

## **BPC update on World Suicide Prevention Day – Patrick Cusworth**

As the British Psychoanalytic Council (BPC) recognises the importance of World Suicide Prevention Day, we welcome the Government's commitment to improving access to treatment for patients at risk of suicide. However, it is important that resources are directed toward providers that can and will provide the greatest support, and that guidance issued is of genuine benefit to therapists working with these patients.

According to figures published by NHS England, around 1 in 6 people aged 16 and over in England were identified as having a common mental health condition, with around 50% of conditions established in patients before they have reached the age of 14, and 75% by age 24. This is the main age bracket at which people, and especially young men, are at greatest risk of suicide. Tragically, however, the numbers of people ending their lives by suicide have increased over the past decade<sup>i</sup> – and yet, in two-thirds of cases, patients are not in contact with NHS mental health services<sup>ii</sup>. More needs to be done to support and protect vulnerable patients at risk of suicide, and deliver what the Prime Minister has previously described as a "vital part of our health mission"<sup>iii</sup>.

International research has demonstrated that psychoanalytic therapy is particularly effective in treating patients suffering from depression<sup>iv</sup> and other conditions associated with suicidality<sup>v</sup>, especially those conditions which can be hard to treat. One study for example demonstrated a reduction in suicidality from 74% to 23% among patients receiving psychoanalytic therapy over the course of five years<sup>vi</sup>. The BPC believes that greater support for psychoanalytic therapy, with availability concentrated on the most at-risk groups, could play a crucial part in reducing the risk and rate of suicide. However, currently psychoanalytic therapy represents only 1% of mental health treatments provided by the NHS, compared to around 70% allocated to cognitive behavioural therapy (CBT), which has not been shown to have a comparable impact on reducing the risk of suicide. The Government should therefore consider expanding provision for psychoanalytic therapy as part of a new plan to reduce the risk of suicide across the UK.

As partners and contributors to the National Suicide Prevention Strategy, the BPC has worked with officials to demonstrate the effectiveness of psychoanalytic therapies in treating patients at risk of suicide. Most recently, the BPC joined other associations representing professional therapists on a committee to consider and make



recommendations around best practice guidance for working with patients are at risk of suicide. The group, led by the soon-to-be-disbanded NHS England, considered the latest guidance from the National Institute for Health and Care Excellence (NICE) on assessing and minimising the likelihood of self-harm and/or suicide attempts<sup>vii</sup>. As part of this discussion, the BPC considered the recommendation by NICE and NHSE that due to their unreliability in predicting outcomes, to discontinue using risk assessments to predict the likelihood of a patient's future suicide or repetition of self-harm. Under such assessments, patients would previously be classified as at low, medium or high risk of future suicide or acts of self-harm, with classifications being used to determine which patients should be offered treatment or who should be discharged (s1.6). These discussions and the associated recommendations have now been formalised in the recent Government guidance document [Staying Safe from Suicide: Best Practice Guidance for Safety Assessment, Formulation and Management](#).

While relaying this guidance to its Registrants, the BPC has continued to highlight both the lower rate of suicidality among patients of psychoanalysts, and the fact that assessing risk in this way is not a psychoanalytic approach (and may therefore not be applicable). The BPC will continue to make the case for psychoanalytic therapy and the psychoanalytic approach to the Department of Health and Social Care, as well as policymakers in and around Parliament.

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<sup>i</sup> *Suicides in the England and Wales: 2020 registrations*; ONS, September 2020, at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations>

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

<sup>iii</sup> In answer to a Parliamentary Question from Shaun Davies MP; Wednesday 16 October 2024 at Column 832: <https://hansard.parliament.uk/Commons/2024-10-16/debates/E29EB6EC-E99F-42AA-A0A1-84DCC6F2D8DE/PrimeMinister>

<sup>iv</sup> Goodyer IM, et al; "Cognitive behavioural therapy and short-term psychoanalytic psychotherapy versus brief psychosocial intervention in adolescents with unipolar major depression (IMPACT): a multicentre, pragmatic, observer-blind, randomised controlled trial"; *Lancet*; Volume 4 (2), p109-119, February 2017; at [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(16\)30378-9/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(16)30378-9/fulltext). The same study revealed that there were no differences in total costs or quality-of-life scores between treatment groups and prescribing a selective serotonin reuptake inhibitor (SSRI) during



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treatment or follow-up did not differ between the therapy arms and, therefore, did not mediate the outcome.

<sup>v</sup> Leichsenring, F., Luyten, P., Hilsenroth, M. J., Abbass, A., Barber, J. P., Keefe, J. R., Leweke, F., Rabung, S., & Steinert, C. (2015). Psychodynamic therapy meets evidence-based medicine: a systematic review using updated criteria. *The Lancet Psychiatry*, 2(7), 648-660.

[https://doi.org/10.1016/S2215-0366\(15\)00155-8](https://doi.org/10.1016/S2215-0366(15)00155-8)

<sup>vi</sup> Bateman, A. and Fonagy, P. (2008); 8-Year Follow-Up of Patients Treated for Borderline Personality Disorder: Mentalization-Based Treatment Versus Treatment as Usual; *American Journal of Psychiatry*, Volume 165, Issue 5, May 2008, pp631-638; at:

<https://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2007.07040636>

<sup>vii</sup> NICE guideline 225; Self-harm: assessment, management and preventing recurrence; 7 September 2022; at <https://www.nice.org.uk/guidance/ng225>