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Suicide claims the lives of more than 6,000 British men and women every year and is the single biggest killer of men under 45 in the UK. Every single suicide directly affects 135 people. Beyond this unimaginable emotional cost, every single suicide costs an estimated £1.67 million. Yet no minister in the UK government is officially responsible for suicide prevention and bereavement support. This is unacceptable.

The Campaign Against Living Miserably (CALM) is leading the movement against male suicide. Together with Matthew, we are calling for a government minister to take on official responsibility for suicide prevention and bereavement support. Here's how we believe this can change the lives of hundreds of thousands of British lives every year.

**“MY BROTHER DAN WAS MY BEST PAL AND MY IDOL. HE WAS TAKEN BY SOMETHING SILENT, SOMETHING NONE OF HIS FRIENDS OR FAMILY SAW COMING. 13 YEARS AGO, WE LOST DAN TO SUICIDE. HE WAS JUST ONE OF THE 84 MEN WHO TAKE THEIR OWN LIVES EVERY SINGLE WEEK IN THE UK. IT DOESN'T HAVE TO BE THIS WAY. IT'S TIME TO TAKE A STAND.”**

— Matthew Smith, County Durham

## WE ARE CALLING FOR A GOVERNMENT MINISTER WITHIN THE DEPARTMENT FOR HEALTH AND SOCIAL CARE TO BE MADE RESPONSIBLE FOR SUICIDE PREVENTION AND BEREAVEMENT SUPPORT.

This must be clearly stated within their brief, not assumed to be covered under other ministerial responsibilities. This minister could then be held accountable for delivering change on the issues of suicide prevention and bereavement support, including the following three priorities.

### 1. NATIONAL QUALITY STANDARDS FOR SUICIDE PREVENTION AND BEREAVEMENT SUPPORT

Local authorities currently consider Public Health England's suicide prevention planning guidance in developing their plans. However, this alone is not enough. Government should **set out high quality standards that local authorities have an obligation to meet** when developing their plans.

The social and economic costs of suicide and attempted suicide are extensive. It is estimated that for every person who ends their life by suicide a minimum of six people will suffer a severe impact and that the total cost to the economy of each suicide is £1.67 million, 60% of which is attributed to the impact on the lives of those bereaved. People bereaved by suicide are also estimated to be 65% more likely to go on to take their own life.

There needs to be a nationwide approach to local, proactive, multiagency support, led by central Government. In its report the Health Committee recommended that “high quality support for all those bereaved by suicide should be included in all local authorities' suicide prevention plans. Bereavement support should be a key criterion on which local authorities' plans are quality assured”.

Government standards on local authority suicide prevention plans **must include measures to**

**support the bereaved** from suicide or attempted suicide. More can also be done to encourage the sharing of information between police, coroners, and local support services, to ensure the family of a deceased person are as supported and informed as possible, and to promote the dissemination of resources, such as Help is at Hand (PHE) and Finding the Words (currently SASR, future PHE).

### 2. EFFECTIVE IMPLEMENTATION OF LOCAL SUICIDE PREVENTION PLANS

Currently 95% of local authorities have suicide prevention plans in place but there is little or no information available on the quality or implementation of these plans. It is unclear how they will be resourced or how local authorities will be held accountable for carrying out these plans to a high standard. This was recognised by the Commons Health Select Committee in its report on [Suicide Prevention \(Sixth Report of Session 2016–17\)](#), which welcomed the Government's updated 2012 Suicide prevention strategy but argued that “implementation, which is largely the responsibility of local authorities and local health services, has been highly variable and subject to insufficient oversight”.

**We call on Government to set out a robust assurance process to ensure that all local authority suicide prevention plans are high quality and that they are being implemented appropriately. National oversight of this is needed to ensure that local authorities remain accountable to meeting this obligation.**

Government must also make sure that funds allocated to NHS England for implementation of these plans are made available to invest in services aimed at preventing suicide and supporting those bereaved by suicide.

Suicide is a national problem that affects both men and women but currently, 75% of all death by suicide are men and it is the biggest cause of death in men under the age of 50. It is thought that this is partially a result of the stigma around men talking about poor mental health, and partly due to the methods men

choose to attempt suicide. Government funding and local authority prevention plans need to take into account that men experience depression differently and access services differently, and incorporate this into prevention practices.

### 3. ACCURATE DATA ABOUT THE PEOPLE WHO TAKE THEIR OWN LIVES AND THEIR DEATHS

Currently suicide data across the country is inconsistent as the definitions of deaths via suicide varies considerably across the UK. Suicide in England is under-reported due to the legal obligation of the coroner or jury to apply the criminal verdict burden of proof, rather than civil. This means in order to return a verdict of suicide, the coroner or jury must be sure “beyond reasonable doubt”. In Scotland, a coroner or jury must rely on the balance of probabilities, leading to a higher recording of suicides.

Government should **change the standard proof for conclusions of death by suicide to the balance of probabilities** rather than beyond reasonable doubt.

In its report the Health Committee highlighted the importance of high quality data on suicides. It recognised that whilst “ensuring good quality data will not, by itself, save lives... data is a hugely important issue when seeking to prevent suicide”. Poor quality data and the inconsistent reporting of suicides is undermining the ability to make evaluations, assess trends, develop strategies, and prevent suicide.

More broadly, research into suicide is often gender neutral despite evidence that the risk of suicide is disproportionate to men as a whole when compared to women. There is no specific research carried out on male suicides and the societal and environmental factors, and such gender specific research could reveal hidden causes of suicide that have not yet been explored.

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