L.E.A.P

Take Leap

CLOSING THE GAP

Most people who die by suicide have already reached out for help.

The challenge is ensuring that asking for help actually changes the outcome.

OVERVIEW

Executive summary

HEALTHCARE CONTACT

75–90%

had contact with healthcare in the year before death.

FINAL MONTH

45%

had a healthcare contact in their final 30 days.

SUSTAINED SUPPORT

Minority

go on to receive sustained specialist support.

OVERVIEW

Why this matters

A single loss radiates outward — through the lives closest to it and the systems around it.

01

Families

02

Colleagues

03

Communities

04

Employers

THE PROBLEM

Global suicide overview

700k+

annual deaths globally — one of the world's leading preventable causes of death.

Suicide is not rare and not random. It is patterned, foreseeable, and — in most cases — preventable with the right response at the right moment.

Behind the global figure sit millions of individual moments where intervention was possible.

THE PROBLEM

The help-seeking paradox

WHAT HAPPENS

Most people seek help.

They reach out, disclose, and make contact with services and people around them.

WHAT FOLLOWS

Many never receive enough.

Support is too brief, too delayed, or too fragmented to change the trajectory.

THE PROBLEM

The final twelve months

Signals accumulate long before crisis — visible across the year that precedes a death.

GP visits

Repeat primary-care contact.

Disclosures

Spoken signs of distress.

Medication changes

New or adjusted prescriptions.

Family concerns

Worry voiced by those closest.

THE PROBLEM

The final thirty days

45%

had a healthcare contact within the final month of their life.

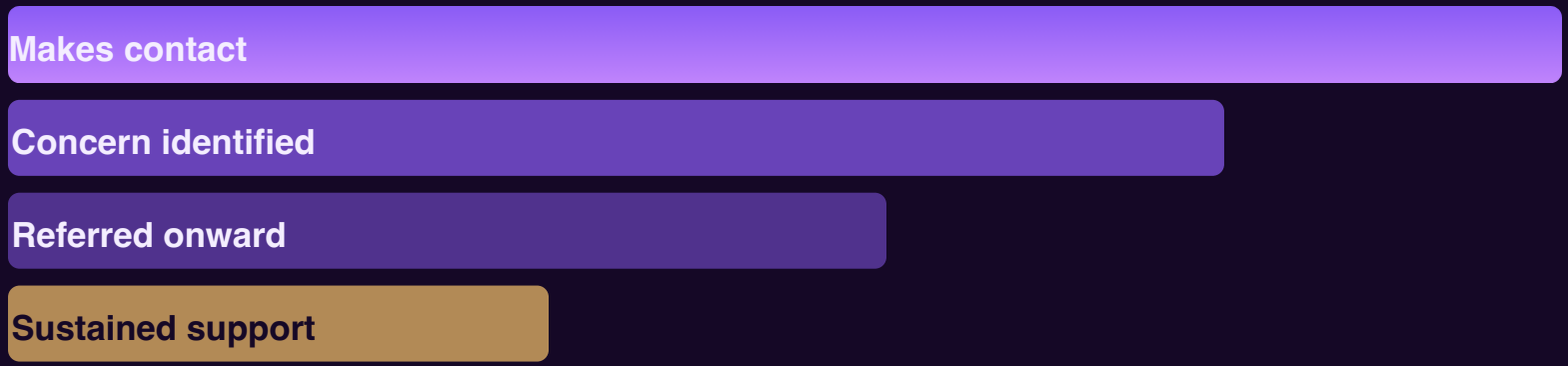
Nearly half were seen by the system in the weeks before death.

The window for intervention is rarely missing — it is most often unrecognised.

THE PROBLEM

Contact does not equal protection

People are lost at every stage between first contact and sustained care.



02

SECTION TWO · THE GAP

Understanding the gap

If most people make contact, why do outcomes still fail?

THE GAP

Where systems break down

01

Identification

Risk is not reliably recognised at the point of contact.

02

Engagement

People disengage before support takes hold.

03

Continuity

Care is interrupted between appointments and services.

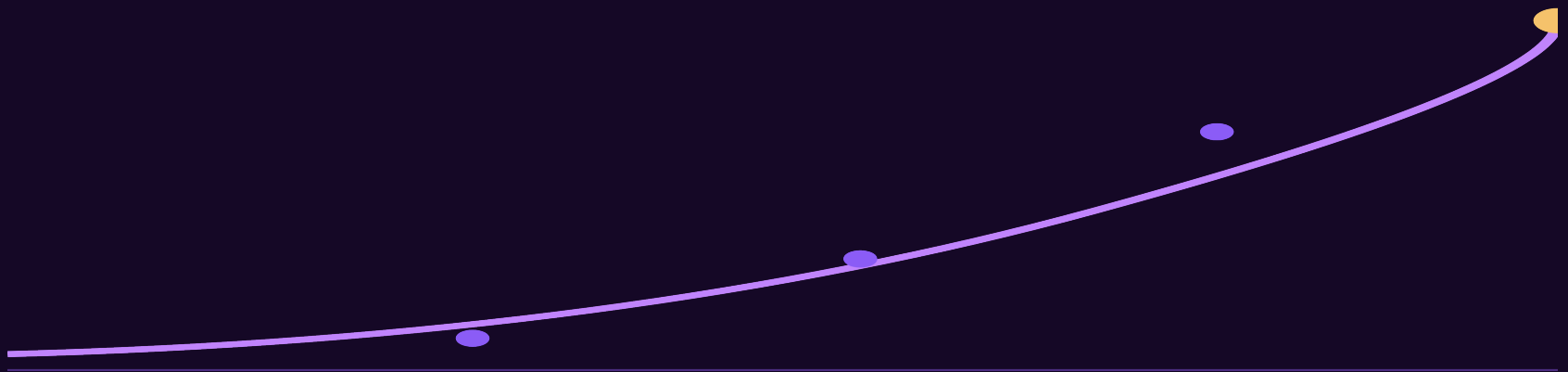
04

Escalation

Rising risk is not escalated quickly enough.

The missed-opportunity model

Warning signs rise steadily — yet intervention often arrives only at crisis.



THE GAP

Fragmented care pathways

Support exists — but in disconnected silos that rarely share a thread.

NO SHARED HANDOVER BETWEEN THEM

- **Primary care**
- **Mental health services**
- **Workplace**
- **Community & crisis lines**

The follow-up crisis

The period after contact is the most dangerous — and the most neglected.

“

Nobody knew how much I was struggling.

Behind every statistic is a person whose distress stayed invisible to the systems meant to catch it.

Case study — David

Withdrawal

Pulls back from friends and routine.

A brief disclosure

Mentions he isn't coping. It passes.

A single appointment

Seen once, then left to wait.

No follow-up

The thread is dropped. The outcome is fatal.

A different outcome

The same person, with continuity and escalation built in.

Signal noticed

Withdrawal flagged early.

Active check-in

Someone reaches back out.

Escalation

Risk routed to the right level.

Recovery

The thread holds. He stays.

What people need

Hope

A credible sense that things can change.

Belonging

To matter to someone, somewhere.

Connection

Consistent contact, not one-off contact.

Support

Help that continues beyond the first crisis.

THE HUMAN COST

What they often receive

A referral

Passed to another service, with no guarantee of arrival.

A waiting list

Weeks or months between need and response.

Silence

No check-in, no follow-up, no one circling back.

Need versus reality

The need Continuous, connected, sustained

The reality Brief, delayed, fragmented

The distance between the two is the intervention gap.

04

SECTION FOUR · THE WORKPLACE

Suicide is a workplace issue

It shapes absence, productivity, and the safety of teams — not only home life.

The financial cost to employers

Untreated distress carries a measurable cost across four channels.

Absence

Sustained sickness and time away.

Presenteeism

Present but unable to perform.

Turnover

Lost people and rehiring cost.

Healthcare

Claims and crisis-driven cost.

Psychological safety

People only disclose when they believe support will actually follow.

Confidence that help works is what turns a private struggle into a request for help.

- Trust that disclosure is safe
- Belief that support is real
- Assurance it stays confidential

Warning signs leaders miss

Withdrawal

Pulling back from colleagues, meetings, and contact.

Absenteeism

Rising, irregular, or unexplained time away.

Lost output

A clear, sustained drop in performance.

The cost of missed intervention

HUMAN COST

Lives, families, and futures

Loss that cannot be recovered, felt across every circle around the person.

ORGANISATIONAL COST

Capability, trust, and continuity

Lost expertise, shaken teams, and the slow erosion of confidence in support.

05

SECTION FIVE · THE MODEL

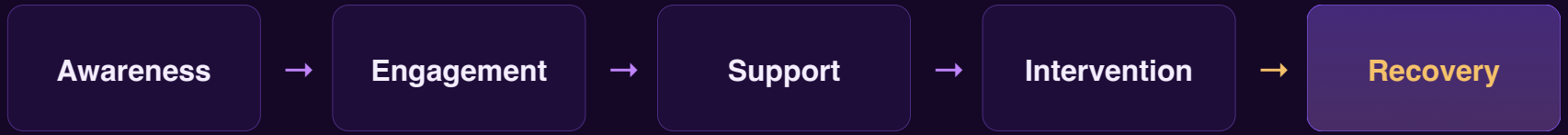
Why Take Leap exists

To close the intervention gap — so help-seeking reliably becomes help received.

THE MODEL

The Take Leap model

One continuous thread from first signal to lasting recovery.



THE MODEL

Continuous care

Support that holds in the gaps between appointments — where risk concentrates.

Conventional care — contact, then silence

Take Leap — an unbroken thread

THE MODEL

Early warning indicators

Three patterns, watched over time, surface risk before crisis.

Mood

Sustained shifts in self-reported wellbeing.

Behaviour

Changes in routine, contact, and activity.

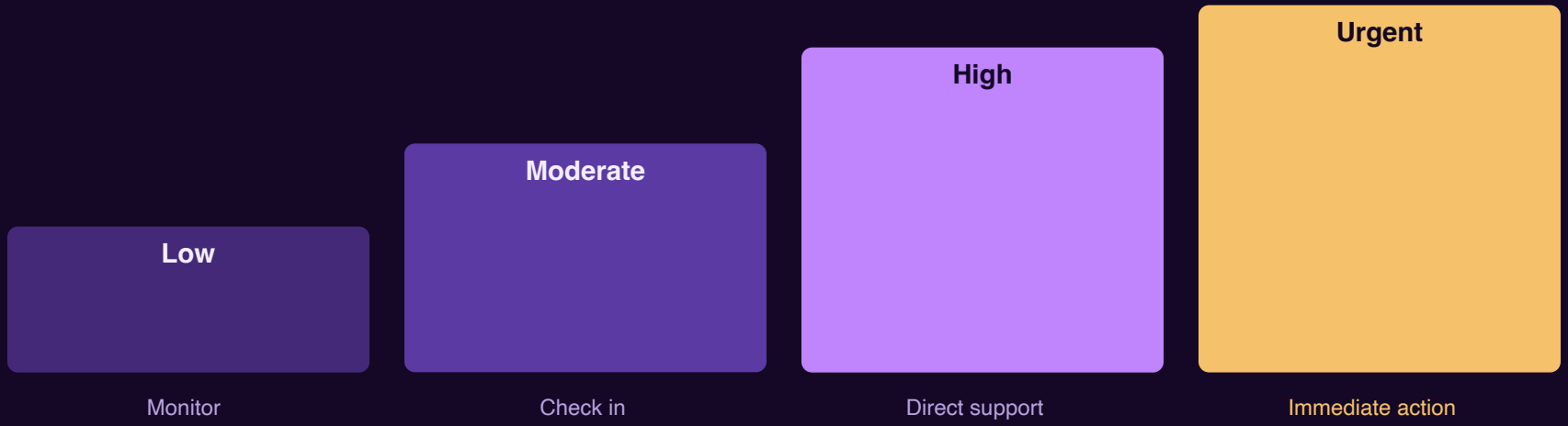
Engagement

Drop-off in responsiveness and follow-through.

THE MODEL

Escalation framework

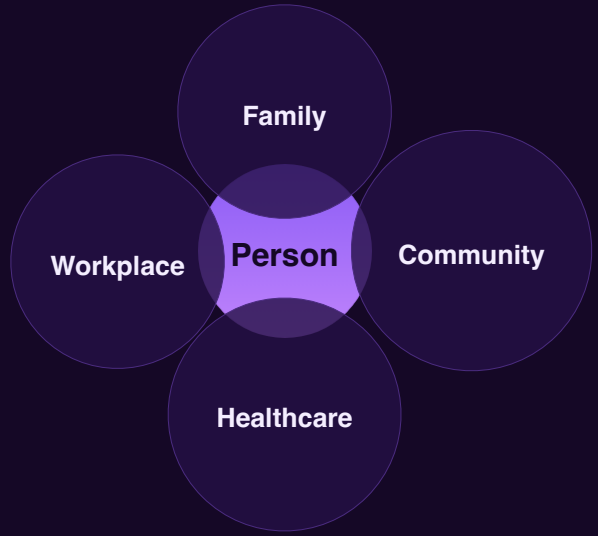
A clear ladder routes rising risk to the right level of response.



THE MODEL

The support ecosystem

No single actor carries this alone. Take Leap connects the circle around each person.



THE MODEL

Closing the gap

TODAY

Help-seeking

People reach out — but the response too often stops short.

THE GOAL

Effective intervention

Every request for help meets a response that can change the outcome.

06

SECTION SIX · MEASUREMENT

Defining success

Measured by engagement, retention in support, and the referrals that follow through.

MEASUREMENT

Leading indicators

Early signals that the model is working — tracked while there is still time to act.

Mood scores

Trends in self-reported wellbeing over time.

Engagement

How consistently people stay in contact.

Resource use

Uptake of the support actually offered.

MEASUREMENT

Lagging indicators

Outcomes that confirm impact — the trends a board feels over quarters, not days.

Absence

Reduced time lost to mental ill-health.

Crises

Fewer acute, late-stage escalations.

Turnover

Greater retention of valued people.

MEASUREMENT

An executive dashboard

A single view connecting early signals to outcomes — the framework, before the numbers.

REACH

People engaged

Share of the workforce actively supported.

RETENTION

Sustained support

How long people stay engaged.

RESPONSE

Time to act

Speed from signal to intervention.

OUTCOMES

Lasting change

Absence, crises, and turnover over time.

MEASUREMENT

A model for return

How value compounds for an organisation of scale — the logic, not invented totals.

INVEST

Continuous, preventive support

→

REDUCE

Crises, absence, and turnover

→

RETAIN

Capability and institutional knowledge

→

RETURN

Value that compounds over years

07

SECTION SEVEN · THE FUTURE

Workplace wellbeing in 2026

The shift is decisive: from reacting to crisis toward prevention-first support.

THE FUTURE

A five-year vision

Year 1

Establish continuous support and trust.

Years 2–3

Embed early-warning and escalation routines.

Year 4

Prove outcomes across the full workforce.

Year 5

Prevention-first becomes the norm, not the exception.

THE FUTURE

Recommendations

01 **Treat the intervention gap as a strategic risk**
Name it, own it, and govern it at board level.

02 **Adopt continuous, preventive support**
Move beyond episodic contact to an unbroken thread of care.

03 **Instrument early-warning indicators**
Watch mood, behaviour, and engagement before crisis.

04 **Define success and measure it**
Hold leading and lagging indicators to account.

05 **Commit to a multi-year horizon**
Fund prevention as infrastructure, not a pilot.

Ensure every request for help receives a response capable of changing the outcome.

Take Leap

Closing the intervention gap