



**on Suicide and
Self-Harm
Prevention**

Inquiry into young people and suicide

**15 recommendations for government
to prevent young suicides**

February 2025

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* Pseudonyms are provided for anonymity.

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Foreword

The All-Party Parliamentary Group (APPG) on Suicide and Self-Harm Prevention is a cross-party group of Parliamentarians working collaboratively to raise awareness within Parliament around suicide and self-harm prevention.

“I can’t change what happened in my past, but we can change their future.” - Sarah

In recent years, we have seen some important progress in suicide prevention. The 2023 Suicide Prevention Strategy for England published by the previous Government outlines a plan for reducing suicide rates over a period of 5 years, and young people are identified as one of the key priority groups for targeted support.¹ Our previous inquiry into young people who self-harm showed concerning gaps in the support available,² so we know how important it is to improve support for young people who self-harm and experience suicidality.

While suicide rates for young people remain lower than for other parts of the population, suicide is the leading cause of death for people aged 10-24³ and in 2023, 523 suicides by young people aged 15-24 were registered in England.⁴

Through this inquiry, we wanted to hear the voices behind these worrying figures.

Since September 2023, we have engaged with young people with lived experience of suicidality, people who have lost a young person to suicide, practitioners, researchers, third sector organisations and policymakers to understand what Government should do to prevent young people from reaching crisis and, ultimately, save lives.

We surveyed 274 people with lived experience, including 150 young people aged 18-25 with experience of suicidal thoughts or suicide attempts and 124 people aged 18+ who had been impacted by the suicide of a young person. We also heard from 3 brilliant young people who attended Parliament to share their experiences with us directly. The young people we heard from throughout the inquiry were from different backgrounds and had a range of life experiences.

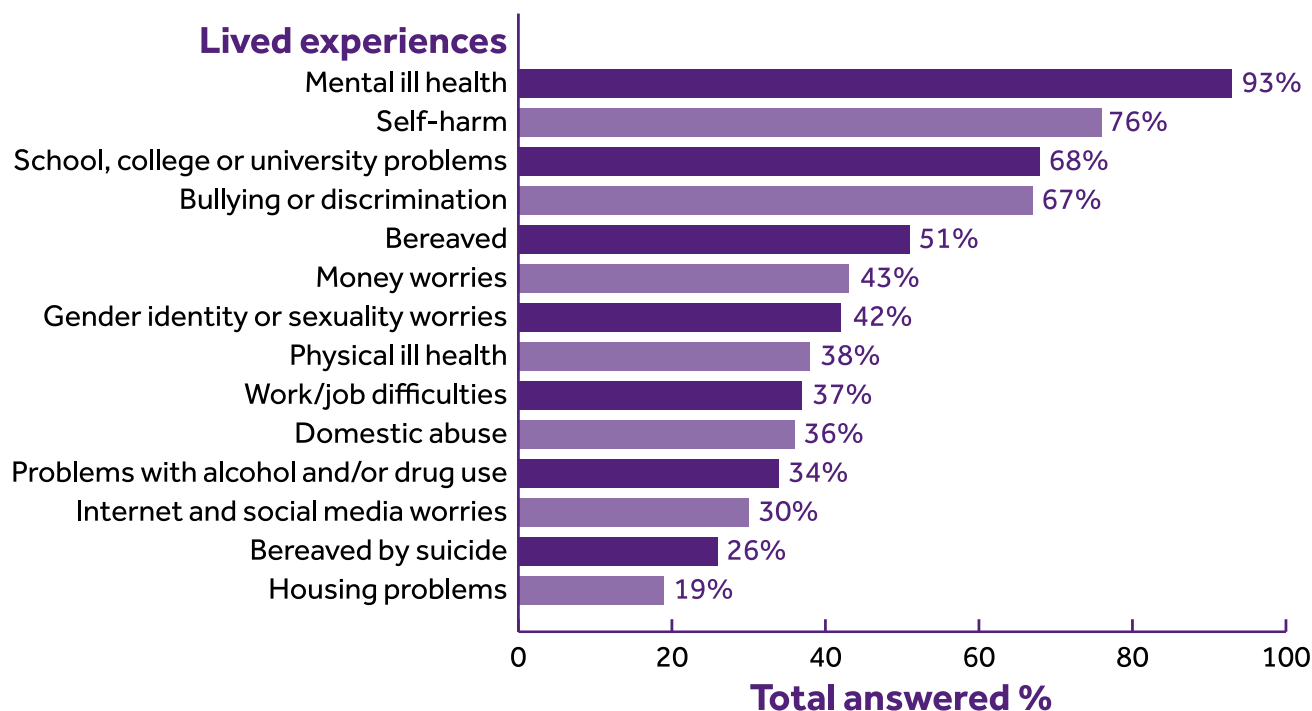


Figure 1 Lived experiences of young people aged 18-25 with experience of suicidal thoughts or attempts who responded to the inquiry survey.

We heard that young people were being turned away from services, were not being taken seriously when they presented to services with suicidal feelings, and that Government, health services and education settings were missing critical chances to support young people at the earliest opportunity.

A General Election occurred halfway through this inquiry. But a newly elected Government now provides a fresh opportunity to make sure that young people are at the heart of action to prevent suicide. The Government must build on the Suicide Prevention Strategy for England and harness the 10-Year Health Plan for

actionable, positive change when it comes to prevention, so that no young person experiences suicidal crisis.

In this report we outline 15 recommendations across health, education and community settings in England. We stand with Sarah in her call for action to change the future for young people.

Liz Twist.

Liz Twist MP

Chair of the APPG on Suicide and Self-Harm Prevention

Saving young lives in healthcare

87% (n=132) of young people we surveyed had sought or received help with their suicidal thoughts, feelings or attempts. But, throughout the inquiry we heard that health services are not currently designed to support young people who feel suicidal.

Of 106 young people who answered a question about NHS mental health support, 59% (n=63) said they had received or were offered this type of help. But, only 32% (n=20) found it helpful for their suicidal behaviour. Experiences in A&E were even more troubling, as only 17% (n=6) of those who received support at A&E found it helpful. Evidence was presented to the inquiry around concerns that A&E can “make issues worse”, and questioned what support is available when a young person is in crisis.

“I want to transform previous negative experience into positive change.” - **Jamie**

Turned away from support

Many young people told us they had been turned away from help by A&E and mental health services.

Young people have been informed they are either **too high risk, or not high risk enough** to access mental health services.

“There’s the situation where you’re not severe enough for higher level services but the services you can access aren’t equipped to support suicidal ideations.”

This has particularly been an issue faced by young people with co-occurring or complex needs, who told us that the criteria for support is too strict. For example, if someone is seeking Talking Therapies to help with their suicidal feelings, the exclusion criteria for these services means that people with some diagnoses can be locked out. Evidence was raised particularly around people with personality disorders and eating disorders experiencing exclusion from services. Jamie is autistic and has struggled with suicidality and developed an eating disorder – they said that criteria are too high for accessing support.

“Due to my diagnosis (borderline personality disorder), professionals are very quick to prevent me from accessing help. This usually looks like professionals not taking me seriously.”

Young people have also been turned away from support after being met with stigma from healthcare professionals. Often, they felt that people didn’t believe them when they said they were suicidal and dismissed them due to their age.

“When I first spoke to CAMHS [Child and Adolescent Mental Health Services] they didn’t listen to me and dismissed my depression and suicidal thoughts as exam stress.”

“I was told I was ‘faking it all for attention’ by a nurse, which isn’t the only encounter I’ve had, which is why I ended up back several times for several attempts.”

Some young people were turned away by medical professionals because they were deemed to have the ‘capacity’ to take their own life. This is a misinterpretation of the **Mental Capacity Act 2005**,⁵ a law which comes into play when someone can’t consent or refuses to consent to treatment. However, the inquiry heard that this is used to turn away some young people when they ask for help, who are told that because they have ‘mental capacity’, they can make the decision to take their own life and don’t need further mental health support.

“Services seem to think that if you ask for help you’re not going to do anything. They also say things like “you have capacity to decide to end your life” which is completely ridiculous, and a misuse of the MCA [Mental Capacity Act].”

Being turned away from healthcare led to some young people only receiving support once they were in suicidal crisis, and some people never received help at all.

“It was only after an incredibly serious suicide attempt which put me in general hospital for 3 months that I eventually got real help, and spent over a year in hospital. That psychiatrist saved my life, but it shouldn’t have got to that point.”

Recommendation 1

There should be no wrong door or exclusion from mental health or A&E services for people who are suicidal

The Suicide Prevention Strategy for England 2023 has an ambition that there is ‘no wrong door’ to services, so when people experiencing suicidal thoughts or feelings reach out, they receive timely support no matter what service they access.⁶ But, our inquiry found that this isn’t happening in practice. The Department of Health and Social Care (DHSC) and NHS England (NHSE) need to work together through the 10-Year Health Plan to ensure that the whole health service supports young people experiencing suicidality the first time they ask for help, and that no one is excluded from accessing care.

The NHS should also review existing mental health services to ensure that they are appropriate for young people with co-occurring and complex needs, including neurodivergence. Any service development that is subsequently needed should meaningfully involve the expertise of people with lived experience and specialist service providers in the voluntary sector. The 10-Year Health Plan should commit to ensuring that all young people, no matter their lived experiences or diagnoses, can access appropriate support for suicidality.

Recommendation 2

Government should invest in suicide prevention training for all frontline healthcare staff

The Suicide Prevention Strategy for England states that every contact with services should 'count' in terms of an opportunity to provide support. The Government has committed to suicide prevention training for some frontline workers via the strategy,⁷ but should expand on this and ensure that suicide prevention training is mandatory for all frontline public sector workers who come into contact with young people at risk of suicide, including those in health

services. In the NHS, this would include GPs, receptionists, A&E staff, ambulance workers and more. This should equip public sector workers with the skills and confidence to spot the signs someone is struggling, hold a non-judgmental, supportive conversation with the young person, and take someone seriously when they say they feel suicidal.



Continuity of care

Young people spoke to us about feeling unsupported and left behind due to disruptions to their healthcare and poor communication.

“CAMHS need to show more support and be more communicative about what’s going on, or at least during wait times send updates.”

The need for **improved communication** throughout the health system was raised many times. This included experiences of young people who were on waiting lists for mental health treatment, young people who had attempted suicide and didn’t receive any follow-up after visiting A&E, and young people who did receive mental health support but were subsequently dropped from the system.

“I was seen for my thoughts and attempts but was promised a follow up session just to be cancelled on and never contacted again and I got so fed up with chasing them I gave up seeking help”

“A&E support after attempts is not enough. You’re there for 24 hours, then they kick you out. An empty promise of future support that never comes.”

The transition from adolescence to adulthood can be a time of uncertainty in young people’s lives. These are critical years when it comes to providing continuity of care, as young people in touch with child and adolescent services will also transition to adult mental health services.

Jamie told us they were transferred from a children and young people’s ward to an adult ward on their 18th birthday. They only knew about the transfer an hour or two before it happened. They went from having support and a safe environment, to getting no support a few weeks later when moved to an adult ward where they experienced abuse from other older patients, which had a substantial impact on their mental health.

“We need to have an 18-25 ward, we cannot be categorising 18-year-olds the same as 86-year-olds (...) I didn’t know when I would be transferred, nor did the staff on the CYP ward.” - Jamie

Recommendation 3

NHSE should improve continuity of care for young people

The inquiry heard that the NHS has committed to abolishing rigid age thresholds for young people transitioning into adult mental health services; a welcome step towards improving the transition period to adulthood. Experts told the inquiry that NHSE should go a step further, and work to develop transitional mental health services for young people aged 18-25 so they can receive continued levels of support as they enter adulthood.

The inquiry heard that 70% of people (all ages) who had been discharged from NHS mental health care received a follow up within 72 hours, however it's clear that more needs to be done to make sure all young people receive a follow-up, and improved communication. NHS mental health services should ensure they are providing continuous support for young people, with improved communication and interventions for people while they are on waiting lists, and compulsory follow-up support for people who present at health services with suicidality.

Person-centred care

We heard that young people want to be involved in decision-making around treatment for their suicidality and mental health and want a package of care based on their specific needs. For a number of young people, this means having a greater focus on personalised care planning with time invested in listening to and understanding young people.

“I think that there should be more tailored plans in order to suit each person. Everyone is different in their experience and by using a “one size fits all” approach you risk harming that individual more than helping them.”

“Have an actual conversation rather than just having questionnaires completed and have follow up appointments to discuss how different methods are working and if not then give alternatives.”

Young people noted that decisions are made about their care without being offered alternatives if something doesn't work for them.

“Only offered drug therapy from GP, and this did not work but made it worse or had terrible side effects. Never offered talking therapies or other alternatives.”

Recommendation 4

The NHS needs to ensure that mental health treatment is person-centred, and young people are involved in decisions around their care

NICE guidance says that every person who accesses health services after self-harm should receive a psychosocial assessment. This is a conversation between a clinician and a patient to collaboratively make a plan for care, and involves discussing suicide risk.^{8,9} The inquiry heard that new guidance for mental health practitioners will be published in 2025, focusing on person-centred assessment and safety management. DHSC and NHSE should ensure that this is implemented consistently in all areas of the country, and that all practitioners are supported to develop the skills and confidence to follow a person-centred approach. Every young person who accesses services for support with suicidality, self-harm or distress should receive a psychosocial assessment and continue to be involved in collaborative discussions on their own care.

The Mental Health Act

We also heard from a number of young people who had been detained under the Mental Health Act 1983.¹⁰

As noted by mental health organisations and Parliamentarians in the inquiry, detention under the Mental Health Act can lead to harmful practices where people don't have a say in their treatment. Under the Act, young people under the age of 18 have been placed in adult wards or far away from home.

Sarah was first hospitalised at age 15 and thought that this might provide the support she needed. She described her experience as “two years in hospital fighting to die before eventually fighting to live”. She was frequently restrained by staff, causing physical and emotional harm. “I look back and I’m lucky to be alive”. Sarah explained that she “would want a way for ex-patients and family to hold the wards accountable” due to the harm caused.

“I was sectioned under the Mental Health Act and it was extremely traumatising. I was unnecessarily sent to hospital which made me more unwell. Staff were not trained in neurodiversity and I had to suffer for it.”

Recommendation 5

Reform the Mental Health Act

Mental health organisations, Parliamentarians and people with lived experience have long made the case for much-needed reform of the Mental Health Act,^{11, 12,13} stating that people should have an automatic right to assessment and treatment, people should be able to appeal decisions, and young people should be placed in appropriate wards close to home.

This work led to a draft Mental Health Bill in 2022, and the current Government has since committed to moving forward with reform after two years of stalled progress. At time of writing, the Bill is approaching Committee Stage. Sufficient parliamentary time must be dedicated to continue progressing the Bill.

Resourcing of mental health services

The issues facing young people who are in healthcare for suicidality are underpinned by long term under-resourcing and understaffing in CAMHS and adult mental health services. As outlined in the APPG's 2020 inquiry into young people and self-harm, funding has been reduced in recent years while demand has increased for CAMHS and NHS Talking Therapies services, leading to long waiting lists.¹⁴

The young people we spoke to recognised that the quality of care they had received and the long waiting lists they experienced were often due to a broader systemic problem.

“GPs and emergency services don't have the resources to help, it's not that they won't help, they can't.”

Sarah told us that staffing is too low, and that in her experience every shift on a CAMHS ward had agency staff members, meaning those providing care weren't staff she knew or felt comfortable with. Jamie said that fully funding mental health staff would help young people receive the care they deserve.

Under-resourcing has led to people not being able to receive the right support through mental health services. This could lead to young people reaching crisis or relying on emergency departments to try and get help.

“I spent 2 years under a CMHT [Community Mental Health Team] with them promising me EMDR [Eye Movement Desensitisation and Reprocessing] therapy, I was then discharged out of the blue because they had no one to provide this service.”

“During my second episode I did not feel safe at home but there weren't any inpatient beds so my parents were asked to keep a 24 hour watch on me which was a huge burden on them.”

Recommendation 6

Improve long-term funding and resourcing for mental health services, to meet high demand and ensure quality of care for young people

Through the 10-Year Health Plan, the Government must improve long-term funding and resourcing across NHS mental health services, to meet the high demand for services. This should focus on growing and retaining the mental health workforce, with a plan to ensure continuity of staff.

Saving young lives in education

50% (n=54) of young people who answered the question said they had received or been offered support for their suicidal behaviour through an education setting. However, only 39% (n=21) of these young people found the support helpful. Education can be a key touchpoint in the lives of young people, meaning that proper support within these settings could be life-saving, and set young people up for a future of good health.

The experience of being in education can generate stresses and pressures on young people, with 68% (n=100) of all young people we surveyed having experienced problems at school, college, or university. During the first evidence session, several speakers highlighted the impact of bullying and academic pressures. But education settings can also be effective places for support when equipped with the right resources. Education settings should take a 'whole institution' approach to mental health, where young people can be signposted to appropriate support, and receive education on suicide prevention and safety planning to improve wellbeing through the life course.

“The staff at the school I attended gave me the support by listening to me, supporting me (e.g., being flexible with attendance) and signposting to school counsellor.”

Learning about suicide prevention at school

The Department for Education (DfE) told the inquiry that schools have an opportunity to “equip them [young people] with the techniques and knowledge” to look after their mental health. Throughout the inquiry, the APPG heard that schools, colleges and universities should teach young people to speak openly about wellbeing and mental health, and how to cope and seek support.

“We are taught how to walk, read etc., same thing [is needed] with mental health, YP (+ adults) need access to education on how to manage it, look after themselves, and how to safely support someone else.”

Recommendation 7

Establish suicide prevention in the school curriculum

Following the stalled consultation on draft RSHE statutory guidance¹⁵ under the previous Government, the current Government should fulfil the commitment to include suicide prevention in the secondary school curriculum, as stated in the Suicide Prevention Strategy for England.¹⁶ This should include **supporting all children and young people to create a safety plan which they can use when in distress**, setting out how they will seek help, as well as guidance on staying safe online. The APPG heard that safety planning could be beneficial for people of all ages, and this could set young people up for the future by normalising discussions around seeking help.

Support at schools and universities

The APPG heard that mental health support within schools needs to be more widely available. So, if a young person is struggling, there is a dedicated team to support the person and connect them with external services if needed. Mental Health Support Teams (MHST) should play a key role in connecting up the support that young people in education receive.

“More resources need to be put into schools as a preventative measure eg: DBT workshops [talking therapy], an on-site mental health professional (...) This in turn would help NHS waiting lists, reduce the stigma and encourage open and frank conversations that could potentially save a life”

Sarah told us that being unable to access school while she was hospitalised was detrimental to her recovery. At the time, the school wouldn't take on the risk. MHSTs

could play a role in working together with young people and health services to make sure that they can safely attend school.

We also heard about the need for improved mental health support within universities. A number of young people told the inquiry that universities weren't meeting high demand for student support.

“Far more funding [needs to be] given to universities for good counselling services that can accommodate everyone and continue for longer time periods”

“I received counselling at my university, but due to the high demand there was a sense of being rushed out of the door as quickly as possible, so couldn't really address any root issues only soothe suicidal ideation in the short term”

Recommendation 8

Government needs to accelerate the commitment to establishing Mental Health Support Teams (MHST) in all schools in England

MHSTs play a vital role in the 'whole school' approach to mental health, linking up with in-school careers services, in-school SEN staff, and external health services to support a student's care plan. The Labour Government's manifesto commitment to having specialist mental health professionals in every school recognises the need for improved support in education, and the inquiry heard that most schools now have a mental health lead: a staff member responsible for establishing a whole school approach to mental health.

In the APPG's 2020 inquiry, we stated that MHSTs need to be rolled out more quickly.¹⁷ Through this inquiry, we heard that 44% of students are now covered by a MHST, with a goal to reach 50% by 2025. Government must accelerate the programme, aiming to establish MHSTs in every school and Pupil Referral Unit in England by April 2026, with regular reporting to Parliament on progress. Children and young people should not be left without proper support at school.

Recommendation 9

Government should invest in suicide prevention training for the whole education workforce

As previously mentioned on the need for improved training within health services, the Government has committed to suicide prevention training for some frontline workers via the strategy,¹⁸. To expand upon this commitment, the DfE should establish mandatory suicide prevention training for all teaching staff, including school leaders, as part of its 'whole school approach' to mental health. In a school, this would ensure that those in contact with young people will have the skills and confidence to spot the signs someone is struggling, take someone seriously when they say they feel suicidal, and ensure the young person receives support from the MHST.

Recommendation 10

The Government must report on progress on university commitments to the University Mental Health Charter

The previous Government recommended that all universities sign up to the University Mental Health Charter by September 2024.¹⁹ This sets out commitments to properly resource support services and guidance on suicide-safer universities. This is critical given the experiences we heard from people who felt they couldn't "address any root issues" of their suicidal thoughts at university due to the overwhelming demand placed on services. The inquiry

heard that currently approximately 90% of higher education students are at universities signed up to the charter. The Government must work to ensure that every university is signed up to the charter, with regular reports released publicly on the implementation of the charter's principles across universities.



Support after a student suicide

Every life lost to suicide is a tragedy, and when this happens in a school community, education settings have an important role to play in ensuring appropriate support is available. Following a suicide, there could be a higher risk of further suicides in the area, and suicide risk is higher for those who have been bereaved.

We heard from some young people who had lost friends to suicide and didn't feel properly supported at school.

“When another student in my year group took her life, they gave no support at all and expected everyone to be in lessons as normal. They did not even speak about her until an assembly 8 months after her death, and immediately after told us to go to lessons and that we needed to focus on our school work instead of sitting around crying”

Recommendation 11

Every education setting in England should have a postvention plan to respond to suicides

The University Mental Health Charter indicates that universities should have postvention plans in place. The DfE and DHSC should go a step further and work together to ensure that postvention plans are rolled out in schools, colleges and universities across the country. The rollout of postvention plans should involve engagement with third sector expertise, such as Samaritans' Step by Step programme. This programme supports schools to prepare for and recover from student suicides, including how to take practical steps to reduce the risk of further suicides.²⁰

Suicide as everybody's business

Everyone has a role to play in preventing suicide, and strong support networks and community level interventions can be protective factors against suicide for young people. 70% (n=77) of the young people we surveyed had received help from their family, 65% (n=71) had received help from friends, and 60% (n=63) had received help through a charity service or helpline.

“I have a great friend who faced a similar battle in life and finding out we both made attempts at different points of life made us feel less alone.”

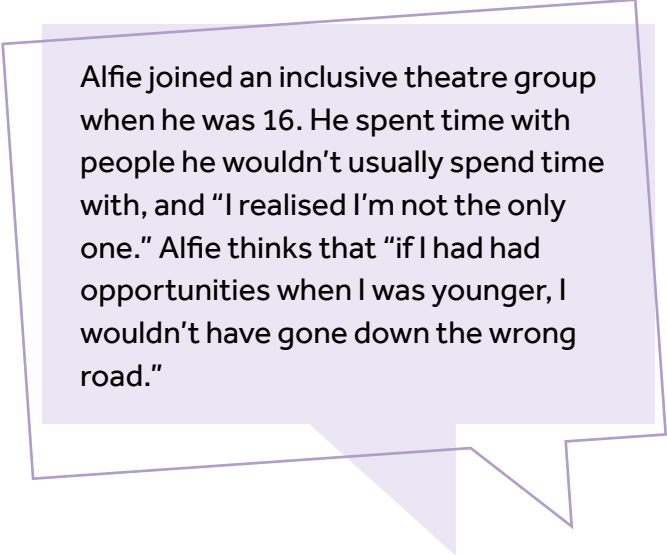
Community-based support for young people

Community-based support can play a key role in early intervention, reducing demand and filling gaps in statutory health services. This is important given the context of young people struggling to access help due to long waiting lists and the underfunding of mental health services.

“I think there needs to be far more easily accessible help which any young person can seek without a referral and without waiting too long. The help given needs to be more tailored to individual needs and it be easy to change the plan if things aren't working.”

We heard that connecting young people to interests, a sense of purpose, and a network of other young people could boost self-confidence and tackle isolation.

“Encouraging young people to be themselves, providing youth activities (...) would have helped me maintain my individuality and not lose myself”



Alfie joined an inclusive theatre group when he was 16. He spent time with people he wouldn't usually spend time with, and "I realised I'm not the only one." Alfie thinks that "if I had had opportunities when I was younger, I wouldn't have gone down the wrong road."

Opportunities to develop skills and gain secure employment could also help young people find their path. This could be critical given the connection between insecure employment, economic disruption and suicide for young adults.²¹

“One of my friends took his life on the way back from a job interview. People need non-judgmental support systems, the opportunity to use their skills, and more guidance in finding their place in the world.”

Yet we also heard throughout the inquiry that Voluntary, Community and Social Enterprise (VCSE) organisations, who most often provide this community-based support, are struggling financially and cannot continue propping up statutory health services “for free”.

Recommendation 12

Government must fund a national rollout of hubs to support young people's mental health across England

The APPG supports mental health organisations** calling for the Government to fund a national roll out of young people's hubs across England.²² A network of 70 hubs exists across the country, serving young people between 10-25 years with support for their mental health, sexual health, and worries with money, employment, substance use and more. Early support hubs can provide immediate support for young people, and they can also connect young people to their local community and help to build a sense of purpose.

The previous Government invested £8 million in 24 Early Support Hubs,²³ and, while in Opposition, the current Government committed to a roll out of Young Futures hubs for young people, as part of a programme to reduce violence and increase community support.

The Government must ensure that the principles of whole-life, mental health support are at the centre of plans to establish Young Futures hubs.

Recommendation 13

Government should fund community programmes to develop young people's skills and careers

The Government should invest in recreational groups and programmes focused on young people developing skills and interests and tackling isolation. This could also involve expanding the Department for Work and Pensions youth offer, so that all young people are eligible to receive broader careers support and advice, not just those accessing benefits.



** Six mental health organisations are part of the #FundtheHubs coalition: Young Minds, Youth Access, The Children's Society, The Children and Young People's Mental Health Coalition, Centre for Mental Health, Black Thrive Global, British Association for Counselling and Psychotherapy.

Recommendation 14

Government should fund the VCSE sector as a key partner in its plans to prevent young suicides in England

Throughout the inquiry, we heard that VCSE organisations were plugging gaps in statutory healthcare when it comes to suicide prevention for young people. This included community organisations providing specialist services for young people, including young people who have complex needs, are neurodivergent, are from Gypsy, Roma and Traveller communities, and young people in care. It was noted that these organisations are trusted by the communities they serve and can therefore support young people who may not present to statutory services for various reasons.

Yet we also heard that the current economic climate is hitting these organisations hard with unprecedented pressures on organisational budgets meaning that using charitable funds to fill in the gaps where NHS services are failing is no longer sustainable.

The role the VCSE sector plays within healthcare and prevention needs to be recognised and financially supported through the Government's 10-Year Health Plan and Suicide Prevention Strategy for England, with a particular focus on funding to ensure that specialist, community-based organisations are sustainable long-term.



Suicide prevention in every policy area

Every Government department has a role to play in preventing suicide. Throughout the inquiry, we heard issues raised by young people around the risk factors which impacted their suicidality, many of which were directly connected to policy making. 43% (n=63) of the young people we surveyed had experienced money worries, 42% (n=62) had experienced gender identity or sexuality worries, 34% (n=50) had experienced problems with alcohol or drug use, and 36% (n=54) had experienced domestic abuse. We also heard concerns around issues including the benefits system, the climate crisis, housing, safe childhoods and problem gambling.

“Change the PIP and other benefit system which forces vulnerable people into awful situations (my PIP assessor wanted every single detail of a suicide attempt that happened 2 weeks prior) which made me more suicidal”

“Improve access to affordable housing so children are not left in unstable environments.”

Some young people felt hopeless about the future and were concerned that harmful policies would impact their future livelihood and wellbeing.

“It means creating a country where we don't have to worry about financial problems, discrimination, or housing.”

“Better commitment to climate change so young people can see a future worth being alive for”

Recommendation 15

The Government must establish Mental Health Impact Assessments across policymaking

The Suicide Prevention Strategy for England states that the DHSC would launch a mental health impact assessment tool in 2023 to 2024 to inform broader policy making.

The Government should establish Impact Assessments across all policymaking as soon as possible, with joint working between DHSC and all government departments. Mental Health Impact Assessments must be meaningful and actionable; if a policy is assessed to have negative impacts on mental health or suicide risk, it should be adapted to prevent and mitigate against harm. Assessments should consider the impacts of policy on suicide risk for different groups, including young people, and should be publicly available.

Conclusion

Our inquiry outlines 15 areas for urgent action across health services, education, communities and Government departments to help prevent the devastation of young lives lost to suicide. Together, we can make a real difference.

“Young people need to be believed.”

Summary of recommendations

- 1.** There should be no wrong door or exclusion from mental health or A&E services for people who are suicidal
- 2.** Government should invest in suicide prevention training for all frontline healthcare staff
- 3.** NHSE should improve continuity of care for young people
- 4.** The NHS needs to ensure that mental health treatment is person-centred, and young people are involved in decisions around their care
- 5.** Reform the Mental Health Act
- 6.** Improve long-term funding and resourcing for mental health services, to meet high demand and ensure quality of care for young people
- 7.** Establish suicide prevention in the school curriculum
- 8.** Government needs to accelerate the commitment to establishing Mental Health Support Teams (MHST) in all schools in England
- 9.** Government should invest in suicide prevention training for the whole education workforce
- 10.** The Government must report on progress on university commitments to the University Mental Health Charter
- 11.** Every education setting in England should have a postvention plan to respond to suicides
- 12.** Government must fund a national rollout of hubs to support young people's mental health across England
- 13.** Government should fund community programmes to develop young people's skills and careers
- 14.** Government should fund the VCSE sector as a key partner in its plans to prevent young suicides in England
- 15.** The Government must establish Mental Health Impact Assessments across policymaking

Terms of reference

The purpose of this inquiry was to:

- 1.** Develop Parliamentarians' understanding of young suicides and the support available to young people by hearing directly from people with lived experience
- 2.** Publish recommendations and advocate for these policy changes in Parliament
- 3.** Provide recommendations that support the implementation of the Suicide Prevention Strategy for England and upcoming 10-Year Health Plan

Scope of the inquiry

This inquiry focuses on the experiences of young people from age 18 to 25, given the rising rates of suicide among this group, and sought to understand what should be done to prevent young suicides. The inquiry explored risk factors and help-seeking experienced by young people with lived experience of suicidal thoughts, feelings and attempts.



Gathering evidence

From September 2023 to November 2024, the APPG gathered evidence through an anonymous survey, as well as a short series of evidence sessions with people with lived experience, organisations, academics and practitioners.

In the survey, we heard from 274 people, including 150 young people aged 18-25 with experience of suicidal thoughts or suicide attempts, and 124 people aged 18+ who had been impacted by the suicide of a young person.

The first evidence session provided background context and themes linked to young people and suicide. Representatives discussed key policy areas, including the transition into adulthood, risk assessments, waiting times and service provision. For the second session, the APPG held a roundtable

with young people with lived experience of suicidal thoughts, feelings or attempt(s), to hear what they think should be done to prevent young suicides. They spoke about harm experienced within the mental health system and issues that contribute towards suicidality. For the third session, the APPG heard evidence from the Department of Health and Social Care and Department for Education on progress in policy to prevent suicides for young people.

The work of the APPG was also informed by a conference chaired by Liz Twist MP in the North East - *Tackling Young Suicide: A View from the North East*, due to high suicide rates in this area. This supported evidence gathered through the inquiry.



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If you need emotional support

Call **Samaritans** on **116 123**
or email **jo@samaritans.org**.

Call **Papyrus** on **0800 068 4141**,
email **pat@papyrus-uk.org**
or text **88247**

Text **SHOUT** on **85258**

To find support in your local area,
go to **Hub of Hope** and enter your
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