

# The Compelling Case for Suicide Bereavement Support

## Support After Suicide Partnership 2025

## Introduction

Reducing the rate of suicide must be a priority for the UK. There were 7,055 suicides registered in the UK in 2023. Middle aged and older men have been shown to have the highest rates of suicide (DHSC, 2022). Suicide remains the biggest cause of death in men under the age of 50 (Office for National Statistics, 2022).

## The emotional impact

The impact of a suicide on society can be far reaching. Previous research suggests up to 135 individuals are affected by each suicide, impacting nearly one million people a year in the UK (Cerel, et al., 2018). More recent research suggests this figure could be even higher with the number increasing exponentially when exposure to suicide through social media is taken into account (Bell & Westoby, 2021; Bell & Westoby, 2022).

Bereavement by suicide can be devastating. Research evidences the need for timely and proactive support for people bereaved in this way (Pitman, et al., 2018). Various research describes the impact of suicide bereavement on loved ones and highlights the changing support needs of people bereaved in this way, including difficulties navigating services, experiences of stigma and social isolation, and connecting with others (Ross, Kolves, & De Leo, 2019).

People affected by health inequalities tend to experience these challenges more acutely. In racialised groups and communities, for instance, stigma and fear of negative reactions may be heightened, which may affect treatment and help-seeking and impede trauma processing (Groff, Ruzek, Bongar, & Cordove, 2016).

People bereaved by the sudden death of a friend or family member are 65% more likely to attempt suicide if the deceased died by suicide than if they died by natural causes while 8% of people bereaved by suicide dropped out of education or employment (Pitman, Osborn, Rantell, & King, 2016).

## Specialist Suicide Bereavement Support Services

In 2019, the NHS committed £36 million over a period of 10 years to support the roll out of suicide bereavement support services across England. SASP led the development of a set of core standards to shape the specifications for service delivery. These were developed and agreed with service leads, academics, and people with lived experience and include:

- Governance – strong internal structures to support the delivery of a high-quality service

- Policies – having policies and procedures to support staff to deliver a high-quality service
- Staffing – staff are suitably skilled and experienced and are provided with resources and support to deliver the service
- Collaborative/partnership working – the service works in partnership to deliver a high-quality service
- Awareness and access – services are accessible and delivered proactively in a timely way
- Responsive and high quality – the service is engaged with a real time referral system via the police or coroner, and offers a single point of access to people bereaved by suspected suicide
- Monitoring, measurement and evaluation – the service monitors and reviews service delivery to ensure it continues to meet the needs of those using the service and to inform future developments

SASP has supported organisations to design their services to meet these standards and there are now specialist suicide bereavement support services in every area of the country. Restrictions by NHS England that guaranteed the funding allocated to suicide bereavement has to be spent on these specialist services ended after only 5 years, rather than the ten years originally allocated, prematurely placing the future of these services at risk.

## The economic impact

Each suicide is estimated to cost on average £1.46 million, increasing to £2.85 million for children aged between 10 and 14 (Samaritans, 2022). The national cost of suicide is almost £10 billion a year. Approximately 60% of these costs arises from the impact of those bereaved by suicide, including lost productivity, healthcare usage and broader social and emotional consequences (NICE, 2018).

Very little research has focused on estimating the economic impact associated with the implementation of postvention services. However, a study in Australia compared people bereaved by suicide with and without postvention support and reported a cost saving of AUS \$803 per person (Comans, 2013). It looked at the cost-effectiveness of a postvention service from a societal perspective and concluded that postvention services are a cost-effective strategy.

The average specialist suicide bereavement support service cost the NHS approximately £85,000 per year. Each service will have paid for itself 17 times over by saving one life.

We know from feedback from service users, that this figure is likely to be much higher:

*“I feel safer and less alone...I feel more able to talk about my distress”*

*“It was a crucial part of my navigating the first months of grieving. I still struggle most days but I know without this service I wouldn’t have coped with life.”*

*“The service kept me going when I didn’t think I would have the strength to carry on.”*

The need for the continuation of suicide bereavement support services is supported by academic research and economic analysis. The costs of suicide to society are enormous, and a substantial portion of these costs are borne by those left behind. Even modest investments in bereavement support are highly likely to pay for themselves through lives saved, reduced healthcare usage, and improved productivity and wellbeing among the bereaved.

## What you can do

If you are a service, you can:

- Access our resources on working with groups and communities affected by health inequalities to reach even more people at risk of suicide.
- Access our Measurement and Evaluation toolkit to ensure you are measuring the effectiveness of your service
- Work with your commissioner to ensure they are aware of the impact of your work and the importance of continued funding. You can hear more from commissioners on what they would like to hear more about [here](#)

If you are a commissioner you can:

- Ensure people in your area continue to get support after a suicide by the continued commissioning of these services
- Tell us what you would most like to hear from your services
- Support your service to maintain and improve links with police and coroners locally to ensure timely and appropriate referrals into support
- Support your service to build seamless referrals into and out of local community supports to ensure people have all of the support they need, when they need it

## Bibliography

Bell, J., and Westoby, C. (2021). Suicide Exposure in a Polymediated Age, *Frontiers in Psychology*, 12, 1-11 <https://doi.org/10.3389/fpsyg.2021.694280>

Bell, J., & Westoby, C. (2022). The Aftermath of a Suicide: Social Media Exposure and Implications for Postvention. In M. Pompili (Ed.), *Suicide Risk Assessment and Prevention*. Springer. [https://doi.org/10.1007/978-3-030-41319-4\\_32-1](https://doi.org/10.1007/978-3-030-41319-4_32-1)

Cerel, J., Brown, M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2018). How Many People Are Exposed to Suicide? Not Six. *Suicide and Life-Threatening Behaviour*.

Comans, T. V. (2013). Cost effectiveness of a community-based crisis intervention program for people bereaved by suicide. *Crisis*, 390-7.

DHSC. (2022). *Men Urged to Talk About Mental Health to Prevent Suicide*. Retrieved from <https://www.gov.uk/government/news/men-urged-to-talk-about-mental-health-to-prevent-suicide>

Groff, E., Ruzek, J., Bongar, B., & Cordove, M. (2016). Social constraints, loss-related factors, depression, and posttraumatic stress in a treatment-seeking suicide bereaved sample. *Psychological trauma: theory, research, practice, and policy*.

NICE. (2018). *Preventing suicide in community and custodial settings*. National Institute of Health and Care Excellence. Retrieved from <https://www.nice.org.uk/guidance/ng105/evidence/evidence-review-5-interventions-to-support-people-bereaved-or-affected-by-a-suspected-suicide-pdf-6535435074>

Office for National Statistics. (2022). *Suicides in England and WALES*. Retrieved from <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/latest>

- Pitman, A., De Souza, T., Putri, A., Stevenson, F., King, M., Osborn, D., & Morant, N. (2018). Support needs and experiences of people bereaved by suicide: Qualitative findings from a cross-sectional British study of bereaved young adults. *International Journal of Environmental Research and Public Health*.
- Pitman, A., Osborn, D., Rantell, K., & King, M. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. *Mental health research*.
- Ross, V., Kolves, K., & De Leo, D. (2019). Exploring the Support Needs of People Bereaved by Suicide: A Qualitative Study. *Journal of Death and Dying*.
- Samaritans. (2022). *The economic cost of suicide*. Retrieved from Samaritans.org: <https://www.samaritans.org/about-samaritans/research-policy/the-economic-cost-of-suicide/>