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Suicide prevention
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17 September 2025

Please visit https://www.evidentlybetter.org/bulletins/suicide-prevention/ to view our webpage featuring key links and emerging reports about suicide prevention.

Studies

[Machine learning algorithms and their predictive accuracy for suicide and self-harm: Systematic review and meta-analysis](#)
The accuracy of machine learning algorithms for predicting suicidal behaviour is too low to be useful for screening (case finding) or for prioritising high-risk individuals for interventions (treatment allocation). For hospital-treated self-harm populations, management should instead include three components for all patients: a needs-based assessment and response, identification of modifiable risk factors with treatment intended to reduce those exposures, and implementation of demonstrated effective aftercare interventions.

[Incidence of suicide within two years of a first diagnosis of depression, anxiety, or mixed anxiety and depression: an exploratory cohort study in primary care using the Clinical Practice Research Datalink](#)
Suicide rates within two years of a diagnosis were higher than the UK general population rate as reported by the Office for National Statistics. Men consistently exhibited higher rates, with men aged 70 and over diagnosed with mixed anxiety and depression experiencing the highest rate. Women aged 50–59 with a first diagnosis of anxiety had over three times the rate of those aged 18–29 at diagnosis. These findings align with findings from other settings and add to the literature by quantifying the effects in primary care. Further analysis is required, particularly for older men and middle-aged women with anxiety-related conditions.

[Developing theory-informed implementation strategies to embed a suicide safety planning intervention app into a psychiatric emergency department: co-design study using the Behaviour Change Wheel](#)
The tailored implementation strategies developed in this study have the potential to fill existing gaps in integrating digital technology. A key strength of this study is its use of behaviour change theories and a collaborative approach. The strategies are designed to align with the needs and preferences of clinicians, patients and care partners.

['A community in crisis': staff qualitative experiences of NHS and third sector mental healthcare in England](#)
NHS services are struggling to meet the mental health needs of the population, resulting in lengthy waiting times for therapy, a lack of intervention-focused care and an over-reliance on the third sector. While crisis cafés are provided at low cost and result in satisfaction, policy-makers must ensure that these receive adequate funding and do not become overburdened. Staff reported that collaboration between clinical and non-clinical services would improve care pathways and reduce strain on the NHS, but judgemental attitudes and inflexible service development must be challenged to achieve this.

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[Umbrella review of psychosocial and ward-based interventions to reduce self-harm and suicide risks in in-patient mental health settings](#)
The effectiveness of interventions to prevent self-harm and suicide in in-patient settings remains uncertain due to variable quality reviews, evidence gaps, poor methodological quality of primary studies and a lack of pragmatic trials and co-production. There is an urgent need for better, co-designed research within in-patient mental health settings.

[Understanding the role of cannabis in patients with suicidal ideation presenting to the emergency department: systematic chart review](#)
There appears to be stability in the patient profile of those presenting to the emergency department with a complaint relating to suicide while reporting cannabis use from the period directly following legalisation in Canada, to a similar time frame 2 years later despite reported increased use of cannabis in the general population over this period. Despite the rising potency and access to legal cannabis, suicide risk remains stable, although concerning.

Guidance
[How to talk about suicide: Making every word matter](#)
Zero Suicide Alliance (ZSA) has partnered with R;pple Suicide Prevention to launch a free, practical guide designed to help individuals, employers, and educators talk about suicide with greater confidence and care. Titled How to Talk About Suicide: Making Every Word Matter, the guide brings together lived experience insights and expert contributions from some of the UK's leading suicide prevention charities. It aims to break down barriers to conversation, reduce stigma, and offer clear, emotionally intelligent advice for those navigating difficult discussions.

Report
[Ligature deaths in prisons in England and Wales: trends and reduction strategies – Independent Advisory Panel on Deaths in Custody (IAPDC)](#)
An analysis of long-term trends and strategies for reducing ligature deaths in prisons in England and Wales.

Statistics
[Estimating suicide among higher education students, England and Wales](#)
Estimates of suicides by sex, age, ethnicity, type of study, and term-time accommodation, using mortality records linked to Higher Education Statistics Agency student records. These are official statistics in development. [Dataset](#)

Training
[NEW Healthcare Staff and Suicide Awareness Training now live!](#)
ZSA have launched their new Healthcare Staff and Suicide Awareness Training! The latest free, online course is designed to help people recognise suicide risk within the healthcare workforce and feel confident to offer support.

Webinar

[ZSA train-a-thon 2025 recording](#)
A recording of the 2025 ZSA Train-a-thon, held on Wednesday 10 September in recognition of World Suicide Prevention Day is now available.

News

[LMA Members Launch New Shining a Light on Suicide Prevention Video](#)
Football managers across England are showing a united front and lending their voice to Greater Manchester's groundbreaking suicide prevention campaign. The League Managers Association (LMA) has once again teamed up with Mayor of Greater Manchester Andy Burnham to support NHS Greater Manchester's [Shining a Light on Suicide](#) campaign, encouraging fans to take a simple, life-saving step and learn how to spot the signs that someone may be thinking of suicide.

[Samaritans Scotland's response to the suicide statistics for 2024](#)
Samaritans Scotland has responded to the latest [release of data](#) from National Records of Scotland in its annual update on suicide statistics which has shown that there has been an 11% reduction in the number of probable suicides in Scotland over 2024.

[Premier League and Samaritans launches Together Against Suicide initiative to support fans](#)
The Premier League and Samaritans have launched 'Together Against Suicide', a new initiative to support football fans affected by suicide and suicidal thoughts. The pilot project will see clubs providing tailored environments to offer fans the opportunity to talk in safe, non-judgemental settings, as well as directing them to trusted support organisations. Those involved are: Arsenal, Aston Villa, Brentford, Brighton & Hove Albion, Chelsea, Everton, Liverpool, Tottenham Hotspur, West Ham United, Wolverhampton Wanderers and Southampton.

[Blackpool hospital neglect contributed to suicide of man who waited 22 hours for help, coroner rules](#)
The death of a 27-year-old man who killed himself in a hospital toilet after waiting 22 hours to be seen by the mental health team was "contributed to by neglect", a coroner has ruled. Jamie Pearson was admitted to Blackpool Victoria hospital's A&E department after taking an overdose of high-strength painkillers on 17 August 2024. An inquest heard that Pearson should have been seen within four hours by mental health specialists but was deemed low-risk and was still waiting 22 hours later when he killed himself in a toilet.

[New suicide prevention training rolled out for NHS mental health staff](#)
The NHS has begun rolling out new [suicide prevention training](#) this week for all mental health staff. The new e-learning course offers practical, evidence-based advice on how to recognise and support people in crisis, including those experiencing suicidal thoughts. It builds on new national guidance issued earlier this year, which marked a shift towards a more holistic, person-centred approach to suicide prevention, rather than risk prediction. Drawing on evidence and lived experience, the guidance is the foundation for the training, giving staff the tools to put this new approach into their daily work.

[Online self-harm offences upgraded after Molly Rose Foundation campaigning](#)
The Government has upgraded self-harm offences under the Online Safety following campaigning by Molly Rose Foundation. The announcement means encouraging or assisting serious self-harm will now be a priority offence under the legislation. This should result in companies having to do more to disrupt this type of harm and Ofcom having a greater focus on the issue in order to hold firms to account where they fail.

[Molly Rose Foundation urges Ofcom to investigate Meta over AI chatbot failures](#)
Ofcom has been urged to investigate Meta over its AI chatbots which allowed for romantic or sensual conversations with children. The move comes following reports which found internal guidelines at the company suggested chatbots permitted provocative and harmful conversations with young people. Meta has since announced a set of interim changes which it is thought will mean the platform no longer trains its chatbots to engage with teenage users on self-harm, suicide, disordered eating, or potentially inappropriate sexual and romantic conversations.

[What suicidal teens say matters most to them](#)
In a [new study](#), adolescents who had been hospitalised for suicidal thoughts or behaviour were asked to name their three strongest reasons for staying alive. Their answers, gathered during safety planning (a standard part of care where patients and clinicians work together to identify coping strategies and reasons to keep living) offer a rare and unfiltered glimpse into the motivations that keep young people going, even at their lowest point.