



UNIVERSITY OF
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Suicide and Homicide in Unpaid Carers

What You Need To Know

- Approximately **30% of unpaid carers have thought about suicide.**
- Among those who have contemplated suicide, up to a third have made a plan to kill themselves in the last 12 months and **1 in 10 have already made a suicide attempt.**
- It is unclear how many carers have died by suicide, because caring status is not part of the data that is routinely collected after a suicide death.
- Thoughts of suicide (killing oneself) can also lead to thoughts of homicide (killing the person for whom they are caring) and, across England and Wales, approximately **one homicide each month is perpetrated by an unpaid carer.** There are seven distinct types of homicide or homicide-suicide perpetrated by unpaid carers, each characterised by a specific motive or context (including but not limited to the burden of care, a desire to end suffering, mental illness, and domestic abuse).
- Key risk factors for suicidal and homicidal thoughts in carers include: feeling trapped in the caring role; being dissatisfied with the amount or type of care they are providing; a lack of support; social isolation; poor mental health; financial distress; physical health problems caused by the caring role; and, increased care demands.
- Where deaths by suicide and homicide have occurred, **inquests and statutory reviews have consistently identified a lack of joined-up working across services** and a **failure to recognise risk factors and warning signs**, including the link between suicide and homicide.
- Systemic problems underpin all of the risk factors for suicide and homicide, with carers forced to plug the gaps in a broken health and social care system and given few, if any, opportunities for a break from the caring role.
- Despite clear evidence of risk, suicide prevention for unpaid carers is not yet a policy priority and frontline professionals (across health, social care, and education) lack the knowledge and resources to identify and respond to suicide risk.

What You Can Do

- The Welsh government have made a commitment to suicide prevention for carers, including it as a priority in their forthcoming national strategy on unpaid carers.
- To prevent deaths by suicide and homicide, suicide prevention for carers must also be a priority in England (including but not limited to the cross-government action plan), with a commitment to the provision of:
 - Respite for carers in distress
 - Training and resourcing for frontline professionals across health, social care, and education
 - Routine assessment of suicide risk
 - Routine collection of carer status after deaths by suicide.
- Broader changes to support for carers, as called for by Carers Trust, We Care, and the Centre for Care, will also help to reduce suicide and homicide risk. These include, but are not limited to:
 - Improved identification and recognition of carers
 - Reform of carer benefits
 - Greater investment in local government to improve social care services
 - Greater protection of carers' employment rights
 - Opportunities to safely relinquish care

For More Information:

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