



Department  
of Health &  
Social Care

# **National suicide prevention policy: Working together to improve outcomes**

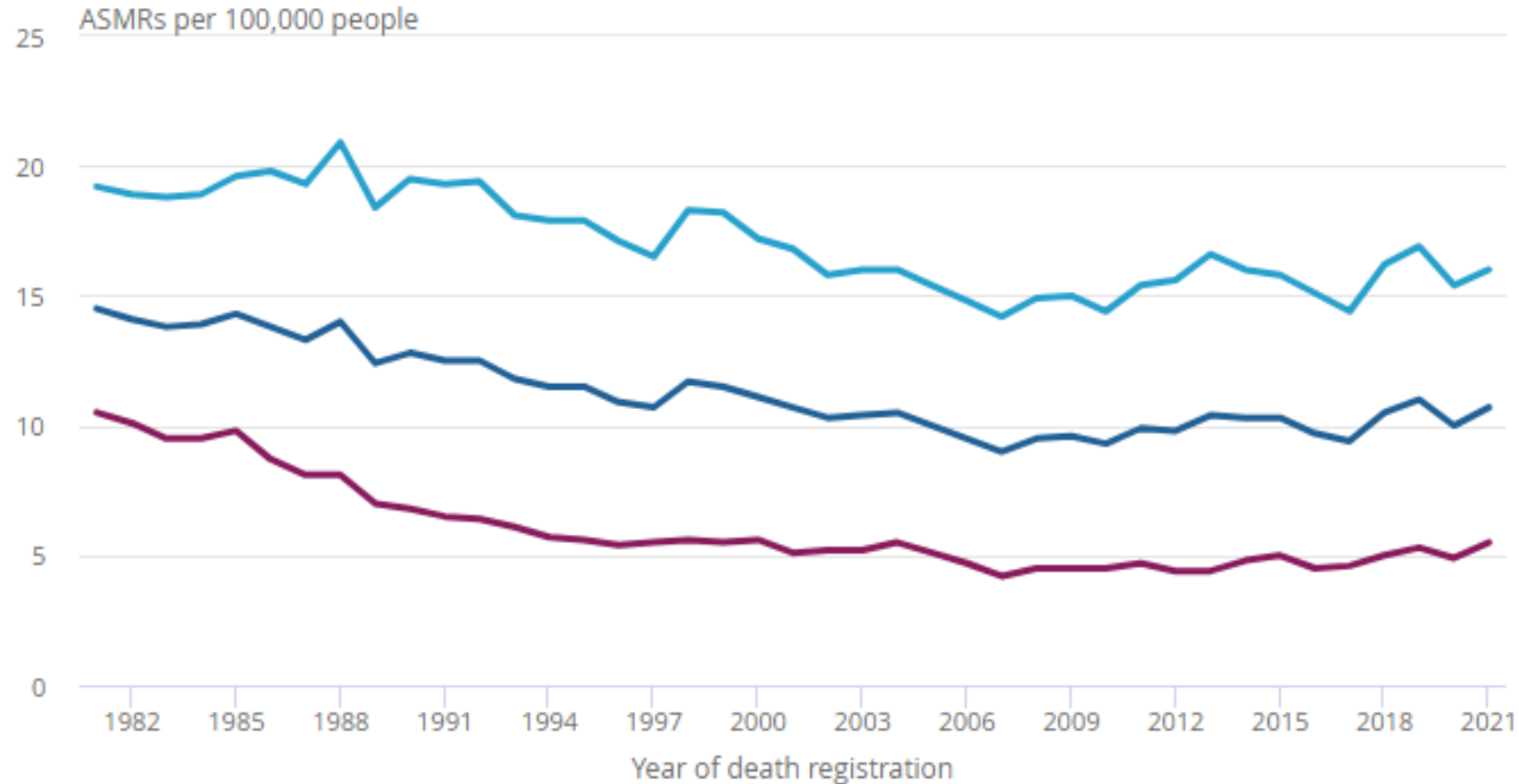
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Suicide and Self-harm Prevention Team

Department of Health and Social Care

25 April 2023

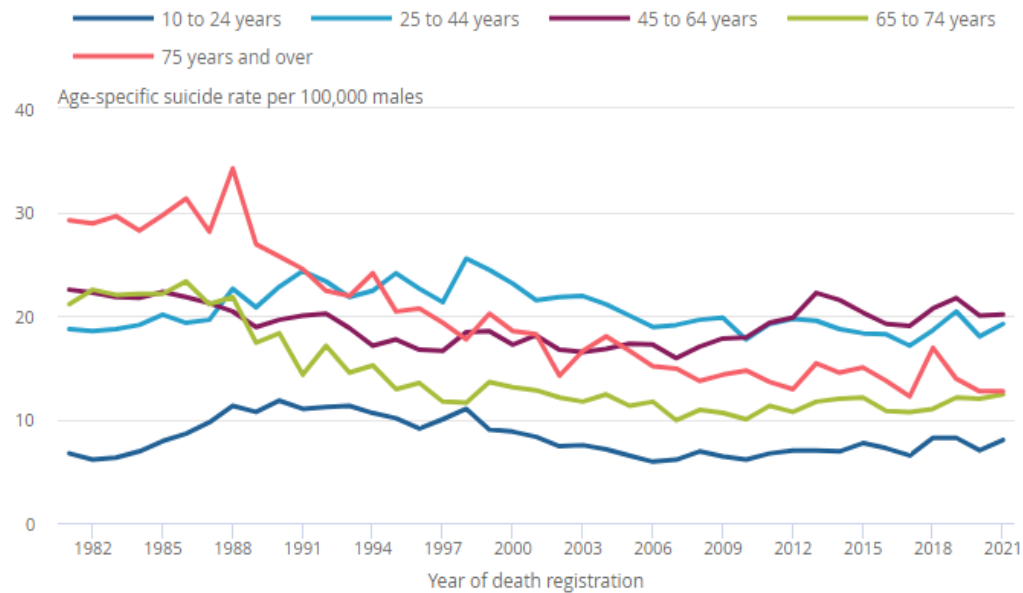
# Registered suicides in England and Wales to 2021



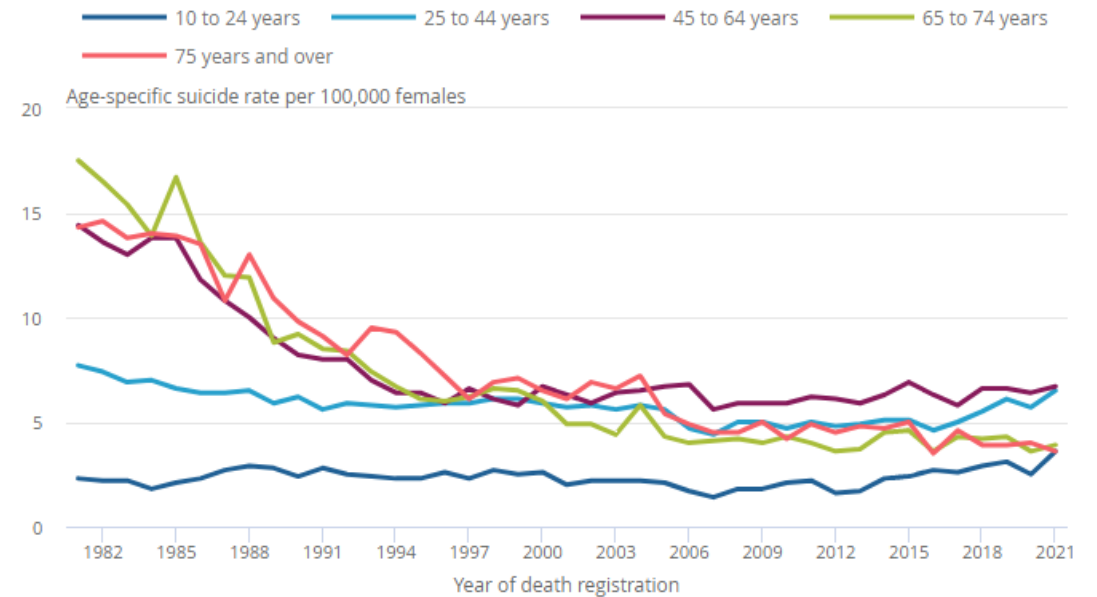
Office of National Statistics: Suicides in England and Wales: 2021 registrations

# Age specific suicide rates in England and Wales

Age-specific suicide rates by broad age groups, males, England and Wales, registered between 1981 and 2021

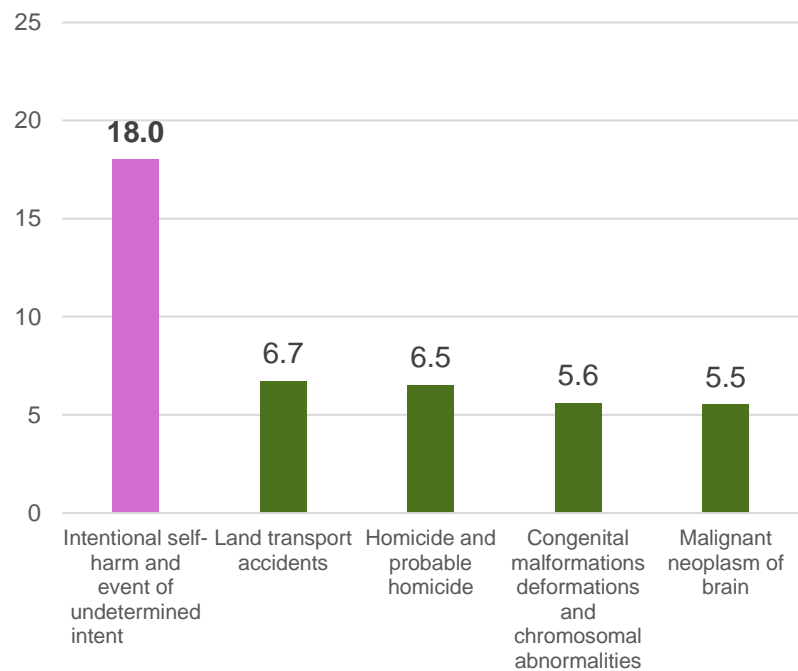


Age-specific suicide rates by broad age groups, females, England and Wales, registered between 1981 and 2021

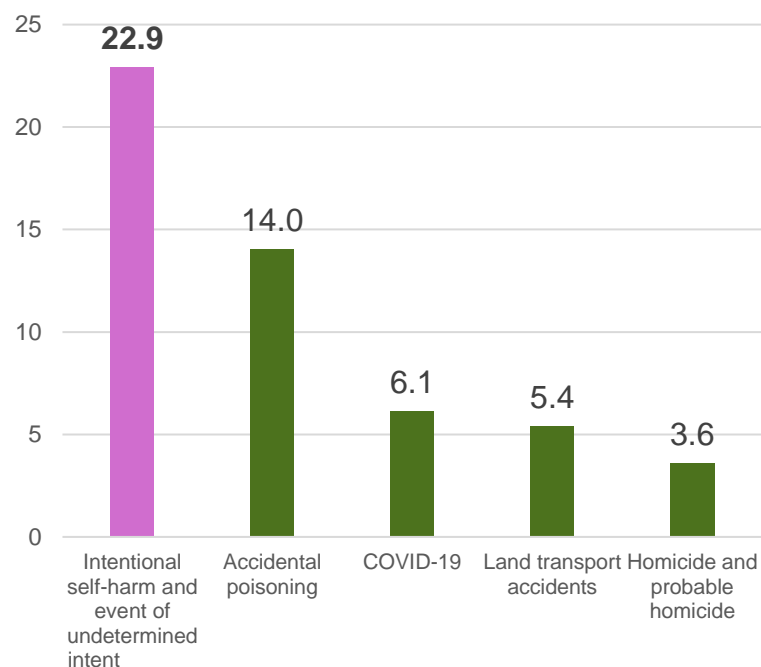


# Death by suicide is amongst the top five causes of death for people aged 5 to 49

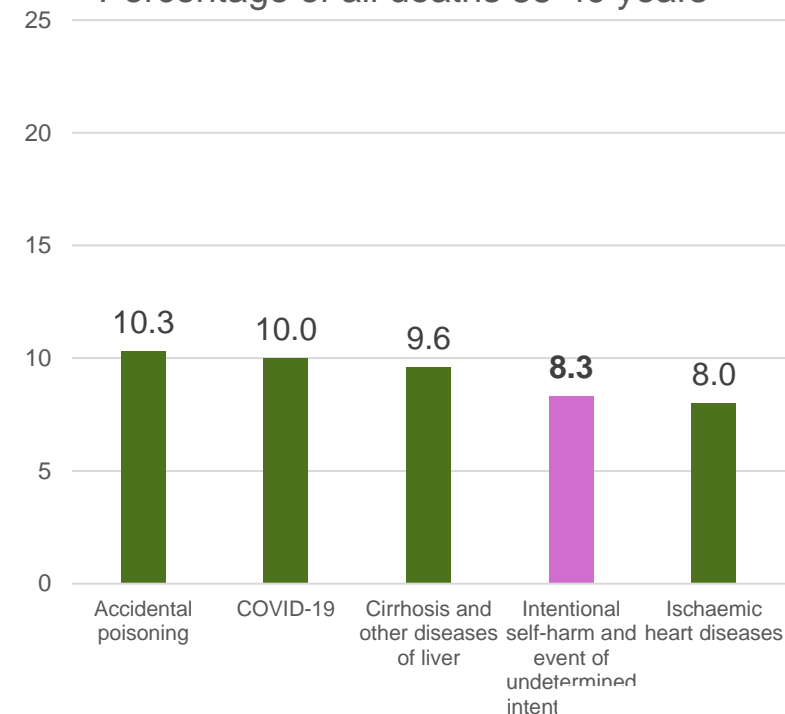
Percentage of all deaths 5-19 years



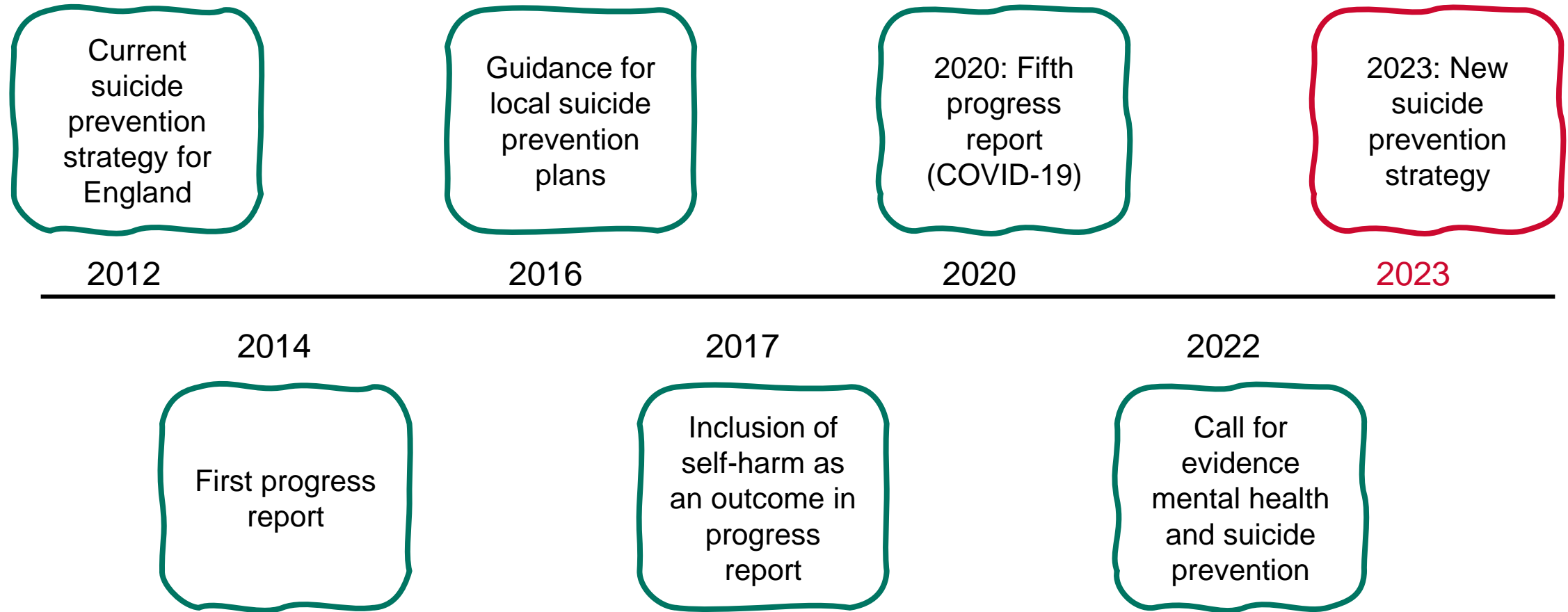
Percentage of all deaths 20-34 years



Percentage of all deaths 35-49 years

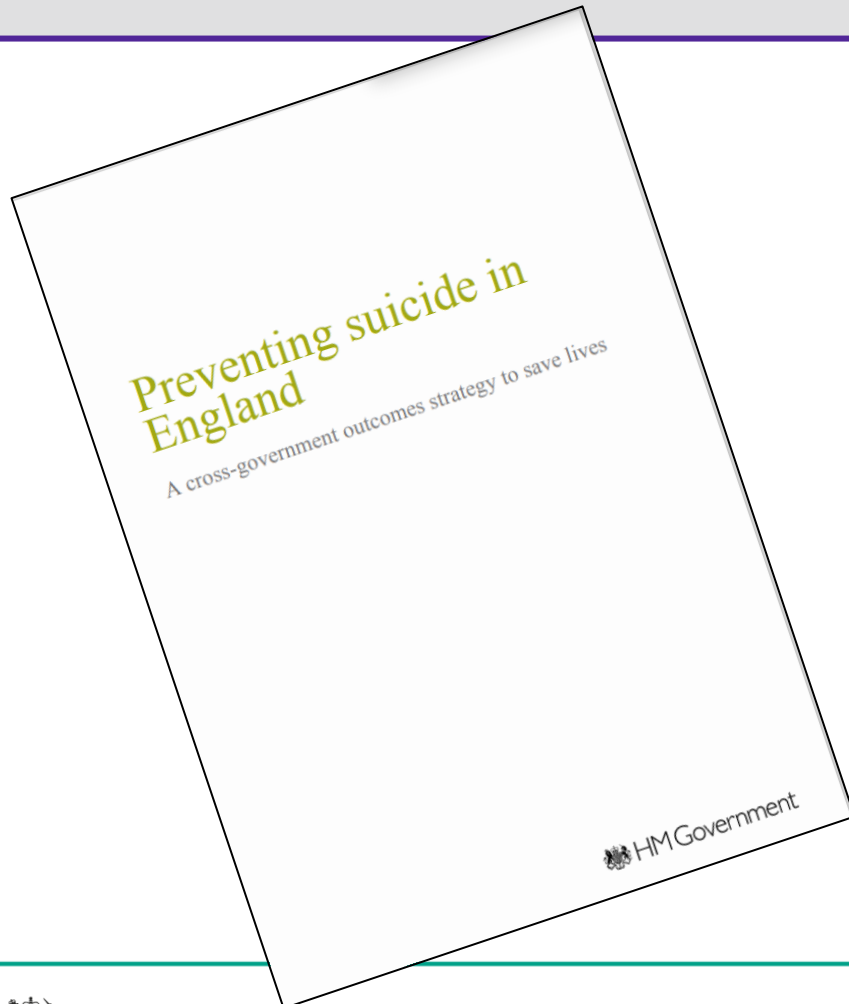


# (Some) National policy milestones: 2012-2023



# Suicide Prevention Strategy for England: 2012

**Aims:** Reduce the suicide rate in the general population in England and better support for those bereaved or affected by suicide. **Six areas for action** to support delivery of those objectives.



Reduce the risk of suicide in key high risk groups

Tailor approaches to improve mental health in specific groups

Reduce access to means of suicide

Provide better information and support to those bereaved by suicide

Support media in delivering sensitive approaches to suicide

Support research, data collection and monitoring



# Groups highlighted in Fifth Progress Report (2020)

Middle-aged men

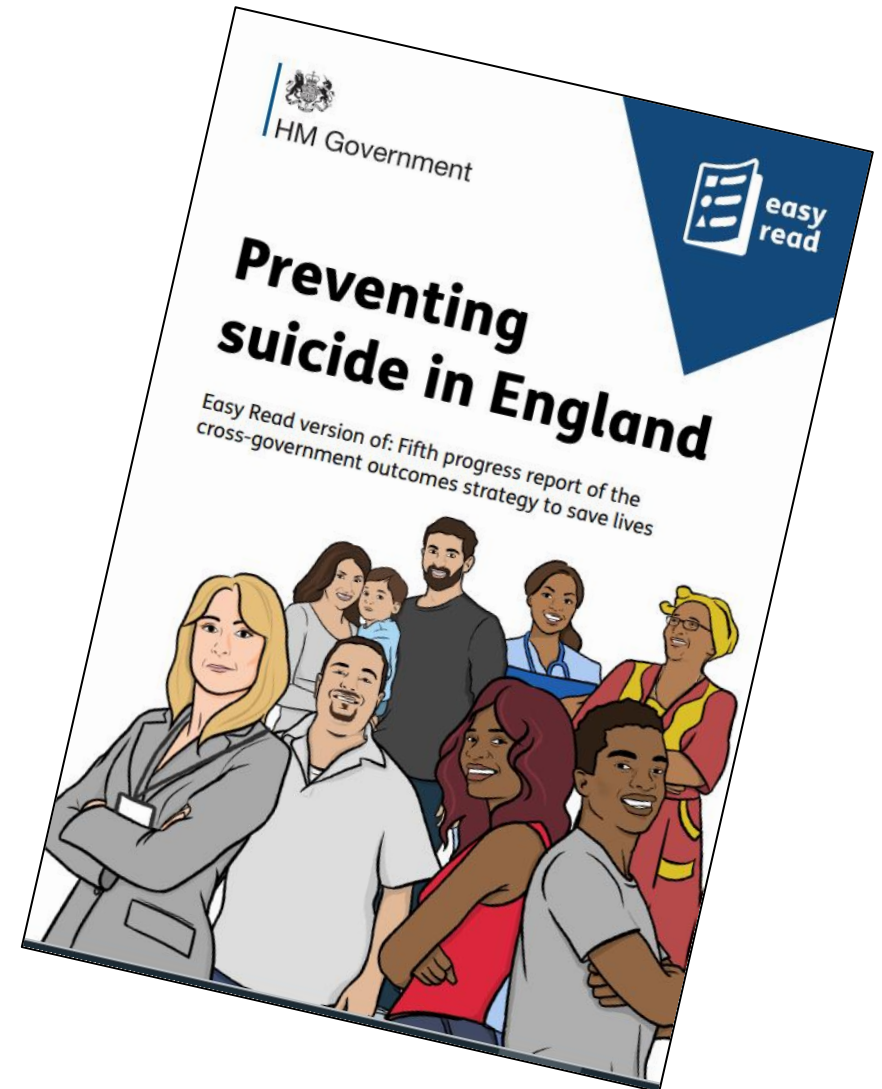
People who have self-harmed

People in contact with mental health services

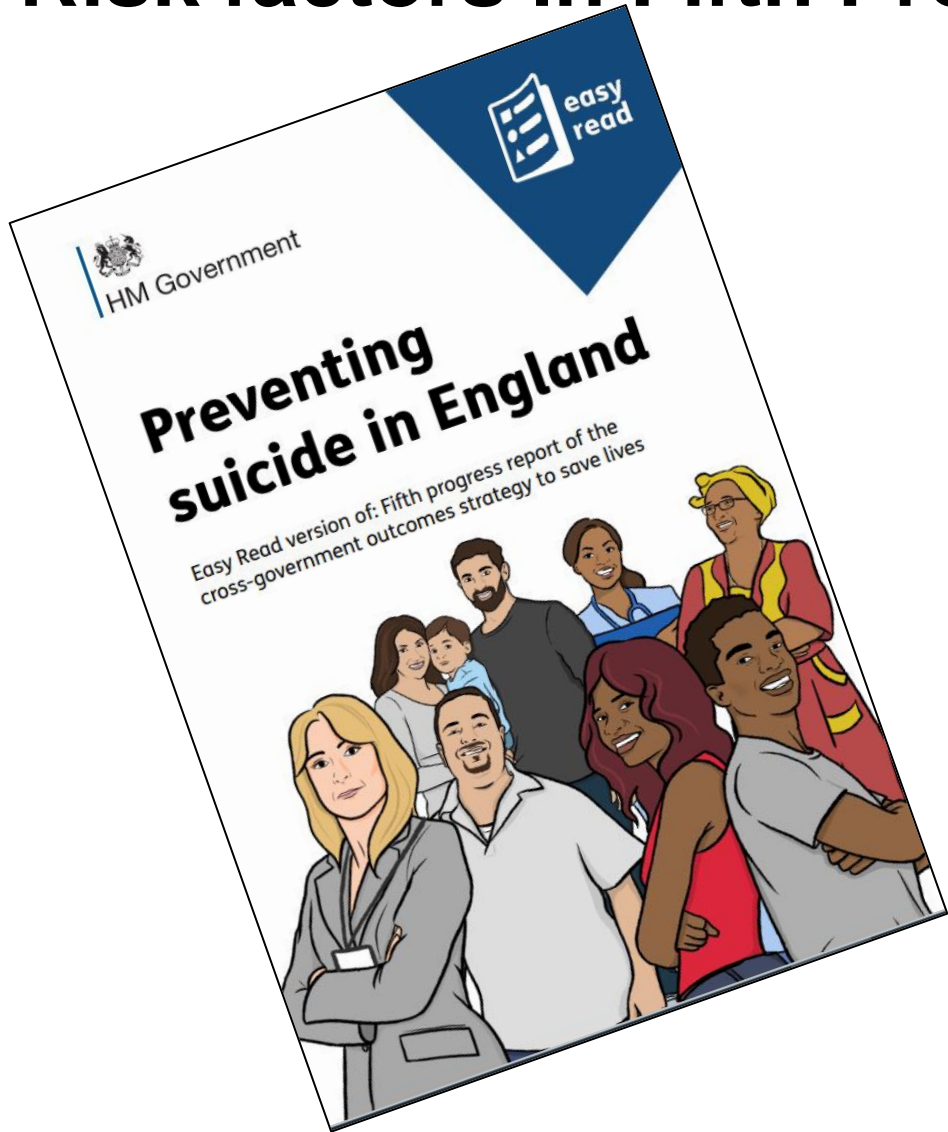
Children and young people

NHS and social care staff

People in contact with criminal justice system



# Risk factors in Fifth Progress Report (2020)



Online Harms

Economic risk factors

Gambling

Substance misuse

Domestic abuse

Homelessness

Social isolation and loneliness





# Data gaps

Lots of ongoing work to improve data and evidence to inform policy. Many gaps have been recently highlighted, including in the fifth progress report of the national suicide prevention strategy

- **Adult ethnicity data**
- **Gypsy, Traveller and Roma communities**
- **LGBTQ+ suicide and self-harm data**



# Engagement and experts are essential for policy

## Lived experience

(e.g. via Samaritan's network of people with lived experience, NSPA Lived Experience Network)

## Formal call for evidence

Local public health & NHS reps

National Suicide Prevention Strategy Advisory Group

## Topic-specific sub-forums/ roundtables

(CYP, deaths in custody, data and evidence, high risk locations, men, self-harm, gambling)

~100 responses to suicide prevention conversation toolkit

+ more to come!



# What we've heard...

Tackle stigma  
and awareness

Tailored and  
targeted actions  
for particular  
groups

Address  
'drivers' of  
suicide such as  
gambling, social  
isolation

Access to  
effective  
services

Education and  
early intervention  
have an important  
role

Training, safety  
planning

Service  
mapping,  
pathways, multi-  
sector & multi  
service offer



# In summary

- **Need to consider tailored and targeted approaches**
- **Addressing key risk factors can support lots of different groups**
- **Consider early intervention**
- **Collaboration around person's need: multi-agency & multi-sector**
- **Engagement, experts and lived experience to inform policy + practice**
- **Improving data, evidence and intelligence**
- **Suicide prevention is everybody's business**

