

Suicide prevention: where should we be in 10 years' time?

Samaritans is the UK and Ireland's largest suicide prevention charity. We answer a call for help every 10 seconds and, in 2021, Samaritans volunteers spent over one million hours supporting people who called us for help. A week after calling Samaritans, seven out of ten callers said they felt the call had a positive impact on how they were feeling. For one in ten callers, Samaritans is their only source of support.

We work directly with people in emotional distress in prisons and in community settings. We also provide training in workplaces across the country, work locally to increase safety in high-risk locations, and work with the media to ensure that suicide is reported responsibly. Samaritans hosts coalitions of civil society, statutory organisations and the private sector working to reduce suicide, and we publish ground-breaking industry guidance on how different sectors can contribute towards preventing suicide, including looking at the safety of their own operations. We play an active part in the Government's current suicide prevention strategy as members of the National Suicide Prevention Strategy Advisory Group and are committed to working in partnership with the Government in the coming decade to deliver the new plan.

We welcome the opportunity to respond to this consultation and strongly endorse the Government's decision to retain a separate suicide prevention plan, alongside developing a new mental health plan. The reasons why someone chooses to take their own life are complex and multi-faceted and touch upon almost every policy area in Whitehall. Coupled with the fact that two thirds of people who die by suicide are not in touch with mental health services in the year before they die, it is vital that suicide prevention is not considered solely through the prism of mental health.

Our response focuses on recommendations for the new suicide prevention plan. However, it is important that the new mental health plan also includes recognition of the way that mental health conditions interact with suicide risk, and the role that community and clinical services play in identifying and supporting people at risk.

We have worked alongside people with lived experience in formulating our response, through a series of dedicated focus groups to explore ambitions for the new plan, as well as drawing on our ongoing work exploring, understanding and amplifying the voices of people that we are in touch with and advocate on behalf of. We have also encouraged people with lived experience and our supporters to respond directly to the consultation, to further strengthen the Government's policymaking.

Our response has also been informed by a snapshot survey of people working in suicide prevention at the local level in England. We will be garnering further insights on the local picture and publishing our findings in the early autumn.

Our response makes a series of in-depth recommendations for the new plan, including:

- **Strong accountability and high ambition for the new plan:** with an ambitious new national target to reduce suicide rates, a cabinet committee to oversee progress, rigorous evaluation to build understanding of ‘what works’ for suicide prevention, and an independent advisory group to scrutinise plans and delivery.
- **Strong links between local and national progress on suicide prevention:** with co-ownership of the refreshed plan by DLUHC and DHSC, renewal of dedicated funding and dedicated staffing for local suicide prevention work and updated guidance on local suicide prevention planning to support Integrated Care Systems.
- **Suicide prevention approached as a socioeconomic inequality policy issue:** by using the Levelling Up Bill to address socioeconomic inequalities in suicide, ensuring that financial and employment support is available to everyone with a mental health care plan that needs it, and conducting an impact assessment for every new piece of legislation in terms of suicide risk.
- **Radically improved data collection:** with an annual audit of the forthcoming National Real Time Suspected Suicide Surveillance system and recording of ethnicity on death certificates as soon as possible.
- **People living with suicidality always taken seriously:** with ‘no wrong door’ for anyone experiencing suicidal thoughts or self-harm wherever they arrive in the health system, no barriers or exclusions from support, and the re-organisation of the health and social care system in England leveraged to provide joined-up services for people with co-occurring needs involving suicide.
- **Substantial investment in early intervention:** with funding for open access mental health support for people in groups that are more likely to die by suicide and in geographical areas with higher suicide rates, maximising the ‘touchpoints of the state’ in citizens’ lives to intervene and support people at risk, and investment in suicide awareness training for all public sector workers and public-facing campaigns to break down stigma.
- **A step change in support for people who self-harm:** with introduction of self-harm specialists in IAPT services to support anyone who has been referred for support with self-harm, open-access community support in every locality, and audits for compliance with NICE guidelines.
- **Increased and integrated support for people in crisis:** with a consistent offer in every part of England for people who are in suicidal crisis that includes non-clinical and non-statutory provision, and a range of ways to access de-escalation and safety planning support.
- **Tougher action on access to means of suicide:** with new legislation for online retailers, timely data collection on methods, and ‘designing out’ suicide risk at high frequency locations.
- **Further investment in bereavement support:** with personalised support that recognises the diversity of families, signposting support across a range of relevant public services, and a new employment right to statutory bereavement leave and pay.
- **A broader focus on responsible communications:** with a strong new online safety regime, consistent protection across mainstream media, online content, and video on demand services and investment in media and online advisory services.

Together, our recommendations will move us closer to a situation where suicide prevention truly is everybody's business, where people get the support they need at the right time and in the right way, where the huge inequalities in suicide risk have been ameliorated, where investment has been targeted at key areas and, crucially, drive a bold approach that makes a real difference.

Given that suicide rates in England remain as high now as [they were 17 years ago](#), with progress on lowering rates since the mid-80s being reversed, the need for decisive action in the coming decade couldn't be more urgent.