



DEBATE PACK

Number 2015/97, 11 November 2015

Male Suicide and International Men's Day

By Alex Adcock
& Benjamin Politowski

Westminster Hall Debate 19 November 2015, 1330hrs

A debate to mark International Men's Day and to consider the high rate of suicide amongst men in the UK will be held on Thursday 19 November.

The Member in charge of the debate is Philip Davies. International Men's Day will be observed in the UK on Thursday 19 November 2015.

This debate may be viewed on parliamentlive.tv

Contents

1.	Suicide statistics	3
2.	2012 Suicide Prevention Strategy for England	6
3.	Media articles	7
4.	Parliamentary material	8
	PQs	8
	Debates	14
5.	Further reading	15

The House of Commons Library prepares a briefing in hard copy and/or online for most, but not all, non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced after the announcement of parliamentary business and are intended to provide a brief summary or overview of the issue being debated and identify relevant or useful documents, including press and parliamentary material. A more detailed briefing can be prepared for Members on request to the Library.

International Men's Day

[International Men's Day](#) is an annual international event which is now marked in over 60 countries around the world. Having apparently begun in Trinidad and Tobago in 1999, the day chosen is 19 November. According to the [International Men's Day website](#), this day serves as, 'an occasion for men to celebrate their achievements and contributions, in particular their contributions to community, family, marriage, and child care while highlighting the discrimination against them.'

The theme for International Men's Day 2015 is, 'Make a Difference for Men and Boys', and will focus on issues such as:

- Life expectancy
- High suicide rate
- Violence against men and boys
- Education
- Parenting

For more information on International Men's Day in the UK, please see the website ukmensday.org.uk or on Twitter [@UKMensDay](https://twitter.com/UKMensDay).

Debate Pack

This debate pack provides some background information on the issue of male suicide, including statistics and a summary of recent policy. It also includes links to the most recent parliamentary material, media articles and further reading which give more information. It is not intended to support any particular argument or perspective.

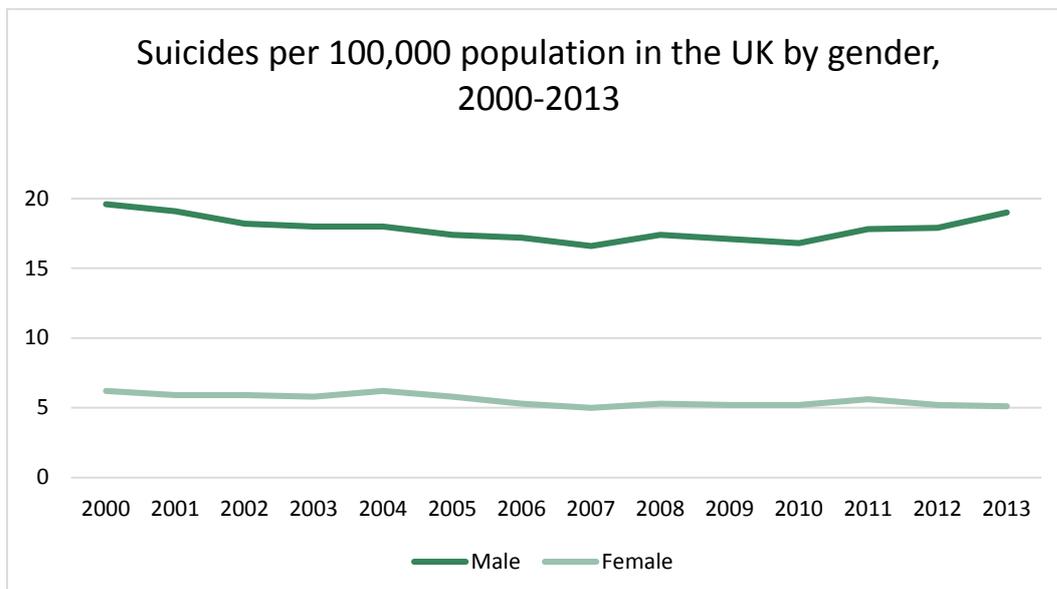
1. Suicide statistics

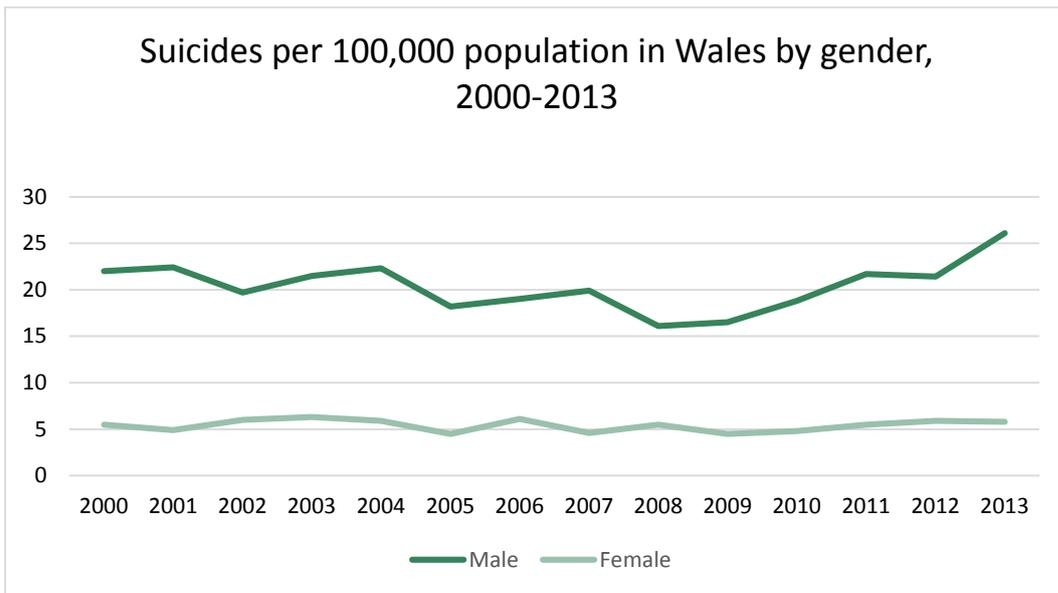
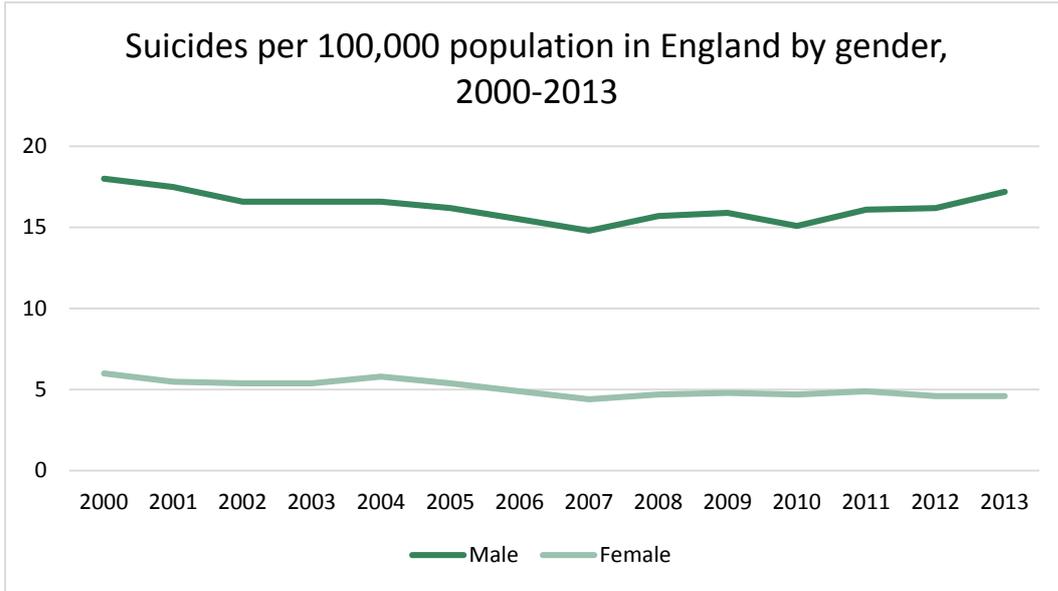
According to ONS data published in February 2015:

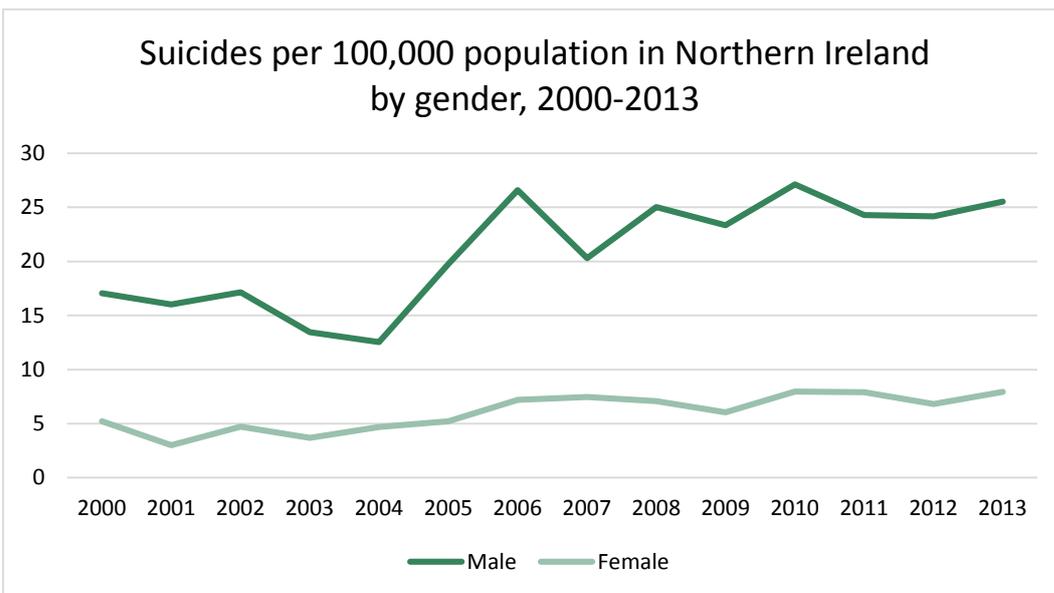
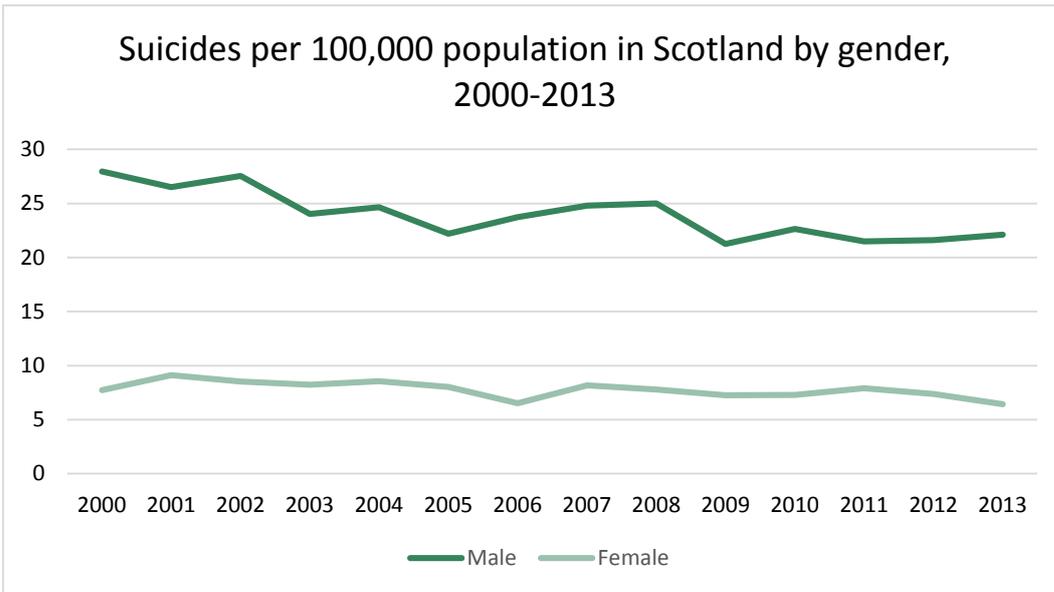
- 6,233 suicides of people aged 15 and over were registered in the UK in 2013, 252 more than in 2012 (a 4% increase).
- The UK suicide rate was 11.9 deaths per 100,000 population in 2013. The male suicide rate was more than three times higher than the female rate, with 19.0 male deaths per 100,000 compared to 5.1 female deaths.
- The male suicide rate in 2013 was the highest since 2001. The lowest male rate since the beginning of the data series, at 16.6 per 100,000, was in 2007. Female rates have stayed relatively constant since 2007.
- The highest UK suicide rate in 2013 by broad age group was among men aged 45 to 59, at 25.1 deaths per 100,000, the highest for that age group since 1981.
- The most common method of suicide in the UK in 2013 was 'hanging, strangulation and suffocation' which accounted for 56.1% of male suicides and 40.2% of female suicides.
- The highest suicide rate among the English regions was in North East England at 13.8 deaths per 100,000 population, while London had the lowest at 7.9 per 100,000.

Suicides in the United Kingdom, 2013 Registrations, 9 February 2015

The following charts show male and female suicide rates in England, Scotland, Wales, Northern Ireland and the UK.







Sources:

[ONS: Suicides in the United Kingdom](#)

[Scottish Public Health Observatory: Suicide data](#)

[NISRA Suicide data](#)

The data on which these charts are based is available in a separate table.

2. Suicide Prevention Strategy for England

In September 2012, the Government published the [Suicide Prevention Strategy for England](#): *A cross-government outcomes strategy to save lives*. The strategy set out plans for reducing suicide rates and supporting people affected by suicide.

The Government identified young and middle-aged men as a high-risk group, and therefore a priority for suicide prevention.

The first annual report on the Suicide Prevention Strategy was published in January 2014: [Preventing suicide in England: One year on](#). The report advocated the following actions:

Men will particularly benefit from many of the broad measures relevant to suicide prevention. Action on alcohol and drugs, the response to the recent economic uncertainty, efforts to reduce suicide and self-harm among people in contact with the criminal justice system and treating depression in primary care will all play a part in reducing suicide risk among men.¹

The report acknowledged that 'men aged 35-54 years are now the group with the highest suicide rate. Understanding and addressing the factors associated with suicide in men, or working to limit their negative impact, will help to reduce population suicide risks'.

In February 2015, the Government published a second report on the Government's suicide prevention strategy: [Preventing suicide in England: Two years on](#). This report noted that male suicide rates remain high:

Middle-aged male rates have risen most since 2008. This group are traditionally least likely to seek help, so that presents a challenge to services to be creative about improving access. The welcome fall over the previous decade in the suicide rate among younger men has stalled, and suicide remains a leading cause of death for this group.

The report contained examples of why male suicides rates may be higher, and a local example of good practice to prevent male suicide.

¹ [Preventing suicide in England: One year on](#), page 13

3. Media articles

The Guardian, November 12 2015

[Austerity a factor in rising suicide rate among UK men – study](#)

The Guardian, November 2 2015

[Men account for 76% of suicides in 2014, says charity](#)

The Observer, October 31, 2015

[‘Let’s reach out to men to halt shocking suicide rate’ New campaign targets ‘gender-blindness’ over deaths of under-45s](#)

Telegraph, October 30, 2015

[Why does no one care when boys fail at school and middle-aged men kill themselves?](#)

Independent, 11 November 2015

[Tory MP wins battle for International Men's Day debate in Parliament](#)

The Huffington Post UK, 11 November 2015

[International Men's Day Commons Debate Secured By Tory MP Philip Davies](#)

Royal Society for Public Health, 9 November 2015

[Guest blog: The need for a greater policy focus on men's health](#)

The Telegraph, 2 November 2015

[Philip Davies MP: 'Political correctness is damaging men'](#)

Guardian, 19 November 2013

[Should there be an International Men's Day?](#)

4. Parliamentary material

PQs

[Suicide: Males](#)

Asked by: Shannon, Jim

To ask the Secretary of State for Health, what steps he is taking to reduce the number of suicides by men aged 18 to 45.

Answering member: Alistair Burt

We know that men are three times more likely to die by suicide than women. The highest United Kingdom suicide rate in 2013 by broad age group was among men aged 45 to 59. We also know that suicide is the leading cause of death in England and Wales for men aged between 20 and 34 years of age.

In September 2012, the Department launched 'Preventing Suicide in England: a cross-government outcomes strategy to save lives'. This strategy aims to reduce the suicide rate and improve support for those affected by suicide and was informed by an earlier consultation on preventing suicide in England. The strategy outlines six areas for action including, reducing the risk of suicide in key high-risk groups, including men aged under 50, reducing access to the means of suicide and supporting research, data collection and monitoring.

We provide financial support for the National Suicide Prevention Alliance and work with a range of experts and partner organisations to deliver suicide prevention activities across all age groups. I will be meeting experts again shortly to advance the strategy.

11 Nov 2015 | Written questions | Answered | House of Commons | 14684

[Suicide: Males](#)

Asked by: Jarvis, Dan

To ask the Secretary of State for Health, what steps he is taking to reduce the number of suicides by young men.

Answering member: Alistair Burt

We know that men are three times more likely than women to die by suicide. The cross-government suicide prevention strategy, Preventing Suicide in England, identifies young men as a high risk group to prioritise suicide prevention activities.

The strategy also recognises that schools, social care and the youth justice system have an important contribution to make in suicide prevention by promoting mental wellbeing and identifying underlying issues such as bullying, poor self-image and lack of self-esteem.

We provide financial support for the National Suicide Prevention Alliance and work with a range of experts and partner organisations to deliver suicide prevention activities across all age groups, including

young men. I will be meeting experts again shortly to advance the strategy.

11 Nov 2015 | Written questions | Answered | House of Commons | 14566

[Suicide: Males](#)

Asked by: Brown, Mr Nicholas

To ask the Secretary of State for Health, what assessment he has made of the effect of family separation on male suicide rates.

Answering member: Alistair Burt

No such assessment has been made, however we know that there are links between mental ill health and social factors like isolation and family breakdown and that men in certain age-groups are more likely to present with suicidal behaviour. Suicide continues to be more than three times as common in males than in females, 13.8 per 100,000 for males in 2011-13, compared to 4.0 for females.

Preventing suicide in England: A cross-government outcomes strategy to save lives, published in 2012, identified a number of high risk groups who are priorities for prevention young and middle-aged men. The strategy recognises that factors associated with suicide in men include family and relationship problems including marital breakup and social isolation. The strategy recognises that those who work with men in different settings, especially primary care, need to be particularly alert to the signs of suicidal behaviour.

A review by the Samaritans, *Men Suicide and Society*, published in 2012, also highlighted that middle-aged men in certain socioeconomic groups are at particularly high risk of suicide. It pointed to evidence that suicidal behaviour results from the interaction of complex factors, including a lack of close social and family relationships, personal crises such as divorce, as well as a general 'dip' in subjective wellbeing among people in their mid-years, compared to both younger and older people. The report also found that relationship breakdown is more likely to lead men, rather than women, to suicide and was published in February 2015.

The Government's first annual report on the suicide prevention strategy was published on 17 January 2014. It highlighted a new agreement designed to promote greater sharing of information with friends and family of people at risk of suicide. The second annual report into suicide prevention was written for people working in local services.

In January 2015, this Government called for every part of the National Health Service to commit to a 'zero suicide' ambition to dramatically reduce suicides. This goes beyond health service boundaries into the whole community, bringing in the police, education, housing, debt support services and so on.

16 Sep 2015 | Written questions | Answered | House of Commons | 9993

Suicide

Asked by: Lord Boateng

To ask Her Majesty's Government what assessment they have made of the impact of gender on suicide.

Answering member: Earl Howe

The Government does not collect figures on, or issue policy for, suicide prevention in the devolved administrations. However the *National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report* of July 2014 (NCI) included a table comparing suicide rates across the United Kingdom until 2012. The findings for the five years up to 2012 from that report are shown in the following table:

Suicide rates per 100,000 of population by UK country 2008-2012:

Country/Year	2008	2009	2010	2011	2012
England	10.1	9.4	9.4	9.5	9.4
Northern Ireland	16.7	14.8	18.8	15.7	15.4
Scotland	18.1	16.3	16.6	18.9*	17.4*
Wales	11.3	10.5	11.2	11.7	12.8

Source: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report of July 2014.

Note: * Death coding rules changed in Scotland and rates for 2011 and 2012 are counted under these new rules. This means that overall numbers of suicides for these years are not directly comparable to previous years.

The NCI Annual Report of July 2014 also included tables on suicide rates by gender for each country of the UK. The figures for the five years up to 2012 from that report are shown in the following table:

Number of suicides in the general population, by gender:

Country, Gender/Year	2008	2009	2010	2011	2012
England:					
Male	3474	3300	3276	3402	3446
Female	1147	1041	1092	1020	958
Total	4621	4341	4368	4422	4404
Northern Ireland:					
Male	203	173	229	185	190
Female	55	58	66	62	54
Total	258	231	295	247	244
Scotland:					
Male	628	559	581	641 (552*)	609 (554*)
Female	213	205	201	252 (217*)	218 (195*)
Total	841	764	782	893 (769*)	827 (749*)
Wales:					
Male	225	227	236	252	280
Female	79	58	67	67	68
Total	304	285	303	319	348

Source: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report of July 2014.

Note: * Indicates the number of suicides using the old death coding rules.

The NCI Annual Report of July 2014 included tables on suicide rates by certain age-groups for males in England and Scotland. The figures for the five years up to 2012 from that report are shown in the following tables:

Male suicide rates per 1000,000 population in those aged 25-34, 45-54 and 55-64 in England:

Age/Year	2008	2009	2010	2011	2012
25-34	17.2	15.8	15.2	14.9	14.2
45-54	19.3	20.5	20.3	21.8	22.6
55-64	16.6	15.7	16.1	15.2	16.4

Source: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report of July 2014.

Male suicide rates per 1000,000 population in those aged 25-34, 45-54 and 65+ in Scotland:

Age/Year	2008	2009	2010	2011	2012
25-34	45.4	32.5	33.6	42.1	34.7
45-54	29.5	31.4	36.9	33.5	37.4
65 +	19.9	9.4	14.3	13.4	14.9

Source: National Confidential Inquiry into Suicide and Homicide by People with Mental Illness Annual Report of July 2014.

Over the past 10 years, good progress has been made in reducing the suicide rate in England. Three-year rolling averages are generally used for monitoring purposes, in preference to single year rates, in order to avoid undue attention to year on year fluctuations instead of the underlying trend.

Suicide rates in England are low compared to other European countries and have steadily reduced, with the lowest number ever recorded in 2007, but with a small rise since then. However, around 4,500 people took their own life in 2012 so suicide continues to be a major public health issue, particularly at a time of uncertainty.

Our suicide prevention strategy, *Preventing suicide in England: A cross-government outcomes strategy to save lives* published in September 2012 already recognises men, particularly young and middle-aged men, as being the highest risk group for suicide.

This message was reinforced in the first annual report on the Strategy, published in January 2014, which acknowledged that 'men aged 35-54 years are now the group with the highest suicide rate. Understanding and addressing the factors associated with suicide in men, or working to limit their negative impact, will help to reduce population suicide risks'.

Further, at the time of the first annual report Professor Louis Appleby, Director of the National Confidential Inquiry into Suicide and Homicide

by People with Mental Illness, wrote to all Directors of Public Health and Health and Wellbeing Board leads to draw the report to their attention.

We published *Preventing suicide in England: Assessment of impact on equalities* alongside the suicide prevention strategy. The assessment acknowledges the duty of the public sector to advance equality and reduce inequality which was established by the Equality Act 2010. Recognition of the implications for the people sharing protected characteristics in the Equality Act 2010 was an integral part of the process of developing the suicide prevention strategy.

We also published an Impact Assessment alongside the consultation on the suicide prevention strategy in July 2011. This assessment recommends that the financial benefits of the strategy for the 'main affected groups', will include savings from averted emergency treatment and the involvement of police and coroner at around £2 million for a ten-year period, at an opportunity cost of around £4 million. There are also large savings from reduction in fatalities - valuation of life – at around £7 billion. Although the Impact Assessment does not apportion any of these savings to specific impact groups, the strategy's focus on 'high-risk' groups would specifically include the highest risk group, men in the 35-54 year age bracket.

Grouped Questions: [HL2969](#) | [HL2970](#) | [HL2971](#) | [HL2973](#)

03 Dec 2014 | Written questions | Answered | House of Lords | HL2972

[Health: Mental Health](#)

Asked by: Lord Patel of Bradford

To ask Her Majesty's Government what has been the expenditure in England for the past year on (1) male suicide prevention, (2) tackling depression in men, and (3) specific mental health provision for black and minority ethnic men.[HL304]

Answering member: The Parliamentary Under-Secretary of State, Department of Health (Earl Howe)

The department does not collect this information centrally.

Our suicide prevention strategy *Preventing Suicide in England: a Cross-Government Outcomes Strategy to Save Lives* was published on 10 September 2012 and recognises that there are higher rates of suicide among men. We know that some people, especially men, may find it difficult to admit that they are having trouble coping. Men can often see owning up to being depressed as a sign of weakness or may feel unable to discuss their feelings. However, one of the keys to full recovery from illness is early diagnosis. Speaking to a general practitioner or a counsellor about mental illness can help understand the treatments available.

We know that prevalence of different mental health problems does vary by ethnicity. The latest Adult Psychiatric Morbidity in England survey highlights that the black population experiences higher rates of suicide attempts.

The Government's mental health strategy, No Health Without Mental Health, acknowledges the lower well-being and higher rates of mental health problems of some black and minority ethnic groups and makes clear that health promotion and mental ill-health prevention approaches must be targeted at high-risk groups.

03 Jun 2013 | Written questions | Answered | House of Lords | HL304 | 745 cc124-5WA

Debates

The forthcoming debate was scheduled by the Backbench Business Committee following a [bid from Philip Davies MP on 27 October](#) (<http://parliamentlive.tv/event/index/5d491cbe-64f7-4a68-b0b3-aa94d5e7866c?in=14:53:00>).

[Mental Health Services](#)

Question for Short Debate

HL Deb 25 Feb 2015 | 759 cc1721-3

[Suicide Prevention](#)

Opposition Day Debate

HC Deb | 558 cc323-364

5. Further reading

Equality and Human Rights Commission, [Is Britain Fairer? The state of equality and human rights 2015](#), October 2015

National Confidential Inquiry into Suicide and Homicide by People with Mental Illness [Annual Report: England, Northern Ireland, Scotland and Wales](#), July 2015

[Campaign Against Living Miserably \(Calm\)](#)

Department of Health, [Preventing suicide in England A cross-government outcomes strategy to save lives](#), 10 September 2012

Samaritans, [Men, Suicide and Society" \(PDF\)](#), 2012.

[Men's Health Forum](#)

About the Library

The House of Commons Library research service provides MPs and their staff with the impartial briefing and evidence base they need to do their work in scrutinising Government, proposing legislation, and supporting constituents.

As well as providing MPs with a confidential service we publish open briefing papers, which are available on the Parliament website.

Every effort is made to ensure that the information contained in these publically available research briefings is correct at the time of publication. Readers should be aware however that briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

If you have any comments on our briefings please email papers@parliament.uk. Authors are available to discuss the content of this briefing only with Members and their staff.

If you have any general questions about the work of the House of Commons you can email hcinfo@parliament.uk.

Disclaimer

This information is provided to Members of Parliament in support of their parliamentary duties. It is a general briefing only and should not be relied on as a substitute for specific advice. The House of Commons or the author(s) shall not be liable for any errors or omissions, or for any loss or damage of any kind arising from its use, and may remove, vary or amend any information at any time without prior notice.

The House of Commons accepts no responsibility for any references or links to, or the content of, information maintained by third parties. This information is provided subject to the [conditions of the Open Parliament Licence](#).