



HOUSE OF COMMONS

LONDON SW1A 0AA

The Rt Hon Sajid Javid MP
Secretary of State for Health and Social Care
Department of Health and Social Care
Ministerial Correspondence and Public Enquiries Unit
39 Victoria Street
London
SW1H 0EU

19th April 2022

Dear Secretary of State,

We are writing to raise an urgent concern regarding current suicide risk assessment practices used in the mental health sector.

According to the most recent data, 6,211 people in the UK died by suicide^[i] and, tragically, suicide is the most common cause of death among young people aged 20-34.^[ii] We are alarmed that, of the 17 people who die by suicide each day in this country,^[iii] five are in touch with mental health services and four of those five are assessed as 'low' or 'no risk'.

Standardised risk assessment tools are poor predictors of suicide. National guidelines, including those drafted by NICE in January 2022, determine they should therefore not be used for that purpose.^[iv] However, most tools remain as checklists which still seek to predict future behaviour.^[v]

The severity of our concern is highlighted in the Royal College of Psychiatrists' report published in July 2020, which concluded that the approach to suicide risk assessment is 'fundamentally flawed'.^[vi]

Further, nearly half of the patients consulted in the Lancet Psychiatry report, published in November 2020, were critical of the assessment process - highlighting the impersonal nature of the assessment, and reporting that their feelings and views were disregarded.^[vii]

Every suicide is a heart-breaking tragedy for family and friends who lose loved ones, and every effort should be made to save lives. Risk should not be defined as a number, nor treatment determined by a 'score'.^[viii]

We welcome the recently announced review of the 2012 Suicide Prevention Strategy for England and see this as an opportunity to reassess current suicide risk assessment practices used in the mental health sector.

We therefore urge you, the Secretary of State for Health and Social Care, to ensure that the new suicide prevention strategy includes a review of the use of suicide risk assessments in breach of current guidelines, and to take appropriate steps to ensure that existing guidance around not using these tools to assess suicide risk be strictly followed by both the public and private health sectors.

Yours sincerely,

Sarah Olney
MP for Richmond Park

Steve Mallen
Co-Founder Zero Suicide Alliance

Co-signed:

Paul Farmer – Chief Executive of Mind

Ged Flynn – Chief Executive of Papyrus – Prevention of Young Suicide

Julie Bentley – Chief Executive of Samaritans

General Sir Nick Carter GCB CBE DSO – Former Chief of the Defence Staff

Daisy Cooper MP – Liberal Democrat Spokesperson for Health and Social Care

Jeff Smith MP - Chair of the APPG on Mental Health

Baroness Tyler – Vice-Chair of the APPG on Mental Health

Baroness Watkins - Vice-Chair of the APPG on Mental Health

Wera Hobhouse MP - Vice-Chair of the APPG on Mental Health

Liz Twist MP – Chair of the APPG on Suicide and Self-Harm Prevention

Rachael Maskell MP - Vice-Chair of the APPG on Suicide and Self-Harm Prevention

Johnny Mercer MP – Former Minister for Veterans

Lord Foster – Chair of Peers for Gambling Reform

Alan Smith, Bishop of St Albans – Vice-Chair of Peers for Gambling Reform

[i] Latest suicide data, Samaritans, 2020

<https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>

[ii] Leading causes of death, UK: 2001 to 2018, ONS, 2020

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/articles/leadingcausesofdeathuk/2001to2018#uk-leading-causes-of-death-by-age-group>

[iii] The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). University of Manchester, October 2018.
<https://documents.manchester.ac.uk/display.aspx?DocID=38466>

[iv] Self-harm: assessment, management and preventing recurrence, Draft for consultation, NICE, 2022

[v] The National Confidential Inquiry into Suicide and Mental Health: Safer Services Toolkit May 2021 page 13
<https://documents.manchester.ac.uk/display.aspx?DocID=40697>

[vi] Self-harm and suicide in adults, final report of the Patient Safety Group, Royal College of Psychiatrists, July 2020.
<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/college-reports/2020-college-reports/cr229>

[vii] The Lancet Psychiatry, November 2020.
[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30381-3/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30381-3/fulltext)

[viii] The assessment of clinical risk in mental health services. National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). Manchester: The University of Manchester, 2018.

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