



Press Release

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## **All-Party Parliamentary Group calls for new Government approach to tackling male suicide**

The All-Party Parliamentary Group on Issues Affecting Men and Boys has today published a new report (*Tackling male suicide: a new 'whole system' approach*) based on the evidence of a range of international and national experts. It urges the Government to lead a far more strategic direction to reducing male suicide which continues to claim 13 lives every day in the UK and is the biggest killer of men under 50.

The APPG report concludes that given the scale of male suicide, there is a lack of urgency and depth in terms of strategic political and public policy action because the current approach is not working. It makes 16 key strategic recommendations including showing further the need for an overarching Men's Health Strategy with a clear male suicide prevention strategy forming a key pillar. Local and regional health bodies also need to have targets for reducing male suicide and be held accountable.

The lack of progress on reducing male suicide numbers was also exacerbated by the fact that it is viewed primarily as a clinical and mental health outcome which is the wrong lens. The international and national experts were very clear that male suicide is primarily a response to a range of external factors such as employment, workplace culture, relationship breakdown, bereavement and financial problems. Only by tackling these underlying issues at source will lead to any significant reduction in suicide.

The evidence was also clear that the narrative around male help-seeking has to change and the Government has a clear leadership role in this. The APPG calls for a male positive approach which does not place the primary responsibility on the shoulders of men, it should be on the shoulders of society, employers and public services. It is their responsibility to listen, ask and act

Lastly, they heard that men do talk. They just talk differently to women and not always in a clinical setting. The phenomenal successes of informal voluntary groups which have sprung up in the last decade such as UK Men's Shed, Andy's Man Clubs and the Lions Barber's Collective are testament to this. Their success is built on a positive male-centric approach that does not judge men but supports them in their own language and on their own terms. They should be supported but not controlled by state bureaucracy.

**Nick Fletcher MP (Don Valley), Chair of the All-Party Parliamentary Group on Issues Affecting Men and Boys, said:** “On hearing the evidence from a range of national and international experts, it is clear a new root and branch approach is needed to significantly reduce male suicide. This is a national emergency and at the moment not enough is clearly being done. These terrible figures are too readily accepted even though each and every suicide is devastating including for friends, family and work colleagues.

“We clearly need to look at the causes of male suicide and how and why men view suicide as a solution to the problems they face. We also need society, employers and public services to better listen, ask and act. We cannot place all the burden on the shoulders of men if the support is not there to help. Having a general suicide prevention plan is not enough, that does not deal with the fundamental issues and we also need public bodies to be more accountable. A Men’s Health Strategy would also be a step forward and we urge the new Government to take this forward.

“We need to also look at different groups of men. Why do men in the North East have higher suicide rates than men in London? Why do men in certain jobs such as construction roles have such high rates and even though we know more in middle-aged men take their own lives, other age groups such as male students are also of great concern? These questions need to be answered and fast.

“There are successful organisations created by men for men who are growing by the day. That clearly indicates that the official clinical-type approach we currently have is out of step and not working with how men want to be supported and listened to. We have a lot to learn from them and it is about time the state and the health system better understood this.”

**ENDS**

## **Notes to Editors**

### **(1) Key Statistics**

A range of key statistics can be found in the report, and they include:

1. In 2021, 4,704 men in England, Wales<sup>1</sup> and Scotland<sup>2</sup> took their own lives. This is an increase from 4,500 registered in 2020. With 2020 figures from Northern Ireland<sup>3</sup> (160), this is the equivalent of 13 per day. Men make up 75% of all deaths by suicide and it is the biggest cause of male deaths under 50.
2. Whilst female suicide rates nearly halved in England and Wales since 1981 (from 10.5 per 100,000 to 5.5 in 2020), male suicide rates reduced by less than 20% (from 19.2 per 100,000 to 16.0). However, these figures are based on suicide rates rather than volumes. 3,562 men in England and Wales died by suicide in 1981, whilst 2021 the

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<sup>1</sup> Office for National Statistics, “Suicides in England and Wales”, September 2022: <https://bit.ly/3SI0Zcl>

<sup>2</sup> Public Health Scotland, “Suicide statistics for Scotland”; August 2022: <https://bit.ly/3UweGYg>

<sup>3</sup> Northern Ireland Statistics and Research Agency, “Suicide Statistics 2020”, <https://bit.ly/2x2ZFUB>

figure was 4,129<sup>4</sup>. The peak was 4,303 in 2019. The difference in rates and volumes is due to population growth in the past 30 years.

3. For England and Wales, males aged 45 to 49 years had the highest age-specific suicide rate at 23.8 per 100,000 male deaths (430 registered deaths) – 7.1 per 100,000 women (130)<sup>5</sup>;
4. There are regional disparities in England. In 2021, the average suicide rate per 100,000 men was 15.8 overall. However, in the North East the figure was 22.2 whilst in London it was 9.9.

## Further Information

The APPG Report can be found at: <https://equi-law.uk/inquiry-no-3-male-suicide/> including recordings of the evidence sessions.

For information about the APPG, please visit: <https://equi-law.uk/appg-menboys/>

For further media comment on the APPG from Nick Fletcher MP, please contact [nick.fletcher.mp@parliament.uk](mailto:nick.fletcher.mp@parliament.uk) and 020 7219 2759

For more information about the report, please contact Mark Brooks OBE, Policy Advisor to the APPG on [mark.brooks70@talktalk.net](mailto:mark.brooks70@talktalk.net) or 07834 452357

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group.

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## Annex 1: Policy Recommendations

1	There should be the creation of a Men's Health Strategy in England with a specific male suicide prevention strategy and plan forming a key pillar.
2	The Government should take a far deeper cross governmental approach to male suicide and tackling the underlying causes. This includes relevant departments having male suicide reduction as an aim.
3	There should be a Minister for Male Health and Wellbeing to ensure there is Government accountability for delivery in reducing male suicide and wider health and wellbeing issues for men.
4	There should be specific responsibilities and targets placed on the Office of Health Disparities and local Integrated Care Systems (ICSs) for reducing male suicide.
5	The Government and other policy makers should take the lead on creating a more positive male-friendly narrative with respect to male help-seeking and suicide.
6.	Tackling Male Suicide must be a key issue that is addressed in the Government's forthcoming White Paper on Health Disparities in England

<sup>4</sup> Office for National Statistics, "Suicides in England and Wales", September 2022: <https://bit.ly/3SI0Zcl>

<sup>5</sup> Office for National Statistics, "Suicides in England and Wales", September 2021: <https://bit.ly/3f35Xcm>

7	The Government should work with universities and the British Psychological Society to increase the number of male psychologists and male students studying psychology degrees.
8	Universities should be embedding male psychology as a core part of their psychology curriculum.
9	The Government should commission a programme of research projects covering diverse male groups.
10	Local government and ICSs should support informal male support groups with some resources and signposting without taking them over. This may include free access to community centres of example – and this should form part of the local community’s suicide reduction strategy.
11	There should be a programme of gender-informed training for GPs, the NHS, local councils and police with respect to understanding the male related issues that lead to suicide. This will also support greater professional curiosity.
12	The Government should fund free training for workers in high-risk sectors to look out for colleagues at risk, such as in the building industry, or military. In addition, there should be support for initiatives such as Mates in Mind, HiS Charity and the Lions Barber Collective.
13	Government and all public body communications campaigns with respect to male suicide and mental health should be male positive and targeted at where men go, not where people think they should go.
14	There should be mandatory mental health sections on procurement frameworks in the construction industry. This could be rolled out into other high-risk occupations.
15	Suicides at work should be disclosed as a RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).
16	Revise wording on domestic homicides and suicide within the Government’s Domestic Abuse Plan.