



Ministry
of Defence

Armed Forces Suicide Prevention Strategy and Action Plan

2023



Ministerial Foreword

Rt Hon Andrew Murrison MP
Minister for Defence People and Veterans

Every life lost to suicide is a profound tragedy. Each death leaves a distraught family and community. Every suicide is different and it is recognised that there are multiple factors that can lead a person to take their life. The multi-factorial nature of suicide means that anyone can be affected and whilst suicide in the Armed Forces remains a rare event, the reasons behind each death are as complex as those in civilian life. For those of us tasked with reducing the toll, as we must, that means solutions are also complex, and so often difficult to pin down.

Most people find service in the Armed Forces to be fulfilling in a supportive environment with many benefits and opportunities that do not exist elsewhere. However, Service Personnel are not immune from the factors that contribute to suicide. The latest statistics on death by suicide in the Regular Armed Forces show that while its members remain overall at a lower risk than the UK general population, we have begun to see an upward trend. We cannot afford to be complacent and must do more.

Within the Armed Forces a wide range of initiatives are available to help people in need. Welfare and pastoral support is there for everyone. All members of the Armed Forces have access to excellent healthcare. Resilience and wellbeing awareness are woven in at every level, from basic training onwards.

This Strategy means we will go further to tackle suicide in the Armed Forces as well as supporting those affected by suicide. We will do this by building on the existing suicide prevention, intervention and postvention provisions. We will use our evidence base more intelligently and improve coherence across our organisation to enhance the support available to those at risk of suicide and those affected by it.

Educating our people about suicide is essential if we are to develop a culture in which people feel comfortable asking for help for themselves and asking others if they need help. Creating supportive environments and improving the way vulnerable individuals are managed helps to reduce the risks of suicide, using organisational learning to inform our actions. Misunderstandings around suicide within the Armed Forces community can be very damaging and impact adversely on those who desperately need our support and empathy. We will bust myths, focus on the facts and provide evidenced help and support.

This is a next step, not the first step. In response to emerging trends, this strategy, and the action plan that underpins it, seek to reduce suicide within the Armed Forces and better support those affected by it. This can only be achieved by working together, through individual and collective actions. I am confident that together, we will achieve that goal.

Introduction

Vice Admiral Philip Hally CB MBE
Chief of Defence People



As the Minister writes, multiple factors contribute to every death by suicide. These factors often span numerous boundaries within Defence and to truly address the complexities of suicide requires dedicated effort, collaboration and coherence across these boundaries. Every single person or department involved in activities that contribute to an individual's wellbeing needs to be engaged in order that suicide prevention is afforded the priority it deserves.

Open and strong leadership at all levels, with visible role-modelling, enables our people to live and work in safe, inclusive and supportive environments where they can enjoy the highest attainable standard of health and wellbeing. This in turn unlocks their full potential and allows them to contribute to Defence outputs, so it is both morally right and an operational imperative that we put this under a spotlight.

This is not just something for leaders; being a good friend and looking out for each other is crucial. Helping to set the right environment can help sustain happy and productive teams, but this is not enough. We will ensure that everybody, at every level is educated and able to spot those who are vulnerable, signpost them to support and improve and maintain the health and wellbeing of themselves and those around them.

Those of us who have known someone close to us who has taken their life inevitably ask 'Could I have done more?'. It is a natural response to grief, and sadly we will never be able to eradicate suicide in our society. But in the Armed Forces we all have a role to play in building the supportive and inclusive environment that

helps to prevent suicide, and I strongly urge you all to play your part. This Armed Forces Suicide Prevention Strategy and Action Plan is an opportunity for us all to bring together the existing work and commit to doing more to save lives, prevent people reaching crisis, and help those who are in crisis.

Suicide is not inevitable. Together we will all make Defence a better place to live and work, and together we will improve operational effectiveness. Together we can further reduce suicide in Defence.

Suicide doesn't end the chances of life getting worse, it eliminates the possibility of it ever getting any better.

If you need urgent help you can

- **call 116 123**
- **contact the Samaritans by emailing jo@samaritans.org**
- **call the MOD's 24/7 mental health line on 0800 323 4444.**

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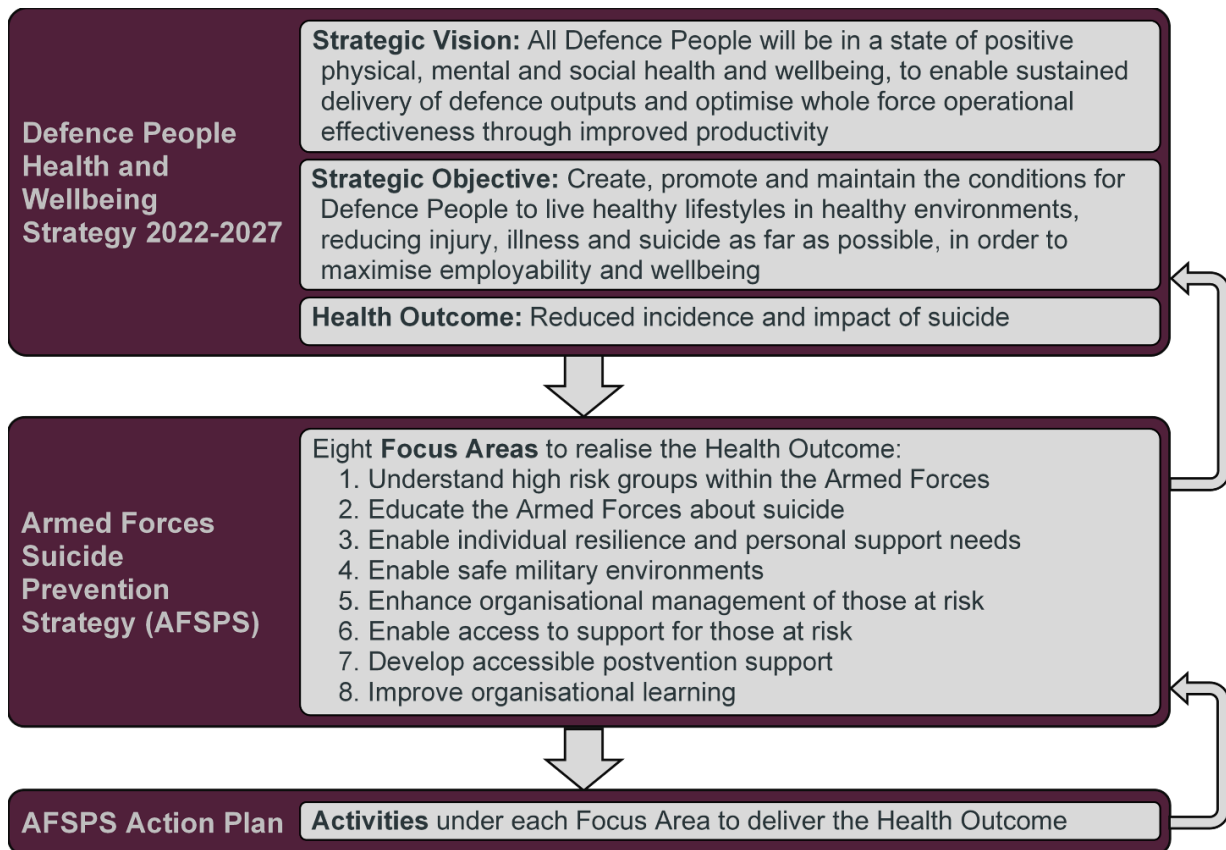
Executive summary

The death of any member of the Armed Forces is a tragedy. A death by suicide impacts not only on those who were close to the individual but can have far-reaching and devastating effects across the whole Armed Forces community. Throughout their service, members of the Armed Forces have access to a wide range of welfare and medical support to ensure their health and wellbeing needs are met. This support includes activities aimed at reducing the factors that might lead to suicide. For those vulnerable to, or affected by suicide, there are targeted initiatives. Collectively, these form the Ministry of Defence’s suicide prevention, intervention and postvention provision.

However, a concerning emerging trend suggests the rate of suicides within the Armed Forces is increasing and more must be done to address this.

This Armed Forces Suicide Prevention Strategy provides the strategic framework (Figure 1) within which Defence will take further action to reduce suicide and better support those affected by it. The supporting action plan provides details of how this will be delivered. Progress will be monitored through a health and wellbeing governance structure.

Figure 1: Armed Forces Suicide Prevention Strategy strategic framework



Setting the scene

Any death by suicide has a far-reaching and devastating effect across the Armed Forces community. Suicide is complex, its causes are multi-factorial and for that reason it may never be fully eliminated. However, that does not mean suicide is inevitable and measures must be taken to reduce it where possible. Activities to reduce suicide and provide support to those affected by suicide should take a holistic approach. Across the Armed Forces community, these activities are delivered through the Chain of Command, welfare and medical support.

However, the latest official statistics published in March 2023 show that while the overall risk of suicide in the Regular Armed Forces is lower than the general population, there is emerging evidence that the rate of suicide within the Armed Forces is increasing. Internal evidence has highlighted areas where suicide prevention, intervention and postvention activity could be improved.

This Armed Forces Suicide Prevention Strategy and Action Plan commits to doing more to reduce suicide within the Armed Forces. It will enable better coordination, sharing of best practice and prioritisation of activity across Defence, taking into account ongoing activity and national suicide prevention priorities.

“Preventing suicide is everyone’s business and we all have a part to play”

**Air Chief Marshal Sir Mike Wigston
KCB CBE ADC**

UK Government context

The UK Government published “*Preventing Suicide in England: a cross-government outcomes strategy to save lives*” in 2012. Its stated aim is to reduce suicide in the general population and provide better bereavement support to those affected by a death by suicide.¹ The fifth progress report was published in March 2021.² The strategy set the following six key areas for action, along with an additional one added in 2017:

1. Reduce the risk of suicide in key high-risk groups.
2. Tailor approaches to improve mental health in specific groups.
3. Reduce access to the means of suicide.
4. Provide better information and support to those bereaved or affected by suicide.
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour.
6. Support research, data collection and monitoring.
7. Reduce risk of self harm as a key indicator for suicide (2017).

The Ministry of Defence is part of this government-wide agenda and works in collaboration with other Government Departments, the NHS and other public organisations to deliver the outcomes. The Ministry of Defence is a member of the National Suicide Prevention Alliance, which is an alliance of public, private and voluntary organisations, that works to share knowledge and good practice about suicide prevention.

To support local authorities and organisations within England to develop their local suicide prevention strategies and plans, national guidance recommends three elements:

- Establishment of a multi-agency suicide prevention group to develop, coordinate and monitor activities.
- Analysis of local data to provide an evidence base for action.
- Development of a suicide prevention strategy and action plan based on the national strategy and local data.³

These elements have been adopted by the Ministry of Defence and underpin this Armed Forces Suicide Prevention Strategy and Action Plan.

In early 2023, the Department for Health and Social Care committed to publish a new National Suicide Prevention Strategy England.⁴ The Ministry of Defence will continue to support this work and review internal strategies, policies and plans to maintain alignment as needed.

Ministry of Defence multi-agency suicide prevention group

Within the Ministry of Defence, there is a multi-agency meeting that coheres suicide-prevention activity. Formed in 2018, it brings together medical, policy, analytical and military experts to collectively review and respond to the evidence base specific to the Armed Forces. Aligned to the Defence People Health and Wellbeing Strategy 2022-2027, this is called the Suicide Prevention Health Priority Group (see page 9 for details).

“It’s about leadership. It’s about having normal conversations with people about how they are doing. Communication and knowing your people is getting the basics right, so you know if someone is struggling and can get them to the right help, from the right people at the right time.”

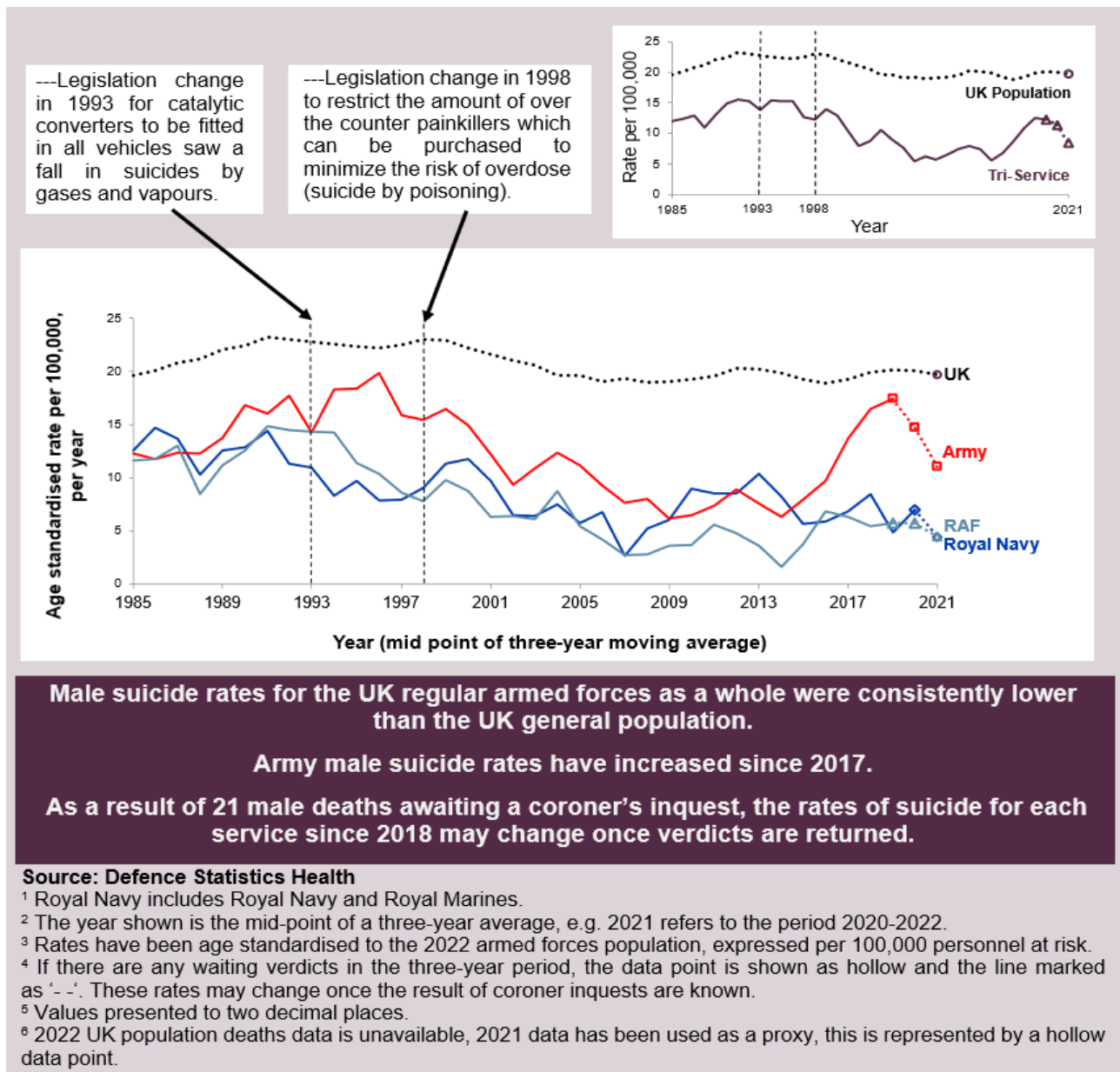
**General Sir Patrick Sanders
KCB CBE DSO ADC Gen**

Evidence base for the Armed Forces

The Ministry of Defence analyses evidence from official statistics, internal real-time monitoring and organisational learning tools. This informs actions aimed at reducing suicide and supporting those affected by it, including identifying the groups at risk.

Since 2004, annual statistics have been published on coroner-confirmed suicides among Service personnel in the UK Regular Armed Forces, with data going back to 1984. These bulletins provide numbers and rates for the last 20-year period and draw comparisons against suicides in the UK general population.⁵ The latest bulletin was published in March 2023. It showed that for the latest twenty-year period, UK Regular Armed Forces males remained at a significantly lower risk of suicide than the UK general population (see Figure 2). However, since 2017 the number of army male suicides has increased, and the risk of suicide among army males was the same as the UK general population for the first time since the mid 1990s.

Figure 2: UK Regular Armed Forces and UK general population male suicide by service¹, three-year moving average², rates^{3,4,5,6} 1984-2022



The published suicide statistics report contains coroner confirmed suicides only. Due to increased delays in coroner inquests, there are higher than usual number of suspected suicides awaiting verdict in the last two years which will not be included in published statistics until the outcome of the inquests are known. Around half of all suspected suicides from 2021 and 2022 (25 of 48 deaths) are awaiting a coroner verdict.

Whilst the UK Armed Forces as a whole had lower suicide rates than the UK general population, the rate of Army male suicides has risen over the last five years. This increase was driven by deaths among young Army males. Suicide rates among Army males aged 20- 24 years were significantly higher than the UK general population. This is different to trends seen in the UK general population where males aged 45 to 54 years had the highest rates of suicide.

In addition to these official statistics, there is internal real-time monitoring of coroner-confirmed and suspected suicides. This facilitates timely detection of changes to patterns and risk groups, which provides an evidence-base for suicide prevention, intervention or postvention activity.

Organisational learning tools such as reviews of primary healthcare records and post-incident inquiries are another source of evidence. These provide an opportunity for a detailed review of individual cases to enable continual improvement of processes, policies, training and support available.

In November 2018, the Defence Safety Authority produced its *Focused review of suicides among Armed Forces personnel*.⁶ The Defence Suicide Register project originated from the recommendations the review made to improve organisational learning and sharing of the information. Where a suspected death by suicide occurs, the Defence Suicide Register now draws together information from multiple data sources across Defence, to overcome organisational boundaries and enable collaborative analysis. This evolving tool provides an evidence base specific to the Armed Forces to inform the development of suicide prevention, intervention and postvention support by enabling greater understanding of the circumstances surrounding previous deaths.

The Ministry of Defence also works closely with academic institutions and international military partners to understand the wider context, and to share research and best practice.

Suicide prevention, intervention and postvention in the Armed Forces

Suicide prevention, intervention and postvention activity already form part of Defence's health and wellbeing provision. This provision recognises that the Ministry of Defence can have the ability to influence the health and wellbeing of Armed Forces personnel to a greater extent than civilian employers. It also has a duty of care arising from the tasks they may undertake and environments within which they may operate. The Defence Mental Health and Wellbeing Strategy 2017-2022 made a commitment to reduce suicide across its workforce.⁷ The Defence People Health and Wellbeing Strategy 2022-2027 strengthened this commitment by making it a priority health theme.⁸

Across the Armed Forces there are extensive welfare support and medical systems that offer suicide prevention, intervention and postvention support, provided by the Chain of Command, welfare support, pastoral and specialist staff. Service personnel undergo through-career mental resilience and stress management training, starting in initial training through to when they leave. This enables them to recognise and manage stress and encourages them to seek help at an early stage. These are skills they can continue to use after leaving the Armed Forces. Service Leavers who are identified as having specific vulnerabilities are given additional support to help them with their transition.

Each single Service has dedicated suicide prevention and self-harm policies as well as comprehensive risk management procedures, all of which are regularly reviewed and updated. The single Services also have initiatives to reflect the specific needs or environments of their Service.

Development of an Armed Forces Suicide Prevention Strategy

This Armed Forces Suicide Prevention Strategy responds to the emerging statistics. It enhances the commitment to reduce suicide within the Armed Forces and supports those affected by it. This Strategy is tailored to the Armed Forces, built on evidence specific to the community and informed by Defence expertise, ensuring it is relevant and appropriate. It has been developed using current national guidance, enabling Defence to learn from best practice across other organisations. Recognising the multi-factorial nature of suicide, the strategic golden-thread is initiated within the Defence People Health and Wellbeing Strategy 2022-2027, which enables actions to be aligned to achieve Defence outputs. It provides the strategic framework for Defence activity.

“For those of us who have experienced the loss of someone to suicide we know we may never understand why, but there is support that can be accessed to help heal. Reach out. You can talk to your welfare team or contact <https://www.ataloss.org/>”

**Admiral Sir Ben Key
KCB CBE**

Strategic Objectives

The **Defence People Health and Wellbeing Strategy 2022-2027** sets the strategic framework and holistic approach for improving the health and wellbeing of Defence people, including a specific reference to reducing the risk of suicide. To realise that strategic intent and operating within its principles, this Armed Forces Suicide Prevention Strategy and Action Plan sets specific Focus Areas under which activities will be coordinated.

Defence People Health and Wellbeing Strategy

The over-arching strategic vision and objective with the Defence People Health and Wellbeing Strategy 2022-2027 is:

Strategic vision: All Defence People will be in a state of positive physical, mental and social health and wellbeing, to enable sustained delivery of Defence outputs and optimise whole force operational effectiveness through improved productivity.

Strategic objective: Create, promote and maintain the conditions for Defence People to live healthy lifestyles in healthy environments, reducing injury, illness and suicide as far as possible, in order to maximise employability and wellbeing.

Suicide prevention is a priority health theme and has the following Health Outcome:

Health Outcome: Reduced incidence and impact of suicide.

The Defence People Health and Wellbeing Strategy is underpinned by **three principles**:

- Evidence and evaluate.
- Collaborate, cohere and effectively communicate.
- Educate and enable at every level and every opportunity.

Focus Areas to realise the outcome

To realise this Health Outcome for Serving personnel, the Armed Forces Suicide Prevention Strategy identifies eight **Focus Areas**, as set out below. Following national guidance, these have been developed by analysing the Armed Forces context and existing support against the national priorities. They are areas where evidence has highlighted existing provision could be improved, or where additional activity should be explored, to reduce suicide or better support those affected by suicide in the Armed Forces. They will allow specific activities to be developed and prioritised within the action plan.

1. Understand high risk groups within the Armed Forces – The local evidence base enables early detection of high risk groups within the Armed Forces who should be priorities for suicide prevention activity. This area will develop understanding of these groups, whether they differ from the national high risk groups and identify potential targeted responses.

2. Educate the Armed Forces about suicide – Individuals at all levels need support in understanding and handling this sensitive topic; as leaders, peers and as part of a supportive community. This area will educate Service personnel about suicide and the support available.

3. Enable individual resilience and personal support needs – The evidence base indicates that personal factors or events contribute to death by suicide of Serving personnel. This area will enable continued resilience building, education and personal support for those who may need it.

4. Enable safe military environments – The Defence environment creates unique working and living conditions for its personnel, including communal accommodation and access to means of suicide. This area will enable safe and supportive military environments for personnel to live and work within.

5. Enhance organisational management of those at risk – The evidence base has identified the importance of the effective management of individuals identified as being at risk. This area will review processes already in place and enhance the processes by which the Armed Forces manages those personnel at risk.

6. Enable access to support for those at risk – While the Armed Forces already deliver suicide prevention, intervention and postvention support, there are always opportunities for this support to evolve. This area will seek to develop and improve welfare support, healthcare provision and suicide interventions.

7. Develop accessible postvention support – A death by suicide can have profound effects across the Service community and the evidence base suggests support to those affected could be improved. This area will develop more accessible postvention support for those affected by the death of a Service person.

8. Improve organisational learning – Post-incident reviews and lesson-capturing processes are routinely conducted, but the outcomes are not routinely shared beyond the organisation that conducted them. This area will improve the processes of cohering, sharing and actioning organisational learning.

Implementation

Governance structure

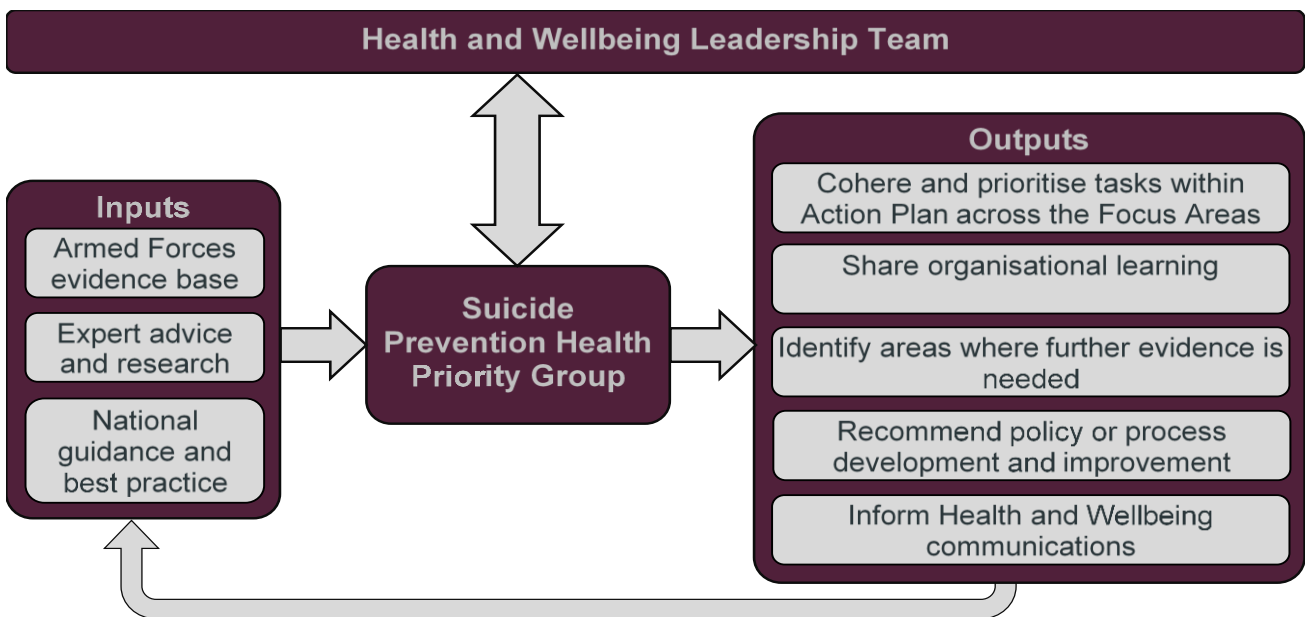
The Action Plan is owned by the **Suicide Prevention Health Priority Group** (formerly known as the Suicide Prevention Working Group), which is aligned to the Defence People Health and Wellbeing Strategy. This multi-agency group brings together medical, policy, analytical, welfare support and military expertise to enable delivery of the Action Plan. Figure 3 illustrates the Group's inputs and outputs.

The Suicide Prevention Health Priority Group is accountable to the **Health and Wellbeing Leadership Team**. This 1* chaired group is responsible for the Defence People Health and Wellbeing Strategy and will monitor the activity of the Suicide Prevention Health Priority Group. In turn, the Health and Wellbeing Leadership Team is accountable to the **People Leadership Team**.

Action Plan

The supporting Action Plan contains initial activities that will deliver progress towards the Health Outcome. The Action Plan is a dynamic live document, and will evolve in response to changes in national guidance, emerging evidence and analysis as well as ongoing work.

Figure 3: Suicide Prevention Health Priority Group governance diagram

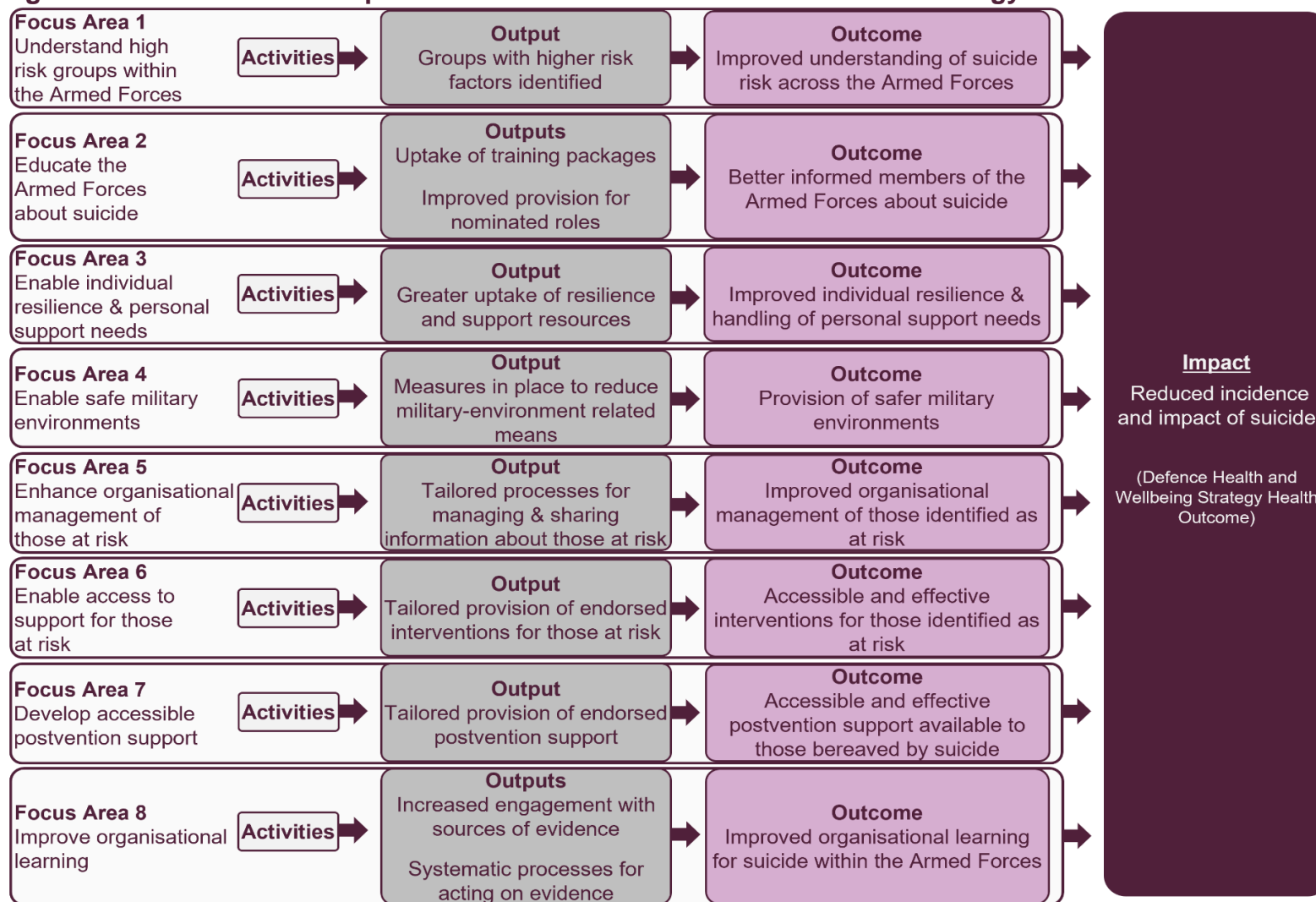


Measurement and evaluation

Measurement of progress towards the suicide prevention Health Outcome will be monitored through the Defence People Health and Wellbeing Strategy measures of effect. The Suicide Prevention Health Priority Group will agree baseline metrics with the Health and Wellbeing Leadership Team, against which they will report progress.

The Focus Areas have been defined in terms of Outcomes and Outputs that indicate how each one contributes to reducing the incidence and impact of suicide (Figure 4). These will provide a basis for developing measurement and evaluation criteria for the activities and the Strategy. Suicide prevention is an enduring commitment, which must take account of factors external to the Armed Forces. This will need to be considered when developing evaluation criteria for this Action Plan.

Figure 4: Outcomes and Outputs for Armed Forces Suicide Prevention Strategy



Current activities

Suicide prevention, intervention and postvention activity already form part of Defence’s health and wellbeing provision. This recognises that the Ministry of Defence can have the ability to influence the health and wellbeing of Armed Forces personnel to a greater extent than civilian employers. It also has a duty of care arising from the tasks they may undertake and environments within which they may operate. Below are examples of some current activity within the Focus Areas that will continue to be delivered:

| Focus Areas | Examples of current activity |
|---|--|
| 1. Understand high-risk groups within the Armed Forces | <ul style="list-style-type: none"> ● Continuous statistical monitoring and analysis ● Defence Suicide Register ● Engagement with international military partners ● Engagement with academia ● Engagement with public health partners |
| 2. Educate the Armed Forces about suicide | <ul style="list-style-type: none"> ● Samaritans military workplace training ● Samaritans military-specific booklet, <i>Suicide Prevention and Peer Support in the Armed Forces</i> ● Academic study of externally-provided suicide prevention gatekeeper training |
| 3. Enable individual resilience and private support needs | <ul style="list-style-type: none"> ● Defence-wide programme of mental fitness education ● 24/7 mental resilience tools ● Single Service specific mental fitness programmes ● Communications campaigns promoting and signposting ● Access to Headspace app |
| 4. Enable safe military environments | <ul style="list-style-type: none"> ● Service Inquiry recommendations ● Defence Safety board recommendations ● Safety planning tools ● Encouraging the media to safely report ● Leadership training |
| 5. Enhance organisational management of those at risk | <ul style="list-style-type: none"> ● Extensive through service and cross-ranks welfare support networks ● Single Service policies on identifying and managing those at risk ● Risk management training for those in specialist roles |
| 6. Enable access to treatment of those at risk | <ul style="list-style-type: none"> ● 24/7 telephone and online crisis support ● Mental health Unified Care Pathway ● Risk management training for clinicians treating those at risk |
| 7. Develop accessible postvention support | <ul style="list-style-type: none"> ● Support for bereaved families ● MOD ‘Purple Pack’ bereavement guide ● Specialist suicide bereavement support for bereaved colleagues ● Defence Bereaved Families Group |
| 8. Improve organisational learning | <ul style="list-style-type: none"> ● Unit post-incident reviews ● Independent serious case reviews ● Formal review of potentially linked deaths ● Collaboration with public health partners |

Action Plan 2023

This Action Plan supports delivery of the Armed Forces Suicide Prevention Strategy, by setting initial activities that supplement current suicide prevention work.

Initial Activities

The initial activities in Table 1 have been identified using the Armed Forces evidence-base outlined in the Strategy. The proposed sub-activities, including delivery timelines, will be determined and managed by the Suicide Prevention Health Priority Group.

These activities cannot be considered in isolation. Given the multi-factorial nature of suicide, other activities across the Armed Forces will also contribute to reducing suicide and supporting those affected by it. Action plans may also be produced by specific business areas within Defence tailored to their specific population.

Governance

This Action Plan is owned by the Suicide Prevention Health Priority Group. The Group is responsible for prioritising activities, maintaining momentum and escalating risks to the Health and Wellbeing Leadership Team.

A Suicide Prevention Strategy and Action Plan Progress Review will take place in March 2024 where Responsible Owners will be required to report progress against their specified Activities to the People Leadership Team.

Table 1. Initial Activities

| Focus area | Activity | TLB Responsible Owners |
|---|--|---|
| 1. Understand high risk groups within the Armed Forces | 1.1 Gather and analyse data related to suicide within the Armed Forces. | Director Armed Forces People Policy |
| 2. Educate the Armed Forces about suicide | 2.1 Evaluate the requirement and options for a suicide prevention awareness package | Director Armed Forces People Policy Navy Director People and Training Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |
| | 2.2 Evaluate the requirement for suicide prevention training in addition to the basic package for nominated specialist roles | Director Armed Forces People Policy Navy Director People and Training Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |
| 3. Enable individual resilience and personal support needs | 3.1 Evaluate existing resources | Director Armed Forces People Policy Navy Director People and Training Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |

| Focus area | Activity | TLB Responsible Owners |
|--|--|--|
| 4. Enable safe military environments | 4.1 Assess physical and policy environments for risk factors for means of suicide in military environments | Director Armed Forces People Policy Director Health and Safety Navy Safety Director Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |
| 5. Enhance organisational management of those at risk | 5.1 Evaluate existing processes for identifying and managing those at risk | Director Armed Forces People Policy Director Defence Healthcare Navy Director People and Training Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |
| | 5.2 Evaluate existing processes for confidentially sharing information about those identified as at risk | Director Armed Forces People Policy Director Defence Healthcare Navy Director People and Training Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |
| 6. Enable access to support for those at risk | 6.1 Evaluate current support for those identified as at risk | Director Armed Forces People Policy Director Defence Healthcare Navy Director People and Training Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |

| Focus area | Activity | TLB Responsible Owners |
|--|---|--|
| 7. Develop accessible postvention support | 7.1 Evaluate programmes of postvention support | Director Armed Forces People Policy Navy Director People and Training Army Director Personnel RAF COS Personnel Strategic Command Director Resources and Policy |
| 8. Improve organisational learning | 8.1 Evaluate sources of evidence and assure processes for its use | Director Armed Forces People Policy Director Health and Safety Surgeon General Navy Director Naval Staff Army Assistant Chief of the General Staff RAF COS Personnel Strategic Command Director Resources and Policy |

References:

- ¹ [Suicide prevention strategy for England \(gov.uk\)](#); the Scottish and Welsh Governments have published separate devolved strategies: [Scotland Government Suicide Prevention Action: Every life-matters \(gov.scot\)](#) and [Welsh Government suicide and self-harm prevention strategy 2015-2020 \(gov.wales\)](#)
- ² [Suicide prevention in England: fifth progress report \(gov.uk\)](#)
- ³ [Local suicide prevention planning: a practice resource, dated September 2020 \(www.gov.uk\)](#); In October 2021, Public Health England functions were transferred to the UK Health Security Agency, Office for Health Improvement and Disparities, NHS England and NHS Digital.
- ⁴ [House of Commons Written statements- Government Action on Major Conditions and Diseases 24 Jan 23 - Statement UIN HCWS514 \(parliament.uk\)](#)
- ⁵ [Annual statistics on suicide and open verdict deaths among the UK Regular Armed Forces \(gov.uk\)](#)
- ⁶ [DSA Focused review of suicides among Armed Forces personnel - Nov 2018 \(gov.uk\)](#)
- ⁷ [Defence People Mental Health and Wellbeing Strategy 2017-2022 \(gov.uk\)](#)
- ⁸ [Defence People Health and Wellbeing Strategy 2022-2027 \(gov.uk\)](#)