

Suicide in the UK: Statistics and Prevention Strategies

Introduction

World Mental Health Day takes place on 10 October each year. The overall aim is to raise awareness of mental health issues and to encourage efforts to support mental health.¹ The theme for 2019 is “working together to prevent suicide—a day for ‘40 seconds of action’”. This refers to World Health Organisation estimates that every 40 seconds someone loses their life to suicide.²

Prevalence of Suicide in the UK

According to the Office for National Statistics (ONS), 6,507 deaths were registered as suicide in the UK in 2018.³ Following several years of decline, the suicide rate increased by 11.8% between 2017 and 2018. The latest provisional suicide statistics for England showed “generally consistent” suicide rates for the first half of 2019 as compared with 2018.⁴ The ONS has stated the reasons behind any increase in suicide rates are complex.⁵ However, recent changes in how coroners record death by suicide in England and Wales may be a factor. Prior to mid-2018, a higher standard of proof was used by coroners to determine whether a death was caused by suicide. Since then, deaths in England and Wales have been recorded as suicide based on the balance of probabilities. The ONS has commented it is “likely” that the lowering of the standard of proof will result in an increase in the number of deaths recorded as suicide. The change does not affect Scotland or Northern Ireland. It is not yet possible to determine whether these factors have impacted on the number of recorded suicides in 2018.

Key Statistics

The following key statistics were reported for UK suicide rates in 2018.⁶ (Northern Ireland statistics are based on 2017 data, as 2018 data is not yet available):

- **Men were more likely than women to die by suicide:** 75% of registered deaths were among men. Rates of male suicide increased significantly from 15.5 deaths per 100,000 in 2017 to 17.2 deaths per 100,000 in 2018.
- **Men and women aged 45–49 had the highest suicide rate:** In 2018, there were 27.1 deaths per 100,000 in men aged 45–49, and 9.2 deaths per 100,000 in women aged 45–49. In 2017, the highest suicide rate was also for men aged 45–49, but for women the highest rate was in the age bracket 50–54.
- **Increase in suicide rate in young people under 25:** Young people have a lower rate of deaths by suicide in comparison to other age groups. However, rates have increased particularly in females aged 10–24 to 3.3 per 100,000, the highest level on record.
- **Scottish suicide rate highest in Great Britain:** In 2018 there were 16.1 deaths per 100,000 in Scotland. This was followed by 12.8 deaths per 100,000 in Wales, and 10.3 deaths per 100,000 in England. In 2017, Scotland also had the highest suicide rate in Great Britain, followed by Wales and then England.

Analysis

Commenting on the ONS statistics, Nick Stripe, Head of Health Analysis and Life Events at the Office for National Statistics, stated:

We saw a significant increase in the rate of deaths registered as suicide last year which has changed a trend of continuous decline since 2013. While the exact reasons for this are unknown, the latest data show that this was largely driven by an increase among men who have continued to be most at risk of dying by suicide. In recent years, there have also been increases in the rate among young adults, with females under 25 reaching the highest rate on record for their age group.⁷

Suicide in Men

The ONS stated that “generally, higher rates of suicide among middle-aged males in recent years might be because this group is more likely to be affected by economic adversity, alcoholism and isolation”. It added this group might be “less inclined to seek help”.⁸ This echoes the findings in a 2012 report by the Samaritans.⁹ The report identified a number of factors that contributed to middle-aged men being more vulnerable to suicide, including:

- **Masculinity:** Men tend to compare themselves against a masculine ‘gold standard’ that values power, control and invincibility.
- **Emotional literacy:** Men are more reluctant to talk about emotions and have a less positive view of accessing services than women.
- **Relationship breakdown:** Marriage/relationship breakdown is more likely to lead men, rather than women, to suicide.
- **Challenges of mid-life:** Men in mid-life are part of a ‘buffer generation’ between ‘traditional, austere’ older generations and younger ‘more progressive, individualistic’ generations.¹⁰

Several academic research studies have also identified the following relevant factors:

- **Risk-taking:** Men are more likely to respond to stress by taking risks, and misusing drugs or alcohol.
- **Decision-making:** Men have a shorter ‘suicide process’—meaning there is less time between suicidal thoughts developing and making a suicide attempt.
- **Method:** Men more frequently use violent methods (which are typically more lethal).¹¹

Mental health charities, such as the Campaign Against Living Miserably (CALM) and Time to Change, have worked to increase awareness of male suicide in the general public and to reduce stigma. For example, CALM’s ‘Project 84’, a collection of 84 sculptures, each of which represents one of the 84 men who take their own lives every week in the UK, prompted a 34 percent increase in calls to CALM’s helpline.¹² Other mental health charities, such as State of Mind, have worked “to harness the power of sport” by increasing access to non-traditional mental health support through community outreach projects.¹³

Suicide in Young People

The suicide rate in young people under 25 has increased in recent years.¹⁴ Tom Madders, campaigns director at YoungMinds, stated reasons why young people feel suicidal are “often complex”.¹⁵ He cited factors such as bereavement, bullying, abuse, school pressure, and family relationships.

Louis Appleby, Professor of Psychiatry at the University of Manchester and lead on the Government’s National Suicide Prevention Strategy for England, has said a rise in suicide rates in young people is a “cause for concern”.¹⁶ He has considered the societal context surrounding suicide in young people to be important in understanding this increase:

Suicide rates are strongly linked to deprivation and it’s possible that young people experience this differently. We used to think it equated with unemployment, but now economic adversity is more diverse: debts, job insecurity, in-work poverty, zero hours, lack of suitable housing. What comes across is a more intangible deprivation. They are the most highly educated generation we’ve seen but they struggle to find stable jobs. They live in one of the richest countries in the world but can’t afford to rent a flat. Is this a society that treats people fairly, that has something to offer, a future I want to be part of, based on the right values? If enough young people feel the answer is no, there are some who are vulnerable for other reasons who will be put at risk.

Social media and access to online material has been identified as a potential facilitator of suicidal behaviours.¹⁷ A systematic review published in 2017 on the relationship between internet use, self-harm and suicidal behaviour stated there is significant potential for harm from online behaviour.¹⁸ This included normalisation, triggering, competition and contagion. However, it also identified the benefits of social media, with young people using it to communicate distress to peers.

YoungMinds’ *#FightingFor Report* published in 2018 stated that despite greater awareness of young people’s mental health, support was still “too hard to find.”¹⁹ A survey of 2,100 adults found 88% agreed that people are more likely to talk about mental health than they used to be. However, a survey of 2,700 young people seeking support for mental health difficulties revealed that 66% found it difficult to get support. The main barriers to getting support were:

- not asking for help as young people “did not understand what they were going through”;
- difficulties getting help from school or college; and
- problems getting help from the GP.

What Strategies Work?

A systematic review of research evidence published in *The Lancet* in 2016 suggested that restricting access to lethal means is an effective suicide prevention strategy.²⁰ For example, lowering the number of analgesic pills sold in a pack has been effective in reducing the number of deaths by suicide in the UK. School-based interventions have also resulted in a decrease in suicide attempts, as has the use of some psychiatric medications. However, not enough evidence is available to report on the benefits of other strategies including: screening in primary care settings or education, or the publication of media reporting guidelines.

Suicide Prevention Strategies

England's National Suicide Prevention Strategy

The national suicide prevention strategy for England, [Preventing Suicide in England: A Cross-Government Outcomes Strategy to Save Lives](#), was first published in 2012. It aimed to reduce suicide rates in the general population and better support those bereaved or affected by suicide.²¹ The strategy was developed with the support of leading experts in the field, including the national suicide prevention strategy advisory group. Six areas for action were identified. A seventh area of action was added in the 2017 progress report:

- Reduce the risk of suicide in high-risk groups.
- Tailor approaches to improve mental health in specific groups.
- Reduce access to the means of suicide.
- Provide better information and support to those bereaved or affected by suicide.
- Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
- Support research, data collection and monitoring.
- Reducing rates of self-harm as a key indicator of suicide risk.²²

In May 2018, new funding was announced by the Department for Health and Social Care, Public Health England and NHS England for suicide prevention in England. Funding was allocated to local communities worst affected by suicide to develop prevention and reduction schemes.²³ In October 2018, the Government announced the UK's first dedicated Minister for Suicide Prevention (then Jackie Doyle-Price).²⁴ Alongside this appointment, £1.8 million of funding was pledged to the Samaritans' suicide helpline. A further £2 million investment was announced for the Zero Suicide Alliance (ZSA) to help achieve the zero inpatient suicide ambition over the next two years.²⁵

In January 2019, the fourth national suicide prevention strategy progress report was published alongside the first cross-government suicide work plan, led by the then suicide prevention minister Jackie Doyle Price.²⁶ The workplan set out actions to be taken by local government, the NHS and the criminal justice system. It committed the Government to improving data held on causes of death among veterans and to focus on addressing the increase in suicide and self-harm among young people. Other aspects of the plan included:

- every local authority putting an effective suicide prevention plan in place;
- ensuring every mental health trust has a zero-suicide ambition plan for mental health inpatients by the end of 2019;
- every prison putting actions in place to reduce suicides and self-harm and improve staff awareness and training;
- addressing the specific needs of the highest risk groups, including middle-aged men, with £25 million funding; and
- improving research on issues that can be linked to suicide, such as debt and gambling addiction.

NHS England's [Five Year Forward View for Mental Health](#) (February 2016) set out an ambition to reduce the number of suicides in England by 10 percent by 2020/21.²⁷ The 2019 NHS England [Long Term Plan](#) reaffirmed that suicide prevention would remain an NHS priority for the next decade.²⁸

The National Suicide Prevention Alliance (NSPA) was set up following publication of the original national suicide prevention strategy.²⁹ It is an England-wide coalition of public, private and voluntary organisations, including the Department of Health and Social Care. The NSPA works with a mission to have “all parts of society working together” to “reduce suicide and improve the support for those affected by suicide”.³⁰ The organisation’s priorities for 2019–21 include:

- sharing information, good practice and resources on effective suicide prevention and support to build capacity and knowledge;
- enabling greater collaboration across sectors to drive further change;
- providing a collective voice to influence national and local policy and practice; and
- growing and diversifying their income base to increase sustainability and enable new initiatives.³¹

Devolved Nations’ Suicide Prevention Strategies

- **Scotland:** The Scottish Government’s suicide prevention action plan, [Every Life Matters](#), was published in 2018.³² It stated “we envisage a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone’s business”. The Scottish Mental Health Minister, Clare Haughey, set a target to reduce suicide in Scotland by 20 percent by 2022.³³
- **Wales:** The Welsh Government’s suicide and self-harm prevention strategy, [Talk to Me 2](#), set out a strategy for 2015–20.³⁴ The National Assembly for Wales’ Health, Social Care and Sport Committee’s report [Everybody’s Business](#) was published in December 2018. Recommendations included implementing a suicide prevention training framework across all public services.³⁵ The Welsh Government accepted, or accepted in principle, all of the committee’s recommendations.³⁶
- **Northern Ireland:** The Northern Ireland Department of Health’s suicide prevention strategy, [Protect Life 2](#), was published on 10 September 2019. It set out the department’s plan to reduce suicide and self-harm over the next five years.³⁷ A focus was placed on deprived areas where self-harm and suicide rates are highest. £8.7 million has been invested in suicide prevention each year, with an additional £1.35 million provided through the transformation programme this financial year.

Opposition Parties’ Priorities

In September 2019, speaking at the Labour Party Conference, Shadow Secretary of State for Health Jon Ashworth outlined Labour’s priorities in terms of mental health as follows:

A Labour government will commit to really improving mental health services and make a solemn pledge that no child should ever be denied the mental health care they need. We’ll rebuild child and adolescent mental health services, we’ll provide mental health support for schools, reform the Mental Health Act, invest in eating disorder and suicide prevention services. True parity of esteem for mental health, a slogan for so long, will be a reality with Labour.³⁸

At the Liberal Democrats’ Conference in September 2019, leader Jo Swinson pledged a “Government of wellbeing” and stated she would “put happiness at the heart of [the party’s] agenda”.³⁹

Sector Reaction

Chief Executive of the Mental Health Foundation Mark Rowland commented on the UK Government's suicide prevention working plan 2019.⁴⁰ He welcomed the minister's approach (Jackie Doyle-Price) "which commits every area of government to taking action on suicide and sets out clear goals and timescales." He also highlighted the need for additional funding:

A lot of progress has been made in understanding the risk factors associated with suicide, and it is good to see that the minister acknowledges local government as having a central role in suicide prevention. However, for local government to tackle this, it is vital that it is funded accordingly.

The mental health charity Mind was encouraged by the allocation of funding to mental health.⁴¹ However, Vicki Nash, Head of Policy and Campaigns, recently stated there was a need for support to be accessed without delay:

With more and more people coming forward, it's absolutely crucial that services are equipped to meet the demand, and this cannot be lost among the current political turmoil. After years of underfunding and increased demand, we were encouraged by the focus on improving mental health services in the NHS Long Term Plan as well as funding earmarked for mental health. But we need to see meaningful change for people trying to access support now.

Further Information

- House of Commons Library, [Suicide Prevention: Policy and Strategy](#), 10 September 2018
- House of Commons Health and Social Care Committee, [Suicide Prevention](#), 16 March 2017, HC 1087 of session 2016–17

¹ World Health Organisation, '[World Mental Health Day: 10 October](#)', accessed 19 September 2019.

² World Health Organisation, '[World Mental Health Day 2019: Focus on Suicide Prevention](#)', accessed 19 September 2019.

³ Office for National Statistics, '[Suicides in the UK: 2018 Registrations](#)', 3 September 2019.

⁴ Office for National Statistics, '[Quarterly Suicide Death Registrations in England: 2001 to 2018 Registrations and 2019 Provisional Data](#)', 3 September 2019.

⁵ Office for National Statistics, '[Suicides in the UK: 2018 Registrations](#)', 3 September 2019.

⁶ *ibid.*

⁷ *ibid.*

⁸ *ibid.*

⁹ Samaritans, '[Men, Suicide and Society: Why Disadvantaged Men in Mid-Life Die by Suicide](#)', October 2012.

¹⁰ Samaritans, '[Men and Suicide: Why it's a Social Issue](#)', October 2012, pp 4–5.

¹¹ Didier Schrijvers et al, 'The Gender Paradox in Suicidal Behaviour and its Impact on the Suicidal Process', *Journal of Affective Disorders*, 6 May 2011, vol 138 no 1–2, pp 19–26.

Anne Maria Moller-Leimkuhler, 'The Gender Gap in Suicide and Premature Death or: Why are Men so Vulnerable?', *European Archives of Psychiatry and Clinical Neuroscience*, 3 December 2002, vol 253 no 1, pp 1–8.

¹² Project 84, '[84 Men in the UK Take their Own Lives Every Week](#)', accessed 19 September 2019.

Martin Beverley, '[How CALM's 'Project 84' Led to Real Change in Government](#)', *Campaign*, 26 October 2018.

¹³ State of Mind Sport, '[State of Mind Sport](#)', accessed 19 September 2019.

¹⁴ Office for National Statistics, '[Suicides in the UK: 2018 Registrations](#)', 3 September 2019.

¹⁵ May Bulman, '[Suicides Rise to 16-year High Across UK](#)', *Independent*, 3 September 2019.

¹⁶ Professor Louis Appleby, '[With Suicide Rates Among Girls and Young Women at a Record High, this is How Experts Think We Need to Respond](#)', University of Manchester, 11 September 2019.

¹⁷ Michael Savage, '[Health Secretary Tells Social Media Firms to Protect Children After Girl's Death](#)', *Observer*, 26 January 2019.

- ¹⁸ Amanda Marchant et al, [A Systematic Review of the Relationship between Internet Use, Self-Harm and Suicidal Behaviour in Young People: The Good, the Bad and the Unknown](#), PLOS ONE, 16 August 2017, vol 12 no 8, pp 1–26.
- ¹⁹ YoungMinds, [#FightingFor Report](#), March 2018.
- ²⁰ Gil Zalsman et al, [Suicide Prevention Strategies Revisited: 10-year Systematic Review](#), *The Lancet Psychiatry* (£), 1 July 2016, vol 3 no 7, pp 646659.
- ²¹ Department of Health and Social Care, [Preventing Suicide in England: A Cross-Government Outcomes Strategy to Save Lives](#), 10 September 2012, p 5.
- ²² Department of Health and Social Care, [Preventing Suicide in England: Third Progress Report of the Cross-Government Outcomes Strategy to Save Lives](#), 9 January 2017.
- ²³ Public Health England, [New Funding for Suicide Prevention in England](#), 16 May 2018.
- ²⁴ Department of Health and Social Care, [PM Pledges Action on Suicide to Mark World Mental Health Day](#), 9 October 2018
- ²⁵ Department of Health and Social Care, [£2 Million Investment to Help NHS Achieve Zero Inpatient Suicide Ambition](#), 11 October 2018.
- ²⁶ Department of Health and Social Care, [Preventing Suicide in England: Fourth Progress Report of the Cross-Government Outcomes Strategy to Save Lives](#), 22 January 2019.
- ²⁷ NHS England, [The Five Year Forward View for Mental Health](#), February 2016, p 8.
- ²⁸ NHS England, [The NHS Long Term Plan](#), 7 January 2019.
- ²⁹ National Suicide Prevention Alliance, [NSPA Strategic Framework 2016–2019](#), 2016.
- ³⁰ *ibid*, p 2.
- ³¹ National Suicide Prevention Alliance, [NSPA Strategic Framework 2019–21](#), 2019.
- ³² Scottish Government, [Suicide Prevention Action Plan: Every Life Matters](#), 9 August 2018.
- ³³ Scottish Government, [Suicide Prevention Plan](#), 9 August 2018.
- ³⁴ Welsh Government, [Talk to Me 2: Suicide and Self Harm Prevention Strategy for Wales 2015–20](#), 16 July 2015.
- ³⁵ Welsh Assembly Health, Social Care and Sport Committee, [Everybody's Business: A Report on Suicide Prevention in Wales](#), December 2018.
- ³⁶ Welsh Assembly Department of Health and Social Care, [Government Response: Everybody's Business: Health, Social Care and Sport Committee Report](#), 31 January 2019.
- ³⁷ Northern Ireland Department of Health, [Suicide Prevention Strategy: 'Protect Life 2' Published Today](#), 10 September 2019.
- ³⁸ Labour, [Jonathan Ashworth Speaking at Labour Party Conference](#), 22 September 2019.
- ³⁹ Andrew Woodcock, [Liberal Democrat Government Would Put Happiness at the Heart of its Agenda, Says Jo Swinson](#), *Independent*, 17 September 2019.
- ⁴⁰ Mental Health Foundation, [Our Commitment on the First Cross-Government Suicide Prevention Plan](#), 22 January 2019.
- ⁴¹ Mind, [ONS Statistics Show Rise in Suicides](#), 3 September 2019.

A full list of Lords Library briefings is available on the research briefings page on the internet. The Library publishes briefings for all major items of business debated in the House of Lords. The Library also publishes briefings on the House of Lords itself and other subjects that may be of interest to Members. Library briefings are compiled for the benefit of Members of the House of Lords and their personal staff, to provide impartial, authoritative, politically balanced briefing on subjects likely to be of interest to Members of the Lords. Authors are available to discuss the contents of the briefings with the Members and their staff but cannot advise members of the general public.

Any comments on Library briefings should be sent to the Head of Research Services, House of Lords Library, London SW1A 0PW or emailed to purvism@parliament.uk.