



**“I had this feeling of leaving
everything behind and just
escaping the pain”**

**The experiences
and support needs
of people who go
missing while
suicidal**

SAMARITANS
missing
people

Registered charity in England and Wales (1020419)
and in Scotland (SC047419)

Missing People and Samaritans, June 2025

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Research by Jane Hunter and Rachel Ellis,
Missing People

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About Missing People

Missing People is the only charity in the UK which is dedicated to supporting those affected by missing. The charity provides specialist support to people who are at risk of missing, those who are missing, and the families and friends left behind. For more information about the support services the charity provides, please visit our website: www.missingpeople.org.uk.

Understanding missing and the impact on those left behind enables Missing People and our partners to provide better services. Missing People's research team conducts research and evaluation projects on a range of topics, and recent research can be found at

www.missingpeople.org.uk/for-professionals/information-and-policy/information-and-research.

About Samaritans

Samaritans is the charity that prevents suicide through the power of human connection. Connecting people in crisis with trained volunteers who will always listen. People calling for change with those who need to listen. People who have been there before, with those struggling now.

We make sure there's always someone to listen if you're in crisis or feeling suicidal. And we unite to raise awareness of people's experiences, create partnerships and campaign for suicide prevention.

www.samaritans.org

Thank you

An advisory group was formed to provide guidance in conducting this research, with a focus on the interviews being conducted with and survey being completed by people who had been missing while suicidal. This group was composed of eight individuals who themselves have experience of being missing while suicidal. Their input and advice was invaluable to this research, as was their willingness to be open and share their views and experiences with the research team.

Thank you to all of those who took part in this research and shared their experiences so openly and generously with us.

Project funding

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Foreword

“It’s one of those things where we could not say anything and pretend it didn’t happen, or we could use our experiences to make a difference. At the moment, far too many people go missing while suicidal, feeling backed into a corner.

We want to address the current lack of knowledge about going missing while feeling suicidal, to give missing people a voice and a place to feel heard and understood. This issue needs to be talked about more openly, with wider public acceptance and less stigma. We want our stories to help others to accept the reality of mental ill health, without sugarcoating things.

We want to use our experiences to make change so that services are better for others in the future. Organisations need to talk about and address missing better, to try to prevent people from going missing in the first place. Services need to be better equipped to support people while missing and on their return, to ensure that the return phase is met with the appropriate aftercare and support so that the person is not at risk of going missing again. We need more support, tailored to each individual, to help them see a future they feel able to face.

The steps taken at these critical, crucial moments in an individual’s life, often when they are at crisis and at a dangerous cross-road, cannot be understated. It is remarkable how small things may actually have an immensely positive impact and may be life-saving.

We don’t want our missing episodes to define us: being able to take control of our experiences and narrative by sharing them with others has given us much valued agency.

If our experiences help just one person then that would be incredible.”

Lived experience advisory group

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Summary

Research aims

Around 1,000 people die while missing each year,¹ with the most common cause of death being known or suspected suicide.² It is estimated that around 10% of suicides in the UK occur when someone is missing.³ Over and above that, suicide-related risk is one of the most commonly identified risk factors for missing adults, with previous research finding that feelings of suicide are a key influence in adults going missing.⁴

However, very little is known about the lived experiences of people who have been missing while experiencing suicidal feelings or while considering taking their own life. Little to no research exists exploring the role that missing plays in the experiences of those who go away while suicidal, and what support they needed at each stage of their experience.

This research aims to:

1. Explore the links between missing and suicidality, increasing the understanding of the experiences of people who have been missing while suicidal
2. Understand how Missing People, Samaritans and other third sector organisations can best support people who go missing while suicidal
3. Understand how agencies such as the police and health care agencies can better respond when someone who is suicidal is at risk of missing, while missing, and on their return

¹¹¹ In England and Wales the definition of a missing person is “anyone whose whereabouts cannot be established will be considered as missing until located and their wellbeing or otherwise confirmed.” Some people who are missing from their lives will not be reported as missing to the police. At Missing People, the term ‘missing’ includes “when people leave where they have been living or staying without telling or being able to tell other people where they have gone. This might be described as ‘going missing,’ ‘disappearing,’ ‘running away,’ or ‘taking time out.’ It might include being away from home, care, a hospital or a mental health care setting.”

² National Crime Agency Missing Persons Unit, *Missing Persons Data Report 2022/23*, <https://www.nationalcrimeagency.gov.uk/images/mpu/downloads/UKMPU%20Annual%20Data%20Report%202022-23.pdf>.

³³ Up to 80% of fatal outcomes while missing are due to known or suspected suicide, meaning around 800 people die by suicide while missing each year, of the just over 7,000 suicides registered in the UK in 2023. J. Whibley et al, *Cause of death in fatal missing person cases in England and Wales*, University of Portsmouth; Samaritans, *Latest suicide data*, <https://www.samaritans.org/scotland/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>.

⁴ J. Hunter et al, “*My world was falling apart*”: the nature and scale of harm experienced by missing adults in the UK, Missing People, April 2022, https://www.missingpeople.org.uk/wp-content/uploads/2022/05/Final_Missing_Adults_Research.pdf.

Methodology

A mixed methods approach has been used in this research. Original research was conducted with people who have been missing while suicidal: interviews were conducted with 13 people, and another 7 shared their experience via an online survey.

A review was also conducted of 97 Missing People records where the missing person was known or suspected to have died by suicide.



Key findings and recommendations

Systemic change and prevention of missing while suicidal

People who are experiencing suicidal feelings resulting in them going missing very often struggle to access the support that they need, in the way that they want. Participants in this research spoke of significant barriers in accessing support, many of which are systemic. In some cases participants' needs or situations were perceived by services to be too severe, and in others they were 'too well functioning' for the support available.

This was exacerbated by systemic issues including the availability of services, long wait lists, a lack of inclusive services, and a lack of skills and capabilities to adequately recognise and respond to the risks that they were facing. Previous negative experiences with a range of agencies, including the police, acted as blocker to individuals in crisis reaching out to these agencies, particularly in the immediate period before going missing.

- **Recommendation:** People living with suicidality must always be taken seriously. There must be **no wrong door** to accessing support for people struggling with suicidal feelings. Services should be better equipped to support people struggling with suicidal thoughts and feelings no matter the frequency, severity or complexity of those feelings.

- **Recommendation:** All services should be inclusive as a default, particularly when considering the needs of people who are neurodiverse.
- **Recommendation:** The Department of Health and Social Care should ensure that more focus is given to the issue of people experiencing suicidal thoughts and feelings going missing, including prioritising this as an action as part of delivery of the suicide prevention strategy.
- **Recommendation:** Local suicide prevention plans should include actions to try to improve knowledge of the link of missing and suicide, and promotion of relevant services in places where people who are missing might see them.
- **Recommendation:** The Department of Health and Social Care should resource the development of detailed suicide prevention training across frontline workforces, including the NHS, so that they can confidently intervene. This training should include content focused on going

missing as a potential consequence of feeling suicidal. Frontline services should be properly resourced, and staff supported, so that workers can complete this training and put into action what they have learned.

- **Recommendation:** The Department of Health and Social Care should ensure that the new mental health crisis / A&E centres⁵ are created as non-judgemental, safe places. They should be places where people experiencing crisis can attend to get a break from the pressures they are facing, including feelings of a need to go missing. They should be as welcoming as possible, ensuring that individuals see them as support places they want to attend.

• **Recommendation:** The Department of Health and Social Care should ensure that the 10 Year Health Plan recognises the importance of increased and integrated support for people who have been missing while experiencing suicidal thoughts and feelings.⁶

- **Recommendation:** No single agency can effectively prevent and respond to missing incidents for people who are at risk of suicide, instead this requires a multi-agency response, set out at a national level and delivered locally. The Department of Health and Social Care should work with the Home Office and Department for Education to develop a cross-government strategy on missing children and adults, including setting out how safeguarding partnerships should work together to best respond to missing people who are at risk of suicide.



⁵⁵⁵ See, for example, 'Mental health A&E centres to open across England,' BBC News, 24 May 2025: <https://www.bbc.co.uk/news/articles/c75343nx06go>

⁶ 'Landmark plan to rebuild NHS in working-class communities,' Department of Health and Social Care, 25 June 2025: <https://www.gov.uk/government/news/landmark-plan-to-rebuild-nhs-in-working-class-communities>.

Going missing and while missing

Participants were experiencing many and varied complex factors which influenced them to go missing while feeling suicidal. These included diagnosed or undiagnosed mental health conditions, relationship breakdown, challenges at work or school, and factors linked to neurodivergence. For most, an escalation of these factors led to feelings of overwhelm and an acute, immediate need to get away. However, for many participants the event that triggered them to go missing was relatively minor, but was rather a culmination of everything else that they were experiencing.

Participants spoke of myriad barriers in them accessing support immediately before going missing or while missing. Many of these barriers link to the systemic challenges identified above, but these were particularly acute once the individual had reached a point of crisis in which they needed to get away from their lives. There was a lack of awareness among participants of the types of support available in these circumstances, and what that support may involve.

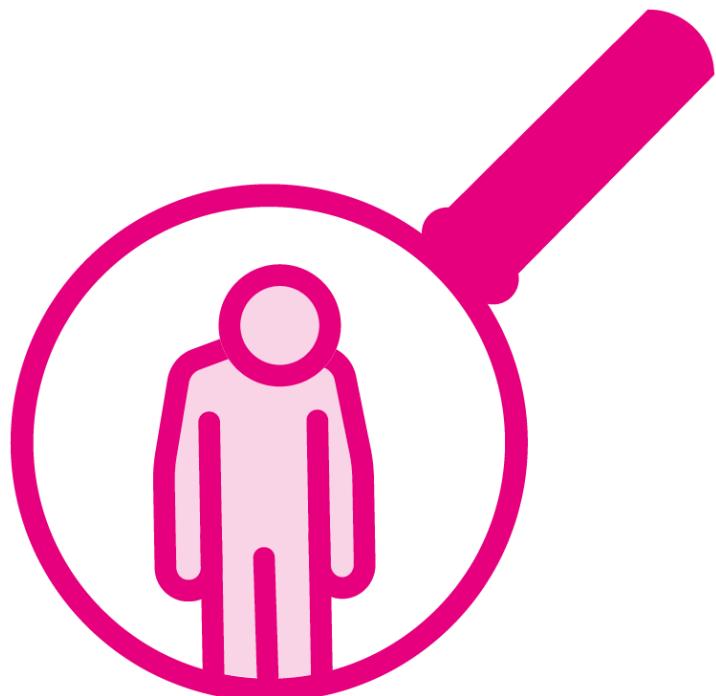
The complex and varied situations being experienced by people who go missing while feeling suicidal result in very different support needs, and it is critical that individuals are as well informed and empowered as possible to be able to access the support that they uniquely need at that time.

Being missing had varying impacts on participants' feelings of suicide. For some, it gave a sense of calm, space, and a time away from the factors that had caused them to go away in the first instance. For others, it made things worse and led to a sense of sadness and despondency about their situation. Some participants shared their stories about attempting to take their own life while missing.

- **Recommendation:** Crisis services, including Missing People, Samaritans and statutory services, should ensure that there is clear and detailed information available on their websites about what their service is. This should include whether the service is a listening service, emotional support service, or a practical advice service. This information will enable individuals to reach out to, or respond to, a service that offers what they specifically need at the time of reaching out.
- **Recommendation:** Crisis services, including Missing People, Samaritans, and statutory services, should ensure that clear and accessible information is available about exactly what will happen if someone contacts them. This should include detail about potential wait times and what will happen when the organisation answers the call or contact, as well

as clear information about confidentiality, safeguarding and tracking.

- **Recommendation:** Missing People and Samaritans should continue to offer support to people who feel like there is nowhere else to turn, including while they are missing. This support should be offered in a way that consciously considers the ways in which people who are missing while feeling suicidal might want to engage in support, including through a variety of channels such as text, online chat, and over the phone. Both charities should consider what more can be done to promote their services, including considering referrals from worried family members and friends who may not want to go to the police.
- **Recommendation:** Police should actively consider risks of suicide when someone is reported missing, even when the situation may not immediately present as such. Concerns of the reporting person should be listened to and given significant weight, and the police should use professional curiosity to explore any potential risks of suicide and approach and resource the investigation accordingly.



Returning from being missing

There was significant variation in how people returned or were found, with some deciding to return and some being found by someone else. Many were not offered or able to access support on return, and for those who were this was often inconsistent, temporary, and had limited lasting impact. Returning from missing did not appear to be recognised as an opportunity to prevent future missing episodes from occurring.

- **Recommendation:** Police forces should pilot the delivery of safe and well checks to adults who return from being missing while suicidal, delivered by non-policing partners who are expert in the most common influences of missing and suicidal feelings, so that returned missing people can access support that is better suited to their circumstances and needs. Any pilot should include consideration of:
 - Non-statutory services delivering these safe and well checks, including charities focused on supporting individuals experiencing those influences
 - The training needs of any partner organisations to ensure that they have the necessary expertise in missing and suicide

- Self-referral or family referral in circumstances where the person was not reported missing to the police
- Referral routes into local support services

- **Recommendation:** Missing People should develop resources for use by the missing person on their return, as well as resources for their family and friends. These resources should focus on empowering and supporting them to safely and supportively discuss the missing episode and the missing person's feelings of suicide
- **Recommendation:** Police forces should ensure that their guidance and training is updated to include information about referral pathways and signposting when someone returns from being missing where there have been known risks of suicide, or where this is disclosed on return.



Wider considerations for professionals

In addition to the recommendations above, there are some overarching findings from the research that may be helpful to consider for those in roles supporting people who may be feeling suicidal and thinking about going missing, or who have been missing.

Fear of losing control and the actions that will be taken as a result of asking for help

Many participants spoke of the fact that they were hesitant to seek help with their feelings of suicide and thoughts of going missing because of the potential actions that would be taken as a result. These actions included information being shared without their knowledge or consent and their situation becoming known to family, friends and other people in their lives.

However, the most significant fears were linked to the police becoming involved in their situation, as well as the risk that they would be sectioned under the Mental Health Act. Participants avoided seeking help at all in some circumstances, and in others they minimised or did not fully share their feelings of suicide with people who they thought or knew would have to take action. This was particularly the case for individuals who had a longer history of involvement with support services, who were knowledgeable about risk assessment processes or who had previously been sectioned.

While there will always be circumstances in which professionals need to take

action, including sectioning in some cases, based on what they know or have been told about the risks someone is facing, the fact that this was such a barrier to seeking support should be borne in mind by professionals. It was very important to participants to be told what steps were being taken and to be involved in decisions about those where possible.

Not being reported as missing to the police

Very few participants had been reported as missing to the police, but their circumstances clearly demonstrated that they were 'missing' from their lives. All participants self-identified as having been missing. There are many reasons why they were not reported missing, and this should not be used to assume that their family and friends did not care about them.

However, without being reported missing, there are no statutory processes that are automatically triggered. When someone is reported missing to the police, at minimum they should have a conversation with a police officer on their return, where any support needs can be identified. Not being reported missing can limit the support provision that is offered to individuals, and leaves much more onus on the missing person to seek support proactively when they return from being away.

Some participants were fearful of the police becoming involved, and felt that this would have made their circumstances worse. The need for non-police intervention has been acknowledged through the development of the Right Care Right Person national agreement⁷, and it would be helpful to further consider how non-police agencies can be involved in responses to missing people who are suicidal. At the moment RCRP has no mechanism to enable other agencies to search for and find missing people, and, no other agencies have been resourced to respond in these circumstances.

The importance of human connection, kindness and caring

Throughout this research it was clear that what many participants wanted was to feel safe, believed and listened to. Unfortunately there were very few examples of this happening. It was more common for participants to have felt dismissed, ignored, or to experience services that were unable to respond to what they as an individual needed.

Participants spoke of the importance of being able to talk about what they were experiencing, including their suicidal feelings, and a desire to feel human connection and kindness in response to that. Many people were clear that an ability to do that would likely have reduced their feelings of suicide, but they felt that often the processes and

structures around support provision did not enable that to happen.

Complexity of experience of those who go missing while suicidal

It is clear from this research that there is significant variation and complexity in the experiences of those who go missing while suicidal. Going missing often appeared to be a step that individuals took when they felt there was no other alternative. For some, their missing episode was a continuation of the crisis they were experiencing, and sadly resulted in them attempting to take their own life while missing.

However for others, it was a necessary step that they took in order to take themselves out of the situation they were in. In many cases it did lead to a de-escalation of crisis, although it rarely resulted in any longer-term positive change.

Missing should always be recognised by professionals as a sign that something is not quite right in the life of the missing person. The evidence in this research shows that significant improvements need to be made in the support available for people who go missing while. All professionals working in this area should take missing seriously, whether the person has been reported to the police or not.

⁷⁷ Home Office & Department of Health and Social Care, *National Partnership Agreement: Right Care, Right Person (RCRP)*, updated 17 April 2024, [https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person-rcrp](https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person-national-partnership-agreement-right-care-right-person-rcrp).

Background and research aims

Someone is reported missing every 90 seconds in the UK. While the majority do return, around 1,000 people die each year while reported missing, an increase of nearly 40% since 2016-17.⁸

Previous research has shown that the most common cause of death while missing is suicide. Research conducted by Missing People found that, where cause of death was known, 66% of people who died while missing died by suicide.⁹ Other research has shown this to be higher: up to 80%,¹⁰ meaning that an estimated 660 to 800 people die by suicide each year while missing.

Given that there were slightly more than 7,000 suicides registered in the UK in 2023,¹¹ it is estimated that somewhere in the region of 10% of all suicides occur while the person is reported missing.

Suicidal thoughts and feelings are a known key risk factor influencing adults to go missing. Research conducted by Missing People found that nearly 60% (38

of 64) of adults were feeling suicidal when they went missing. In a case review of over 400 cases, concerns about the person experiencing thoughts of taking their own life was the second most commonly known or suspected risk being experienced by missing adults, after diagnosed or undiagnosed mental health conditions.¹²

There are shared risk factors for suicide and going missing. Mental health conditions, relationship challenges, isolation, life changing events, and problems with work or money may all place someone at greater risk of going missing and experiencing suicidal thoughts or taking their own life while away.¹³

⁸ The number of fatal outcomes increased from 711 in 2016-17 to 971 in 2022-23. National Crime Agency Missing Persons Unit, *Missing Persons Data Report 2022/23*, <https://www.nationalcrimeagency.gov.uk/images/mpu/downloads/UKMPU%20Annual%20Data%20Report%202022-23.pdf>.

⁹ Unpublished data gathered from police forces through a Freedom of Information request.

¹⁰ J. Whibley et al, *Cause of death in fatal missing person cases in England and Wales*, University of Portsmouth.

¹¹ Samaritans, *Latest suicide data*, <https://www.samaritans.org/scotland/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>.

¹²¹³ J. Hunter et al, “*My world was falling apart*”: the nature and scale of harm experienced by missing adults in the UK, Missing People, April 2022, https://www.missingpeople.org.uk/wp-content/uploads/2022/05/Final_Missing_Adults_Research.pdf.

¹³ Missing People, *Key statistics and figures*, <https://www.missingpeople.org.uk/for-professionals/policy-and-research/information-and-research/key-information>; Samaritans, *Suicide facts and figures*, <https://www.samaritans.org/scotland/about-samaritans/research-policy/suicide-facts-and-figures/>; Mental Health UK, *Suicide*, <https://mentalhealth-uk.org/suicide/>.

Men are more likely to die by suicide than women, and the missing statistics show that more men go missing than women across all age groups, although it is particularly prevalent for men aged between 40 and 59: 65% of missing incidents in this age group relate to men.¹⁴ While the majority of those who die while missing are adults, it is important to note that children and young people can and do go missing while experiencing suicidal thoughts and may die by suicide while missing.

However, while there are known or suspected links between missing and suicide, very limited research has been conducted to specifically evidence this. Much of the research that does exist focuses on cause of death, or data around risk factors, with little to no research conducted specifically focused on the lived experiences of people who have experienced suicidal thoughts and gone missing.

Suicide in the UK

There were 7,055 registered deaths by suicide in the UK in 2023.

Suicide is three times more common among men than among women.

Risk of suicide is usually highest for those aged between 45 and 54.

This research therefore aims to:

1. Explore the links between missing and suicidality, increasing the understanding of the experiences of people who have been missing while suicidal
2. Understand how Missing People, Samaritans and others can best support people who go missing while suicidal
3. Understand how agencies such as the police and health care agencies can better respond when someone who is suicidal is at risk of missing, while missing, and on their return

Missing in the UK

Over 170,000 people were reported missing in around 350,000 incidents the UK in 2022-23.

The majority of **individuals** going missing are adults (96,000), but the majority of **incidents** relate to children (216,000). This is because children are more likely to go missing repeatedly than adults.

Most missing people return or are found within 24 hours. Only 2% of children and 3% of adults are missing for longer than a week.

¹⁴ National Crime Agency Missing Persons Unit, *Missing Persons Data Report 2022/23*, <https://www.nationalcrimeagency.gov.uk/images/mpu/downloads/UKMPU%20Annual%20Data%20Report%202022-23.pdf>; Samaritans, *Latest suicide data*, <https://www.samaritans.org/scotland/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>.

Methodology

A mixed-methods approach has been used in this research, involving two elements:

1. Primary research with adults who have been missing and suicidal

20 adults who have been missing and suicidal took part in this research. 13 took part via a semi-structured interview, and 7 took part via an online survey.

Recruitment was primarily conducted through Samaritans' lived experience network and the National Suicide Prevention Alliance lived experience network. Participants self-identified as having been missing and suicidal.

All participants had experience of being missing and suicidal, and all were aged over 18 when taking part in the research.

However, individuals' experiences varied greatly:

- The majority of participants had been missing as an adult, however a small number spoke of experiences of being missing as a young child or teenager. For those who had been missing as adults, the age range varied from early 20s to late 60s
- Some participants have only been missing once, whereas others have been missing multiple times. For those who have been missing more than once, some incidents did involve feeling suicidal or making a suicide attempt, but

others did not. This research focused on those incidents where the person had been feeling suicidal or had made a suicide attempt

- Some shared experiences that took place over 20 years ago, whereas other experiences were much more recent, including missing incidents that had happened less than a year before taking part in the research
- While all participants had experience of suicidal thoughts or feelings and being missing, not all had attempted to take their own life while missing

2. A review of Missing People records

Data was drawn from police referrals to Missing People, where the case had been closed between January 2022 and February 2024, and where the missing person was found to have died while missing. 197 cases were reviewed to determine known or suspected cause of death. In 107 of those 197 cases there was enough information to determine cause of death. Of those, there were 93 cases in which the person was known or suspected to have died by suicide as an adult: 87% of cases. All 93 cases were included in the analysis for this research.

The main body of this report focuses on the first element of this research: the lived experience of people who go missing while experiencing feelings of suicide. It is critical that those working in this field

understand as well as possible the experiences of people who have been missing in these circumstances in order to better prevent missing in the future and support people who have been missing. The Missing People record review supports these findings by providing some context about situations where people have died by suicide while missing, as well as providing some broader information about police responses since all individuals in these cases were reported as missing to the police.

Limitations

Primary research

As with all qualitative research, the findings of this research are not generalisable and should not be read as representative of the experience of all people who have been missing and suicidal. Participants were self-selecting and there was a relatively small sample size. There is also a risk of recall bias, where participants do not accurately remember a past event or experience.

Missing People record review

The principal limitation in relation to the review of Missing People records relates to the fact that the records contain information that has been shared about the missing person by people other than the missing person themselves. In order for risks and vulnerabilities to have been captured and analysed in this research they must have been present in the records being analysed. There are two main reasons why this is a limitation.

Firstly, they must have been either reported to or identified by the person / people completing the relevant reports. In terms of making a missing report, this necessitates that the reporting person, or others involved in the response to the missing episode, to have knowledge of and share information and risks and vulnerabilities.

Secondly, if risks and vulnerabilities have been disclosed, they then need to have been identified and recorded accurately in the case record.

These limitations mean that the absence of a risk or vulnerability does not necessarily mean that these have not been experienced. The data included in this research should therefore be seen as a minimum scale of risk and vulnerability, but it is assumed that the actual scale is higher.

A linked limitation in relation to Missing People records is that the person must have been reported as missing to the police for a referral to be made to the charity. Not everyone is reported as missing to the police, as will be explored further in this research.

What is missing?

In England and Wales the definition of a missing person is: *“Anyone whose whereabouts cannot be established will be considered as missing until located and their wellbeing or otherwise confirmed.”*

This definition is used primarily by police forces in determining whether to record and respond to someone as a missing person, but exactly how they respond will be an operational decision depending on the circumstances of the missing episode.

Depending on the circumstances, other agencies may be involved in responding. This is particularly the case when someone goes missing from care settings, including children and adult care homes, and health care settings.

If someone has been reported missing to the police there are statutory obligations when they are found or return:

- For both adults and children, the police should undertake a ‘Safe and Well check’ / ‘Prevention Interview.’ These are conducted to ensure that the returned missing person is safe and no longer missing, and can be an opportunity to identify any safeguarding concerns or support needs.
- For children, the local authority also has a duty to offer a ‘Return Home Interview.’ These are provided differently across the country, but they should be an opportunity for the person to get some help if they need it; to explain what happened while they were missing; and to talk about any harm that may have occurred. They are also a chance to think through what might help the person from wanting to leave again in the future.

However, while being reported missing to the police triggers intervention from police and other agencies, some missing people will not be reported missing to the police at all. Some people who have been missing do not identify with the term missing, even though they were away from their lives for a period of time.

Those who are not reported to the police as missing are sometimes referred to as ‘the missing missing.’ They are not captured in the official statistics about missing, and the support that they should be offered will never be triggered in the frameworks or mechanisms that exist for those who are reported missing to the police.

At Missing People our use of ‘missing’ more broadly includes: *“when people leave where they have been living or staying without telling or be able to tell other people where they have gone. This might be described as ‘going missing,’ ‘disappearing,’ ‘running away,’ or ‘taking time out.’ It might include being away from home, care, a hospital, or a mental health care setting.”*

Research findings

Factors influencing children to go missing more broadly

Children go missing for a wide variety of reasons. These include:

- Relationship breakdown and problems at home
- Being unhappy where they are living
- Living in care
- Mental health conditions (diagnosed and undiagnosed)
- Criminal and sexual exploitation

Missing People, [key information](#)

Factors influencing adults to go missing more broadly

Adults go missing for a wide variety of reasons. These include:

- Mental health conditions (diagnosed and undiagnosed)
- Relationship breakdown
- Dementia
- Problems at home
- Financial problems
- Escaping violent or unsafe situations

Missing People, [key information](#)

In order to make the findings as clear as possible, this report will present the research in a way that is broadly linear. However, it should be noted that for many people their missing experience will not necessarily have a clear 'beginning, middle, and end.' For many people, the return from one missing episode can herald the beginning of another.

Missing is often part of a complex set of circumstances so should not be seen as a standalone event.

What factors influence people who are experiencing suicidal thoughts to go missing?

Key findings

- The majority of participants were experiencing multiple significant and complex challenges in their lives that ultimately contributed to them feeling suicidal, and then going missing. It was rarely due to one factor or influence
- All participants were experiencing feelings of suicide at the point at which they went missing, which had been caused, or were being contributed to, by the various complex challenges they were experiencing
- There was often one event that directly resulted in or triggered individuals going missing, but this event was ordinarily relatively minor
- The primary specific factors influencing participants to go missing included:
 - Diagnosed or undiagnosed mental health conditions
 - Relationship breakdown
 - Factors linked to neurodivergence
- These culminated in common feelings including:
 - Overwhelm and reaching a point of crisis
 - A need to get away
 - A desire to take control
- For some going missing was a protective or controlled act, not a manifestation of risk or chaos.

Multiple complex factors

All participants were experiencing some level of suicidality at the point they went missing: this suicidality combined with a range of factors had influenced them to go.

As may be expected, there was significant variation in those factors.

For most, it was not just one single event or factor, but interlinking and complex influences. While the trigger for actually going missing may have been one event, the underlying reasons had often been present for weeks, months or years

There was a strong sense that a combination of factors including mental health, challenges at home, work stress and other pressures had accumulated and then culminated at crisis point.

“So I was doing [my exams] [...] my parents weren’t getting on and there had been a huge incident at home. That was what triggered my depression [...] my granddad was getting Alzheimer’s [...] So there was just a hell of a lot going on [...] and then I think about two weeks before I went missing I stopped being able to sleep”

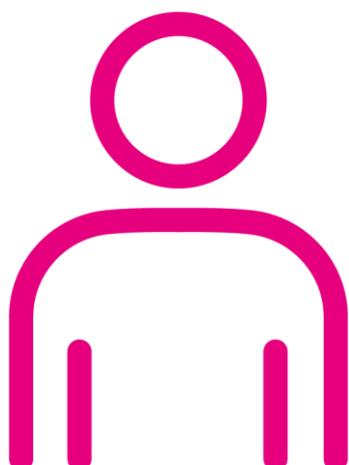
“There’s a sort of slow build up with me doing too much, overworking, getting exhausted, not doing my proper self-care, not eating properly, not sleeping, and not doing anything for myself, which kind of builds up a bit of resentment about my current situation. It’s just like work, work, work and then there will be a trigger”

“When the really negative thoughts start kicking in, it becomes a spiral. So it’s ‘I’m not good enough. I’m not a good enough mum, I’m not a good enough partner, I’m not good enough at my work. I’m a complete failure and no one likes me.’ All these things become absolute and total reality for me, and then I feel like it’s impossible for me to go home”

Many participants had reached a point of crisis when a trigger event occurred that resulted in them leaving. Often times the trigger event itself was or seemed to be relatively minor: participants spoke of leaving after a bad meeting at work; a minor argument with a family member; or a small frustration happening at home.

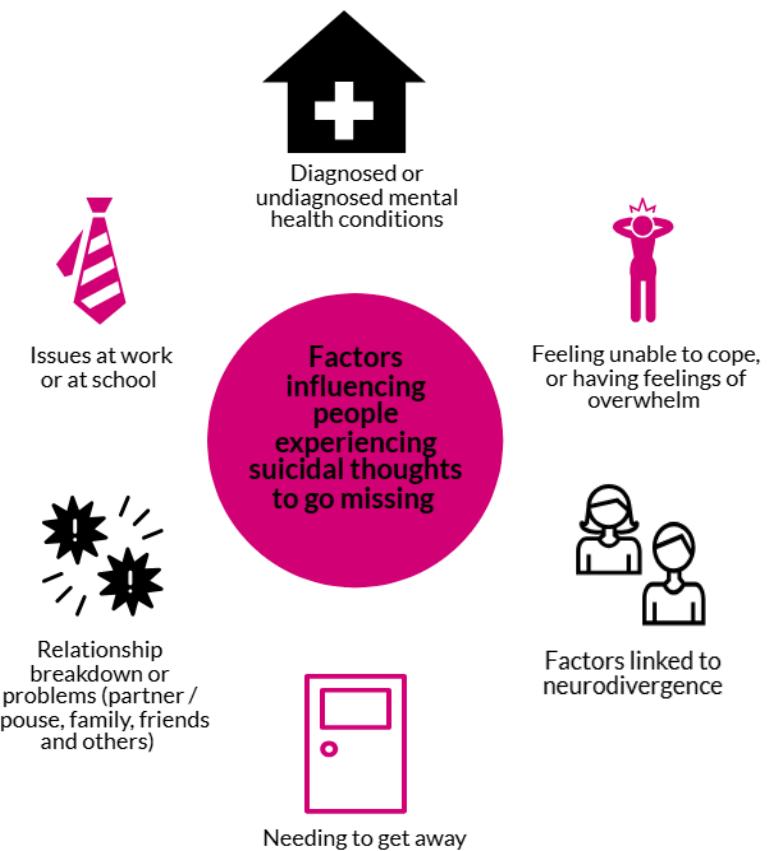
“There’s a sort of slow build up [...] then there will be a trigger and it might not make sense to anyone else as a trigger [...] it might seem like to an outside person a bit ridiculous. So my partner and I have bickered over something as ridiculous as I’m doing all the housework and he’s not helping enough, and I’ve just for whatever reason in that moment had such low tolerance that I haven’t been able to cope and I’ve stormed out the front door”

“I think that I was clearly in a very volatile state, [...] for that one bad thing to happen. So I just went home and my bag was [...] packed [...] picked it up and stormed out of the house with it.”

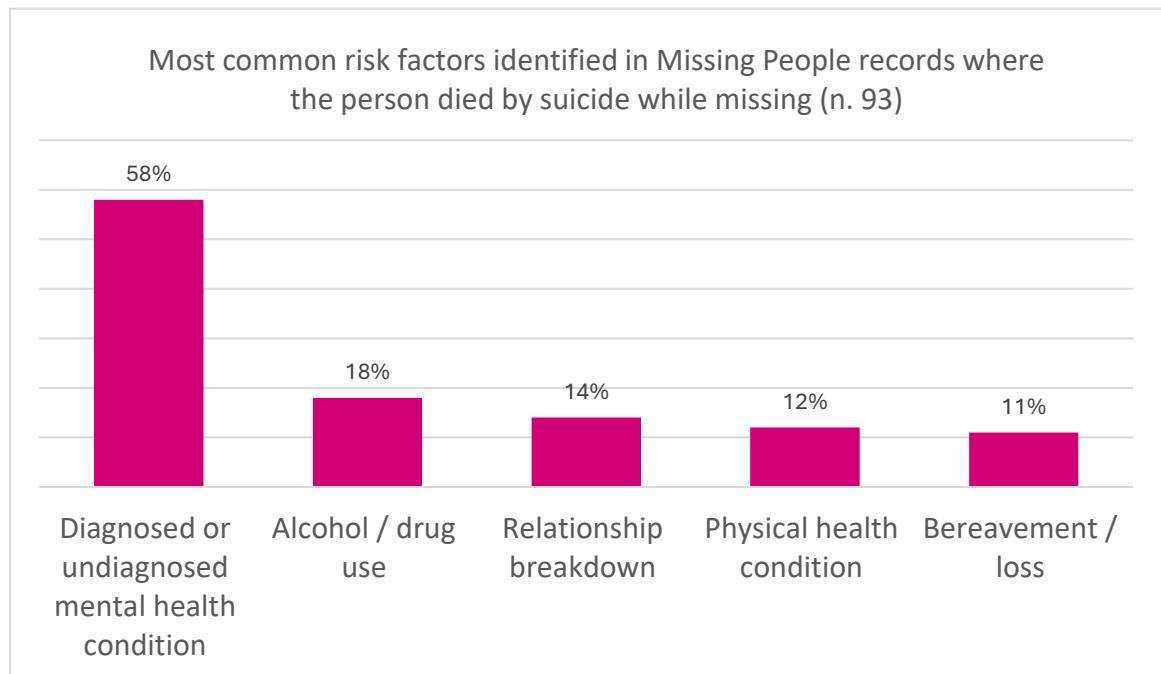


Specific influences

While participants spoke of multiple complex influences, there were some common factors identified across both the survey and interviews.



These factors broadly align with the most common risk factors identified in the review of Missing People cases where the person died by suicide while missing.



Diagnosed or undiagnosed mental health conditions

Mental health was referenced by the majority of participants as a main factor influencing them to go missing. This was varied, with participants sharing their experiences with a range of mental health conditions, including anxiety, depression, bipolar disorder, psychosis, obsessive compulsive disorder and disordered eating. These were not always diagnosed at the point at which they went missing.

These often exacerbated, or were exacerbated by, other pressures being experienced by participants. It was clear that individuals' mental health was having a significant impact on their wellbeing and their ability to continue with their day to day lives.

"I just got [...] into a place of, really acute distress"

"It was when my mood became really, really low and I was struggling with my, I have obsessive compulsive disorder and disordered eating, and it was when the obsessive compulsive disorder was really bad [...] they've all been at times when the OCD has really got on top of me and then, following that is my mood drops and I get very, very tired"

"I've got a diagnosis of borderline personality disorder. My emotional state can swing very heavily up and down from on top of the world to very most severe depression"

"On holiday I sort of had a bit of a mental breakdown [...] I should have been having a great time and I was feeling OK until day 4 [of the holiday] when I just randomly sort of got filled with a real sense of like anger and sort of sadness. And I was then arguing with my mates and I was really fed up."

For some, going missing was part of a cycle or pattern of actions linked to their mental health. Sometimes this was part of a coping mechanism and was a way to keep them or their loved ones safe.

"I've always had, I don't know, I'd describe it as spikes, and I've always had moments of like, you know, I've always felt like I'd go maybe two or three years and then have like, a really bad breakdown type thing."

"It can almost be sort of a repeated cycle that we see through the year"

Relationship breakdown or challenges at home

Challenges at home or in inter-personal relationships played a central role for some people going missing. In some cases these were very specifically linked to one incident, such as unexpected breakdowns in romantic relationships and infidelity. There were examples of acute and significant incidents, including sexual assault and trauma.

“I was supposed to get married, but I got betrayed [...] I felt less of myself because I gave him my everything.”

“I had an experience of being [sexually assaulted] and think that was, the hurt, the anger, the frustration, the everything [...] coupled with the fact that I didn’t tell anybody [...] I didn’t see any value in my body. I didn’t see any value in who I was”

“I had a very controlling and coercive husband. And again, I just saw no way out anymore, like how could I escape this life?”

There were occasions where this was exacerbated by a lack of support or understanding from others in their lives, including family, and an overarching sense that they were not cared for by their loved ones.

“My family, most of my family members were against me. They didn’t want to listen to me [...] they thought it was my fault”

“It just happened in a blink and it’s like me realising that I wasn’t that loved. I wasn’t that cared for.”

For others, the challenges at home were more pervasive and had been going on for some time. Participants spoke of feeling unsafe and stressed at home, of challenges with parents and other familial relationships, and of difficulties adjusting to new environments, including going to university.

“I just didn’t want to be at home. It didn’t feel like a safe place [...] it wasn’t a calm place to be. It was just really stressful [...] I just couldn’t cope with being in the house.”

“I was struggling for my parents to accept me, accept who I am. So everything always felt like a constant battle”

“Coming from a [religious] family [...] we had these rules and regulations. And I was just trying to navigate in a new environment for me”

Some spoke of the fact that, while challenges at home were not necessarily the main influence for their missing episode, they could play a role in triggering them to go if they were already at that point of feeling in crisis.

“I had an argument with my husband the day before and we weren’t speaking. So I decided on the Sunday that I was going to go again.”

“It can occasionally be a tipping point if my partner and I have a disagreement because we’re very close, and it can make me extremely vulnerable if we

have an argument [...] simply a falling out at the wrong time. In my kind of emotional side, I will go into a kind of fight or flight mode"

Influences linked to neurodivergence

A number of participants spoke of their neurodivergence as playing a role in contributing to them to go missing. This was sometimes linked to the societal structures and norms that create barriers for people who are neurodivergent. These included being misunderstood, struggling with isolation, and not being able to get the help that they needed in the way that they wanted.

"Part of this was often triggered by being different by being autistic, having ADHD and being completely misunderstood and severely bullied, and very badly treated by my family"

For others, it was linked to something more inherently related to their specific neurodivergence.

"I don't know how no one realised I was autistic as a child. I look at some of the behaviour and it, like, it all just screamed autism. Because yeah, I was, I was having meltdowns, I was getting overwhelmed"

A desire to take control

A need to take control was a key influence for some, including a desire to make their own choices when deciding to go missing. Going away was a proactive step to take to regain some control over their situation, particularly where home was not a safe space.

"My life felt so out of control, and I was just waking up every morning and going to work, going through the same struggles all day, every day. This [going missing] was something different [...] I was doing something that was a step towards control of my own life again. And I wasn't pleasing anybody else. I wasn't, I didn't have to see anybody else and paint that face, paint that smile and pretend everything was alright [...] it was taking back a bit of control"

"I think that's another part of it [linked to autism] which is around predictability. They want to be in control of their own death. They don't want it to be unpredictable. So they want to know when they die and how they die. And that gives peace"

Overwhelm and reaching a point of crisis

Participants spoke of feeling very overwhelmed with what was happening. Sometimes this was in relation to a specific thing, but sometimes this was a more general sense about their life.

“I was feeling really lost about everything and overwhelmed”

“I get myself in a place where I’m really stressed, I’m really anxious and I’m really depressed and that’s usually through overworking and because of everything I’ve got going on, usually because of lack of sleep”

“[my work in hospitality] is a bit more of a stressful environment, it’s quite intense [...] and I just couldn’t bring myself to get downstairs [...] I just remember those parts of my brain saying like ‘you, you just cannot go downstairs and start a shift [...] I was very confused, I thought ‘why am I just absolutely, you know, executive dysfunction?’”

“I think in the background I’d been feeling more and more overwhelmed and unable to keep up with everything”

Needing to get away

While the above reasons were clear influences for missing, most spoke of these accumulating to result in an acute and significant need to get away from the situation they were in at that time.

This was for any number of reasons, but the clear, immediate need to escape or get away from their life was mentioned by many participants.

“I had this feeling of leaving everything behind and just escaping the pain”

“It might have been because something had happened at home and it was a case of really just wanting to get away from those situations”

“I just couldn’t be in the house. I think I’d gone to sleep, woke up at about four or five in the morning, having had about two hours sleep and I just couldn’t be in the house anymore”

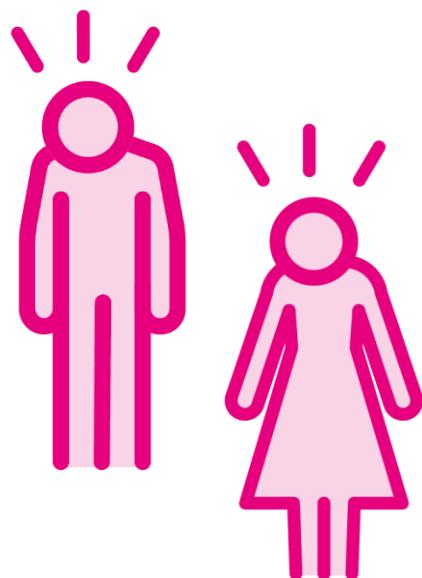
“I think I left in order to keep myself safe. I was just going absolutely nuts at home and it just felt like the walls were closing in and I just needed to not be where that felt work. And so I just didn’t want to be there”

“I just decided I don’t want to go home. I don’t want to have to face having to make tea, having to speak to my husband, having to ring my parents. I didn’t want to face my normal life”

“Sometimes it was also about, you know, escaping a situation where I just did not know what else to do.”

“I just wanted to check out of life a bit, I think. And so I just left and decided I would go off. And I wasn’t really sure what I was thinking, I just wanted to escape everything”

This urgent need to get away was prevalent for most participants, regardless of the specific influences in them going missing. As will be explored below, this was influenced by and had an influence on the ability of participants to seek support before going missing.



To what extent were people feeling suicidal?

The review of Missing People records showed that the majority of people who subsequently died by suicide while missing were known or suspected¹⁵ to be at risk of suicide at the point they were reported missing. Only 10% of those records reviewed had no evidence of concerns about feelings of suicide or suicide risk, as seen in *chart 1*.

These missing episodes were much more likely to be assessed as high risk by the police than most missing episodes: 82% (76 of 93) of the cases reviewed had been assessed as high risk, compared to 32% of all missing incidents related to adult women, and 29% of all missing incidents related to adult men.

When considering the experience of interview participants, there was variation in their feelings of suicide at the point at which they went missing. This was the case from individual to individual, but it was equally the case for people who had had multiple missing episodes: in some cases they had gone missing with a clear intent to take their own life, but in other occasions this had not been the case.

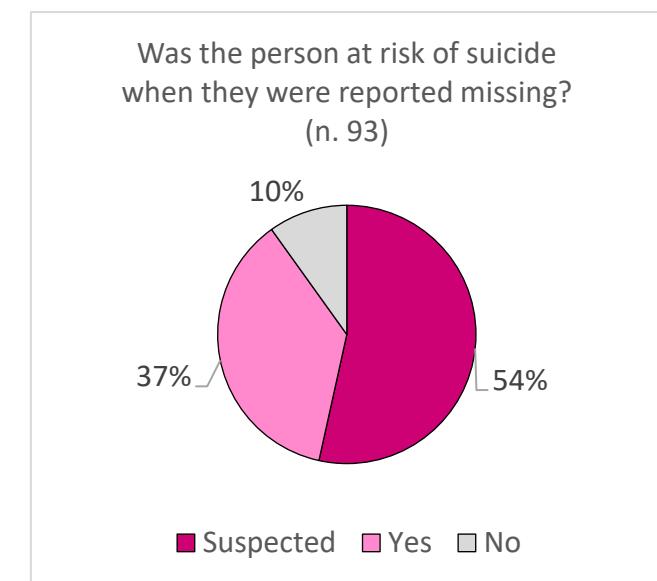


Chart 1: evidence of suicidality in Missing People records

Intention to die by suicide

Some went missing knowing that they were going to attempt to take their own life. For these individuals they had generally taken steps to plan and decide how this would happen, although the exact level of planning varied depending on circumstances.

“I disappeared to go and kill myself”

“I got it into my head what I was at home that I was going to kill myself [...] and I started to formulate plans over the course of about a week”

¹⁵ This may have been due to concerns of the reporting person or the police, due to the circumstances of the missing episode. In some cases this is clearly evidenced, for example if someone went missing and left a suicide note, whereas in others it may be suspected, for example where the person had been experiencing suicidal thoughts or feelings prior to going missing but it is not known whether they were experiencing them at the exact point of going missing.

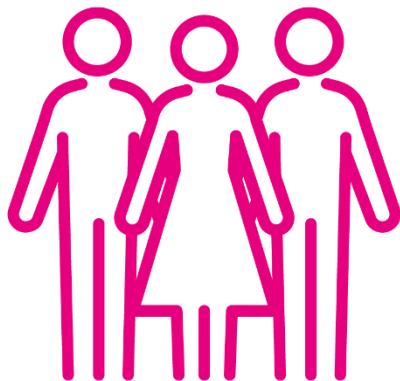
Feeling suicidal, but no clear intent

For others, while they were feeling suicidal, they did not necessarily have the specific intent of taking their life while away.

"I had kind of suicidal thoughts, but I had no definite plans."

"At the time I had no concrete plans to kill myself [...] I just didn't want to be there. I didn't want to be on Earth."

"I think there was a sense of finality. But again I don't think I was wholly committed to, you know, suicide [...] I mean, it's 'I've absolutely go to go and not come back.'"



Needing the circumstances they were in to end

Others spoke of not necessarily recognising that they were feeling suicidal, but of knowing that they wanted whatever was happening or whatever they were feeling to stop. For some, this resulted in an acceptance that one of the ways this might happen would be if they were to die.

"I don't know that it was a wanting to die. I think it was 'I can't cope with this and I want this over' and I didn't really care how it ended, just that it did."

"I definitely remember thinking like 'I don't want to be here' a lot"

"My main thought then was 'I'm never coming back.' I don't think I was overwhelmed with thoughts of suicide or suicidality, but I just knew I wasn't, I wasn't gonna come back."

"I don't think that it was very clear and concise and lucid. But it's obviously floating around [...] the way I describe it was always a desire to essentially kill off who I was [...] I remember thinking, like I could start in another city, start my identity again. I thought that was my best chance of living at this point. It was either that or I'm just gonna be destitute on the streets and maybe just slowly sort of pass away"

To what extent was going missing something that was planned?

“Sometimes it was literally escaping and I didn’t think it much through, but other times I absolutely thought it through”

There was variation in how much individuals had planned their missing incident(s). This was the case in both the survey and interviews.

Limited to no planning

In some cases there was very little or no planning: participants decided to leave and then left fairly quickly, sometimes immediately. For those who completed the survey, 3 had done no to little planning. For these participants there had also been little planning in relation to suicide.

“When I finally did it, it was a snap decision, like I couldn’t take another day of feeling that way.”

“Apart from two examples, they were all spontaneous, more spontaneous, just an instantaneous ‘I’m going’”

“It becomes a bit of a fight or flight thing, and it’s very much in the moment. It’s not pre planned. I’ve stormed out the door. I’ve maybe only took my handbag with me”

Planned

Some participants did speak of having planned their missing incident as well as planning to take their life. In some cases this planning was extensive and had taken place over a number of weeks before their missing incident, whereas for others it was shorter-term. For those completing the survey, 2 people had planned their missing episode for 2 to 7 days, and 1 had been planning it for over a week.

“So the [specific incident where I tried to take my life] more planning went into that, and the one of my suicide attempt. That was planned. In as far as, when I talk about that, my whole suicide ideation journey, I always talk about the fact that there’s three elements to a suicide plan. You have the method. You have the place, and you have the time, and I always tell people that for me the method and the place were well and truly planned. The timing was more spontaneous.”

Elements of planning included:

- Booking into a hotel in the hours before going away
- Writing notes to family
- Doing research about where to go and how to take their life

"The more scary of the situations [...] I got into my head when I was at home that I was going to kill myself and nothing had happened. There hadn't been that triggering incident [...]"

'Everything's OK and yeh, I've decided I want to die.' And I started formulating plans over the course of about a week"

"I spent the afternoon tucked away in an office somewhere, and I was just writing suicide notes for [my family], and planning things. Writing to [my wife] where she'd find all the documents that she needed. So I was very focused on the practicalities as to what was going to happen afterwards."

"I absolutely didn't want anyone to be worried, so I left a note in a really obvious place at the bottom of the stairs so that it would be the first thing they would see"

"I had seen in a newspaper article that people died by [specific method], which was not something I had ever thought, you know, kind of thought through as it were. And so that's what I decided to do [...] It took me several weeks [to plan]."

Accessing support before going missing

Key findings

There were very few positive examples of individuals being able to access any support prior to going missing.

Participants faced significant barriers in accessing help, linked to:

1. Barriers for those who did try to get help
2. Barriers for those who did not try to get help

Barriers for those who did try to get help included:

- The support not being available in the way the person needed
- A person's trusted individual not being available the day they went missing
- A lack of inclusive services
- Not being taken seriously

Barriers for those who did not try to get help included:

- Having nobody to talk to
- Fear of stigma and judgement
- Not recognising themselves that they were at risk of missing and suicide
- Fear of actions that would be taken, particularly of being sectioned under the Mental Health Act
- Previous negative experiences with professionals
- Not feeling that their situation was bad enough

The vast majority of participants were not able to access any support in advance of going missing.

Going missing should be seen in the context of what is going on for that person more broadly; it should not be seen as something that happens in isolation. As will be explored later in the report, the support provision around individuals more broadly is critical when trying to prevent a missing episode or helping individuals on their return.

This research explored whether participants sought support immediately before they went missing, however it is important to note that many spoke about the fact that they had little to no support in place more broadly at the time that they had gone missing. This was not for lack of trying for some people, who spoke of seeking help with what was happening for them and not being able to access that help.

“The last two instances I wasn’t in therapy at all. In fact, I’ve not had any therapy for ages”

“I was asking for help for my [mental health condition] and for my mood, but I wasn’t asking for help with thoughts that ‘I’m, I’m thinking of just getting away for life for a bit and going missing.’ I wasn’t, I didn’t ask for help at all. The only help I was asking for was to help me with my anxiety, you know, my mood.”



Positive examples

There were very few positive examples of support people were able to access immediately before they went missing. Those few examples included:

- A charity messaging service which made the person feel safe, and like they were supported through a crisis

“I can’t remember what the message is when you text them, but it’s a particular message that comes up and it just made me cry. It made me feel so heard and listened to”

- A crisis centre that was non-judgemental and person centred, with a calm, peaceful space that gave time to think and get help

“you could walk in [...] the caseworkers were really lovely and really non-judgemental. And they just like ‘you know, what do you need right now’ [...] they gave me a room and a safe space to be [...] it was very peaceful, which is exactly what I needed [...] it was really about, you know, what would help me in that moment”

Barriers for those who did try to seek help

A small number of people completing the survey (3 of 7) reached out for help before they went missing, as did some interviewees. However, participants experienced multiple barriers with this. Some of those had a direct impact on the participant ultimately going missing. With the correct support in place these episodes could have been prevented.

Participants spoke of barriers that were linked to the immediate missing episode and seeking support at that point of crisis.

A lack of person centred-care

There was a lack of choices for person-centred care. This included support services only having counsellors of one gender available when an individual reached out for support following a sexual assault, and an individual's trusted person being unavailable on the day they needed support, with no safety net having been established to avoid this as much as possible.

“They said I’ll just talk to [...] the other, the other person [...] and he was a man [...] how was I meant to tell him what had happened. I tried to imply what had happened, but he was just like ‘well, boys will be boys,’ and then I didn’t want to say anymore.”

“I really tried [to get help]. That morning that I left, I went to the disability services and my usual person she wasn’t there.”

Services not being inclusive

Participants sometimes found that services were not inclusive, particularly for people who are neurodivergent. Individuals spoke of challenges with registering with their GP, and settings being over-stimulating, with bright lights and spaces that did not feel safe for them.

“I’m not good at filling in forms and things like that. I’m autistic and I just find it overwhelming and I was already overwhelmed as it was. I wish they’d like maybe stepped in and helped me with it”

Lack of skills to help

Participants who had been able to access some support provision sometimes found that the service or individual did not have the necessary ability or skills to give them the help that they needed.

“[The school counsellor] was completely out of her depth with me, and that all went badly.”

“I just kept trying to reach out to these adults who were fairly useless”

“I had been asked you know ‘are you feeling suicidal?’ I said no because I didn’t know what that word meant. I didn’t want to appear stupid, so they didn’t think I was at risk”

Not being taken seriously

A common theme was not being taken seriously or being dismissed when trying to get help. Participants spoke of repeatedly asking for help from people in their life who they trusted or felt should be able to support them, but then not getting that help. The feelings of desperation and despair at their concerns and feelings not being taken seriously were clear, including from professionals including the police, teachers, family and friends. This very often resulted in their situation spiralling to a point of crisis.

"It just sort of felt like I got kind of increasingly desperate and people just thought that was more and more dramatic. I was trying to kind of adapt how I was being, how I was speaking, what things I was saying to try to get someone to listen and help me, because I didn't feel safe [...] I need[ed] an adult to intervene"

"But I still went back to these people cause I had no other options, like there wasn't anyone else"

"[having contacted the police about an abusive partner] me reaching out to the police was a last ditch effort to get help and they said 'nothing we can do.' And then I thought 'well, there is no point because there is no hope that this is ever going to change.'"

"Over the years I tried many times and eh, it just either backfired or people didn't understand, or I would test them to see whether they would get what I was saying and they wouldn't"

These barriers very often resulted in the person not then being able to access the support that they had been seeking. This left some feeling worse than they had felt before trying to get help.

"I just wanted to have an affirmation that it was [unfair] and that somebody was going to help my in this situation and then no, that wasn't, that was it. And then I just felt I couldn't think of anyone else to ask. I thought 'that's it [...] it's never going to get better. I have no rights, I'm not protected, It will never end."

"Everything was being dismissed, not for lack of trying, but just it's [the help] is not there"

Barriers that prevented people from seeking help

While some participants did seek support before going missing, most spoke of not actively reaching out for help before they went missing. In the survey, 4 of 7 respondents did not reach out for help.

There were significant barriers in being able to seek out help. These were varied and complex, and were linked both to individuals' perceptions or views of themselves and their situation, as well as to previous experiences of professional or other support.

Not having anyone to talk to

Participants referenced not being able to share what they were going through because they did not have anyone in their life they were close enough to share with, or because the people they were close to were part of the issues they were facing.

"I couldn't tell my siblings or talk to my parents because they were majorly the cause of everything, so there was nobody I could talk to"

"That was part of the struggle. Me being like, I had to deal with it alone"

"I wasn't really close enough to anyone to be like, you know, 'this has happened.'"

"There was no one to talk to and there was nothing available and certainly no help that I would have known how to access. There was absolutely nothing"

For those who did have people they would have been able to talk to, there were often barriers in telling those people what was happening. Participants spoke of experiencing difficulties in voicing what they were feeling, or of communicating that clearly with others.

"It's not always possible, even for my partner or my mum, who I'm incredibly close to, to see it coming [...] it's very difficult to predict what the tipping point action will be because I don't communicate terribly well about not feeling good"

"I find it really difficult to talk to colleagues, friends, family. I don't want to cause worry and I suppose in that kind of time frame where there is a chance of stopping some triggering episode from occurring where things are just building"

Fearing judgement and stigma

Many participants were fearful that they would be judged if they shared what they were experiencing. This was particularly the case for people who were experiencing mental health challenges. Most spoke of finding it very difficult to confide in friends or family.

"I won't be able to explain it without them being judgemental or dismissive"

"There was literally nobody I could talk to about how I was feeling, and even if there was, it's like I wouldn't be able to tell them [...] I wouldn't be able to explain it without them being judgemental or being dismissive"

"I start to build this sense of not wanting to let people down, not wanting to be seen in a bad light, not wanting to be rejected, and then I find it really difficult, the more I know someone. To truthfully share bad things about how I am and I don't want to kind of spoil that reputation and frighten people by saying 'oh, by the way, yeh I'm feeling really terrible and feeling like cutting myself or I'm struggling with my bulimia at the moment.' You know, those are very difficult conversations to have [...] It's not obviously in my advantage to say nothing, but I just really start to struggle to do so"

In addition to fearing judgement linked to mental health, or worrying about being dismissed, there were concerns about

specific challenges some were facing. For example one participant spoke of not wanting to share that they had been sexually assaulted because they were concerned about the implications of that.

"I didn't try to talk to anybody about it because I felt like I was probably going to be [...] I didn't want people to see a reason to probably paint me wrong. I just, I didn't feel safe, I didn't feel like sharing"

"I didn't want to tell my mum what had happened [...] I didn't want her to get upset, so I didn't want to tell, like, couldn't tell her"

Trying to keep things from family and friends was exhausting for some.

"I kept everything literally to myself [...] nobody had a clue that things are far from right and that in itself takes an awful lot of effort and pressure. Maintaining that façade that 'yeah, I'm Ok and I'm the life and soul of the party' when the truth is I was anything but. And the amount of effort that takes is, it's exhausting."

"I want to present that I am well and that I am a good mum and that I'm good at my job and that I'm managing and coping and I'm so keen to kind of keep up that pretence that I don't always just stop and say 'I'm not coping, I'm really struggling, I'm doing a bit rubbish, I feel terrible.' I just, I don't say those things"

Not recognising their own risk of going missing or of suicide

While participants were facing various challenges, some referenced not realising that they were at risk of suicide or of going missing themselves until it happened. Even when prompted by therapists, health care professionals or family and friends, they genuinely did not think it was something that might happen.

"I was actually in therapy at the time and I actually was working with my therapist saying how low I was feeling and how bad I was feeling and there was always the question 'are you suicidal or do you want to take your own life?' And I would always say 'no, I'm not, I'm not going to.' Because I didn't, I didn't think I was. The thought was always there, but I didn't, there was no incident where on my weekly therapy I said to her 'I've got these thoughts of going missing and you know, I've got,' I didn't alert her to that at all."

"I'd seen my GP at that point. I was already paying for private therapy [...] I was really trying to sort of improve my life [...] I don't think there was ever a risk of, I don't think ever there was like they identified a risk of an episode like this happening. I don't think it was present. To be fair, I definitely never say it coming"

"I kind of convince myself I'm just about managing and that it will pass and that it will be OK. And I'm kind of deluding myself a little bit that I'm better than I am and therefore I don't open up and

talk about things at the time when I could and should. And professionals have said the same the more they get to know me, the less I tend to tell them about how I'm doing when I'm no good"

Fear of the actions that would be taken if help was sought

Many people were scared about what would happen if they did ask for help. A number of participants explicitly stated that they would not share with professionals that they were feeling suicidal, even when they were directly asked about it, because they knew that action would be taken. There was awareness that this was for their own safety as well as the wellbeing of their loved ones, but it acted as a significant barrier to accessing help, not just from professionals, but also from friends and family members.

"I know the consequences of it. Not willing to go there. And that is an issue I think mental health services and suicide prevention should address [...] but it's an issue because if you know how the system works, I think you're less likely to reach out for help because you know what the consequences are."

"I didn't tell her [friend] that I had thoughts of suicide because I felt like she's going to probably like [...] felt like she was going to call the next person and be like 'oh, she's trying to kill herself.'"

In particular, a number of participants had a real and significant fear of being sectioned under the Mental Health Act.¹⁶ This fear resulted in a significant hesitancy, and refusal in many cases, to approach any professionals for help, including the police, health professionals and local services. This was particularly the case for autistic people, due to the inpatient environment being unsuitable for people with hyper-sensitivity.

[I was] trying to surreptitiously tell people [...] whilst being very, very scared that I would get sectioned. And not wanting that because that wouldn't fix anything. That would have made everything worse."

"I definitely didn't want like hospital treatment or anything, especially not against my will"

For those who feared judgement and stigma from their friends and family, they were resistant to reach out for help because they thought it would get back to the people they had been trying to hide it from.

"They would mean well [...] and they would have had those discussions well meaning, but I just didn't want those conversations taking place."

"Because I had kept everything secret from [my wife] I couldn't risk talking to anybody else because I was afraid of them breaking the confidentiality and getting back to [my wife]"

A desire to retain control

Linked to a fear of what would happen if they had sought help, some participants were clear that they wanted to retain control over what happened to them. This control may have been lost had they reached out for help in different ways, including in actions taken as a result and in information being shared about them with friends, family and professionals.

For many people going missing was a way in which they were taking control over their lives in that moment.

"I just didn't want those conversations taking place because I felt I would have, I would have lost any sense of control that I might have had about my own feelings about my own emotions [...] for me that element of control was, if you like, the

¹⁶ If someone is 'sectioned', they are kept in hospital under the Mental Health Act 1983, because there are significant concerns about their mental health. The person can be detained and treated without their specific agreement. There are various circumstances in which someone can be 'sectioned,' including if their condition poses an immediate risk to themselves or others. For more information please see the Mental Health Act webpage on the NHS website: <https://www.nhs.uk/mental-health/social-care-and-your-rights/mental-health-and-the-law/mental-health-act/>

only remaining [thing] with my personality, my character that I had left”

“I didn’t want anyone to stop me. I’d got it in my head that that was the absolutely best right thing to do [...] no I wouldn’t have let anyone take that away from me because it felt like the only positive thing going on. I was looking forward to the planning, the process and just not existing anymore and there was no way I was going to tell anyone because I didn’t want anyone to take that away.”

The perception that their situation was not ‘bad enough’

There was a perception from some that they should not reach out for help. This was often because they thought that there were other people in a much worse situation than they were in, and they did not want to ‘take’ the support when others may want or need it more. Some felt undeserving of help and support, sometimes linked to the fact that they felt very low or suicidal.

“I felt like my situation wasn’t bad enough to justify me asking for help. I guess I was able to convince myself that other people had it worse, so I didn’t want to take up space.”

Previous negative experiences with professionals

Unfortunately there were many examples of people who had previously had negative experiences with professionals or others. These experiences were a very clear barrier to trying to get help before they went missing: a number of people explicitly shared this was why they had not sought help before going missing while suicidal.

Negative examples were provided about a range of professionals:

- The police
- GPs and health services
- Charities
- University support services
- Mental health support services

“[Helpline] was so appalling that I’ve never phoned a helpline [since]. Because they were really dismissive [...] it was useless. So I basically vowed to never phone a helpline again. I wish I hadn’t phoned them, it would have been very helpful to have not.”

“I’ve always had bad experiences [with the police]. They’re, they’re not very helpful. They don’t listen and just got me in trouble. When at the end, they should understand people when they listen”

“I’ve been let down by social workers, support workers, doctors, all sorts”

"To be honest I've, I'm just done with the crisis teams. It's just, it's not the individual workers, it's the administration. To me, it's just more upset when I don't need it and affects the family in a way that we don't need at that time when we're just trying to be healing. I just can't trust them to show up. Or share the right information, so I don't engage with the crisis team. I do have a prejudice against that service."

"The teacher got me to see the school counsellor [...] but that all turned into a huge thing where she'd, I think she'd promised that she wasn't going to tell my mum something, and then she did"

For some these experiences had exacerbated the reasons why they were feeling suicidal, and had pushed them further towards going missing.

"I just went off and I went and got back and decided to go because I was like, fed up."

There were myriad barriers to participants accessing help before they went missing. The barriers significantly outweighed any positives that people had experienced. However, it is important to note that, for some, their view was that actually very little could have stopped them going missing once they had reached that point of crisis.



What happened while missing

Key findings

The emotional complexity of missing was clear. For many being away was a fragile moment of reflection, agency and reorientation, not simply relief or despair. For others, it was a representation and culmination of the crisis they were experiencing.

There was significant variation in where people went while missing.

The main commonality experienced was trying to avoid other people while missing.

The impact of being away on suicidal feelings varied:

- For some, being away gave them time and space to reflect on their situation and reduced feelings of suicide. However, most experienced challenges while away, including feelings of sadness and isolation
- Some reflected that being away gave them the chance to fully consider whether they did in fact want to take their own life, often finding that they did not want to
- For others, being away made things worse, largely because they were away from any supportive systems such as family and friends

Some did go on to attempt to take their lives while missing

As can be expected, experiences while missing varied greatly. This report will not go into detail of exactly what happened to participants while they were away, but will instead focus on any commonalities, and the impact that being missing had on participants' feelings of suicide.

Where did people go?

Examples of where people went while missing include:

- Walking around from place to place, often with no particular destination in mind, although some were drawn to places that were significant to them
- Driving, again often with no particular destination in mind
- Hotels
- Outdoor locations, including the beach, a park and the woods
- Public places where they could be inside and use facilities, such as the library and hospital
- The home of a friend who did not have connections with other friends or family
- Some slept rough

The length of time people were away for varied from a few hours to days or weeks. A small number of participants had been missing for a longer period of time.

Places of safety

A number of participants described going somewhere they were likely to be safe, even while experiencing crisis or suicidal feelings. This was often the case for people whose missing episode was part of a pattern of mental health escalation.

"I needed somewhere that I could feel safe and somewhere that could actually like remove me from the constant reminders of my struggle"

"On the whole [I went] to places that were familiar to me, either in my childhood or early adulthood [...] places that had some meaning in my life, whether good or bad. And I would just go and I suppose I got comfort"

"I went to [city] next because I used to live there. I've got a lot of good memories of [city] as well. I lived most of my life, I went to uni and I thought I'd go back there [...] I thought it might ground me. So it was the first time I think I gave myself a chance."

"I go [to hotels] and escape and I don't have to face talking to people and I don't have to engage with my family and feel like a failure and it becomes a spiral"

Avoiding other people

Most commonly participants described deliberately trying to avoid others and often this dictated where they went while they were away.

"I didn't want to attract too [much] attention to myself because there were people around [...] so I left. I just kept wandering around. I went into the woods. I just kept walking."

"I didn't want interaction, I didn't want people to see me looking dishevelled and distressed, and then people to ask me, you know 'are you alright?' [...] That kind of behaviour and if I saw groups of people I'd turn off and go somewhere else"

This avoidance ranged from avoiding strangers and crowds, to avoiding places they may bump into people they knew, or who knew other friends and family. Some spoke of going missing in their car in order to even better avoid people, and others who had gone missing on foot spoke of deliberately going to places that were likely to be quiet. Some of those who stayed in hotels while away went to hotels in areas they knew they were unlikely to be found in.

"I just wandered around town. Not in the socialising areas, I wanted to avoid those"

"I didn't want interaction"

"I did some wandering around. I just wanted to be isolated, yes from humans and anything"

"It was a strange mix of wanting to be alone, but also hoping that maybe someone would notice what I'm going through and reach out"

"That's another reason why I think I went driving because it was easier to maintain that isolation in the car. Yeah, because you had the body of the car around me."

"Particularly if I was close to home, physically close to home geographically, I was aware that I might come across people that either knew me or [my family] [...] so I recall, it's almost like trying to keep a look out. So that if I saw somebody [...] I knew, I would scarper, always go in the other way to avoid being discovered"

The impact of being missing on suicidal feelings

Participants had very different experiences of the impact of being missing on their feelings of suicide.

Reducing feelings of suicide

None of those completing the survey shared that being away had a positive impact on their thoughts or feelings of suicide. However, for some of those taking part in interviews the time being away did reduce their feelings of suicide.

Participants spoke of their missing episode giving them a sense of calmness and clarity, enabling them to take time to think about what was happening in their lives and to consider options for next steps. Being away gave a sense of escaping, and taking control over their situation. The space and time was helpful in these situations, and gave people a break from the challenges that they were experiencing that had led them to go away.

“I just felt calm and time seemed to pass really slowly”

“I had this unexpected sense of calm and also I had an idea of what would happen next.”

“I felt I could shut everything out for a while”

“I could be uncontactable for maybe 6 or 7 hours. And during that time, I might just drive around somewhere or I might go and park. And it was almost a time of destressing I suppose really”

“On the whole it had a calming effect”

“I’ve always been calmed down by water and like the beach has always kind of been my favourite place. So yeah, I just went there”

“I definitely felt calmer. Yeah it, it seemed to really sort of help clear my head and I could just be for the first time in six months [...] I stopped feeling trapped and unsafe”

“I think I probably at times felt better than I had done for the few months prior to my missing episode [...] ‘Nobody here knows who I am,’ [...] I felt weightless and baggage free. But then the next day I crashed quite hard. Because when I was like, you know, brought back to reality”

For some, missing gave them time to reflect on whether they wanted to take their own life at that time. It gave them the opportunity to step away from what was happening in their lives that was resulting in them feel suicidal, as opposed to remaining in that situation and potentially reaching significant crisis point. This was not however the case for all participants, even for those who did feel calmer at points during their missing episode(s).

“It was that halfway house between actually doing it, between leaving real life [...] those few hours gave me that space and time and [...] it made me reflect and not actually go another step.”

“Going missing was sort of like a step forward [...] but one where I could think more clearly, so I wasn’t on this like roll of you know, I am out of control, not I

don't want to do it, but I don't know how. I don't know when, how, where, where am I doing it. So just going somewhere removed from the home it was, it was a big step and then like onto a flat platform, so not this rolling ball. Just not getting anywhere, just feeling worse and worse. Step onto a big platform of 'right, you've got some space, you can now think. Are you going to do this? When? How?' It was like taking a decision. It was like doing something positive and concrete and yeah it was like 'OK, so you're here. What are we going to do?'

"Had I still carried on on that snowball [...] maybe I would have been inclined to do something drastic and more instantaneous and this [being missing] gave me sort of like a way to plan and be more methodical and yeah. It just, it just removed the noise and thankfully gave me the space to think 'not yet.'"

In some instances the person had been having pervasive thoughts of suicide before going missing, had taken steps towards taking their own life, but did not then go on to make an attempt. In this situation, for some, being away did appear to lessen their feelings of suicide, and people did not go on to attempt to take their own life while away.

"And having that space to reflect and remove the normal noise helped me see that, yes things are desperate, but I'm not quite ready yet. I'm going to give it

another go. I'm just going to give life another go."

"[Suicide] is an irreversible decision, but it made me realise that even in my darkest moments there was still time to get out of something"

However, even for those for whom missing gave time, space and a sense of calm, being away had elements of sadness, isolation and other negative impacts. There were also feelings of inevitability about their situation.

"The fact that I was just, I was missing. I felt, I'm not killing myself, but I'm missing and it felt good, it felt comforting. It was awful, it was lonely, but I thought 'I'm doing something.'"

"I think at first, the change of environment brought that temporary sense of relief [...] it actually made me feel safer. I think the isolation eventually like made me feel even more alone, and it actually rather increased my negative thoughts after like a period of time."

"Relieved and scared at the same time. I was relieved because I was away from everything that felt overwhelming, but I was scared because I had no real plan. It was just strange"

Making things worse

For some, being away made things much worse. Participants spoke of feeling isolated, alone, and not having any distractions to stop them from thinking about the challenges they were having in their life.

"It made things worse. Because then I was completely alone [...] with no distractions"

"I remember lying in [park name] and just breaking in, breaking down in tears. And then half an hour later being like 'it's not that bad.' And then all of a sudden crashing really hard. Like the, not that the peaks were very high, I didn't feel good at all, but I just felt like, OK, but then I just crash and absolutely plummet to the depths again."

"Most often it was just absolute desperation and sadness"

"It's the emotional impact [of drinking] as well. The alcohol only makes those feelings just worse and worse and worse and removes my inhibition about acting on them. So I tend to find after a couple of days I've started to feel suicidal because I'm thinking I'm away from my family, I've lost, like all chance of ever speaking to them or seeing them ever again [...] basically, I'm just digging and digging and digging [...] the longer I stay in that position, the worse everything begins to feel, and both practically and emotionally"

"It gets worse the longer I'm away. Definitely to the point where being away is so unpleasant, and so lonely and so isolated from the things I get value from in my life, my work, my kids, my partner. And it almost starts to feel like, well, that's the easy way out, if I was just dead, I wouldn't care anymore."

"I would say for the first day I felt like I was going crazy. I felt like I was going mad because I could imagine I was just talking to myself, talking to things that I knew they weren't going to talk back. I was just so angry. I was sad"

Participants spoke of a recognition that being away was not going to fundamentally change their situation, and experiencing some sadness and futility around that.

"They [the reasons for missing] were still there in some ways. They got even worse, especially when I was alone. I felt so terrible. So without the distractions of daily life, I was left alone with my feelings. And that was really, really hard on me"

"I've run away, what's next? What am I going to do with my life? And that was, that was when I just started, 'OK, you know what? Maybe I should just kill myself and end everything."

"I think it varied. If it was a really cold day then I just wanted to give up. Other days I felt like, if I just carry on, maybe things will be different soon. Things will feel different. But then by the end I was very, very low because I was just so weak and tried [...] I was too weak by that point to do it, to even attempt anything suicidal because I just felt too out of it to do anything"

For a small number of people they became aware of something happening which made them feel worse. For example, someone saw an email from their work saying they were facing disciplinary action for being away from work.

"I was just like 'right, brilliant. Well that's my way back gone cause my job's done.'"

car had been that well bloody serviced it kept going in a straight line. I was so cross with myself."

"I just wanted to go missing and get exhausted and probably fall off from a hill or something. So I would say yes, I did attempt"

Attempting suicide

In some cases the person did go on to attempt to take their own life while missing. Where this had happened it was often very quickly in the missing episode, and was more explicitly linked to why they had gone missing, i.e. the person had decided that they were going to take their own life, they had done some level of planning, and they made the attempt shortly after going away.

"There were two or three cases where suicide was quite uppermost in my mind. One particular example would be driving.

And I would drive up [motorway] at ridiculous speeds [...] I do remember letting go of the steering wheel, but the

Wider impacts while away

Many participants shared that they did not think that people would have cared that they were missing, and did not think that anybody would be looking for them. This was largely linked to why they had gone missing: those who had been experiencing challenges at home did not feel that their family or friends would care enough, and those who were in mental health crisis had often convinced themselves that people would not care enough to look for them.

“I didn’t think anyone would look for me and I would say no one did”

“In that moment I felt like my absence wouldn’t really matter to anyone, because I’d convinced myself that people were too busy with their own lives. Or they wouldn’t be as affected as they actually were”

“Then I thought ‘you know what? [...] they’ll just think I’m being selfish.’ [...] I was so annoyed at the time and so desperate and so low. I thought, ‘well, they probably wouldn’t bother, you know, bother about me.’ And, and if I go home, my husband’s only going to shout at me for not telling him where I’ve been. But I just, yet, I thought ‘well, I am missing, I’m a missing person but nobody cares’”

Some participants spoke of being uncomfortable or unhappy with what they had done while missing, or having been at risk while away.

“It was very uncomfortable for me [after] because I didn’t feel comfortable with my

behaviour [...] I surprised myself with how easy it was to slip back into a different version of myself”

“Part of the issue with that [drinking heavily] is obviously, you know, it puts me physically in harm’s way because obviously people could take advantage of me or, you know, I could fall and have an injury, end up in A&E as has happened very frequently”

Some participants also reflected feelings of failure for not being able to take their own life while away. This was the case for some who had gone away with the specific intention of taking their life, driven by feelings of failure.

“Then even, even feeling guilty that I had not been clever enough to bring a lot of tablets with me, because it would have been the perfect chance to end my life because there was nobody checking in on me”

“As I was perhaps going home, the thoughts were coming in like ‘oh you’re so weak [...] you can’t even end your own life. You’re pathetic [...] you’ve given up, you’ve caved in.’ So I had to fight all those thoughts as well [...] yeah that guilt was creeping in that I can’t even take my own life, you know?”

Support while missing

Key findings

The vast majority of participants did not seek help while they were away.

A number of barriers to seeking support were identified:

- Not being cognitively or emotionally able to due to being in crisis
- Avoiding contacting people, and not wanting to be contacted
- Lack of awareness of some available support
- Not feeling that their situation was serious enough
- Not having been reported as missing to the police

The vast majority of participants did not seek help while they were away, and those who did very rarely were able to access what they needed from reaching out.

"I actually thought about it, but then I didn't. I remember debating whether to call or text someone, maybe a friend, or a helpline, or even just grab my phone and then look at the messages that I had ignored [...] so part of wanted someone to find me. I just, I wanted someone to check in, but I never [...]"

Barriers to accessing support

As was the case before participants went missing, there were myriad reasons why people did not seek help, some of which were complex and exacerbated by the crisis they were experiencing while away.

Not being able to

As can be expected given the situations people were in when they went missing, many simply were not emotionally, cognitively, or physically able to reach out for help while away.

"I wasn't in a totally sensible state of mind. Not enough not to remember the whole thing, but certainly enough that my inhibition and my rational decision making were impaired"

Not wanting to be contacted and avoiding people

While away most participants did not want to be contacted by anyone. People tended to avoid coming into contact with others, and would deliberately go places they would not be seen or found.

"I just didn't want any human contact whatsoever"

While most did take their mobile phones with them, they either switched them off or ignored calls and messages that they were being sent.

“Whilst I was away I didn’t want to be contacted. I didn’t want my family trying to ring me and find out how I was, where I was”

“They will constantly message me. I mean, I turn my phone off because I go into a sort of autopilot [...] and my phone goes off because I don’t want people to track me”

“I’m not sure why, I would always leave my phone on. So I could hear people ringing but would never answer the phone. I was just conscious that people were trying to contact me”

While many people were aware that their family and or friends were concerned about them, they did not want to or were not able to engage with them.

“I remember debating whether to call or text someone, maybe a friend. Or a helpline, or even just grab my phone and then look at the messages that I had ignored [...] so part of me wanted someone to find me.”

“Was I aware of the distress I was causing? Yes, I probably was actually. But I was in such a bad place as I say that the feelings that I had overrode any desire to want to be in contact with anybody”

Not wanting to tell people what was happening

For those who had not felt able to share what was happening before going away, or who had had negative experiences when asking for help then, this impacted on their ability to seek help while away.

“I was like if my family can’t help me [...] then I don’t think there’s anyone that would [...] I feel like it’s not necessary to bother anyone and no one would really care.”

“I didn’t want to speak to anybody that knew me, so no family or friends [...] I thought their advice is going to be ‘go home’

“There’s also that sense of stigma and shame and embarrassment that look at the state I’ve put myself in. I don’t want anyone to find me until I can get my own head sorted [...] There is a sense of secrecy and hiding on my part [...] I do work out ways I can not be found”

Lack of awareness of support available

Participants shared that they were not aware of what support was available for the situation they were in. No-one had known about Missing People for example, and in the survey only 2 in 7 were aware of the support they could have reached out to.

Others did not understand the specifics of what support was available, even if they did know of organisations that they could

contact. The lack of specific information about what would happen when contacting a charity or service was a clear barrier for some people in reaching out to them.

“Because I just didn’t really think about it or know of anywhere”

“In all honesty I didn’t know about Missing People at the time. I didn’t really know much about going missing [...] I wasn’t aware there were any organisations like, you know, going missing. So it was either Samaritans or sort of like the emergency helpline with the mental health services that I had been under. I wasn’t aware of anything else and I didn’t feel I was serious enough to warrant that”

Not feeling that the situation was serious enough

Similarly to before they went missing, some felt that their situation was not bad enough to contact a helpline or other support while they were away. This was the case even where someone was feeling suicidal, but was not at the stage of actively attempting to take their life.

“No I didn’t [consider contacting a helpline] because I wasn’t at the point of doing something like taking tables. I didn’t consider myself serious enough or that they could do anything to help”

“I was kind of deliberately not, you know, I had a flat and everything. I could go back. So I, you know, I felt like I wasn’t really allowed to [ask for help]”

“I didn’t feel I was serious enough to contact Samaritans”

“There was something about my missing period that feels really, I almost have imposter syndrome with it [...] it feels really inauthentic” because the things he was doing wouldn’t be seen as unpleasant necessarily *“But I tried to explain [...] they were kind of like acts of self harming in a way and I was doing something that’s unhealthy for me”*

For some whose missing episode(s) had been shorter, they felt that they did not necessarily qualify as ‘missing,’ even though they knew that what they were doing was not normal or safe behaviour for them.

“Although I knew I was missing because I knew it was unusual behaviour for me [...] but on those shorter occasions I didn’t feel as missing, you know, I thought ‘well I’ve only gone for a bit, it’s not like I’m, you know, some people go missing from years.’ It’s not really that important anyway, if you’re only missing for a few hours, you’re not really missing. So I attached little importance to the shorter periods of times I knew I was missing and because it was unusual for me. But I thought that people said, ‘well, she’s not really gone missing, she’s only been away a day’”

Not reported as missing to the police

Very few were reported missing to the police, and most were glad that they had not been reported. As was the case before going away, there was a real fear of being sectioned under the Mental Health Act, or of control being taken away from them had the police become involved.

"I definitely did not [want the police to be called] [...] from what I've heard that if the police get involved they can be very uncaring and then immediately refer you to a psychiatrist at an A&E department that probably doesn't know you and they could section and you and I just did not want that. So it was fear really, I didn't want the police getting involved at all"

"Notably, with my situation, there wasn't any police notification because of a combination of my parents thinking 'oh you know, [name] will be fine, he's just gone to [city] for some time off. Whatever. To clear his head. They never phoned the police"

"I was really scared of people calling the police or seeing that I was missing [...] I remember googling like 'what can the police do when someone is missing?' Like what are the potential, like can they, can they trace my bank account? Will they know where I am? So all that was because I was trying to deter that"

Not being reported to the police does have implications on what is likely to happen when someone is missing. If someone is reported missing the police will take steps depending on how that missing episode has been risk assessed.

This may include the person being sent information about support services including Missing People and Samaritans.

TextSafe and Suicide Risk TextSafe

When someone is reported missing they can be sent a text message which signposts them to Missing People, and in some cases Samaritans for anonymous confidential support.

This necessitates them having been reported missing to the police, as currently the initial referral to Missing People and Samaritans is made by police.

Contacting helplines

"The longer I stay in that position, the worse everything becomes [...] and then that's when either I've rang the Samaritans because I can't face talking to the people that I know and love"

A small number of participants had reached out to helplines. There was mixed feedback about the helpfulness of this. Some had found it helpful, whereas some shared that the approach of the particular helpline they contacted had in fact made things worse for them.

"I got in touch with [helpline] and I think the conversation wasn't like a complete fix for everything, but it did help me feel like a little less isolated and it actually provided, like I would say, like a momentary sense of hope."

"I think they were actually concerned for my well-being [...] I appreciate that they were focused on ensuring my safety."

"What I was looking for at that particular time, I was looking for human connection. There was no human connection [...] they do a cracking job, but that's what I was looking for and I couldn't tell them that. I couldn't say 'I just want someone to talk to me.' And it just felt so unnatural"

This was intrinsically linked with exactly what the individual was looking for and whether that aligned with the way

support was provided by the particular helpline.

For example, two participants had contacted the same helpline: one had found that contact very helpful, whereas another had not got what they needed from that contact.

"What I struggled with, and I had to end the conversation, was the quietness. They allowed me to talk and then when I went silent, apart from the 'I'm still here' kind of stuff, there was no prompting [...] I found that really uncomfortable. And I had to break the call off [...] I was finding it more distressing by having that period of silence [...] I had reached out to talk to somebody and it was almost as though there was nobody there."

"While away I have called the Samaritans and just kind of vented. I mean, that's what they're there to listen. And you know I have sort of been able to say things about some of the frustrations that I have [...] things that I obviously typically can't say to people who are too involved in my situation [...] It's kind of always been a valued service that I can just kind of vent some of that [...] it has always sort of been the start of me turning things around a bit, once I've reached out, it's kind of been a bit of a catalyst"

A few participants however spoke of specific reasons why they had decided not to contact a helpline, including feeling fear about being tracked or what would happen as a result of contacting the helpline.

“A part of me felt that if I’d rang a helpline they would somehow triangulate my position and tell them where I was, or if I rang, you know the police, they would do something”

“Helplines, you know, even the police, when they’re dealing with these things. I think there was always a part of me that knew that it’s motivated by ensuring your welfare, which is obviously what it should. But I was in a position where I didn’t care for my own welfare. I didn’t really want it supporting or fixing. I just wanted a bit of inconsequential kindness, a bit of like, just make me feel better”

Contacting mental health support

A small number of people had reached out to mental health professionals while away. For one person, they have contacted their mental health team while in real crisis point, and they were able to find them and take them somewhere they would be safe.

“On very rare occasions [I’ve] reached out to my mental health professionals, or they’ve basically come and found me. And tracked me down in the hotel and then basically taking me to a hospital or a place of safety”



Returning or being found

Key findings

There was significant variation on how people returned or were found, with some deciding to return and others being found by someone else.

For those who decided to return, the decision was made for different reasons:

- Some felt better, or at least less in crisis
- Some wanted to get back to family and friends
- For some, being missing had not changed their situation, so there was no point in staying away longer
- Practical reasons, including running out of money and not wanting to sleep rough
- A number of participants decided to come home at the point they became concerned that the police would get involved, which they did not want to happen

For those who were found by someone else:

- Some were found by family and friends
- Others were found by police or mental health professionals. This was particularly the case where individuals had attempted suicide during their missing episode

The way that the missing episode ended varied, with some episodes ending due to the person deciding to return, others ending with the person being found by the police or other professionals, and some ending because the person was found by family or friends. For those with multiple missing episodes, they did not always end in the same way each time.

Deciding to return

In some instances the person decided to return of their own accord, however this was for a number of varied reasons.

Feeling better, or less in crisis, after some time away

For some, their missing episode did give them space and time to reflect on what was happening, and they were able to return home. Some shared that they started to think about the positives of their lives, including family and friends, and this was a trigger for deciding to go back home.

"I don't know if I wanted to return at all, but then after some time a few things started to shift. I started to think about the person that cared about me and how they must be feeling."

"I've done enough thinking, I've, I've got away for a little bit. I've had some space and I decided to go home, you know"

For others, it was not so much that things had gotten better for them, but that the time away had made them decide to try again and to go back to their life.

"I'd done lots of thinking, lots of walking, lots of time on my own. And I think I decided that I needed some human contact. I needed to, I wasn't quite ready to go. I could maybe give it another go [...] It was a dreadful time, but I looked back on it and I needed those four days. I needed it just to get away from the noise of life"

A number of people who had gone missing as part of a response to mental health crisis felt able to return home once the crisis point had passed. For some, missing was part of a pattern of response, and they had confidence that they would feel better and be in a position to return after a certain amount of time, whether that be hours or days in some cases. People shared that they did not want to be at home during this period of time, but wanted to be well enough to return to their family and friends.

"In a crisis [...] it becomes a spiral [...] and there's no way I'm going home. So I have to wait until I'm ready to stop doing that [...] and then go home"

A desire to get back to their family and friends

Many referenced their family and friends being a clear factor in deciding to ultimately return from being away, and in not attempting to take their lives while away. People mentioned thinking about the fact they would be leaving behind partners, children, nieces and nephews, friends and others, and that being a driving factor in returning.

"I have some good memories that surfaced and then something about those good times that we've had with my family, friends and even myself [...] so not to fix, fixing anything, getting rid of or fixing everything, but to make me hesitate. And the hesitation was enough to keep me going."

"I start to really think more clearly about my family do need me. I need to get back to work. I need to get back to my life"

"Sitting in a hotel room, doing absolutely nothing, crying and feeling sorry for myself, is so far removed from the things I truly enjoy and who I am. I just can't put up with it anymore and it's like, 'right, either you're going to kill yourself, don't feel like doing that. Great, get back home, get something going with your life again.'"

Being missing had not changed anything

For others, there was a feeling that being missing or away had not actually changed anything, and in some cases had made things worse. There was a realisation that nothing was improving so they should go home, including to try to get some help in some cases.

"I reached a point where I felt exhausted physically, emotionally, and then I realised that being away, it wasn't making things better. And if anything, I was even more lost"

"I released that [... being away ...] was a temporary relief. It wasn't like a solution. And I think I missed the support of those who cared"

"There was nothing [that] changed. It's not like I felt better or anything. So a part of me still wanted help, even if I wasn't ready to act on it or sit down. I just wanted it in the end. Coming back wasn't easy"

"I recognised that I needed help [...] and I just wanted to go back home"

Practical reasons

Alongside reasons linked to feelings and emotions, some did share that their decision to return home was partly influenced by more practical considerations. For those who had been staying in hotels, there were financial considerations, and while it was by no means exclusively the reason for returning, running out of money did play a role.

"I was growing concerned of how long I've been away and what would happen next. And my money was running out also. I didn't really wanna sleep on the streets, so that was a factor"

"It's usually a practical thing, I've run out of money, I'm really fed up of being in hotels, I miss my family. That starts to override as I come to my senses. Any sense of what had upset me in the first place becomes meaningless."

Fear of police getting involved

A number of participants shared that they had returned at a point they were concerned that they would be reported missing to the police by their friends or family.

This was a clear influence in individual's decision to return in some cases, particularly where their time away had enabled time to get space and reflect. Some shared that they knew their situation would get much worse if the police had been involved, and they were at pains to avoid this.

"The police being involved would have been like life shattering for me"

"I was concerned on the two occasions where I came back about 11.00 at night that if I left any later he would contact the police, which I didn't want, because I thought they might section me."

"It wasn't until about the evening where I decided to respond because I was worried they were gonna call the police"

"If it had gone on any longer than that he [husband] would have reported it to the police"

"I didn't want him to call the police and I didn't want the police to come and find me"

Many participants referred to the involvement of the police as something that would happen if they were 'in trouble,' and referred to policing as inferring that they were involved in criminality. There was less awareness that the police do also have a safeguarding role, and that their involvement does not necessitate that the person will be in any sort of trouble.

Interrupted

For some, their missing episode was 'interrupted' by something.

In some cases this was something that may have been expected, like getting a message from a friend that used language that really resonated with the person and was just what they needed at that time.

"The reason I came back was the person who contacted me was so utterly understanding, patient and non-judgmental [...] no pressure [...] that message that he sent me saved my life and it allowed me to come back."

In others the interruption was much more random, but it was enough to give them a different focus. One participant shared that while they were missing they had come across an injured animal, and decided to take it to the vet and then go home. They were clear that this interruption changed the course of their missing episode.

Found by someone else

Some participant's missing episode(s) ended when they were found by someone else.

Found by family or friends

A small number of people had been found by family or friends who were looking for them. In some cases the family member had made contact via the phone and had then been able to go and get the person where they had gone missing to. In others, family and friends had been actively looking for the person, and had found them.

Found by the police or other professionals

There were very few examples of the person being found by the police or professionals. Where the police had found the person this was typically in cases where the person had gone on to attempt to take their life while missing.

"Thankfully the search didn't take them too long. I think it was [...] I was found in about four hours."

"If it hadn't been for the police I would have possibly [have taken my life]"

"There were several times when they [mental health team] outside their role came and got me from hotels because they were so concerned that I was suicidal [...] and they got me and they took me to places of safety like my mum's house [...] to the mental health hospital up there on one occasion to sort of be assessed and kind of then be watched for over 24 hours. And yeah, they did an awful lot to help"

What happened on return?

People returned or were taken to a variety of places, including:

- Their home
- A hospital or mental health care setting
- A church or other community location

"I didn't go home directly, so I went to the church. I just wanted to pray because I think, I needed help mentally and I didn't want to go to the hospital. I don't like the hospital. So I just wanted to pray. I wanted to feel like I was having this communication with God and just make sure that I've told him everything that's happening with me"

"My mum took me to my flat and she was very worried about me and she phoned the mental health team. They came out to do an assessment and then I was sectioned."

Impact of being missing

Participants spoke of the challenges that they faced returning from being missing. While some of these were very substantial and necessitated hospital stays, as will be explored below, participants reflected some challenges that were more closely linked to emotional challenges. People shared that they did not necessarily feel relief to have returned, and that it took time to get back into the swing of 'normal' life.

"I was just ready for anything that was going to happen because coming back was harder than I expected. I thought I would feel relief, but instead I felt a mix of emotions"

"I had this strange feeling of trying to return to normal, because nothing felt normal anymore for me at that moment. It took time for me to adjust, it took time for me to rebuild trust, for me to process everything. To even allow myself to accept support took time too"



There was a strong sense of guilt for the stress and emotional distress that some participants felt they had caused their family.

"I'm not proud of it, but I, but I am acutely aware of the distress that it caused [my wife] in particular. Particularly on that, that particular occasion when the police had to tell her that'd found me and that I had attempted suicide and that I was unconscious"

"There's practical things that just haven't happened or that I've missed, and there's the guilt and the frustration and just the internalising of that, and more than anything I don't want to trigger another episode with feelings of regret and embarrassment and shame."

"Not only had she got to deal with the fact I've gone missing. Then there was being told I'd tried to kill myself and for her, then there was anger that I would have done something so drastic. Hurt that I'd not been able to talk to her about why I was feeling that way. Guilt, because she's a nurse, so she felt that she would have seen some of the signs"

Participants spoke of a need to rebuild their relationship with people they had left behind, but of finding talking about what had triggered their missing episode very difficult.

"The early weeks were really very, very painful for both [me and my wife]"

"Obviously there's a lot of healing relationships with family. There's a lot of catching up to do, repairing things with work."

"[My partner] is fed up and tired. He's done his best. But he is angry with me because I wasn't here and he's trying to catch up on things [...] crap, we gotta get back to the grind of life now. I've gotta deal with the fact that I've probably spent money I shouldn't have [...] I've spent time away from work [...] building relationships back with my kids"

Support on return

Key findings

Many were not offered or able to access support on return. This may have been linked to the fact that very few of the participants had been reported missing to the police.

For those who did access support immediately on return, this included:

- Mental health in-patient care
- Mental health out-patient care
- Support provided by charities, employers and community groups
- GP
- Support from family and friends

For those who did access support, key positives included:

- Continuity of care
- Flexibility in the offer of support to meaningfully meet their specific needs

However there were challenges in accessing immediate support:

- Participants shared frustrations with being asked to repeatedly share their experience
- Accessing ongoing and consistent support
- The support offered not meeting their needs, resulting in them not feeling listened to, supported, or safe
- Support provision not recognising that the experience of being missing can be a trauma in itself, and support not being provided in a trauma-informed way

“Going missing sometimes is just that cry for help. And then there is no-one to hear it. And if they do hear it, then there’s nothing they can do. Then yeah, whose responsibility is that?”

Processes on return if the person has been reported missing to the police

When someone is reported as missing to the police there are statutory processes that should happen when they return. These vary depending on the age of the missing person.

Regardless of the age of the missing person, the police will usually want to see them to make sure that they are safe and to confirm that they are no longer missing. This should happen as soon as possible after the person returns. They may ask questions about where the person went when they were missing and whether they came to any harm. This should be seen as an opportunity to identify any support needs that the missing person may have.

For missing people under the age of 18, the local authority then has a duty to offer them a return home interview / return discussion. This is a chance for the person who has been missing to talk about why they went missing, what happened while they were away, and to get some help if they need it. It is also a chance to think through what might help the person from wanting to leave again.

Some participants did share examples of the support they received when they returned or were found after being missing, but it is important to note that many people were not offered or able to access help with why they went missing or what happened while they were away.

Because very few participants were reported missing to the police, this research cannot speak to the effectiveness of that process. It may be the case that if they had been reported that more support would have been identified or put in place.

"It certainly surprises me now that no one really did anything"

"It's quite weird the lack of support actually"

"[going missing had no impact] on the help I could get. I wish it did"

"There was no exploration about going missing, absolutely nothing"

Some spoke of being judged, blamed and misunderstood when they returned, by both professionals and other people in their lives.

"I was always blamed. It was always my fault. It was me being difficult. There was a complete lack of empathy, complete lack of support"

Professional support

Some were immediately able to access professional support on return. This was most often the case for individuals who had tried to take their life before being found, or who had returned still experiencing acute crisis.

- In-patient mental health support

"I was sectioned. And then I was pretty miserable for the next six months in hospital, which was pretty rubbish"

"I had a week in hospital. On my own completely, because no-one could come and visit me, so nothing to do but dwell on how wrong I was and how poorly I must have been to be thinking that way."

- Out-patient mental health care

"Then I was under psychiatric care for five years"

- Mental health and other support provided by charities or employers

"I did some university therapy as well [...] but they are there for very low level kind of mild mental health stuff. I think I come under the complex [...] and it's just a bit much for their team to really treat me, all they can do is be a nice friendly, listening ear. But at the

time that was better than nothing, and that was something"

"I had like an outpatient team, and I did have a good year with a charity who was supposed to do like weekly sessions, like therapy sessions. That was really good.

It's the only kind of therapy I found helpful. I liked the fact it was a bit detached from my doctor and GP and stuff, so it felt easier to talk to them."

"[Missing People charity] People obviously with specialism in this area and knew a lot about it. Just immediately felt very well understood"

- Support provided by community or church groups

"We meet every Tuesday evening and we just say it [...] we just have a conversation of everything in our mind [...] I get to know that I'm not alone"

- Support via their GP

"I did go back to my GP and therapist eventually. I don't know the time frame"

- Peer support

"I did kind of a peer support group which I found really beneficial. Actually it was kind of 6 sessions on some, it was kind of like taught workshops. Some of it was peer

support, some of it was more like art therapy and that kind of thing and I really got something positive from that [...] because I wanted to talk to people that I could process that sense of being caught off guard by feeling suicidal [...] I really felt that I needed to get through that beyond my circle of family and friends. I needed to kind of speak to people with lived experience and process that and understand that"

Positive feedback

A minority had really positive feedback about elements of the support they had received. This was mainly the case where they were given consistent support, did not need to repeat their experience over and over again, and where the support provided was flexible to what they needed. Some noted that the positive support they received was likely slightly out of the remit of the organisation supporting them, but the importance of being able to get the help they actually needed was critical.

"There was one [...] who was really good. And actually she kept me alive. Not by the therapy she was supposed to do, do CBT with me, and as you might know CBT needs to be adapted for autistic people, but you know that didn't happen. So in the end we decided not to mention the word CBT ever again and just have a weekly kind of in-depth discussion which actually I looked forward to cause I felt she was one of the very few people who actually listened. She was a very good listener. And she kept me safe. She literally kept me going."

"I was very lucky that the consultant psychiatrist I saw as an outpatient [...] so I don't know why but he wanted to keep me on his books. So I saw the same psychiatrist for five years [...]"

Challenges in support provision

However, many shared frustrations with the support they were offered. There were challenges with being asked over and over again to share what had happened to them, which participants reflected that they found frustrating and re-traumatising.

“What I was struck by when I was actually in hospital was [...] that I was having to repeat the story time and time and time again. And I found that really tough. To the extent that I almost became difficult because I didn’t want to keep repeating the same thing and then there was a change in shift, so you’d have the next consultant or the next nurse and they would all, it was written down there, but they’d go right back through the whole story again. And I hated it. Absolutely hated it with a vengeance”

“when it did come time for [my psychiatrist] to change, everything that I feared happened so the next consultant next appointment, he’s got the file and he opened it up ‘right I see you attempted suicide, so can you talk me through the lead up to it, and what happened that night?’ I almost said to him, I have to bite my tongue ‘no, because it’s there in your file, just take the time to read it’”

For some, the support they were offered did not meet their needs at all. Participants did not feel listened to, supported, or safe in what they were offered or able to access.

“The support they put in place was completely inappropriate and ridiculous”

“There was a complete lack of empathy, completely lack of support, apart from my psychiatrist who tried to play mind games [...] and that’s when I thought ‘oh so that’s what you mustn’t do.’ I learned my lesson. You know, that was it. You do not leave a trace. You do not leave evidence. Because if you do survive then it will be used against you” (She had written letters to 2 friends to say goodbye)

“Knowing that I’m autistic, the kind of help and support offered was utterly inappropriate, completely denying any special adaptations I needed. I remember asking once for reasonable adjustments and I was laughed at and said ‘oh you don’t need that.’ And that was a mental health service, I mean, you couldn’t make it up.”

“They just said ‘well you’re on a therapy list, but you know, it could be another, well it was 18 months before I got some more. So it was just the same when I told my GP because I was so desperate to get some more therapy after the last discharge. You know, I was told ‘well there’s nothing available. You’ll go on the waiting list. But if you’re at crisis point, you know, ring this number’ [...] So

“it probably went down in my medical notes, but it didn’t actually change anything”

For those with complex situations, the sheer volume of professional intervention was a challenge.

“At some points I’ve had too many professional appointments [...] it’s a full time job in itself [...] I’ve got such a strong network of wonderful, understanding long term friends and family and colleagues even at work that, actually, I’m happy just surrounding myself with that. Trying to balance it with self-care. And trying to squeeze in yet more appointments, repeating myself about the same trauma things and stuff that’s going on isn’t always beneficial”

There were examples of clear failures from professional services, including an example of the crisis team repeatedly not showing up to appointments that had been made with someone who had attempted to take their life while missing.

“They gave me an appointment time of later that day [...] they just didn’t show up [...] obviously we’ve been through a lot, [my family] are a bit traumatised by everything and then they just didn’t come. They then rang the next day and said ‘oh sorry we forgot to come out, we’ll come out the next day.’ So we waited in again and they just didn’t show up again.”

Support from friends and family

The emotional support provided by family and friends on return was clearly critical for some participants. While they spoke of the fact that their missing episode had created some tension, their ongoing support was key to some individual’s recovery. Participants spoke of the importance of being able to talk to some trusted individuals about what had happened, and of not being blamed.

“I didn’t have the words to explain [...] Some people were hugging me and without saying a word. And that meant more than any conversation at that moment”

“My mum, I remember my aunt to [...] really supportive. Like after the incident [they] took so much interest in me, always checking up on me, asking if I needed anything”

“My [partner] is an amazing, resilient [person] [...] and massively supportive in my recovery [...] She has never once, even once, even to this day criticised me for the suicide attempt, all the hurt that I caused her because of it.”

Some who thought that their family or friends would not miss them found it very helpful to learn that actually they had been really worried and concerned.

“I felt loved and I felt safe [...] there was that sense of I was right to come back and this is my home. This is where I belong. 50% was that. The other 50% was ‘but the same problems are here [...] so

50% all the guilt about having gone away and decided to come back, so half of me feeling really strong for not having gone and taken an overdose, and then half of me feeling weak because I didn't."

"The reason I came back was the person who contacted me was so utterly understanding and non-judgemental [...] That message that he sent me saved my life and it allowed me to come back [...] and then what he did was when we met somewhere and we just went for a walk outside. So we didn't have to look at each other and we just talked about what we saw. As we walked. No difficult questions, no guilt, no blame. Nothing like that. Not having to talk about anything. Just talking about what we saw and that actually allowed me to regulate myself, you know, it was very good"

"It wasn't until later when I saw the missed calls, the messages, that I realised how much they had been looking for me. That was a bit overwhelming because I hadn't expected that level of concern. Then a big part of me felt guilty and another part of me felt like, seen, like at least I've been seen. I've been noticed. Like maybe I did matter after all, more than I thought"

Some reflected on the fact that their missing episode had triggered changes in how they communicated with their family and friends or resulted in changes to their lives linked to the factors influencing them to go missing. Some, though not all, found it easier to open up to their family, with some friends and family explicitly wanting to know more about what had happened so that they could help better in the future.

"It did make him more aware that you know, even on the surface [...] that I might be paining on that face [...] he became more aware of how I can hide things."

"Over the next couple of weeks we're starting to unpack years' worth of dual behaviours if you like. Why I've behaved like the way I had. Why I hadn't confided in her, why I hadn't shared my illness, previous suicidal thoughts. So there was an awful lot to unpick"

For others, their family and friends were not as supportive when they returned. This ranged from being upset or frustrated that the person had not told them where they were, to more extreme reactions where the person was blamed or made to feel guilty for what had happened.

"The moment my parents actually saw me it was very quiet. Like very awkward"

“My wife and I were very selective about who we were and we weren’t going to tell. I was very mindful that, yes, my family would need to know because I was going to be off work for quite some time. But I’d had a positive reaction when I told somebody about my suicide attempt, I also had a very negative reaction and that made me decided that, yeah, I’m going to be very selective about who I tell.”

“It certainly feels surprising now that no one really reacted other than being angry. Like my, I think my parents were worried, but they don’t show worried very well. It either just comes across as either crying in mum’s case or angry in either of their cases.”

“I went back and [my husband] went mad”

“I know my parents were not OK with what I’ve done or me or the situation [...] but no people’s behaviour didn’t change. I think I just shut down. I stopped telling people”

“My parents just punished me, and that was just for going missing [...] all hell broke loose. Completely not understanding, doing and saying all the wrong things. You know, my mother was trying to force me to talk, but seeing that neither of them were people I could confide in [...] a lot of blame and putting

“a lot of guilt on me [...] and that made me then run away a few months later”

In some cases this had an impact on the person’s ability or desire to ask for help in the future, including linked to going missing again.

What support do people want?

The majority of the research findings show that participants were not able to access the support they wanted and needed linked to their feelings of suicide and missing. Some of this is linked to the support they were able to access more broadly, and many participants spoke of the challenges this faced with this.

Participants shared their views of what they feel needs to be available for people who go missing while experiencing suicidal feelings.

Systemic change

Many participants were facing multiple complex challenges linked to their feelings of suicide and then going missing. Some had accessed numerous support services provided by a range of services, from NHS to third sector, to support provided by their workplace, with none making a significant difference to them. There was a level of despondency from some about the availability of mental health and other types of support across the country, and many spoke of the systemic challenges that are facing health care and other support services, and the impact that has on their ability to support people who may be experiencing suicidal feelings.

"I was told 'fly solo [name].'" I was told there was nothing else available"

"There wasn't anything available at the time to me on the NHS [...] I'm too complicated for talking therapy. There is sort of like major trauma therapy, but they absolutely advise I have to be kind

of free from suicidal thoughts and feelings for a good year before they will go near me [...] At the moment there isn't really anything else on offer because I've basically tried everything and they've kind of exhausted everything"

"When I went to the GP last time [...] I said 'look, I'm really struggling,' [...] and she said 'well, last time you were away, did you end up in hospital?' And I said no. And she said 'well, you've done good then haven't you?' And I felt so dismissed

[...] is there anything, any medical treatment or any therapy?' And she said 'no, there's nothing for you. You've tried everything. You've tried every depression medication, you've tried every therapy that we feel we could even try to refer you to"

"Unless I actually ring up in that crisis situation and say 'I'm going to, you know, I think I'm going to take my own life' there's nothing, you know, you've got to be that extreme level for any intervention to happen, which is quite frustrating."

"Sadly the health system is lacking in adequate funding. And so they're very limited as to what support can be offered and as a society we are reliant on the third sector to provide that level of support. The third sector is growing and there are some really good charities and support networks out there, but coverage around the country is patchy. And it's only as these organisations develop over

a period of time that they're able to extend and expand."

"[GPs are] given 15 minutes to assess a stranger, you know, and it's like how are they going to get to the nuts and bolts or somebody's mental health and what the cause and what the triggers and why they behave the way they do"

"There's compassion fatigue"

Participants spoke of the challenges they had faced in accessing support due to factors including:

- Long wait lists
- Eligibility criteria that they did not exactly fit in to

"[After being diagnosed with autism, and a trusted therapist being taken off her case] "I was told she's not an autism specialist, so she's taken off the case, regardless of me saying 'yeah, but she's really helping me.'" "

- Not being able to access long term support

"I guess in person therapy sessions and. For them to have continued after a year."

There was some comment about the perception or experience that services do not, or are not able to, fully offer the support that individuals who are suicidal need. Some participants spoke of the fact that processes and risk assessments

govern services more than what is actually needed by the person. It was thought that this may affect what the person chooses to share with those services, and ultimately results in people not being able to get the support that they really need.

"I think it is because I work in suicide prevention, I know what the, what the aims of the game are, as it were. It's all about risk. It's not about supporting that person I'm afraid."

Prevention

Participants were clear that any steps taken that can prevent missing and suicidal feelings should be key, including using the point of return from missing episodes as a chance to prevent future episodes.

"I think support starts like a long time before someone reaches the point of going missing. There should be more open conversations about mention health [...] I think the focus should be on understanding, rather than judgement, so instead of just asking why did you leave, why didn't you tell anyone? I think the approach should be more about how you're feeling and what do you need right now?"

"If there were more services, fewer people would go missing, they wouldn't get to that crisis point"

Much of this links to the systemic issues identified above, as without improvements to those it is challenging to see how there can be any meaningful,

systemic focus on prevention. However, participants did have some suggestions about what specifically may have helped to prevent them from going missing.

One person, who had gone missing while suicidal and in psychosis, would like to have been informed about the risk of this happening, so that she could recognise it in herself as quickly as possible and try to take steps to reach out for help to prevent it.

"I think as someone who's been suicidal in the past, I think if even one of the professionals I'd worked with over the last 20 years had explained that this was a possibility, that one day it could actually happen where you think that this is the right thing and everything is telling you it's the right thing, but you will be wrong. And in that you must push some sort of emergency button, you must tell someone because that is the most dangerous, that's the most sort of vulnerable situation you will ever be [...] I think had I had an awareness suicidality can creep up on people like this. And might have recognised it as something that just was really wrong. Uh, something wasn't right with me in my head at that time."

For another, the importance of a friend contacting her at just the right time stopped her from going missing and attempting to take her own life.

"I was prevented from going missing. I was literally going when I was intervened with [...] it was just very lucky that

somebody phoned me and kept and thought this is really wrong, you know, and just kept me talking, kept me talking, kept me talking. And so actually they went. They went with me in a way. But through the phone. And and that actually made the difference because at that point, if that phone hadn't rung, if I hadn't picked up, I would have been dead without a doubt. [...] So sometimes it's very small or it seems, might seem to other people like really small"

The importance of being open about mental health and suicide was highlighted as something that could have a role in preventing people from going missing while suicidal.

"What I do think is that as a society, as a community, the more we talk about mental illness, the more we talk about suicide. I think slowly, little steps we are getting the message out that it's OK to talk about it. And people are being encouraged to [...] seek help and support because it is there. It is there. Because when people are ill it is exceedingly difficult, or can be, to reach in and to link with them and engage with them"

"At the time I thought no one could really help me because I don't even know how to explain how I was feeling. That's the crazy part. But looking back, I think small things could have made a difference. Just checking in [...] Have someone notice noticing when I was withdrawing, or even just reminding me they were there, without having to put in the pressure to talk"

"I don't blame them. Because mental health isn't always easy to spot [...] and I wasn't exactly open about what I was going through. So I think if there had been more conversations about struggling mentally without judgement or feeling like I had to be strong. Maybe I'd have felt safer asking for help"

There was feedback that some of the suicide prevention messaging is not adequately meeting the needs of people in crisis, and will not support prevention in any meaningful way.

"You know, if someone's in a suicidal crisis and they've gone missing [...] suggesting that they have a cup of tea and have a warm bath. I don't think that is quite appropriate actually"

The importance of recognising each individual's experiences and support needs was highlighted as critical in preventing missing while suicidal. Agencies should meaningfully engage with individuals who are at risk of suicide or of experiencing mental health crisis, working together to make a plan that is unique to them and their circumstances.

"Understanding communication is really important. And giving back power, I think that's really important to give back the control to that person [...] it's a co-creation of a safety plan not, you know, pulling one off the wall. Thinking about you know, what would help somebody keep you safe? What would it look like? What would it sound like if you know

somebody's really listening to you? And so you start to explore all those really tiny little things that make a difference."

The importance of being non-judgemental and validating what the person is experiencing

Many participants spoke of the importance of being heard and validated by those they were seeking help from, and of being able to access support in a non-judgemental way. Feeling understood and validated was something that many participants had not experienced, but they were clear that it is what they would have liked.

"Validation and acknowledgement would have gone a very long way"

"As an adult my life circumstances aren't necessarily better [...] but being able to say 'this is an issue' and for someone to go 'oh yeah it is, and how you're feeling is completely acceptable and valid and normal.' Stuff like that means I feel believed and I don't feel like I have to kind of escalate things or spend ages trying to prove stuff."

"Honestly the best support I got was probably actually from you guys [Missing People], just from me ringing and inquiring because work was really, really tough [...] I never thought I was taken seriously or the severity of my missing period was fully understood. And then obviously speaking to you guys on the

“phone [...] it became just immediately clear that I was being listened to”

“It would be great if my therapists had been a bit more, to put it this way, like it, it felt like a very different episode to things I’ve been suffering from before, but it was checked the same way [...] it didn’t feel like ‘oh there’s an escalation here.’ I think it warranted that sort of thing.”

“I think being non-judgemental. It’s very important, but also, I suppose an acknowledgment of how someone is feeling. So not, not to judge, not to make assumptions.”

“Providing that space to talk is crucial, but it’s rarely offered by anyone. It’s all about risk assessments [...] and you know a lot of autistic people in particular end up getting sectioned and things like that, possibly totally unnecessarily. So do I trust anyone now?”

“I also think for distressed people, there’s often a real need to talk about, about this experience and what’s going on for them. And even though they might be quite explicit, it doesn’t necessarily mean that their risk is increased. I personally think it decreases the risk to talk about it”

Providing a safe space to talk

“I always say this to my clients when they are suicidal ‘we’re doing this together, I’m here you know’ and actually you see them go like ‘I’m not alone anymore,’ and I think that is incredibly powerful.”

Participants spoke of the importance of being given a meaningful space to talk about what was going on for them. There was some reflection that this is not often offered by services, either due to time constraints, remit, or processes that services are working in. As stated above, there was comment about the fact that openly talking about feelings of suicide will trigger risk assessment processes and actions taken as a result of that, which dissuades some from sharing openly what they are feeling.

“Be a safe space to talk. Whether it’s a trained professional or a support group [...] someone who will listen without making them feel guilty [...] maybe if a professional was brought in and created a safe space for me, I guess I would have been completely open because on my own I couldn’t do it. I couldn’t reach out to professionals”

“I needed somebody who actually listened and not one that was trying to find a solution. Because sometimes there is no solution and it’s more about [...] how I can support you to deal better with what’s going on rather than let’s solve the situation”

For some, there was a more general desire to be able to share what they were experiencing more openly, whereas others mentioned specific services such as charities or mental health support.

"I think having someone to talk to generally would have been really helpful. But because I tried that with people who knew me and they were so useless, I was just really concerned that that would be exactly the same with strangers"

"I wanted somebody to talk to. And at the time there wasn't even the availability of accessing, I think it's called talking therapies [...] that's what would help me is, you know [...] whether it's targeted therapy, whether it's CBT or psychological interventions, just somebody that I could talk to on a weekly basis or a fortnight or a monthly basis"

Asked about whether they would contact a charity "I feel like talking to people that I don't really know. For some reason, I feel like that's actually the safer, and I feel like if I had known about that at the time I would have taken that route"

Participants reflected that there needed to be more professional curiosity in relation to what was going on for them, including their missing incidents. There was a real sense from many that services are not often set up in a way to make people feel able or comfortable to share their challenges and what they need help with, and that there is often very little exploration of what is actually happening for people.

"I wish people had been more professionally curious, you know, why would I do this? Why? You know, what was going on? Probing a little bit and understanding that you don't always have words for feelings."

"Nobody was curious. Nobody would ask questions"

"I think for people to stop and think, I guess [...] Why would a quite a young child? Go missing regularly. You know what? Is there something else going on. Can you be non judgmental and just make it a safe space and give someone time to talk or draw or write a story or whatever means of communication is appropriate? You know, can you if somebody likes dogs, can you bring a dog in or whatever to? To break down those barriers around communication"

Care and compassion and recognising that everyone is human was highlighted as very important. This should be something that overarches all support provision, but unfortunately was not always experienced.

"I was looking for a bit of kindness I think"

"Human contact is such, and I mean that physical contact, is such an amazing thing. Because when we [the police officer who found him], he just gave me a great big hug"

Practical ideas

Participants had some practical ideas of what they would have found helpful when they were at point of crisis which may have prevented them from going missing. An idea that was mentioned by a number of people was the idea of having somewhere somebody could go before reaching that point of crisis, that takes them away from their lives and the pressures that are building and may ultimately result in feelings of suicide and wanting to get away. Participants were clear this would be below the threshold of mental health in-patient care, but is more similar to respite care.

"I would have liked, in an ideal world, for my therapist, or if I'd said 'look, I'm thinking of, I need to get away,' of them saying there's some sort of not inpatient treatment, because I hate inpatient treatment, I didn't want that, you know, being admitted to hospital. Some sort of accommodation, some sort of halfway house where you can go for respite [...] you can go and there are there are trained therapists on hand to talk to and you can maybe have a night or two [...] somewhere, a nice place where there's activities you can do. You know you can, like, go into the garden, do gardening. You can, you know, there's people there that you can talk to"

"I just wanted to be somewhere that wasn't home, I didn't really care where [...] I feel like I just needed like a break. And so I feel like that actually potentially would have really helped, albeit I would have found going home again very, very difficult"

"What the NHS needs to offer, and I think some sort of respite or mental health that isn't inpatient treatment, would be wonderful for those suffering with low mood and depression who have had enough of life"

Another idea someone had in relation to helping to prevent missing while suicidal, was an addition to the questions that are asked when someone is first admitted into therapy that tries to understand whether the person is thinking of going missing. This might assist in identifying people who are not at that point feeling suicidal, but are at risk of getting to that crisis point of needing to get away from their lives.

"You know when I've done questionnaires when I've first been admitted into therapy, there's always the questions about 'are you suicidal, or have you thoughts of harming yourself?' there's never any questions about, you know, I don't know how to put it 'are you thinking of going missing, or are you thinking of spending time away without telling anybody?' perhaps that could be a question"

More inclusive practice

Participants were clear that inclusive practice was needed, and that many services do not offer support in a truly inclusive way, particularly for those who are neurodivergent.

"I think that's quite an autistic experience [...] you know, I do all this, and, and it still makes a difference and that's, yeah, quite a sad indication I think of unacceptance in this world of people who are different, whether they're autistic or physically disabled"

"Affirmative practice and inclusive practice can be the difference between somebody living and dying. And it's not that hard. That's what makes me sad. It's not hard, it's not difficult, yet there are failings time and time again. Wrong questions, wrong approach, no considerations for the communication or sensory needs for the person"

"It's having that neuroinclusive approach that tells another person 'oh they've had some training, oh they know, they get it.' And it's the little things [...] It reduces those barriers. It reduces anxiety and it allows someone to engage and that is something that organisations still have a lot to learn."

Clarity about what is on offer

When asked specifically what charities and helplines should do, there was strong feedback about the need to clearly explain what the specific helpline does and how. Participants shared that, particularly at a point of crisis, it is important to know whether the helpline is a listening service or a service that can and will actively give advice. A clear description of elements like how long you may have to wait for, and what the person who picks the phone up will say, would be helpful for some people, and it was suggested that at minimum there should be a webpage explaining these things in detail.

"I think people that don't phone helplines don't know what they offer. And so obviously, some people will phone wanting advice, and like Samaritans don't give advice. So you can be phoning going 'I want you to fix my problems' and they're going 'no, we're just here to listen.' So you could have a deeply distressing phone call, because you're wanting someone to fix something."

"I think explaining exactly what it is that you offer"

"I often find that when organisations describe what they do, because they know what they do, it's not necessarily a great description for somebody that knows absolutely nothing [...] It's like, how long will [the phone] ring for? What will the person say? What do I say? How long will I have to wait for?"

"I think it'd be really helpful to have a more in depth thing or even like videos of a potential call and stuff like that."

Linked to that, charities should be more visible to people who may need them. There was feedback that charities like Missing People are not known about enough, so people in crisis will not necessarily be aware that those services exist if they need them. Some of this feedback was linked to advertising and promotional materials, but some was also linked to meaningful and effective referral routes.

"[Awareness of Missing People] I don't think it's very high profile [...] I would say it's more high profile for the family of people or the friends of people who've gone missing, not for the person themselves. So that's an area that there could be more advertising about"

"I think just knowing more about Missing People would have been helpful and I think there certainly needs to be more advertising, promotional work done about Missing People charity for both the sufferer and the carers"

"There should be more awareness of going missing. You know, there's quite a lot of awareness about suicide, I think at the moment, but there's not the awareness and the prioritisation for people who may be thinking of just

getting out of the world for a bit. Not quite that final step, but that, that need for removal from normal life."

"I just think we need so much more joined up services and early diagnostics and proper support and for people to know what charity support is there [...] Whatever it is that you're being kind of shared and advertised and stuff that it's not being done as a sort of afterthought for people that it is a genuine, 'this is a really good service' not 'this is a service because we can't be bothered to help you.' Because yeah, I think whenever I've been given Samaritan's number that's how it feels."

Awareness that personal action is also important

While participants had views and feedback about professional support provision, there was also recognition that an element of being able to access support is sometimes dependent on the individual themselves. This is complex, and linked to the many barriers that exist for people in being able to talk about their mental health, the challenges they are facing and their feelings of suicide, but a number of participants recognised that in order to get the support they needed they had to be able to share what was going on for them.

“At the end of day, I think that came down to me and the responsibility is mine that had I not been so secretive about my life and what was going on, because I didn’t give people an opportunity. I didn’t give them a chance to come into my life. I’d built this wall up around me and come hell or high water, I wasn’t going to let people in. And maybe if I had been less defensive. More open. Things would have been very different and maybe if I’d let people in, on the earlier occasions that might have even prevented future occasions.”

“Realistically, I don’t really think there’s anything anyone could have done. I mean, I should have gone on sleeping tablets earlier, because I don’t think I’d have gone if I wasn’t sleep deprived because I was, I would have been too scared. So I think my judgement was very impaired”

“I’m able to communicate with people, but I just needed to be that bit calmer before I started explaining to people. But there was a sense of because of knowing that I had to bring myself down, knowing that I had to bring my mood back to a level of stability.”

Conclusion

It is clear from these findings that people who go missing while feeling suicidal are often experiencing very complex situations.

Missing is very often a culmination of various pressures or stressors that individuals are experiencing. Regardless of the exact influences resulting in someone leaving, for most people there was a clear, acute need to get away from their lives.

While missing should be seen as a sign that something is going on for that person, it can sometimes also be a necessary step that someone has taken to keep themselves safe. It can give time for space, reflection, and an opportunity for individuals to get a break from the things that were causing them to experience feelings of suicide.

However, it is important to note that for all participants, their missing experience was difficult, resulting in at minimum feelings of sadness and isolation, and in some cases resulting in the person attempting to take their own life.

It is clear from this research that there were significant challenges and barriers to those who need support linked to their suicidal feelings. These barriers ranged from systemic to personal, but the volume and significance of these barriers were notable. Participants were unable to access support before they went missing and while away, as well as when they returned from being missing.

There were clear examples of problems in the systems of support for people linked to the factors influencing them to go missing and feeling suicidal. These are significant challenges within systems linked to mental health in particular, and require a multi-agency approach to address.

However there were also examples of limitations in the systems around missing specifically, particularly linked to an individual's return. It is hoped that this research will help professionals working in this area to better understand the experiences and support needs of people who go missing while suicidal, as well as encourage important conversations about the systemic change required to address some of these challenges.



Key findings and recommendations

Systemic change and prevention of missing while suicidal

People who are experiencing suicidal feelings resulting in them going missing very often struggle to access the support that they need, in the way that they want. Participants in this research spoke of significant barriers in accessing support, many of which are systemic. In some cases participants' needs or situations were perceived by services to be too severe, and in others they were 'too well functioning' for the support available.

This was exacerbated by systemic issues including the availability of services, long wait lists, a lack of inclusive services, and a lack of skills and capabilities to adequately recognise and respond to the risks that they were facing. Previous negative experiences with a range of agencies, including the police, acted as blocker to individuals in crisis reaching out to these agencies, particularly in the immediate period before going missing.

- **Recommendation:** People living with suicidality must always be taken seriously. There must be **no wrong door** to accessing support for people struggling with suicidal feelings. Services should be better equipped to support people struggling with suicidal thoughts and feelings no matter the frequency, severity or complexity of those feelings.

- **Recommendation:** All services should be inclusive as a default, particularly when considering the needs of people who are neurodiverse.
- **Recommendation:** The Department of Health and Social Care should ensure that more focus is given to the issue of people experiencing suicidal thoughts and feelings going missing, including prioritising this as an action as part of delivery of the suicide prevention strategy.
- **Recommendation:** Local suicide prevention plans should include actions to try to improve knowledge of the link of missing and suicide, and promotion of relevant services in places where people who are missing might see them.
- **Recommendation:** The Department of Health and Social Care should resource the development of detailed suicide prevention training across frontline workforces, including the NHS, so that they can confidently intervene. This training should include content focused on going

missing as a potential consequence of feeling suicidal. Frontline services should be properly resourced, and staff supported, so that workers can complete this training and put into action what they have learned.

- **Recommendation:** The Department of Health and Social Care should ensure that the new mental health crisis / A&E centres¹⁷ are created as non-judgemental, safe places. They should be places where people experiencing crisis can attend to get a break from the pressures they are facing, including feelings of a need to go missing. They should be as welcoming as possible, ensuring that individuals see them as support places they want to attend.



¹⁷¹⁷ See, for example, 'Mental health A&E centres to open across England,' BBC News, 24 May 2025:
<https://www.bbc.co.uk/news/articles/c75343nx06go>

- **Recommendation:** The Department of Health and Social Care should ensure that the 10 Year Health Plan recognises the importance of increased and integrated support for people who have been missing while experiencing suicidal thoughts and feelings.¹⁸
- **Recommendation:** No single agency can effectively prevent and respond to missing incidents for people who are at risk of suicide, instead this requires a multi-agency response, set out at a national level and delivered locally. The Department of Health and Social Care should work with the Home Office and Department for Education to develop a cross-government strategy on missing children and adults, including setting out how safeguarding partnerships should work together to best respond to missing people who are at risk of suicide.

¹⁸ 'Landmark plan to rebuild NHS in working-class communities,' Department of Health and Social Care, 25 June 2025:
<https://www.gov.uk/government/news/landmark-plan-to-rebuild-nhs-in-working-class-communities>.

Going missing and while missing

Participants were experiencing many and varied complex factors which influenced them to go missing while feeling suicidal. These included diagnosed or undiagnosed mental health conditions, relationship breakdown, challenges at work or school, and factors linked to neurodivergence. For most, an escalation of these factors led to feelings of overwhelm and an acute, immediate need to get away. However, for many participants the event that triggered them to go missing was relatively minor, but was rather a culmination of everything else that they were experiencing.

Participants spoke of myriad barriers in them accessing support immediately before going missing or while missing. Many of these barriers link to the systemic challenges identified above, but these were particularly acute once the individual had reached a point of crisis in which they needed to get away from their lives. There was a lack of awareness among participants of the types of support available in these circumstances, and what that support may involve.

The complex and varied situations being experienced by people who go missing while feeling suicidal result in very different support needs, and it is critical that individuals are as well informed and empowered as possible to be able to access the support that they uniquely need at that time.

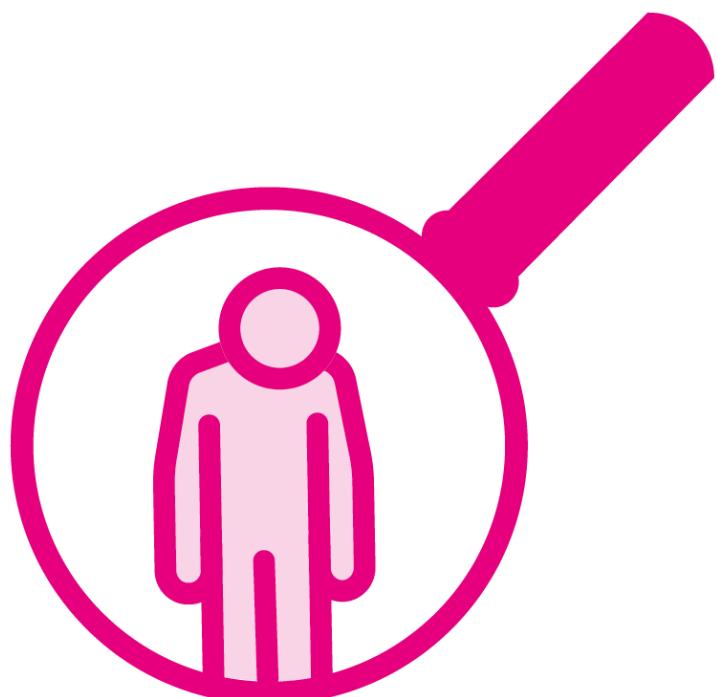
Being missing had varying impacts on participants' feelings of suicide. For some, it gave a sense of calm, space, and a time away from the factors that had caused them to go away in the first instance. For others, it made things worse and led to a sense of sadness and despondency about their situation. Some participants shared their stories about attempting to take their own life while missing.

- **Recommendation:** Crisis services, including Missing People, Samaritans and statutory services, should ensure that there is clear and detailed information available on their websites about what their service is. This should include whether the service is a listening service, emotional support service, or a practical advice service. This information will enable individuals to reach out to, or respond to, a service that offers what they specifically need at the time of reaching out.
- **Recommendation:** Crisis services, including Missing People, Samaritans, and statutory services, should ensure that clear and accessible information is available about exactly what will happen if someone contacts them. This should include detail about potential wait times and what will happen when the organisation

answers the call or contact, as well as clear information about confidentiality, safeguarding and tracking.

- **Recommendation:** Missing People and Samaritans should continue to offer support to people who feel like there is nowhere else to turn, including while they are missing. This support should be offered in a way that consciously considers the ways in which people who are missing while feeling suicidal might want to engage in support, including through a variety of channels such as text, online chat, and over the phone. Both charities should consider what more can be done to promote their services, including considering referrals from worried family members and friends who may not want to go to the police.

- **Recommendation:** Police should actively consider risks of suicide when someone is reported missing, even when the situation may not immediately present as such. Concerns of the reporting person should be listened to and given significant weight, and the police should use professional curiosity to explore any potential risks of suicide and approach and resource the investigation accordingly.



Returning from being missing

There was significant variation in how people returned or were found, with some deciding to return and some being found by someone else. Many were not offered or able to access support on return, and for those who were this was often inconsistent, temporary, and had limited lasting impact. Returning from missing did not appear to be recognised as an opportunity to prevent future missing episodes from occurring.

- **Recommendation:** Police forces should pilot the delivery of safe and well checks to adults who return from being missing while suicidal, delivered by non-policing partners who are expert in the most common influences of missing and suicidal feelings, so that returned missing people can access support that is better suited to their circumstances and needs. Any pilot should include consideration of:
 - Non-statutory services delivering these safe and well checks, including charities focused on supporting individuals experiencing those influences
 - The training needs of any partner organisations to ensure that they have the necessary expertise in missing and suicide

- Self-referral or family referral in circumstances where the person was not reported missing to the police
- Referral routes into local support services
- **Recommendation:** Missing People should develop resources for use by the missing person on their return, as well as resources for their family and friends. These resources should focus on empowering and supporting them to safely and supportively discuss the missing episode and the missing person's feelings of suicide
- **Recommendation:** Police forces should ensure that their guidance and training is updated to include information about referral pathways and signposting when someone returns from being missing where there have been known risks of suicide, or where this is disclosed on return.



Wider considerations for professionals

In addition to the recommendations above, there are some overarching findings from the research that may be helpful to consider for those in roles supporting people who may be feeling suicidal and thinking about going missing, or who have been missing.

Fear of losing control and the actions that will be taken as a result of asking for help

Many participants spoke of the fact that they were hesitant to seek help with their feelings of suicide and thoughts of going missing because of the potential actions that would be taken as a result. These actions included information being shared without their knowledge or consent and their situation becoming known to family, friends and other people in their lives.

However, the most significant fears were linked to the police becoming involved in their situation, as well as the risk that they would be sectioned under the Mental Health Act. Participants avoided seeking help at all in some circumstances, and in others they minimised or did not fully share their feelings of suicide with people who they thought or knew would have to take action. This was particularly the case for individuals who had a longer history of involvement with support services, who were knowledgeable about risk assessment processes or who had previously been sectioned.

While there will always be circumstances in which professionals need to take

action, including sectioning in some cases, based on what they know or have been told about the risks someone is facing, the fact that this was such a barrier to seeking support should be borne in mind by professionals. It was very important to participants to be told what steps were being taken and to be involved in decisions about those where possible.

Not being reported as missing to the police

Very few participants had been reported as missing to the police, but their circumstances clearly demonstrated that they were 'missing' from their lives. All participants self-identified as having been missing. There are many reasons why they were not reported missing, and this should not be used to assume that their family and friends did not care about them.

However, without being reported missing, there are no statutory processes that are automatically triggered. When someone is reported missing to the police, at minimum they should have a conversation with a police officer on their return, where any support needs can be identified. Not being reported missing can limit the support provision that is offered to individuals, and leaves much more onus on the missing person to seek support proactively when they return from being away.

Some participants were fearful of the police becoming involved, and felt that this would have made their circumstances worse. The need for non-police intervention has been acknowledged through the development of the Right Care Right Person national agreement¹⁹, and it would be helpful to further consider how non-police agencies can be involved in responses to missing people who are suicidal. At the moment RCRP has no mechanism to enable other agencies to search for and find missing people, and, no other agencies have been resourced to respond in these circumstances.

The importance of human connection, kindness and caring

Throughout this research it was clear that what many participants wanted was to feel safe, believed and listened to. Unfortunately there were very few examples of this happening. It was more common for participants to have felt dismissed, ignored, or to experience services that were unable to respond to what they as an individual needed.

Participants spoke of the importance of being able to talk about what they were experiencing, including their suicidal feelings, and a desire to feel human connection and kindness in response to that. Many people were clear that an ability to do that would likely have reduced their feelings of suicide, but they felt that often the processes and

structures around support provision did not enable that to happen.

Complexity of experience of those who go missing while suicidal

It is clear from this research that there is significant variation and complexity in the experiences of those who go missing while suicidal. Going missing often appeared to be a step that individuals took when they felt there was no other alternative. For some, their missing episode was a continuation of the crisis they were experiencing, and sadly resulted in them attempting to take their own life while missing.

However for others, it was a necessary step that they took in order to take themselves out of the situation they were in. In many cases it did lead to a de-escalation of crisis, although it rarely resulted in any longer-term positive change.

Missing should always be recognised by professionals as a sign that something is not quite right in the life of the missing person. The evidence in this research shows that significant improvements need to be made in the support available for people who go missing while. All professionals working in this area should take missing seriously, whether the person has been reported to the police or not.

¹⁹¹⁹ Home Office & Department of Health and Social Care, *National Partnership Agreement: Right Care, Right Person (RCRP)*, updated 17 April 2024, [https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person-rcrp](https://www.gov.uk/government/publications/national-partnership-agreement-right-care-right-person-national-partnership-agreement-right-care-right-person-rcrp).