

Health and Social Care Secretary of State speech on suicide prevention



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Last Monday would have been my brother Tariq's birthday. I say it would have been because Tariq is no longer with us. He took his own life.

And on that Monday it was the first thing I thought about when I opened my eyes and the last thing I thought about when I closed my eyes. Nothing can prepare for you for the loss of a loved one.

But I want to use this privileged role that I have as Secretary of State to do right by his memory, but also the memories of thousands of others each year who have left us before their time, by preventing more people from going down the same devastating path.

Almost everyone in this country has been touched by suicide in some way.

The Samaritans - doing amazing work - answer a call for help every 10 seconds and tragically, around every 90 minutes someone dies from suicide in the UK. When we look across the last decade and look at Government initiatives like the previous Suicide Prevention Strategy no matter how well intentioned, the trends have broadly been going in the wrong direction.

We must treat suicides with the same urgency that we treat any other major killer and take determined action that reflects the changes and progress that we all want to see in society.

So we will be publishing a new 10-year mental health plan. At the moment we have a call for evidence asking for people's views and shortly afterwards we will be publishing a new 10-

year suicide prevention plan.

I want to hear views from far and wide to help shape this work and the roundtable that I chaired here earlier this morning was so illuminating to help us do just that.

I heard heart-breaking tales of love and loss but also inspirational stories of the work being done to divert people from this painful path including of course the work of Papyrus here.

I am determined to make a difference on this issue and I wanted to take this opportunity to come and speak to you all, and talk about some of the principles that will drive this future work.

The first is encouraging those people who are at the greatest risk to come forward and to get the help they need. Talking about our innermost feelings can be uncomfortable and upsetting of course. But it is so important.

I am 52 years old, the same age as Tariq was when he left us.

Men in their 40s and 50s they make up a disproportionately high proportion of male suicides, around 40%. We can achieve so much if we encourage people to talk about how they feel and they come forward and ask for help.

Thanks to the trailblazing courage of campaigners in the public eye and thousands of quiet conversations in homes, schools and workplaces more and more people across the country are being open about their mental health.

We must keep these conversations going as we live with Covid and look at how we can bring in groups of people together traditionally more reluctant to come forward.

Last week I heard about a survey published showing that 75% of construction workers said that they regularly discussed emotions with colleagues. Yet there were some people who derided this, some newspapers who said this was evidence of a stereotypically male-dominated industry that had supposedly lost its way. I found the data shocking too.

I want it to be 100%. Not 75%. Because too many people suffer in silence, based on outdated ideas of what it means to be a man.

Mental health must not be only talked about in whispers. We must shout about it. Because keeping quiet can kill.

Traditionally, the construction trade has a suicide rate that is three times higher than the national male average rate and so the fact that people who work there are talking more is a cause for celebration, not castigation.

To build on this progress, I want to see more local areas doing outreach activities in places that men are likely to attend.

I've heard wonderful stories of a Tyne and Wear gym that gives men a safe space to share their feelings, a group of barbers who are trained to recognise symptoms of mental ill health, and there is a Talk Club, where a talking and listening club has been established and hosted at football clubs for their supporters.

We know, from all the research that's already out there, that it's easier to talk about your feelings when you're pursuing your passion.

When we recently awarded over £5 million of funding to the voluntary sector as part of our Suicide Prevention Grant we backed a number of organisations that work specifically with men.

As we take forward our plans for suicide prevention we will also keep focusing on those communities where suicide is the greatest risk so for instance, the LGBT community which makes up a third of people who access an organisation called SHOUT, a suicide prevention hotline.

This work goes hand-in-hand with our mission to tackle disparities across the country and transform local communities.

Men in the lowest socioeconomic groups, who live in some of the most deprived areas are up to ten times more at risk of

suicide than those in the highest socioeconomic groups, in other words those living in the most affluent areas.

There are regional disparities too.

For instance, you are twice as likely to die in the North East by suicide, than you are in London. It's fantastic that we have charities from across the UK here today many I met in the roundtable we just had and my Department is working with many of you here today to get to the bottom of these disparities and work out how we can put them right.

One of the golden threads running through all my work in this role has been a commitment to tackling disparities of all kinds that have been overlooked and ignored for far too long.

A relentless focus on suicide prevention will help us to break the cycle of devastation and deprivation in some of our most deprived communities and so too, focusing on transforming communities can lift so many of the strains on our health and happiness what the economist and Nobel Prize winner Sir Angus Deaton recently called the 'deaths of despair' that sit behind so many of the tragic stories in this country.

As well as looking at those communities at greatest risk we must also look at the risk factors that lead to suicides across all communities and this is the second area of what I wanted to talk about today.

We know that the causes of suicide are complex and intertwined but the data does show that there are some areas where we can have a big impact.

For example, there is a project in Kent that found that 30% of all suspected suicides in a two year period were linked to domestic abuse.

Our new Plan will look at risks like domestic abuse and gambling these weren't looked at in the previous strategy.

It will also place a greater focus on the online world which has created new challenges when it comes to suicide prevention.

Now we have made real progress in some areas like working with manufacturers and online platforms to limit access to methods of suicide online. But there are also areas where we've found it harder to keep up with the proliferation of digital content for example when it comes to pro-suicide related content.

Research has found that suicide-related internet use was relevant to a a quarter of suicide deaths in those aged under 20 and Google searches for suicide methods from UK browsers have risen by over 50% in two years.

Just think about that. When we use the internet we use google and search for suicide rates has gone up by 50% in two years.

When I was Home Secretary I spoke at the launch of the Online Harms White Paper. I talked about how we cannot allow leaders of some of the tech companies to simply look the other way and deny their share of responsibility for content on their platforms. Because if you run a business, of any kind, you have a duty to protect your customers.

I believe this strongly then as Home Secretary when I was thinking about sexual abuse but is just as important now.

Although the Internet contains a wealth of helpful content for those who are struggling too many people, especially those who are young or vulnerable they are also exposed to abhorrent and unacceptable content that promotes suicide and self-harm.

I will be convening a roundtable with social media platforms and search engines to encourage them to take more action and the Online Safety Bill that we have already brought before Parliament which will give us a once in a generation opportunity to tackle this issue.

I will also work jointly across Government to look at both upcoming and current legislation to make sure it meets the rapidly evolving challenges that we face.

Because when it comes to the encouragement of suicide and related harmful behavior we are currently relying on

legislation that was primarily created long before the digital age and there is currently no specific offence that covers those who encourage or assist others to self-harm, or in my view of course a grave and heinous offence.

We have already announced that we will be creating a new offence of encouraging or assisting self-harm and I will work with my colleagues to see what else we can do where we might be falling short.

Our Suicide Prevention Plan will set out more about how we will do this.

We know that debt and economic uncertainty can be a factor too. We saw from the recession in 2008 which tragically led to a rise in suicide rates over the following years especially among men.

I know that people are facing real strains over the cost of living. There is a huge cost of living challenge now for so many people.

We protected millions of jobs during the pandemic through man incentives and we are now providing economic security at a time of great uncertainty.

During Covid-19 the suicide rate mercifully remained stable, despite the monumental impact on people's lives.

But the next few months are critical and we must do everything in our power to make sure that we support the most vulnerable as they deal with these financial pressures.

Our public servants of course have a hugely important role to play here. They interact with people when they are at their most vulnerable and they deal with issues like debt and gambling that can be major risk factors.

I want to ensure that all front line Government employees and workers who interact with people in these situations have suicide prevention training and I'm also going to be working with the Speaker of the House of Commons to encourage access to suicide prevention training for all MPs and their

staff.

I've been hosting surgeries in my own constituency for over 12 years, and often people come to see me when they feel they have nowhere else to turn.

As a result, I think it is really important MPs and their staff who have a unique window into the lives of many people in distress in their local area that they get this training. To recognise the signs of suicidal behaviour, and signpost options for support we can help them to intervene before it's too late.

I am determined to focus not just on those who are at risk of suicide, but of course also their loved ones too. The sudden and unexpected circumstances of death from suicide can bring huge trauma. And I know the toll of losing a loved one and we need to be better at supporting those who are left behind. Not only because it is the right thing to do but because those who are bereaved from suicide are themselves at greater risk of suicide.

The evidence suggests that for every suicide, 135 people are directly affected and so we need to do everything we can to break this cycle of grief and suffering. Through putting in place for example the NHS Long Term Plan, every local area now has services for suicide bereavement support. By the end of this year, those services will proactively communicate with bereaved families within days of a death to offer their support. Removing the onus from the bereaved at their time of grief.

Third, we must keep improving services to help people who are struggling with their mental health.

The NHS is offering care and support to more people with mental health conditions than ever before with record levels of investment and more comprehensive round-the-clock support.

After all, your suicidal thoughts don't keep office hours.

They are more likely to emerge when people are alone or

perhaps late at night and we hear from our charity partners that their helplines are often busiest between the hours of 9pm and midnight.

All mental health providers now have 24/7 urgent mental health helplines in place that, together, are managing over 200,000 calls each month. My aim is that by 2023/24, anyone in the country can dial NHS 111 to reach their local mental health team at any time of day, 24/7 which would make England one of the first countries in the world to offer this service.

We are also making greater use of talking therapies which were pioneered in England and have now been emulated across the world.

Over a million people have accessed talking therapy in the past year and we're expanding this access even further. The vast majority of these people who have accessed these therapies have done so through self-referral meaning they can get the help they need more quickly and so the median waiting time to start treatment is now only two weeks.

But despite this progress we must keep working to drive up service levels and address any unevenness in provision across the board. As part of this, I want to see an improvement in the quality of safety plans.

These are practical tools to help someone to navigate suicidal feelings and urges for example, removing objects that could be used for suicide or self-harm.

At the moment, there's a stark variation in the standard and quality of these plans. I'm pleased to announce today that we will be working with experts in the sector to publish some standalone, best practice guidance on safety plans showing what good looks like, and how we can save lives.

These urgent services work extraordinarily hard to help people at the greatest risk. But sadly, some two thirds of people who take their own life are not in contact with mental health services at all.

I was just reminded of this a couple of hours ago when I spoke to a bereaved parent.

Of course, we want to get this number down but it reinforces the importance of the communities we need around.

A report for the Adolescent Mental Health programme finds that, and I quote, “in cohesive neighbourhoods defined as a place where people know their neighbours adolescent wellbeing and mental health are stronger”.

We all know the power to make a positive impact on the mental health of people around us and the answers can often lie within the communities where we live.

There are two central pillars of my overall NHS reform programme that I think are crucial here, prevention and personalisation. One wonderful initiative that intersects both of these areas is social prescribing where we draw on all parts of the local community that shape our health and happiness.

This work will benefit the whole community but especially those at risk of suicide reconnecting those who feel lonely or isolated with the world around them.

I talked earlier about how we need to do more to reach middle aged men, who are at greatest risk. Men of that age typically find it harder to build social connections than women and I’ve been really inspired by groups like Men in Sheds which give men a place to meet like-minded people and share their concerns.

Through tailored opportunities for social prescribing and personalised support we can help those who are traditionally reluctant to come forward and give them the help and support that they need.

There have now been almost a million referrals to social prescribing services in this country with now some record 2,500 social prescribing workers in place who have all been encouraged to do e-learning on suicide awareness.

I’ve set a target of four million people to benefit from

personalised care, like this, by March 2024 and I want to get more people into community-led schemes to tackle the social and economic drivers of their distress.

Finally, we will make the most of the kind of new technologies that helped this country through the pandemic.

This was a time when our mental health system just like others across the world, was put under huge strain.

But it was also a time when we saw new ways of accessing care that we can take forward now as we enter this next chapter.

We must make greater use of the apps and online services that can provide new pathways for care and help us to give more people the kind of access they need more quickly.

We must apply this approach to data too. During the Covid crisis, our decisions, my decisions were underpinned by real-time data that gave us an up-to-date picture of the situation on the ground.

But there are currently too many gaps when it comes to data around suicide prevention that means we don't currently have a clear picture in certain areas for example, any link between suicide and ethnicity.

By bringing data together, we can identify concerning trends and respond at a much faster pace. We've been working with OHID – the division in my department- to trial a national suspected suicide surveillance system.

This allows us to look at patterns of risk like data on new and emerging methods of suicide and on suicide rates across different population groups to provide more sophisticated real time information that will allow us to make better decisions.

These trials have already shown to be a great success and I'm pleased to confirm today that we will now be rolling this initiative out nationally and it'll be operational from early next year.

Last week, during London Tech Week I also launched our Data Strategy which shows how we will use the intrinsic value within data to tackle the twin challenges of recovery and reform.

I called the strategy, I named it Data Saves Lives and there are few greater opportunities to save lives than this vital work on suicide prevention.

This issue is deeply personal to me, and I feel a heavy sense of duty to use my time in this role to make a difference.

The dark cloud of suicide means that too much potential has gone unfilled and that there are too many families that have been left incomplete.

I'm determined to work with you to tackle this source of grief and heartbreak so that fewer people get the news that will one day perhaps turn their lives upside down.

Thank you all very much.

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