

Written evidence from the Samaritans (MHM0009)

Introduction

- Samaritans is the UK's largest suicide prevention charity. Through nearly 20,000 listening volunteers, we take a call for help every ten seconds. We have 201 branches across the UK and Republic of Ireland.
- Having responded to the original inquiry into the mental health of men and boys with both written and oral evidence, we welcome the chance to respond to this follow up.
- This submission has focused on the current situation around suicide among men and boys since our last submission to this inquiry.

Research and data to aid understanding of men and boys' mental health issues, including among groups e.g. racial and ethnic minorities and GBT boys and men;

- Three quarters of registered suicides in England are by men – a statistic which follows a consistent trend back to the mid-1990s¹. Suicide is the leading cause of death in men under 50 in England².

Real time suicide surveillance

- Unfortunately, there are currently limitations and delays in the production of timely suicide data which inhibit immediate understanding of trends and patterns among groups and locations. It is for this reason that Samaritans has long called for a comprehensive system of Real Time Suicide Surveillance.
- In order to effectively prevent suicide, the right data is needed at the right time. There is an urgent need for a nationwide system for collecting reliable, comprehensive, and timely data on suspected suicides. As part of the Spending Review settlement £1.2m³ was dedicated to developing a real time system but frustratingly no progress seems to have been made on this.
- Such a system would ideally include age, sex, ethnicity, sexual orientation, as well as information that relates to risk factors such as occupation, history of mental illness and contact with services to help monitor and respond rapidly to any increases in suicide rates, particularly within certain groups or an area of the country.

¹ Office for National Statistics. (2021) [Suicide in England and Wales: 2020 registrations](#).

² Office for National Statistics. (2020). [Leading causes of death, UK](#).

³ HM Government. (2021) [Preventing Suicide in England: Fifth progress report of the cross-government outcomes strategy to save lives](#)

Recent suicide data for men in England 2018 – 2020 ⁴

Age	2018	2019	2020
10 to 14	6	5	7
15-19	121	118	106
20-24	277	297	235
25-29	294	349	288
30-34	351	380	348
35-39	319	361	374
40-44	353	372	318
45-49	491	460	430
50-54	424	437	398
55-59	299	357	337
60-64	227	274	254
65-69	159	153	167
70-74	141	169	154
75-79	119	109	96
80-84	115	87	74
85-89	70	62	60
90+	34	27	36
Overall	3800	4017	3682

Selected recent trends in suicide statistics for men and boys

- Official death registrations show 3,828 (2,832 male) suicides occurred in England and Wales at the start of the Coronavirus pandemic (Apr to Dec 2020)⁵.
- The age-standardised mortality rate of 9.8 deaths per 100,000 people between April and December 2020 is statistically significantly lower than the same period in 2019 and 2018 (but similar to that in 2017). **The lower suicide rate was primarily driven by a decrease for males, at 14.8 deaths per 100,000 males.** This was statistically significantly lower than rates in the same period between 2018 and 2019.^{6,7}
- Concerningly, the suicide rate for young men (and women) has been rising for the last 10 years⁸.

⁴ ONS. [Data set: Suicides in England and Wales](#)

⁵ ONS. [Deaths from suicide that occurred in England and Wales: April to December 2020](#)

⁶ ibid

⁷ ONS has provisional data for 2021 which indicates that 5,203 suicides (both male and female) were registered in England, equivalent to a provisional rate of 10.5 suicide deaths per 100,000 people. This rate is higher than 2020 (10.0 deaths per 100,000), however the difference was not statistically significant and likely reflects the resumption of coroner's inquests following the initial Coronavirus lockdown periods in 2020, rather than a genuine increase in suicide.

Recent suicide data for men from ethnic minorities⁹

- In August 2021 ONS published data on ethnic differences in leading causes of death in England and Wales. They used death registrations linked to self-reported ethnicity from the 2011 Census. This data relates to each of the three-year rolling periods between 2012 and 2019.
- For men, the highest rates of suicide were found to be in the Mixed and White ethnic groups. Rates for each group have not statistically differed over time.
- Between 2017 and 2019 rates in the Mixed (14.7 deaths per 100,000 males) and White (14.9 deaths per 100,000) groups were almost identical.
- Rates for most ethnic groups have generally been stable since the time period 2012 - 2014.
- Suicide rates in the other ethnic groups, including 'Other' generally haven't seen statistically significant changes, due to the relatively smaller numbers of deaths creating a wide degree of statistical uncertainty.

Easy to access, male-friendly mental health services, with improved signposting;

- In 2020 Samaritans published a report, *Out of Sight Out of Mind*, which featured the testimony of men who had been struggling for years with poor mental health and suicidal thoughts and feelings.
- Despite experiencing many well-known risk factors for this group, many opportunities to help them at critical points before they reached crisis were missed.
- Importantly, the men we spoke to didn't see community-based support services, focused on fostering connection and community, as relevant to them before they reached crisis
- In 2021 Samaritans spoke to 27 'less well off' men across the UK and Republic of Ireland through a series of co-design workshops. With them, we explored which activities and initiatives might support men's wellbeing before they reached a crisis. This helped us to develop five key principles of what a good initiative should be aiming for. These can be found in our handbook [Engaging men earlier: a guide to service design](#).
- We found that there is no 'one-size-fits-all' approach when it comes to appealing to and supporting men. In fact, many of the men we spoke to were not drawn to stereotypically 'male' activities, and their interests were informed by their own life experiences. However, they did gravitate towards hobby-based activities focused on meeting general wellbeing needs, rather than formal mental health or crisis services.

⁸ ONS. [Data set: Suicides in England and Wales](#)

⁹ All data taken from ONS, [Mortality from leading causes of death by ethnic group, England and Wales: 2012 to 2019](#)

- Based on what the men we spoke to told us, we created five principles for wellbeing initiatives supporting men:

1. *Use activities to facilitate conversation*

Men we spoke to recognised the importance of talking to others, making friends through new activities and fostering strong social connections and networks. However they were most keen on those initiatives based on an activity, which provides participants with something to do, as well as the opportunity to chat and meet other people.

2. *Be welcoming and accessible*

The men we spoke to wanted wellbeing initiatives to feel accessible and open. They were clear that activities which appeared exclusive or financially inaccessible did not appeal.

3. *Communicate clearly*

Many of the men we spoke to, especially those in the older category (46-59 year olds), preferred activities with greater structure and expressed concern that less structured activities would be unproductive or a waste of time.

4. *Foster meaningful relationships over time*

While explicitly framing initiatives and activities around 'making friends' was not popular with the men we spoke to, strong relationships were recognised as being crucial to maintaining wellbeing. Initiatives can provide a route to help men develop friendships with people who they share interests with, can trust and turn to in tough times.

5. *Foster a sense of achievement*

Wellbeing initiatives for men should aim to foster a sense of achievement among participants. They should also aim to develop participants' skills where possible. In doing so, they can foster an important supporting principle: to help people feel confident in their abilities.

Increased Funding necessary for suicide prevention services for men

- For existing suicide prevention plans to support a reduction in rates among men, they must be backed by funding. There is an urgent need to renew the funding available to support suicide prevention initiatives at local level, recognising the stark regional inequalities in suicide.
- £25 million of the £57 million for suicide prevention and bereavement services that was allocated to local areas - particularly those with the highest suicide rates overall and amongst at-risk groups - through the NHS Long Term Plan only ran until 2020/21.⁹

- Funding supporting local areas' core suicide prevention plans ceases for all remaining areas in 2023/24. Government should commit to ongoing funding to support these plans, in line with commitments in the NHS Long Term Plan.
- Samaritans is calling for ringfenced funding across three years to support local areas – particularly those with the highest suicide rates overall and amongst at-risk groups (such as men aged 30 and above), to develop and deliver targeted non-clinical support services to prevent suicide.

Action to understand the needs of different groups of men and boys and provide tailored mental health services.

- In 2020 the APPG on self-harm and suicide prevention, with support from Samaritans, published its report looking into the services available to young people who self-harm.
- Rates of self-harm are rising among all genders and age groups¹⁰. Rates are highest and rising most quickly among young women. According to evidence received by the APPG on Suicide and Self-harm Prevention, this impacts the way that services to support people who self-harm are designed.
- A focus on young women also influences how self-harm as a behaviour is categorised: the inquiry heard how the behaviour often undertaken by young men – such as hitting walls or excessive alcohol consumption – is not often understood as self-harm and therefore may be dismissed or misunderstood. Proportionately, young women access support services more than young men. Evidence received by the inquiry indicates that the way services are designed, marketed and advertised makes young men less likely to access them¹¹.
- The same inquiry also found that young LGBT people who self-harm, including young men, face specific barriers in accessing services. This includes discrimination on the basis of sexuality leading to unequal treatment and a lack of understanding of their specific needs. One in five LGBT people who accessed mental health services in the reported a negative experience¹².
- Structural racism influences the design and accessibility of health services, and contributes to why young people from ethnic minorities, especially young men, struggle to access them. White people are more likely to access support compared to other groups and people from ethnic minorities face specific problems in accessing mental health services, in some cases due to a lack of cultural sensitivity¹³.
- The Centre for Mental Health found that a lack of culturally appropriate mental health services was a barrier to young black men in particular accessing support, despite men from African Caribbean communities having far higher levels of diagnosed severe mental illness than other communities¹⁴.

¹⁰ McManus et al., 'Prevalence of Non-Suicidal Self-Harm and Service Contact in England, 2000–14'.

¹¹ All-Party Parliamentary Group on Suicide and Self-harm. [Inquiry into support available to young people who self-harm.](#)

¹² Ibid

¹³ Ibid

¹⁴ Ibid

- Emerging evidence suggests that self-harm is highly prevalent in young people with autism spectrum disorders, particularly those with a higher severity of autism. However we also know from the aforementioned inquiry that autistic people face additional barriers to accessing support. Autistic people have specific needs in terms of how services are delivered which are not currently being met despite the high prevalence of self-harm among this group¹⁵.
- Services need to be co-designed with young people from at-risk and marginalised backgrounds who currently struggle to access services in a way that actively combats and eliminates these disparities as much as possible.
- Echoing calls of the APPG on self-harm and suicide prevention, Samaritans wants to see the NHS, national and local government work together to support Integrated Care Systems and local authorities to improve access to mental health services for those who currently struggle. This will require investment in research to inform service design in how best to reach and support marginalised and minority ethnic groups who self-harm. Samaritans also wants to see commitments in the NHS Long Term Plan to increase provision of crisis services resulting in support for local authorities and services to undertake outreach and culturally appropriate provision.

Coronavirus and its impact on men and boys: insights from Samaritans' service

- In June 2021 Samaritans published our 'Covid one year on' report¹⁶, which looked at the available data from the first year of the pandemic to understand how it had affected our callers. Part of the insight was based on what volunteers told us they had been hearing, anonymously, on the helpline. Three key themes were raised by men calling our helpline between March 2020 – March 2021: financial worries and their economic future, coping alone, and strain on relationships.

Financial pressure

- Male callers were slightly more likely than female callers to raise concerns about finances or unemployment (7.4% vs 6.4%), though it has been a factor affecting people of all ages and genders during the pandemic.
- Volunteers told us that men calling about their fears and anxieties about the future often revolved around financial concerns. They often described being concerned about losing their standard of living, job loss and redundancy, or losing their business if they were self-employed.
- For men in midlife, Samaritans volunteers reported that feelings of shame around unemployment and guilt about being unable to support their family financially were often intertwined. Feeling a lack of control and powerlessness were both especially common. Male callers described needing to be the breadwinner and provide for their family but being unable to do this given the uncertain external environment.

Coping alone

¹⁵ Ibid

¹⁶ Samaritans. (2021) [One year on: how the coronavirus pandemic has affected wellbeing and suicidality](#)

- Research from before the pandemic shows that men, particularly those in midlife, can be less likely to open up when feeling low.
- During the first year of the pandemic, Samaritans volunteers consistently told us that the most common theme in calls from men was related to coping alone – and men not wanting to burden others with their problems. Many callers felt that they had to ‘put on a brave face’ rather than openly sharing their concerns and feelings with loved ones, because they fear being a burden to those close to them. Volunteers noted that feeling that ‘others are worse off’ seemed to inhibit help seeking and can lead to feelings of failure when they feel unable to cope alone.
- Some callers reported to volunteers that their social circle had become smaller as a result of closures of gyms, pubs, cafes and sporting venues. Callers were worried these relationships might not return as things opened up again. Others spoke of using drugs and alcohol to cope with loneliness – concerns about drugs and alcohol were almost twice as common among male callers than female (10% of male emotional support contacts vs 6% among female).

Strain on relationships

- Research shows that relationship breakdown can affect men in midlife more than women. There are a range of reasons for this, including some men not enjoying the same type of social network as many women, which can result in relationship breakdown being felt more intensely. Men are also more likely to relocate following a relationship breakdown resulting in living away from children.
- Samaritans volunteers told us that the concerns raised around relationship problems by men appear to be worsened by coronavirus due to working in close quarters with family members and increased family tensions. One concern that has particularly affected some separated fathers was loss of contact with their children, spending long periods away due to lockdowns and shielding.

April 2022