy for preventing suicide and self-harm in Northern Ireland 2019 – 2024 Progress Report 2023-2024, Department of Health, https://www.health-ni.gov.uk/sites/default/files/publications/health/protect-life-2-progress-report-update-2023-2024.pdf

[v] Department of Health (2025) Protect Life 2 Implementation Plan 2025-2027, Department of Health, p. 6. https://www.health-ni.gov.uk/sites/default/files/2025-07/PHA%20-%20Protect%20Life%202%20-%20Implementation%20Plan%202025-2027.pdf

[vi] World Health Organisation (2018) National Suicide Prevention Strategies Progress, examples and indicators, World Health Organisation, https://www.who.int/publications/i/item/national-suicide-prevention-strategies-progress-examples-and-indicators

[vii] Boyce, S. (2024) Response to the Review of Protect Life 2 Strategy by the Department of Health, Participation and Practice of Rights Library, https://www.library.nlb.ie/book/74