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The contents of this report may be distressing or triggering for some readers. Should you be impacted by anything you read, Samaritans is available 24/7 on freephone 116 123 or by email jo@samaritans.org.

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Foreword

Poverty, unemployment, and debt should not cost lives, yet this is the devastating reality for many in Northern Ireland today. Suicide is a tragedy disproportionately affecting the most vulnerable in our communities, cutting short lives and leaving families and communities to grapple with profound loss.

Northern Ireland faces a suicide rate that surpasses not only the UK average but also that of Ireland and the EU Member States. While much effort has been placed on providing support through mental health services and helplines, these responses often address symptoms rather than the deeper structural causes of suicidal behaviour. Addressing the socio-economic drivers—poverty, inequality, and lack of opportunity—is critical to creating meaningful, long-term change.

In commissioning this report, Samaritans sought to build a clearer picture of the connection between economic disadvantage and suicide. Drawing from in-depth research and lived experiences, this work sheds light on the complex interplay of political, social, cultural, and economic factors unique to Northern Ireland. It offers not only valuable insights but also a call to action: suicide is preventable, and we must all play our part in making that a reality.

Collaboration is key. Governments, policymakers, community organisations, and individuals must work together to tackle the systemic inequalities driving emotional distress and despair in our society. The findings of this report underline the urgency of investing in prevention strategies that go beyond immediate interventions, ensuring that those most at risk are supported not just in moments of crisis but through sustained, structural change.

Behind every statistic is a person—someone's child, partner, or friend. By addressing the causes of inequality and building systems of support that prioritise dignity and opportunity, we can move closer to a future where fewer lives are lost to suicide.

Skahofosle

Sarah O'Toole Executive Director Samaritans Ireland



Introduction

In 2024, The Samaritans commissioned Just Economics to investigate the link between economic disadvantage and suicidal behaviour in Northern Ireland. The study aimed to:

- 1. Identify the specific socio-economic factors contributing to suicide in Northern Ireland.
- 2. Explore interventions that address the root causes of suicide, rather than relying solely on crisis response.

To achieve this, the research involved a literature review, a policy analysis, and engagement with professionals and individuals with lived experience.

Northern Ireland has long struggled with high suicide rates, historically reported as exceeding those in other parts of the UK, Ireland, and the EU average. However, recent changes in how the Northern Ireland Statistics and Research Agency (NISRA) classifies deaths—particularly in relation to drug-related fatalities and suicide determinations—complicate direct comparisons. Despite these adjustments, the devastating impact of suicide on individuals, families, and communities remains profound.

Socio-economic disadvantage—including unemployment, poverty, debt, and low educational attainment—has been consistently linked to an increased risk of suicide (O'Reilly et al., 2008; NISRA, 2022). However, current suicide prevention strategies primarily focus on crisis interventions such as psychological treatments and helplines, rather than tackling the deeper social and economic inequalities that contribute to suicidal behaviour (Rehkopf & Buka, 2006).

While mental ill-health is often cited as a primary cause of suicide, research indicates that 50-60% of individuals who die by suicide have had contact with mental health services (Pescosolido et al., 2020). Improving access to mental health support is crucial, but it is not a standalone solution (Kim et al., 2016). Addressing the broader socio-economic factors influencing suicide is essential for creating sustainable, long-term prevention strategies.

Suicide and Poverty in Northern Ireland

Northern Ireland experiences disproportionately high levels of mental ill-health, self-harm, and suicide compared to similar regions. Since 2012/13, suicidal ideation has risen significantly, particularly among those under 18 (NISRA, 2022). Suicide disproportionately affects men at a ratio of 3:1 and is most prevalent among young adults and middleaged individuals, particularly in economically deprived areas (O'Reilly et al., 2008).

Poverty remains a persistent issue, with 18% of the population living in poverty in 2022/23, and child poverty levels remaining particularly high (NISRA, 2022). Economic inactivity continues to be a significant challenge, largely driven by healthrelated factors. Northern Ireland also has the lowest discretionary income and median wages in the UK, a high proportion of low-paid workers, and minimal financial security among residents (CSO, 2019).

Key Determinants of Suicidal Behaviour

A range of interrelated factors contribute to suicidal behaviour, including relationship breakdowns, unemployment, poverty, adverse childhood experiences, low educational attainment, and mental health conditions. Self-harm is a common feature, with nearly a quarter of young people who die by suicide having a history of self-harm (Kim et al., 2016; Page et al., 2006).

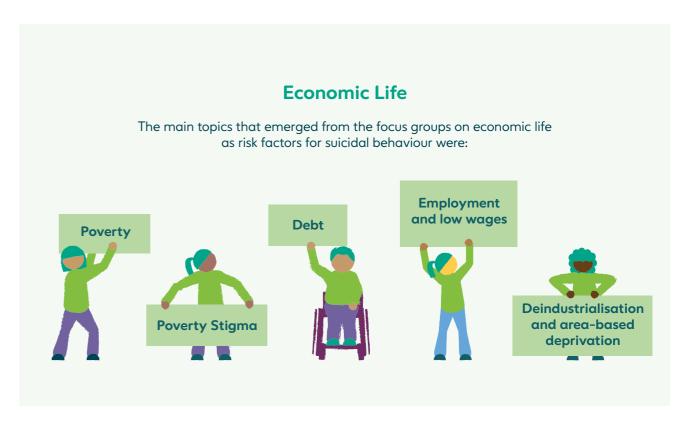
Certain risk factors are unique to Northern Ireland, such as the legacy of conflict-related trauma and elevated levels of unemployment in specific communities (Næss et al., 2021).

The study categorises these determinants across economic, political, social, and cultural domains to provide a more comprehensive understanding of the complex factors influencing suicide rates (Martinez-Ales et al., 2020). Addressing these structural issues is essential to developing effective, long-term suicide prevention strategies.

Summary of Determinants of Suicide

| Economic | Political | Social | Cultural | Environment |
|---|---------------------------------|--|---|--|
| Business cycles (recessions) Unemployment | Social expenditure/ safety nets | Having children Marriage Low divorce rate Separation Social fragmentation Religion Past self-harm Younger age than classmates Parental loss Adverse childhood experiences | Gender (4:1) Media reporting/ copycat Gender equality (breadwinner culture and male suicide) Acceptability of suicide Alcohol culture (wet vs. dry culture and young males) | Air pollution Noise pollution Second hand smoke Natural disasters Lithium levels in drinking water |

Key Findings on Economic, Political, Social and Cultural Life



Poverty is most prevalent among those relying on benefits, either fully or partially, but the number of working poor is also rising. The cost-of-living crisis has severely affected those already struggling, with welfare reforms posing an additional threat to income stability.

Communities are experiencing increased stress, anxiety, and financial pressure, pushing some toward unregulated lending or unsustainable living situations. Interviewees also noted a growing perception that "everyone appears to be struggling," with low wages and insecure employment further exacerbating the issue.

66 Economic disadvantage leads people to believe that there is no hope for the future and that not living is a realistic choice. 99

The stigma surrounding poverty intensifies feelings of shame and low self-esteem, discouraging people from seeking support—an issue particularly severe among men. Limited financial resources also weaken resilience, making it harder for individuals to cope with challenges in other areas of life.

The feelings of shame associated with poverty can be as debilitating as the poverty itself.

Childcare remains a major barrier to employment, particularly for women, with concerns that children also miss out on early developmental benefits. Unlike England, Northern Ireland lacks a government-funded childcare programme for children under three. Additionally, while Universal Credit assumes parents can work 30 hours per week, the corresponding free childcare provision available in other parts of the UK has yet to be introduced here.

The lasting effects of deindustrialisation are still evident, with deprivation levels largely unchanged since the 1960s. Environmental factors linked to area-based deprivation also continue to impact communities.

Political, Social and Cultural Life These discussions explored non-economic risk factors for suicidal behaviour, which, while individual in nature, often intersect with economic challenges and each other. Key issues identified included: Access to Education Conflict Governance services Relationship breakdown Alcohol and **Gender roles** drug use

The legacy of *The Troubles* was a recurring theme among participants, encompassing trauma, intergenerational impacts, learned anxiety, and mistrust in institutions, which hinder help-seeking. Traditional gender roles and a strong "breadwinner culture" increase suicide risk for men.

66 For men, once the conflict ended, that would have placed all sorts of strains on a man's sense of identity and belonging, as well as the very practical question of what you do with your time. 99

Low education and skill levels were noted as risk factors, with education providing protection but outcomes skewed by class, gender, and religious affiliation. Drug and alcohol use, increasingly widespread, were cited as coping mechanisms or recreational habits due to accessibility, driving more people into addiction services.

66 Academic selection continues to play a larger role in education in Northern Ireland than in other parts of the UK. Evidence shows that socially disadvantaged children are less likely to attend grammar schools. 99

The Northern Ireland Assembly's frequent suspensions and stop-start governance hinder policy formulation, compounded by calls for reform of power-sharing arrangements and resistance to

change within the civil service. Services, especially for GPs, mental health, and disabilities, are severely overstretched due to rising demand, austerity cuts following the 2007/8 financial crisis, and the COVID-19 pandemic.

66 Services were described as severely overstretched and unable to cope with the numbers being referred, particularly in child and adolescent mental health and disability areas like autism.

In this context, a resilient community and voluntary sector has emerged, addressing gaps left by underresourced public services despite struggling for sustainable funding. Participants also highlighted strong community spirit, high social capital, and informal support as key assets.

A thriving community and voluntary sector has emerged in the context of weak governance and under-resourced services. This sector picks up much of the overspill from reduced public services.



Levers of Change

'The Levers of Change below apply to each government department and the UK Government as a whole, representing a comprehensive and holistic approach to addressing the root causes of suicide in Northern Ireland.'



Economic Life

Benefits Adequacy

Low Wages

Short-term

> DEPARTMENT FOR COMMUNITIES

▶ Action:

Continue Universal Credit (UC) mitigations and extend them to people with disabilities.

> Impact: Reduces financial hardship and stress for vulnerable groups, improving mental well-being.

> Action:

Introduce a targeted child payment, similar to the Scottish Child Payment.

> Impact: Alleviates child poverty and reduces family stress, supporting better developmental outcomes.

> Action:

Consider supplements for groups at risk of poverty, such as single parents.

> Impact: Enhances financial security and mitigates poverty-related mental health risks.

Longer-term

DEPARTMENT FOR COMMUNITIES

▶ Action:

Commit to achieving the JRF minimum income standard and phased supplementary rates. > Impact: Lifts households out of poverty, fostering long-term financial stability and well-being.

▶ Action:

Develop a Northern Ireland-specific benefits system responsive to local needs.

> Impact: Tailored support addresses local poverty dynamics, reducing inequality and improving quality of life.

Short-term

> DEPARTMENT FOR THE ECONOMY

> Action:

Introduce an inequality remit to Invest NI.

▶ Impact:

Creates better job matches in lowincome areas, boosting employment and reducing economic inequality.

> Action:

Develop a new skills policy for Northern Ireland.

▶ Impact:

Enhances workforce employability and access to better-paying jobs.

Longer-term

> DEPARTMENT FOR THE ECONOMY

> Action:

Develop a balanced economic development policy focused on middleskill iobs.

▶ Impact:

Narrows income inequality and provides stable, well-paid employment opportunities.

▶ Action:

Foster a 'living wage' economy.

> Impact:

Improves standards of living, reduces in-work poverty, and mitigates financial stress.

Short-term

DEPARTMENT FOR COMMUNITIES

Poverty & Stigma

> Action:

Introduce an Anti-Poverty Strategy.

> Impact:

Reduces systemic poverty and provides targeted support for at-risk populations.

> Action:

Address poverty stigma in the Anti-Poverty Strategy.

> Impact:

Alleviates mental health challenges caused by stigma, fostering dignity and inclusion.

> Action:

Prohibit stigmatising language by elected representatives.

> Impact:

Improves societal attitudes toward poverty, encouraging help-seeking.

Short-term

> DEPARTMENT FOR THE ECONOMY

> Action:

Enhance consumer protection and financial regulation.

Debt

▶ Impact:

Shields vulnerable people from predatory lending and financial exploitation.

> Action:

Increase monitoring of creditors and illegal lending investigations.

▶ Impact:

Reduces the prevalence of illegal debt, alleviating stress in deprived areas.

> Action:

Expand access to non-stigmatising discretionary funds.

> Impact:

Provides immediate relief for unexpected expenses, reducing financial insecurity.

Longer-term

> DEPARTMENT FOR THE ECONOMY

▶ Action:

Increase availability of low-cost credit (e.g., Credit Unions). **▶** Impact:

Offers sustainable financial solutions, reducing dependency on high-interest loans.

Short-term

DEPARTMENT FOR EDUCATION & DEPARTMENT FOR COMMUNITIES

Childcare

▶ Action:

Ensure 30-hour free childcare is available and aligned with Universal Credit.

▶ Impact:

Facilitates employment for parents and reduces financial burdens on families.

> Action:

Introduce family-friendly policies like paid parental leave.

> Impact:

Supports work-life balance, particularly benefiting low-income families.

Longer-term

> DEPARTMENT FOR **EDUCATION**

▶ Action:

Develop a universal childcare policy prioritising low-income families.

> Impact:

Removes childcare barriers to employment, ensuring equitable access for all families.



Political, Social, and Cultural Life

Education

Short-term

> DEPARTMENT FOR EDUCATION

> Action:

Increase spend-per-pupil to match levels in England, targeting disadvantaged young people.

Impact:

Improves educational outcomes for marginalised groups, reducing inequality and enhancing opportunities.

▶ Action:

Work with the community and voluntary sector to address educational disadvantage, particularly among Protestant boys.

▶ Action:

Reduces disparities in educational achievement and supports at-risk youth.

▶ Action:

Develop better-quality post-16 options for young people.

> Impact:

Provides pathways to further education or employment, reducing youth unemployment.

Longer-term

> DEPARTMENT FOR EDUCATION

▶ Action:

Reform the education system to remove income and religious inequalities, focusing on non-selection and church divestment.

▶ Impact:

Promotes equality and inclusivity, fostering better social integration and improved academic outcomes.

Short-term

NORTHERN IRELAND EXECUTIVE & UK GOVERNMENT

Governance

> Action:

Introduce a new fiscal floor in funding allocations to reflect NI's unique socioeconomic conditions.

▶ Impact:

Increases financial resources for NI, enabling more effective public service delivery.

> Action:

Commission an independent review of governance arrangements in Northern Ireland.

▶ Impact:

Identifies reforms to improve efficiency, accountability, and functionality of governance structures.

> Action:

Ensure the Executive considers the role of the community and voluntary sector in delivering a holistic suicide prevention strategy.

▶ Impact:

Strengthens partnerships and leverages local expertise to address suicide rates more effectively.

Mental Health & Suicide Prevention

Short-term

> DEPARTMENT OF HEALTH

> Action:

Fully fund mental health and suicide prevention strategy, targeting at-risk groups like men after job losses or relationship breakdowns.

> Impact:

Reduces mental health crises and suicide rates in high-risk populations.

▶ Action:

Introduce mandatory suicide prevention training for healthcare and public-facing government employees.

> Impact:

Enhances early intervention and capacity to reduce suicide rates.

▶ Action:

Emphasise trauma-informed care with expanded training and counselling availability.

> Impact:

Provides tailored support for individuals with trauma histories, promoting recovery and resilience.

Longer-term

DEPARTMENT FOR HEALTH

▶ Action:

Undertake a full reform of mental health services, ensuring accessibility, recovery principles, peer support, and high-quality medical care.

> Impact:

Creates a robust, equitable mental health system capable of addressing diverse needs.

Relationships

Short-term

DEPARTMENT OF HEALTH & DEPARTMENT FOR COMMUNITIES

▶ Action:

Provide free relationship counselling in primary care, including access to economic support where necessary.

▶ Impact:

Strengthens family stability, reducing mental health and financial stress.

▶ Action:

Fund outreach programs for men whose relationships have broken down.

▶ Impact:

Supports men in crisis, reducing isolation and associated risks of suicide.

▶ Action:

Create more refuge spaces and fund women's centres and organisations.

▶ Impact:

Provides safety and resources for women and children in abusive or unstable environments.

Longer-term

DEPARTMENT FOR COMMUNITIES

▶ Action:

Ensure greater availability of low-cost housing to prevent couples from remaining together solely for economic reasons.

▶ Impact:

Reduces stress and risks associated with forced cohabitation, improving family well-being.



INTRODUCTION, METHODOLOGY, AND KEY FINDINGS

Introduction

This section examines the latest data on poverty and suicide in Northern Ireland, highlighting key risk factors and assessing the effectiveness of current prevention policies. It also identifies gaps, particularly in addressing the socio-economic causes of suicidal behaviour.

Suicide rates in Northern Ireland remain among the highest in the UK—higher than England and Ireland but slightly lower than Scotland. However, changes in how NISRA classifies deaths complicate direct comparisons (O'Reilly et al., 2008). Despite these complexities, data shows that, unlike other regions where rates have declined, Northern Ireland has seen an increase since 2016 (NISRA, 2022).

Self-harm rates in Northern Ireland are the highest in the UK, with 20.1 presentations per 10,000 people compared to 11.4 in England (Page et al., 2006). Among under-18s, self-harm and suicidal ideation have risen sharply, increasing by 76% since 2012/13 (Kim et al., 2016).



Among under-18s, self-harm and suicidal ideation have risen sharply.

Methodology

The research methodology consisted of three key phases:

Literature, Data, & Policy Review

- Conducted a comprehensive review of academic and grey literature using relevant search terms (e.g., "suicide," "self-harm," "economic disadvantage").
- > Focused on UK and Northern Ireland after an initial global review.
- Identified key datasets from official sources and reviewed the effectiveness of mainstream suicide prevention strategies.

Qualitative Data Collection

- ➤ Engaged professionals and individuals with lived experience through focus groups and semistructured interviews.
- > Professionals were recruited via Samaritans contacts and worked in areas such as mental health, youth work, and gender.
- ➤ Lived experience participants were recruited through community networks, with efforts to ensure diverse perspectives.

Data Analysis & Reporting

- Interviews and focus groups were transcribed and analysed using MAXQDA software to identify key themes.
- > Findings reflect the most significant issues.

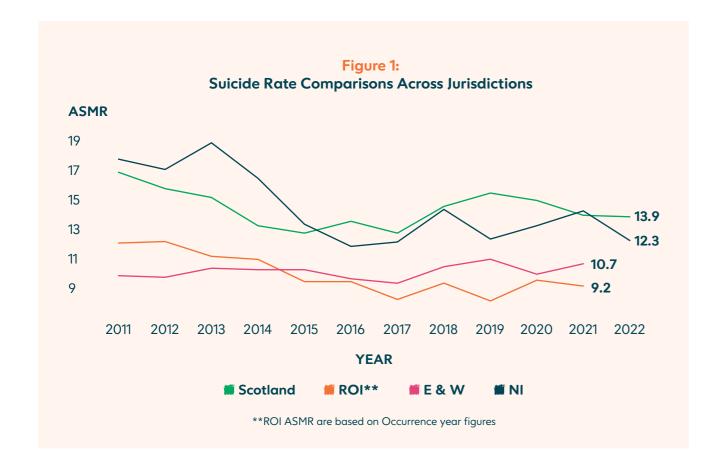


Key Findings

Suicide and Self-Harm Trends in Northern Ireland

Northern Ireland's self-harm rate is 64% higher than Ireland's, with men experiencing the greatest disparity at 82.9% (Public Health Agency, 2024). While differences in data collection may contribute, they do not fully explain this gap.

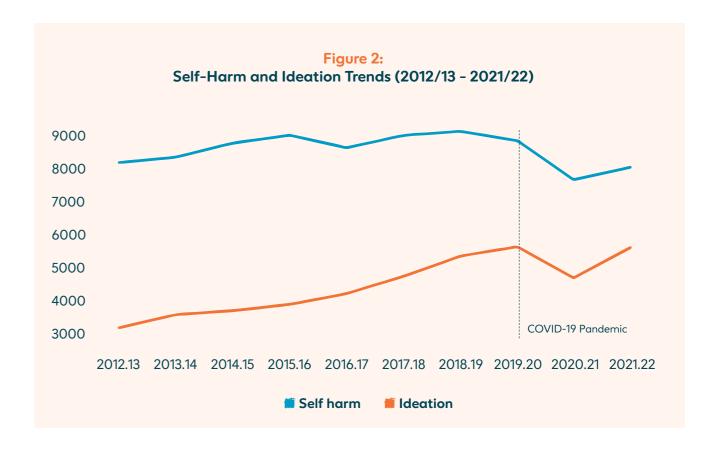
Suicidal ideation has increased since 2012/13, particularly among under-18s, where self-harm and ideation rates have risen by 76%. In 2021/22, Emergency Department (ED) selfharm presentations reached 13,803—higher than Ireland's 12,661, despite Ireland's population being 2.7 times larger.



Adolescent Mental Health and Self-Harm

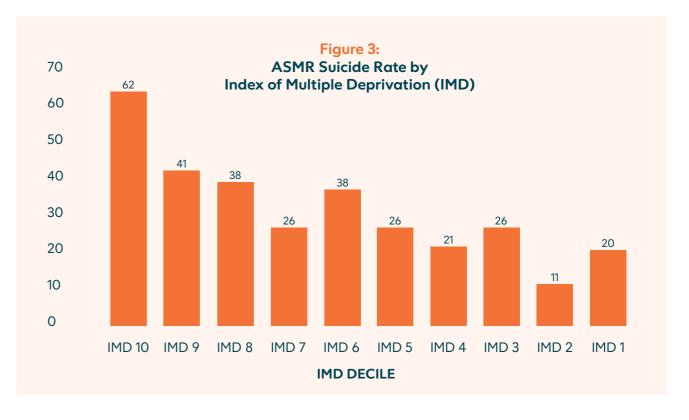
While global mental health prevalence has remained stable, adolescent mental health issues—especially among girls are increasing. Factors include online bullying, academic pressure, earlier puberty, and economic stress (WHO, 2022). The rise in youth self-harm in Northern Ireland reflects this broader trend (Public Health Agency, 2024).

Data on Northern Ireland's mental health prevalence is mixed. The Mental Health Foundation reports rates similar to the UK average (Mental Health Foundation, 2021), while the National Audit Office suggests mental health issues are 25% higher than in England (NAO, 2020). Comparisons with Ireland also show higher self-reported mental health issues, medication use, and GP visits in Northern Ireland (O'Hagan, 2015).



Suicide and Mental Health **Inequalities**

Suicide rates are highest in deprived areas, with three times as many deaths in the most disadvantaged decile compared to the least (Martinez-Ales et al., 2020). Men are three times more likely to die by suicide than women, with the highest risk in their 30s. High-risk groups include carers, people with disabilities, and LGBTQIA+ individuals, while urban and rural rates show little difference (Pescosolido et al., 2020).





Key Risk Factors for Suicide in Northern Ireland

Suicide risk is shaped by a combination of economic and social factors, including:

- » Poverty & Financial Hardship In 2022/23, 18% of Northern Ireland's population lived in poverty, with particularly high child poverty rates (JRF, 2022).
- » Unemployment & Low Pay While unemployment is low, economic inactivity is among the highest in the UK, with 56% of unemployed individuals classified as long-term unemployed, compared to 26% UKwide (JRF, 2022).
- » Conflict Legacy & Trauma Since the Good Friday Agreement, suicide rates have risen, possibly due to the loss of social cohesion postconflict. Individuals exposed to multiple traumas are 15 times more likely to experience suicidal thoughts or behaviours (Kim et al., 2016).
- » Alcohol & Drug Use Substance misuse remains a major driver of poor mental health and suicide risk.
- » Governance & Policy Gaps Political instability and gaps in mental health service provision contribute to worsening trends.

Impact of Welfare Reforms on Mental Health

The transition to Universal Credit (UC) has worsened financial hardship, increasing food bank use, rent arrears, debt, and psychological distress (Reeves & Loopstra, 2020; Brewer, Dang & Tominey, 2022). Families with children have been particularly affected, with single-parent households receiving only 49% of the Minimum Income Standard in 2022, down from 68% in 2008 (JRF, 2022).

Key Economic & Policy Events Impacting Northern Ireland

Northern Ireland's economic and social landscape has been shaped by major political and financial events over the past decade. Periods of political instability, welfare reforms, and external shocks such as Brexit and the COVID-19 pandemic have worsened financial hardship and deepened mental health challenges. The collapse of the Northern Ireland Assembly (2017–2020, 2022–2024) delayed crucial policy decisions, affecting economic recovery and social support systems. Below is a timeline of key events:



2016

Event Brexit Vote

Impact
Economic
uncertainty
leads to market
volatility and
job losses.

2020

Event COVID-19 Pandemic

Impact

Widespread job losses, increased mental health challenges, and greater reliance on public services.

2022

Event Cost-of-Living Crisis

Impact

Inflation surges, energy prices rise, and financial hardship deepens.

2023

Event Poverty Rate Hits 18%

Impact

Inflation and stagnant wages push more households into deprivation.

Suicide Prevention Policy in Northern Ireland

The current policy to address suicide in Northern Ireland is *Protect Life 2*. It is described as "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" (Department of Health, 2019). The strategy, initially published in 2019, was extended in 2024 to run until 2027.

The strategy aims to:



Reduce the suicide rate in Northern Ireland by 10%.



Ensure suicide prevention services and support are appropriately delivered in deprived areas, where suicide and selfharm rates are highest.

The strategy aims to reduce the suicide rate in Northern Ireland by 10%.

As outlined in the strategy, interventions are aimed at three tiers:

- The general public (addressing attitudes, access to means, and media reporting).
- Targeted at-risk groups
 (e.g., self-harm referrals, crisis support, and gatekeeper training).
- Postvention support for the bereaved.

Practical measures include well-being programmes in schools, public awareness campaigns, workplace initiatives, crisis response services, and better prescribing practices. However, the strategy's second objective—enhancing services in deprived areas—lacks specificity, with activities remaining generic rather than targeted to those areas.

Economic factors are mentioned twice in the strategy: once as determinants, such as unemployment, job loss, and debt, and again in reference to socio-economic disadvantage. However, these factors are primarily framed as individual-level issues, despite evidence that they also operate at the community level. This framing locates responsibility with individuals rather than acknowledging the structural and spatial dimensions of deprivation, which is inconsistent with the broader evidence base (Mann et al., 2021).

Progress and Limitations

In 2024, a progress report highlighted advances in areas such as training delivery, crisis response, media reporting, and access to means. However, issues with reporting remain:

- A lack of contextual data, such as the proportion of stakeholders reached by training.
- 2. A focus on outputs (e.g., numbers reached) rather than measurable outcomes.
- **3.** No assessment of progress towards reducing the overall suicide rate or improving services in deprived areas.

Preliminary data suggest mixed results: while self-harm incidents decreased by 7%, ideation increased by 73%, and the suicide rate showed a slight rise since 2019 (Department of Health, 2024). This indicates the strategy is not on track, particularly given the strong association between self-harm, ideation, and suicide (Brown & Jager-Hyman, 2014).



Challenges with Current Interventions

The strategy's interventions focus predominantly on:

- 1. Non-targeted activities (e.g., public awareness campaigns and media quidelines).
- 2. Training for gatekeepers, such as teachers.
- 3. Support for those already in crisis or at risk.

While some interventions, such as crisis helplines, psychotherapy, alcohol restriction, and active outreach, have demonstrated effectiveness (Assing Hvidt et al., 2016; Pil et al., 2013; Mann et al., 2021; Kõlves et al., 2020), others, such as gatekeeper training and public awareness campaigns, have limited evidence of robust population-level impacts (Holmes et al., 2021; Dumesnil & Verger, 2009).

A further concern is the predominantly reactive nature of these interventions, addressing suicide risks after they have manifested rather than tackling the underlying socio-economic determinants that increase risk at the population level. Additionally, targeted approaches may not benefit individuals who are not engaged with services—estimated to be 40% of those who die by suicide. Scaling targeted interventions to population level would be both costly and inefficient, with insufficient evidence for such widespread application (Mann et al., 2021).

Policy Gaps

The *Protect Life 2* strategy acknowledges that tackling suicide requires actions beyond health services, highlighting the need for policies addressing early years, anti-poverty, substance misuse, and sexual violence. However, these areas are underdeveloped or lacking alignment with the strategy. For example, the anti-poverty strategy, developed in 2016 to run until 2019, was extended until 2022 but remains outdated and unfit for current challenges, such as Brexit, COVID-19, and the cost-of-living crisis (Joseph Rowntree Foundation, 2022).

Overall, the strategy remains heavily reliant on downstream, nonstructural interventions. Achieving long-term reductions in suicide rates will require more integrated, evidence-based policies addressing the socio-economic and structural drivers of mental health inequality.

Figure 4: **Protect Life 2 Objectives and Tiers**

| Individual | Relationship | Community | Society & Health |
|--|--|---|---|
| Level | Level | Level | System Level |
| Previous suicide attempt Family history of suicide Chronic pain, debilitating physical illness Physical and sensory disability Mental disorders Alcohol and substance misuse Hopelessness Unemployment, job or financial loss, unmanageable debt, poverty | Sense of isolation and lack of social supports Relationship conflict, discord or loss Unstable / unsupportive parent – child relationship Bereavement | Disaster, war and conflict Stresses of cultural assimilation for migrant or ethnic groups Being LGBT Discrimination Trauma, abuse or bullying Incarceration (particularly in the early stages) | Access to means Inappropriate media reporting Stigma associated with help-seeking behaviour |

Conclusions

Suicide prevention in Northern Ireland focuses heavily on crisis intervention and downstream policies. While these are essential, they fail to address the structural factors driving risk. A more holistic approach that integrates socio-economic determinants is necessary to achieve long-term impact.

Figure 5: **Hierarchy of Suicide Determinants**

Individual **Factors**

Examples: Trauma, mental health challenges, relationship breakdowns.

Description: These are personal experiences or conditions that directly increase the risk of suicide. While they are influenced by structural and community-level factors, they manifest at the individual level and often require targeted interventions.

Community-Level Factors

Examples: Social isolation, deprivation, conflict-related trauma.

Description: These factors are shaped by the social and physical environment, influencing the prevalence of risk within specific communities. They often exacerbate the effects of structural issues and contribute to feelings of disconnection or marginalisation.

Structural Issues

Examples: Poverty, unemployment, economic inequality.

Description: These are the foundational factors that broadly impact entire populations, creating environments where the risk of suicide is elevated. Structural issues contribute to systemic disadvantages that affect mental health and well-being.

Findings on **Economic Life**

Research indicates that approximately 50-60% of individuals who die by suicide have previously engaged with mental health services. While the act of suicide represents a critical moment of crisis, focusing solely on the availability and quality of mental health services provides only a partial—though essential response. The literature reveals that suicidal behaviour arises from a complex interplay of factors that span the life course.

This section delves into the qualitative findings on the connection between economic factors and mental health or suicidal behaviour in Northern Ireland. Key themes emerge: poverty, debt, poverty stigma, employment and low wages, and deindustrialisation/ area-based deprivation. These interconnected factors amplify mental health challenges and create significant barriers to resilience.

Poverty

Financial Hardship

Financial hardship is a significant driver of mental health issues and suicidal behaviour. Participants described how poverty forces families into desperate situations:

Basic Needs:

Parents often face impossible choices between essentials such as heating and food. One participant shared, "We had a case of a family for whom we could provide free counselling, but they couldn't afford the bus fare."

Cost-of-Living Crisis:

Rising costs have exacerbated poverty, leaving families unable to manage financially. Another interviewee explained, "Gas is still up, electricity is still up, and the money just stays the same. Your savings are gone."

Impact on Children:

Parents expressed their distress at watching their children miss out on basic needs and activities. "Kids are losing out, and it's difficult for parents to see their kids missing out," shared one participant.

The mental toll of poverty is pervasive, leaving individuals unable to focus on anything beyond survival. Poverty was described as "all-consuming," with one participant highlighting the cyclical nature of debt and low income, making escape feel impossible without external support. These experiences align with findings that economic hardship and cost-of-living pressures are significant stressors contributing to poor mental health (Cheetham et al., 2019; JRF, 2022; Trussell Trust, 2023).



Dealing with things like poverty and debt is all-consuming. And so it's very difficult to lift your head out of that situation, to think about any of the other things that government might have policies in place for.

Debt

Rising economic pressures have led to increased indebtedness, both through high-interest loans and illegal lending. Key issues identified include:

Universal Credit Delays:

The five-week wait for payments under Universal Credit was cited as a significant factor contributing to debt, forcing families to rely on loans to cover essentials during the delay. One participant explained, "The fiveweek wait is just an encouragement of debt."

Illegal Lending:

Paramilitary moneylenders exploit vulnerable communities, using fear and intimidation to collect repayments. One participant described, "Masked men come to the door if you don't pay up. Their grip on communities is as strong as ever."

The lack of debt respite legislation in Northern Ireland and reduced access to affordable credit exacerbate these challenges, leaving families vulnerable to predatory lenders (Hardie, 2022; Tiratelli et al., 2023).

The five week wait [for Universal Credit] is just an encouragement of debt... the number of women I've spoken to, you know, who are so stressed even about the thought of it.

Poverty Stigma

The stigma associated with poverty creates additional barriers to mental health and well-being:

Feelings of Shame:

Poverty stigma heavily impacts parents' selfesteem, with one parent stating, "You feel so inadequate when you can't give your children basic things that everyone else has."

Systemic Stigma:

Negative perceptions perpetuated by political rhetoric, such as framing benefit recipients as "shirkers," create a hostile environment for those seeking financial stability. One interviewee described, "It's a hostile environment for people needing to keep a roof over their heads."

The shame associated with poverty often deters individuals from accessing support services, exacerbating mental health challenges. Research corroborates this, highlighting how stigma amplifies the psychological burden of financial hardship (Reeves & Loopstra, 2021; JRF, 2022; Cheetham et al., 2019).

The feelings of shame associated with poverty can be as debilitating as the poverty itself.





Employment and Low Pay

Low wages and precarious employment was seen to significantly impact mental health:

» In-Work Poverty:

Many people work multiple jobs but still struggle financially. One participant explained, "I work four shifts a week cleaning a care home—even though I have a young baby—just to make ends meet."

Childcare Costs:

High childcare costs act as a barrier to employment for women. "We're not getting the same initiatives that they're getting in England... It's so stressful," shared one participant.

Job Quality:

Low-quality jobs offer little security or progression, contributing to stress and hopelessness. As one interviewee stated, "It's not the case that getting someone into paid work alleviates poverty overnight."

These findings reflect broader patterns, where in-work poverty, limited childcare support, and job insecurity disproportionately affect mental health (Hardie, 2022; JRF, 2022; Trussell Trust, 2023).

> So everything has gone up so much. But the wages haven't gone up.

Deindustrialisation and Area-Based Deprivation

The legacy of deindustrialisation continues to affect working-class communities, in East Belfast:

Job Losses:

The decline of traditional industries has eroded economic stability and social cohesion. One participant noted, "Deindustrialisation hit East Belfast very hard. Men working in these industries were guaranteed good quality jobs and housing."

Environmental Factors:

Poor urban planning and lack of green spaces were highlighted as contributors to stress. "People need a connection to nature for their mental health," shared one participant.

These challenges intersect with broader socio-economic issues, compounding mental health risks in deprived areas. Historical and environmental factors in areas of high unemployment are well-documented as contributors to poor mental health outcomes (Cheetham et al., 2019; JRF, 2022; Hardie, 2022).



Conclusion

Economic factors—poverty, debt, low pay, and the legacy of deindustrialisation—are deeply intertwined with mental health and suicidal behaviour in Northern Ireland. These challenges:



Increase stress, anxiety, and hopelessness.



Force individuals into desperate measures such as illegal lending.



Erode resilience when challenges arise in other areas of life.

Systemic reforms addressing these interconnected issues are essential to alleviate the socio-economic pressures contributing to poor mental health and suicidal behaviour.

Findings on Political, Social, and Cultural Life

In the previous section, we explored the economic challenges impacting mental health in Northern Ireland. This section shifts focus to non-economic risk factors for suicidal behaviours, examining their intersection with economic pressures and each other. The chapter concludes with a discussion on the strengths and assets that participants highlighted within communities.

Conflict

The legacy of *The Troubles* continues to shape mental health and well-being in Northern Ireland. Since the signing of the Good Friday Agreement in 1998, its effects remain deeply embedded in society.

Participants emphasised that the trauma of living through conflict still resonates across generations. One participant explained, "[There are] generations parented by people who are at a very hyper-vigilant level, whose mental health always sits just at this higher baseline because of the nature of living in conflict."

Additionally, the conflict may have suppressed suicidal behaviour due to protective factors such as community belonging and purpose. Another participant reflected, "An odd dynamic of whenever you're fighting, at least you know who you are. You know who your group is."

A historical mistrust of institutions also persists, inhibiting helpseeking behaviour. As one interviewee noted, "We are very much a culture of trusting in people and not institutions."



For men, once the conflict ended, that would have placed all sorts of strains on a man's sense of identity and belonging, as well as the very practical question of what you do with your time.

Relationships

Relationship breakdowns emerged as one of the most significant determinants of suicidal behaviour. Participants highlighted how financial pressures and the COVID-19 pandemic have exacerbated strains within families.

Economic challenges were often cited as a reason couples stayed together despite unhappiness. One participant observed, "There are a lot of people still together, not for the sake of the children, but for some level of economic stability."

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The mental health of men was noted to be particularly vulnerable during relationship breakdowns. "Men on low incomes struggle to find housing, maintain relationships with their kids, and pay maintenance. This puts a lot of strain on them," explained one respondent.

Social media was also highlighted as a factor affecting relationships, with one participant commenting, "People interact in the digital world differently than in real life, and companies have created a really unsafe space to build relationships."







Families have

experienced waves of

from COVID lockdowns

an increase in domestic

additional pressures

increases, leading to

and cost of living

violence.

Gender Roles

Traditional gender roles in working-class communities was seen to contribute to differences in how men and women experience poverty and mental health challenges.

The expectation for men to act as breadwinners adds significant pressure. "Working-class communities have more traditional gender roles, and the expectation is that the man is the breadwinner," one participant remarked.



Women, by contrast, were described as the "shock absorbers of poverty".

> Participants highlighted their historical role in sustaining families and communities during The Troubles, a role that continues today. "So much of the community activity

that sustained neighbourhoods was carried by women in a way that wasn't recognised," said one interviewee.

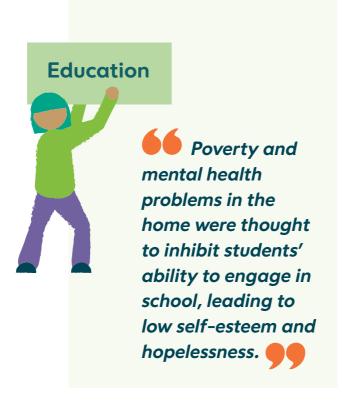
There was general agreement that men should be prioritised for mental health support, while women should receive more economic support.

Education

Education was identified as both a protective factor and a source of inequality in Northern Ireland. Participants described how access to quality education can foster resilience and selfworth. "Education builds self-worth. It enables people to invest in themselves and form new attachments, which are protective factors," one interviewee explained.

However, significant barriers remain for workingclass children, particularly Protestant boys on free school meals. Academic selection and a segregated school system exacerbate these inequalities. "Academic selection limits mobility and divides resources," noted one respondent.

Additionally, the gender gap in educational outcomes, which favours girls, was highlighted as a concern given the elevated risk of suicide among young men.



Alcohol and Drug Use

Alcohol and drug misuse were repeatedly cited as significant risk factors for poor mental health and suicide. Participants noted a sharp increase in problematic substance use since the 1990s.

One interviewee explained, "People turn to drugs and alcohol as a sense of hopelessness seems justified."

The rise in drug-related deaths in Northern Ireland reflects both increased availability and changing patterns of use. "Northern Ireland was maybe 10 or 15 years behind the UK, but now we've got a huge wave of issues," said one participant.

We are seeing a lot of people coming through our doors concerned about financial stresses and worries. Then they turn to drugs and alcohol as that sense of hopelessness seems to be

justified.

Governance

Political instability in Northern Ireland was seen as a barrier to addressing systemic issues like poverty and mental health. Participants criticised the frequent suspension of the Northern Ireland Assembly and the slow progress on policy implementation.

"We haven't made full use of our devolved powers here," remarked one interviewee, contrasting Northern Ireland's governance with Scotland's.

The lack of multi-year budgets and crossdepartmental coordination further hampers progress. "If you look at the Indices of Multiple Deprivation, nothing has changed in 20 years. That's stark evidence that none of these government initiatives have worked," said one respondent.

In terms of Northern Ireland, we've had real stop-start government here, which has meant that there hasn't been a single piece of equality legislation enacted by Stormont.







Alcohol and

drug use

Access to Services

Participants described services as overstretched and inaccessible, particularly in rural areas and for mental health support.

One participant shared, "People feel abandoned. Nobody sees me. Nobody values me."

The community and voluntary sector was praised for stepping in to fill gaps, but participants emphasised the need for sustainable funding. "The community sector is a gold mine waiting to be tapped, but only if properly supported," said one respondent.

Access to

services

Services were described as severely overstretched and unable to cope with the numbers being referred, particularly in child and adolescent mental health and disability areas like autism.

Community Strengths and Assets

Despite the challenges, Northern Ireland's communities possess significant strengths.

Churches and youth organisations were highlighted for providing free or low-cost activities that foster social cohesion. "We're lucky because a lot of activities are provided by churches and youth organisations," one interviewee noted.

The culture of voluntarism and informal social support networks was seen to play a critical role in reducing isolation and improving mental well-being.

Conclusion

The findings presented in this section demonstrate the multi-faceted and deeply interconnected nature of the risk factors for mental health challenges and suicidal behaviour in Northern Ireland. From the enduring legacy of conflict to the impacts of economic deprivation, relationship breakdowns, and systemic barriers, the narratives collected reveal the profound challenges faced by individuals and communities.

Quotes from participants highlight the pervasive impact of stigma, the sense of isolation and hopelessness, and the overwhelming strain caused by financial and relational pressures. They also underscore the need for systemic changes, including more

accessible services, upstream interventions, and targeted support for vulnerable groups, particularly men, young people, and those in deprived areas.

Despite these challenges, the evidence also points to the strengths within communities. Informal support networks and grassroots initiatives play a critical role in fostering resilience and providing essential support where formal systems often fall short.

The next section builds on these findings by offering practical Levers of Change aimed at addressing the identified gaps and strengthening efforts to reduce the risk of suicide and promote mental well-being across Northern Ireland.



Policy Levers of Change & Implementation

The Levers of Change outlined in this report represent a comprehensive and holistic approach to addressing the root causes of suicidal behaviour in Northern Ireland. However, to move beyond strategy into impactful action, a structured and practical implementation framework is essential. This section outlines the key actions, timelines, and resources needed to operationalise these Levers of Change effectively, ensuring that they lead to meaningful and measurable change.

Implementation Framework

The implementation framework adopts a phased approach, categorising actions into short-term, medium-term, and long-term timelines. It focuses on integrating cross-departmental collaboration, community engagement, resource allocation, and rigorous monitoring and evaluation processes to ensure successful delivery.



These actions focus on immediate priorities, addressing urgent needs and laying the groundwork for systemic changes.

Short-Term Actions

| Key Actions | Stakeholders Involved | Resources Required | Expected Outcomes |
|--|--|---|--|
| ➤ Establish cross- departmental working groups to oversee implementation. | Executive Office, relevant departments | Administrative resources, funding. | Improved interdepartmental coordination. |
| Continue Universal Credit (UC) mitigations and introduce additional supports for people with disabilities. | Department for Communities | Increased social welfare budgets. | Immediate financial relief for vulnerable groups. |
| ➤ Pilot targeted mental health services for at-risk groups, including men and those experiencing relationship breakdown. | Department of Health | Funding for pilot programmes. | Improved mental health access for high-risk populations. |
| Develop a public awareness campaign to reduce poverty stigma and promote available resources. | Department for Communities, NGOs | Marketing and communication funding. | Increased service uptake and reduced stigma. |
| Identify and secure funding for expanding childcare services. | Department of Education | Negotiations with Westminster, funding. | Improved access to childcare for low-income families. |
| Introduce mandatory suicide prevention training for all healthcare workers and public-facing government employees. | Department of Health, public departments | Training budgets. | Enhanced early intervention and reduced suicide rates. |



Building on the short-term foundation, medium-term actions aim to expand and institutionalise systemic changes.

Medium-Term Actions

| Key Actions | Stakeholders Involved | Resources Required | Expected Outcomes |
|---|--|---|---|
| > Develop a Northern Ireland-specific benefits system tailored to local needs. | Department for Communities | Ongoing budget adjustments. | Improved quality of life and reduced socio-economic disparities. |
| Launch a universal childcare programme prioritising low-income families. | Department of Education | Legislative changes, public consultations. | Equitable access to education and reduced intergenerational disadvantage. |
| Implement trauma- informed training across public services, particularly in health and education sectors. | Department of Health, Department of Education | Comprehensive budget increases. | Universal access to mental health care and reduced long-term burdens. |
| Introduce living wage legislation and economic policies targeting lowincome communities. | Department for the Economy | Legislative reform, stakeholder engagement. | A responsive and inclusive governance system. |
| > Build partnerships with community organisations to scale grassroots mental health initiatives. | Department of Health, NGOs | Research, policy development. | Reduced area-based deprivation and better outcomes for disadvantaged communities. |
| | | | |



and effort.

Long-Term Actions

| Key Actions | Stakeholders Involved | Resources Required | Expected Outcomes |
|--|--|---|---|
| Achieve parity of benefits with Joseph Rowntree Foundation's Minimum Income Standard. | Department for Communities | Ongoing budget adjustments. | Improved quality of life and reduced socio-economic disparities. |
| Reform the education system to remove income and religious inequalities, focusing on non-selection and church divestment. | Department of Education | Legislative changes, public consultations. | Equitable access to education and reduced intergenerational disadvantage. |
| > Embed mental health support into primary care systems, with universal access to counselling and crisis intervention. | Department of Health | Comprehensive budget increases. | Universal access to mental health care and reduced long- term burdens. |
| ➤ Revise the governance framework to enhance efficiency and cross-departmental collaboration. | Executive Office | Legislative reform, stakeholder engagement. | A responsive and inclusive governance system. |
| Develop an integrated anti-poverty strategy addressing spatial inequalities and structural disadvantages. | Department for Communities, Executive Office | Research, policy development. | Reduced area- based deprivation and better outcomes for disadvantaged communities. |

Monitoring and Evaluation

To ensure accountability and measure impact, the implementation framework includes a robust monitoring and evaluation system:



PROGRESS REPORTS

Each department should provide regular 6-month reports detailing milestones, challenges, and adjustments which should be made available on department websites.



OUTCOME METRICS

Specific indicators for each recommendation. such as reductions in suicide rates, poverty levels, and mental health service wait times.



STAKEHOLDER FEEDBACK

Continuous engagement with community organisations, service users, and professionals to refine strategies and ensure relevance.

This framework provides a clear roadmap for transforming Levers of Change into action. By focusing on collaboration, community engagement, and evidence-based decision-making, Northern Ireland can address the root causes of suicidal behaviour. The phased approach ensures immediate relief while fostering long-term systemic change, creating a society where mental health and wellbeing are prioritised for all citizens.

Conclusion

This report provides an in-depth examination of the multifaceted causes of suicide in Northern Ireland, identifying economic, political, social, and cultural determinants that intersect and compound the risks. Through a combination of evidence, participant testimonies, and detailed analysis, it is clear that the root causes of suicidal behaviour are deeply embedded in systemic inequalities and structural challenges.

The findings show that poverty, low wages, debt, educational disadvantage, and a legacy of deindustrialisation all contribute to feelings of hopelessness, stress, and mental ill-health. Social and cultural factors such as stigma, gender roles, relationship breakdowns, and the enduring impact of the Troubles further complicate the landscape. At the same time, gaps in governance, service provision, and preventative strategies exacerbate these challenges.



Key Insights

The analysis underscores that addressing suicide in Northern Ireland requires more than improving mental health services, though this remains essential. It calls for a shift toward upstream, preventative approaches that tackle the broader determinants of health. A whole-system response, involving coordinated action across government departments, community organisations, and wider society, is vital.

Key Levers of Change have been presented in areas such as benefits adequacy, employment, childcare, education, and governance. These are complemented by targeted strategies to address the immediate needs of atrisk groups, including men, individuals experiencing relationship breakdowns, and those in economic hardship. By implementing these Levers of Change, Northern Ireland can reduce the drivers of mental ill-health and suicide while fostering resilience at both individual and community levels.

A Call for Action

As the case studies have shown, Northern Ireland's communities possess immense resilience and creativity. Grassroots initiatives provide critical support, foster connection, and demonstrate the potential of community-driven solutions. However, such efforts must be supported by systemic changes to ensure their sustainability and scalability.

The implementation framework outlined in this report provides a clear roadmap for action, emphasising cross-departmental collaboration, community engagement, and ongoing monitoring and evaluation. Short-term measures must focus on alleviating immediate pressures, such as mitigating Universal Credit and expanding mental health services, while medium- and long-term efforts address structural inequalities in areas like education, employment, and governance.

Vision for the Future

The findings highlight both challenges and opportunities. While systemic reform is necessary to address entrenched inequalities. Northern Ireland has a unique opportunity to lead in suicide prevention by prioritising evidence-based, inclusive policies. By recognising the interconnected nature of the issues at hand and committing to holistic, long-term solutions, policymakers, practitioners, and communities can build a society that fosters dignity, equality, and opportunity for all.

Final Thoughts

Suicide prevention is not only a public health priority but also a reflection of a society's values. Every life lost is a profound tragedy and a reminder of the urgent need to act. By addressing the root causes of inequality and strengthening systems of support, Northern Ireland can create an environment where fewer lives are lost to suicide and where every individual has the chance to thrive.

The time for action is now, and the responsibility lies with all of us to ensure that no future is lost.

Suicide Prevention:

Every Minister

Every Department

Every Policy

Appendix 1

Introduction

The following case studies— Glens Wellbeing Group and Willowbreeze Community Anglers—highlight the real-world impact of mental health and suicide prevention efforts. While these grassroots initiatives demonstrate the value of community-led support, they also underscore a broader issue: statutory services must take responsibility rather than relying on voluntary efforts to fill systemic gaps. Peer support and localised interventions are crucial, but they should complement, not replace, properly funded and accessible mental health services. Sustainable, long-term solutions require statutory bodies to deliver on their obligations.

Glens Wellbeing Group

Glens Wellbeing is a self-organising group of local people who meet weekly to support each other with everyday challenges and build their mental health resilience. It was started by two friends to fill a gap for a support network in their community.

We were just talking one day and we were saying, you know, there's nothing for us around here, and then we decided that we would start a group.

The group now has 16 members and, whilst the group has an open-door membership policy, it is largely women attending. Some of the women within the group have suffered from personal trauma and addiction, but others are there for friendship, companionship, and to help others.

Everybody knows if somebody's had a bad day. We have a WhatsApp group and we share things on there. So, if something's not good, everybody's there for you.

The main aim of the group is an opportunity for women to come together in a space where they feel safe to connect and get support from one another. Group members have also helped each other identify when problems are arising before they escalate:

When I was having a hard time, they told me to take myself to the doctor; they knew I needed help.

They take part in activities that benefit their wellbeing, but also enable them to learn new skills and build up their confidence. Participants pay a small contribution towards refreshments and social activities.

The group is supported by the Northern Area Community Network Suicide Prevention Development Officer, in recognition of its role in reducing the risk of suicidal behaviour. As the group has grown, they have had opportunities to apply for small pots of funding to support their activities. In the past, this has enabled them to run cookery classes and art classes. The group has also provided support to local people that they know are struggling financially and raises money where they see a need for it. The Suicide Prevention Officer (SPO) also directly supports individual group members should they require it.

She [the SPO] is always at the end of the phone if we need her.

Glens Wellbeing Group has also built connections with a local Muslim women's group, in order to better understand other faith groups within their community and promote social cohesion. The two groups have forged a strong connection and have applied for funding for activities with each other.

North Antrim Fly Fishing Group (Willowbreeze)

Previous research has highlighted the social and community benefits of angling (Brown et all 2012). Big Lottery funded a three-year study of the therapeutic benefits of angling for disadvantaged young people. The research found it was an effective way of engaging young people and had direct health and wellbeing benefits, including: opportunities for relaxation, relief from stress, improved physical activity, and access to natural environments. These factors are protective of mental health and support recovery.

Promoting angling as a suicide prevention strategy has also been recognised. In Ireland, the Killinardan Angling Initiative run angling courses for groups at risk of mental ill-health and mental health awareness events, directly targeting suicide prevention.

Willowbreeze is a community of primarily men, established in 2012, who engage in 'social angling' to promote health and wellbeing. They are mainly active in the Larne area and occasionally beyond. They rent a small freshwater lake near Ballyclare for individual, small-party activities, outreach events, volunteer work parties, and coaching in angling skills/knowledge. They are constituted with a simple governance structure. The committee comprises experienced anglers, some of whom have coaching qualifications, and they offer coaching to members free of charge.

They are a community who have experienced low self-esteem, degrees of social isolation, unemployment, addiction and disability. They use angling activities as the therapeutic backdrop to provide emotional support to one another.

We have focused on the five ways to wellbeing — be active, give, connect, keep learning, take notice — those preventative things. Angling is a great way to achieve all of them.

Members come from various backgrounds, but they particularly identify the need for these kinds of support for men from lower socio-economic backgrounds.

We are both from working class backgrounds and it can be very difficult as a man to open up about your feelings. We see that a lot with young men now, they can't talk to anyone and don't have older role models they can learn from.

As well as the direct health and wellbeing benefits mentioned above, there are several aspects of fly fishing which they find particularly suited to the group:

- » There is no pressure to speak unless you want to.
- » Participants are busy with a shared activity/ shared goal.
- » It is engaging and fun.
- There is an opportunity to learn a new skill, but beginners can be quickly engaged and get a catch.
- It takes time, and, in between catches, there are opportunities for people to get to know one another and open up if they wish to.
- » The escapism it provides can provide people in recovery with a sense of focus and purpose.

I think that really helps people feel safe, secure. They are working with their hands and they are learning how to connect. There's no expectation, people can just be themselves. Some people are just there to fish, but we all keep an eye out for each other.

Conclusion

Both case studies highlight the vital role of community initiatives in supporting mental health and well-being. Glens Wellbeing Group shows how peer support empowers women, while Willowbreeze Community Anglers provides a safe space for men to address their challenges through shared activities. However, these examples also expose a critical gap—while grassroots efforts are invaluable, they should not be a substitute for properly funded statutory services. Local communities cannot and should not bear the sole responsibility for addressing mental health and suicide prevention. Sustainable change requires statutory bodies to fulfil their duty rather than relying on voluntary initiatives to plug the gaps.

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