

*New Script*

FOR MENTAL HEALTH



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New Script Response to Inquiry by the All-Party Group on Suicide Prevention into Cross-Departmental Funding for Suicide Prevention

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[www.nlb.ie/campaigns/mental-health](http://www.nlb.ie/campaigns/mental-health)

For further information please contact Jemma Blacklaw, Research and Policy Officer, PPR, [jemma@pprproject.org](mailto:jemma@pprproject.org)

The All-Party Group on Suicide Prevention has launched an Inquiry into how suicide prevention is funded across government in Northern Ireland. According to a [press release by Samaritans](#), the secretariat of the APG, the inquiry “will explore current funding arrangements, the sustainability of prevention and early-intervention services, and whether a more coordinated, cross-departmental approach could improve outcomes for individuals, families, and communities.”

The survey published by the All-Party Group (APG) is specifically aimed at service providers. New Script for Mental Health is a grassroots movement campaigning for a rights-based, trauma-informed approach to mental health. Our campaign is led by activists, many of whom are individuals and families bereaved by suicide. The New Script campaign is not a service provider, and we will not be responding to the specific survey questions. This statement comes in response to the news of the APG’s inquiry and consultation to bring attention to key issues and failings of current suicide prevention policy and funding.

The failure to adequately resource suicide prevention is having devastating consequences right across Northern Ireland. The [2024 suicide statistics published by NISRA last year](#) highlighted the NI Executive’s failure to decisively address suicide as a major public health crisis in our society.

Six years into the [Protect Life 2 Strategy](#), the rates of suicide show no sign of decreasing. Deprived communities are bearing the brunt of this crisis, [with rates of suicide estimated to be two and a half higher in these communities](#). The causes of suicide are complex, but we know that a number of factors, including trauma, abuse, poverty, unemployment, and discrimination increase the risk of death by suicide.

Increased risks of suicidal behaviour is also a known side effect associated with antidepressant medications and recent [review findings published by the MHRA](#) emphasised the need for clearer safety warnings around these risks.

In recent months we have also seen a number of vital [suicide prevention](#) and/or [counselling organisations](#) forced to close their doors due to withdrawal of funding.

New Script campaigners have [consistently highlighted key issues and failings of the Protect Life 2 Strategy](#) and its [Implementation plan](#).

These include:

- The target set for reduction in the rate of deaths by suicide is not sufficiently ambitious.
- The strategy does not target objective need. It fails to target greater resources into those communities most impacted by suicide.
- Key actions including suicide prevention training for front line staff and reducing access to means, including providing barriers and preventing access

to bridge parapets on Foyle Bridge and the Westlink in Belfast, have not been implemented.

- The Implementation Plan lacks measurable outcomes
- A lack of transparency and clarity on costing and resource allocation

The [Protect Life 2 Strategy](#) (PL2) is grounded in [ten principles](#), including to 'be co-ordinated across government' and 'promote sustainable funding for suicide prevention.' Despite this, the 2019 PL2 Strategy did not include clear provisions for cross-departmental funding or resource allocation.

This was highlighted in the 2024 independent review of the strategy. Regarding cross-departmental coordination on funding, the [review raised two key issues](#):

1. The Action Plan needs to be properly costed and resourced with clarity on Actions that are specifically funded versus those which require co-ordination and collaboration
2. The need for clarity on funding streams from different strategies across Departments

Despite the review's [recommendation for the Action Plan to be fully costed](#), both the 2025 Action Plan and companion Implementation Plan do not include costings or resource allocation.

In a further indictment, it was [recently revealed](#) that the Executive Working Group on Mental Wellbeing, Resilience and Suicide Prevention has only met once in the past two years. Obtained through FOI request in 2022<sup>1</sup>, the Working Group's Terms of Reference include examining wider progress in relation to the implementation of the Protect Life 2 Strategy and reviewing existing cross-departmental co-ordination on suicide prevention.

**The lack of a sustainable cross-departmental funding model and coordination across government on resource allocation not only contravenes foundational principles of the strategy but exacerbates its existing flaws and failings.**

**It is clear there is an urgent need for increased funding and resources allocated in line with objective need for suicide prevention work. Together with this, transparency around funding, accountability, and coordination across government departments on resource allocation is essential.**

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<sup>1</sup> FOI reference is DOH/2022 – 0037. The FOI response and Terms of Reference document is available on request from Participation and Practice of Rights (PPR).

## **Human rights at the core of suicide prevention**

New Script continues to advocate for a suicide prevention strategy that is grounded in human rights - first and foremost, the right to life and safety. The state has a fundamental duty to protect this right. We call for rights-based approaches to all mental health-related policy and services, including resource allocation for suicide prevention.

The World Health Organisation's '[LIVE LIFE](#)' guide provides detailed guidance for financing suicide prevention strategies, making clear that 'funding needs and budgets should be clearly defined well before reaching the implementation phase of a suicide prevention intervention'. The guide further emphasises that 'without clear goals and indicators it will be difficult to show progress and hence more difficult to justify funding'.

With a focus on the fulfilment of economic and social rights, the [OPERA framework](#) is another effective tool to evaluate state resource allocation and expenditure and identify where underfunding is a result of failures to effectively generate and distribute resources.

A rights-based approach is one that connects symptoms to causes. Recognising the impacts of social inequality and tackling poverty, homelessness, and discrimination in its various forms are all essential in addressing increased risk of death by suicide, especially for people living in deprived communities. Funding models must target resources in line with objective need, addressing the social determinants of suicide and prioritising those communities disproportionately impacted.

## **Recommendations**

**Reiterating our calls for a rights-based approach to suicide prevention, New Script calls on the Executive to act on the following recommendations:**

### **1. Full Transparency of Funding**

- Publicly disclose costing for all suicide prevention actions, budgets, and expenditure across all relevant departments.
- Track both budget allocation and spending against measurable outcomes.

### **2. Target Resources Based on Objective Need**

- Prioritise funding for communities disproportionately impacted by suicide.
- Ensure that funding addresses social determinants of suicide, including poverty, unemployment, and discrimination

### **3. Implement Measurable Outcomes and Accountability Frameworks**

- Establish clear goals, indicators, and timelines for all suicide prevention actions.

- Require independent monitoring and public reporting on progress against these indicators.

#### **4. Develop a Sustainable, Cross-Departmental Funding Model**

- Embed PL2 principles in departmental budgets and policy strategies.
- Ensure that all suicide prevention initiatives are coordinated across departments to prevent duplication and funding gaps.
- Reactivate and empower the Executive Working Group to oversee cross-departmental funding and implementation of suicide prevention initiatives.

#### **5. Implement Core Actions Immediately**

- Suicide prevention training for all front-line staff.
- Reducing access to means, including barriers on high-risk locations.
- Support for vital counselling and prevention services to prevent further closures.

PPR's New Script for Mental Health activists have been calling for increased accountability and improved community-based options for healing that provide support for those in crisis through their Give 5 Framework. 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 realise and protect people's right to life, to protection from harm, and to good health, including mental health.

To find out more visit [Take Action | Let's fix the system - not the person! | PPR](#)