

WORLD SUICIDE PREVENTION DAY

***Small Moves.
Real Evidence.
Lives Saved.***

The evidence on movement, belonging, and what actually protects people.

Train & Thrive

THE SAME NUMBERS

Why a different message

The numbers get repeated everywhere. How many people die. How fast it's rising. They're real, and they're terrifying, and repeating them rarely changes what anyone does the next day.

This piece of work is not that. Here I show you the side of the research nobody puts on a slide: what actually lowers risk, backed by real studies, translated into things you can start today. Not a cure, and not a replacement for professional help - but real, measurable, and, this is the part that matters, small enough to actually do. Today.

Every claim in this document links to its source. Click through. Read it yourself. That's the point.

If you're struggling right now:

- Samaritans 116 123 (free, 24/7, UK & Ireland)
- Breathing Space - 0800 83 85 87 (Scotland, evenings & weekends)
- Shout - text 85258 (free, 24/7 UK crisis text line)

Outside the UK & Ireland - findahelpline.com lists a free, confidential crisis line in your own country.

Please remember, you don't have to be in crisis to use these. That's what they're there for. A fuller list of UK, Scotland, and international options is on the last page.

PILLAR ONE

Belonging isn't a nice-to-have. It's protective.

Fewer suicides happen on Super Bowl Sunday than on an ordinary Sunday. Fewer happened on the day of the 1980 “Miracle on Ice” than on any other February 22nd in US history.

Psychologist Thomas Joiner has a theory about why. He calls it “thwarted belongingness”: the feeling of being disconnected from other people. It's one of the strongest known drivers of suicide risk. The Super Bowl and Miracle on Ice findings work like natural experiments. On the days a whole country, or city, feels like it's “pulling together,” suicide rates measurably drop. That makes belonging a direct, physiological lever on mental health, not just background noise.

Loneliness data backs this up from the other direction. In research on veterans, people who were often lonely were over 12 times more likely to have current suicidal thoughts than those who were rarely lonely. Some studies found loneliness alone explains more than 40% of the risk of a future suicide attempt. That's more than suicidal thoughts themselves explain.

This shows up inside sport specifically, too. A 2023 study of teenagers in sport found that physical activity and belonging each protected mental health on their own. Neither one could explain away the other. They're two separate protective ingredients, not one thing wearing two names.

Sources: [Joiner, Hollar & Van Orden - “Pulling Together” and suicide rates](#) · [Interpersonal theory of suicide, overview](#) · [VA loneliness and suicide risk fact sheet](#) · [Halladay & Ogrodnik - sport, physical activity & belongingness](#)

PILLAR TWO

Movement changes the clinical numbers, not just the mood.

In a meta-analysis of 17 randomized controlled trials, exercise cut suicide attempts by roughly 77% relative to control groups (OR 0.23). Most of these trials were in people being treated for depression.

None of this is “exercise makes you feel better” as a vague wellness claim. It's exercise measured directly against suicide attempts, in randomized trials - and it held up. Separately, a Norwegian study of over 50,000 university students found a clear pattern: the more people exercised, the lower their risk. Students who never exercised were 1.9 to 2.5 times more likely to self-harm or attempt suicide than the most active students. Among women, those who never exercised were far more likely to score above the clinical distress cutoff than those who exercised almost daily (67% versus 40%). Bullied teenagers were nearly three times more likely to report suicidal thoughts than students overall. In another study, of over 13,500 US high schoolers, exercising four or more days a week cut suicidal thoughts and attempts by 23%. And it holds at population level too: a pooled analysis of 80,856 people, across eight studies, found physically active people had lower odds of suicidal thoughts than inactive people (OR 0.87).

Here's the question most people ask when they see numbers like these: is this cause and effect, or just correlation? Maybe people who already feel more resilient simply exercise more, rather than exercise itself lowering their risk. A 2025 study found a clever way to test that. Some people are born, purely by chance, with genes that nudge them toward being more active. It's like a coin flip deciding an outcome before anything else about their life happens. Because nobody chooses their own genes, comparing people this way works like a randomized trial, even though no researcher assigned anyone to exercise. Scientists call this method Mendelian randomization. The result held up: increases in walking for pleasure and light activity didn't just track alongside lower suicide-attempt risk. They appear to have caused it - the strongest evidence of its kind, though a single study, not the final word.

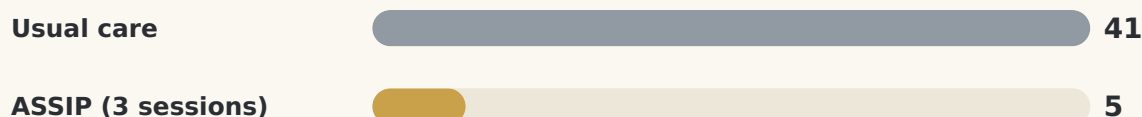
Sources: [Exercise and suicidal behaviors meta-analysis · Grasdalsmoen et al., BMC Psychiatry - 50,000 students](#) · [Exercise and bullied teens - ScienceDaily](#) · [Mendelian randomization study on causality · Vancampfort et al. - pooled meta-analysis, 80,856 people](#)

PILLAR THREE

Small acts of reaching out work disproportionately well.

A brief intervention of just three therapy sessions cut repeat suicide attempts by roughly 80% over two years.

The Attempted Suicide Short Intervention Program (ASSIP) is about as “small” as a clinical intervention gets: three sessions, plus a handful of personal follow-up letters over 24 months. In a randomized trial of 120 people who'd already attempted suicide, that was enough to bring reattempts down from 41 in the control group to just 5. That was also enough to cut hospital days by 72%. It didn't take a total life overhaul. It took reaching out, once, in a structured way.



Total suicide reattempts among 120 people, over 24 months

The same pattern shows up at population scale. The US 988 Suicide & Crisis Lifeline is estimated to have prevented 4,372 deaths among 15–34-year-olds in its first two and a half years (an 11% drop against the trend). In surveys, 88% of callers said the call itself stopped them acting on suicidal thoughts in that moment. Closer to home, Breathing Space Scotland has watched calls from men grow from around 400 a month at launch to over 2,000 a month today. Which means more people reaching out, not fewer.

A lot of what this document is arguing for already has a formal name: **social prescribing**, where a GP or health worker connects someone to a community activity, class, or group instead of (or alongside), medication. It's growing across the UK and Scotland precisely because it works with the belonging-and-movement evidence above rather than around it. In fairness, the research on it is still young: a 2024 review found only a handful of studies have tested social prescribing specifically for suicide prevention, and few can yet prove a direct causal link. It's a genuinely sensible idea currently running a little ahead of the formal evidence proving it. It is worth knowing, not a reason to dismiss it.

Sources: [PLOS Medicine - ASSIP 24-month RCT](#) · [STAT News - 988 hotline, 11% drop](#) · [Pew - 4 years of 988 outcomes](#) · [Breathing Space \(organisation\)](#) · [Social prescribing for suicide prevention - rapid review](#)

PILLAR FOUR

Consistency and connection beat intensity.

How often you move predicts mental health better than how hard you push. In addition, moving in sync with other people has its own, separate bonding effect.

A 2026 national study of over 10,000 Norwegian students found exercise *frequency* was a stronger predictor of good mental health than duration or intensity. Benefits built up to roughly 10 hours a week, in line with the WHO's basic guidance of 150 minutes weekly. The researchers' own conclusion, in terms of mental health: "regularity may be more practical and important than chasing exhausting workouts."

Group classes matter here for a specific physiological reason, not just because they involve movement. A study of teenagers doing synchronized, high-exertion group movement (the same shape as a group fitness class), found it independently raised pain threshold and boosted bonding with the people around them, likely through the endorphin system. Moving together, on purpose, with other people, is doing something a solo run can't.

That's not just theory. A 12-week study of 69 stressed medical students found the ones doing group fitness classes saw stress drop by 26% and emotional wellbeing rise by 26%, while the ones exercising alone, even for longer, saw almost no change in either. Same movement. Different structure. Completely different outcome.

It shows up outside the lab too. UK and Ireland research on parkrun, the free weekly 5K that's grown into one of the country's biggest community events, found it measurably improved mental wellbeing and social connection in middle-aged men, the exact group flagged as most at risk in Scotland on page 7. More than one man in the study said it was the place he could finally talk about what he was carrying.

Sources: [Grasdalsmoen et al. - exercise frequency and mental health](#) · [Tarr, Launay & Dunbar - synchrony and social bonding](#) · [Yorks et al. - group vs. individual exercise, stress and quality of life](#) · [Sheffield Hallam - parkrun, wellbeing and social connection](#)

CLOSER TO HOME

Scotland

704 people died by probable suicide in Scotland in 2024. It is down by 11% on 2023, the lowest figure since 2017. Men account for around 73% of those deaths, dying by suicide at nearly three times the rate of women. The biggest single group affected is working-age adults 35–54.

In the 90 days before their death, only 43.6% of men had been in contact with health services, compared to 56.6% of women.

Men are, disproportionately, not making it through a clinical door at all. This is exactly why non-clinical, everyday routes in (a class, a team, a habit, a person who checks in) matter as much as formal treatment does.

Scotland already has a working example of this idea. The Distress Brief Intervention (DBI) programme takes referrals from police, A&E, and GPs, then connects people to community-based support within 24 hours, rather than straight into clinical treatment. In an evaluation of over 1,500 cases, the average distress score dropped from 8 to 4, and 76% of people showed a meaningful reduction. Community support, not a hospital ward.

Sources: [Public Health Scotland - profile of deaths by suicide, 2011–2024](#) · [Probable Suicides 2024 - gov.scot](#) · [Distress Brief Intervention - evaluation summary, gov.scot](#)

THE PART THAT MATTERS

What to actually do with this today

You don't need a five-year plan. You need one small, repeatable action. You need to be safe for now.

If you're doing okay: Pick one thing from this list and do it this week, not “eventually.” Message someone you haven't spoken to in a while, just to check in. Join one class, a real one, in a room with other people, even just once. Say out loud to one person, “I don't feel okay,” instead of pushing through it alone next time it's true. If you coach, lead, or parent anyone, let them see you reach out first. Remember, nobody adopts that habit from being told to, only from watching someone they trust do it.

If you're not doing okay: You don't need to have a plan or the right words. You don't need to be sure this counts as “bad enough,” and you don't need to have tried everything else first. Contact one of the numbers on page 2 or the fuller list on the final page. If you don't know what to say, you can start with exactly that: “I don't know what to say, but I'm not okay.” That's the entire first step. Everything else, including finding the right words, can come after.

If you're worried about someone else: The biggest sign usually isn't something they say. It's something they stop doing, training, showing up, replying, staying after class to talk. That's the same “thwarted belonging” from page 3, just visible from the outside. You don't need the perfect opening line. Invite them anyway, to the class, the walk, the group chat, even after a few “no”s. If something they say worries you more directly (that they want to die, that people would be better off without them, that they've been giving things away), ask them plainly: “Are you thinking about suicide?” Asking does not plant the idea. For most people, it's the first time anyone has taken it seriously enough to ask. Then help them call one of the numbers on page 2, or stay with them while they do.

One honest limit: none of this replaces professional support when it's needed. Movement and connection are protective factors, not treatment. Especially not standing alone. Please, think of them as part of what surrounds and supports care, never a substitute for it.

IMPORTANT TO UNDERSTAND

How solid is this evidence?

The best evidence gets stronger, not weaker, when it's transparent about its own limits. Four things worth knowing.

Most of the studies here are observational: they show people who move more and belong to more groups have lower suicide risk, not always proof that the movement or belonging directly caused the drop. The most rigorous method available for testing that (Mendelian randomization, page 4), now supports genuine cause and effect. This is the reason why it's included here rather than left out.

No single study proves “a group fitness class cuts suicide risk by X%.” What exists instead is several strong, adjacent pieces of evidence. On that list is general exercise trials, team sport research, the dance-synchrony bonding study, social prescribing pilots. All of them are pointing the same direction rather than one unified trial. Treat the throughline as the takeaway, not any single number in isolation.

And most of the strongest trials are done with adolescents and university students, while the group actually most at risk in Scotland is working-age men 35–54 (page 7). Here is where the research base is thinnest. That's not a reason to doubt the general direction of the evidence. It's a reason more of it needs to be done, for the people who need it most. The same gap runs wider still: older adults, especially men over 65, have the highest suicide rate of any age group worldwide; LGBTQ+ young people are more than four times as likely to attempt suicide as their peers; and Indigenous communities in Canada, Australia, and the US live with some of the highest rates recorded anywhere. None of them are represented in the pages above. Each deserves its own version of this document, written with them rather than about them.

One more honest note: this document covers movement and belonging on purpose, not the whole suicide-prevention picture. Reducing access to lethal means (safe storage of medications, firearms, and other common means) is separately one of the strongest evidence-backed suicide-prevention actions that exists, arguably stronger than anything in these pages. It's left out here because it's a different kind of action, not because it matters less. If you're supporting someone at risk, it's worth knowing about too.

Worth considering: this document reflects research published up to September 2026. The science on movement, connection, and suicide prevention keeps moving too. If you're reading this well after that date, it's worth checking whether newer studies have added to, or sharpened, what's written here.

Sources: [“Beyond the Potential” - on the need for nuanced research](#) · [Mendelian randomization study on causality](#) · [Social prescribing for suicide prevention - rapid review](#) · [older-adult suicide rates, 47-country study](#) · [The Trevor Project - LGBTQ+ youth suicide risk](#) · [Statistics Canada - suicide among First Nations, Métis and Inuit](#)

FOR ANYONE WHO WANTS TO GO DEEPER

All sources, in one place

1. Joiner, T. E., Hollar, D., & Van Orden, K. (2006) - “Pulling Together” is associated with lower suicide rates, *Journal of Social and Clinical Psychology*. [Link](#)
2. Interpersonal theory of suicide - overview. [Link](#)
3. VA Loneliness and Suicide Risk fact sheet. [Link](#)
4. Halladay, J. & Ogrodnik, M. (2023) - Sports participation, physical activity, and belongingness in adolescent mental health, *Drug and Alcohol Dependence*. [Link](#)
5. Fabiano, N. et al. (2023) - Exercise and suicidal behaviors, meta-analysis of RCTs, *Journal of Affective Disorders*. [Link](#)
6. Grasdalsmoen, M. et al. (2020) - Physical exercise, mental health problems, and suicide attempts in university students, *BMC Psychiatry*. [Link](#)
7. Vancampfort, D. et al. (2017) - Physical activity and suicidal ideation, pooled meta-analysis of 80,856 people, *Psychiatry Research*. [Link](#)
8. Gysin-Maillart, A. et al. - ASSIP 24-month RCT, *PLOS Medicine*. [Link](#)
9. 988 Lifeline outcomes - STAT News coverage of JAMA study. [Link](#)
10. Pew Charitable Trusts - 4 years of the 988 Lifeline. [Link](#)
11. Breathing Space (organisation) overview. [Link](#)
12. Grasdalsmoen, M. et al. - exercise frequency and mental health, coverage. [Link](#)
13. Tarr, B., Launay, J., & Dunbar, R. - Synchrony and exertion during dance. [Link](#)
14. Yorks, D. M. et al. (2017) - Group vs. individual exercise, stress and quality of life in medical students, coverage. [Link](#)
15. Sheffield Hallam University - parkrun, wellbeing and social connection. [Link](#)
16. Public Health Scotland - Profile of deaths by suicide in Scotland, 2011–2024. [Link](#)
17. Probable Suicides 2024 - gov.scot. [Link](#)
18. Distress Brief Intervention (DBI) programme - evaluation summary, gov.scot. [Link](#)
19. Exercise and suicide attempts among bullied teens, University of Vermont study - ScienceDaily. [Link](#)
20. Mendelian randomization study on causality between activity and suicide attempt, *European Archives of Psychiatry and Clinical Neuroscience*. [Link](#)
21. Social prescribing for suicide prevention - rapid review, *Frontiers in Public Health*. [Link](#)
22. “Physical Activity in Suicide Prevention: Beyond the Potential” - editorial on research gaps, *Journal of Physical Activity and Health*. [Link](#)
23. Harvard T.H. Chan School of Public Health - global suicide rates highest among older adults, 47-country study, 1996–2021. [Link](#)
24. The Trevor Project - Facts About LGBTQ+ Youth Suicide. [Link](#)
25. Statistics Canada - Suicide among First Nations people, Métis and Inuit, 2011–2016. [Link](#)

You don't need to feel ready to start any of this. You need one small, repeatable thing, done with another person, done again next week.

Please remember - there is always someone who will listen and help ♥

Need to talk to someone? Here's who's actually there.

UK & IRELAND

Samaritans - 116 123 (free, 24/7, any reason, no judgment)

Shout - text 85258 (free, 24/7 crisis text line)

CALM - 0800 58 58 58 (5pm-midnight daily, UK-wide, also webchat at thecalmzone.net)

Papyrus HOPELINE247 - 0800 068 4141 or text 07860 039967 (under-35s, or anyone worried about a young person)

NHS 111 - urgent mental health support, any time, choose the mental health option

SCOTLAND

Breathing Space - 0800 83 85 87 (Mon-Thu 6pm-2am, Fri 6pm-Mon 6am)

NHS 24 - 111 (24/7)

ELSEWHERE IN THE WORLD

Lifeline Australia - 13 11 14 (24/7)

Talk Suicide Canada - 988 (24/7)

Vandrevalla Foundation - +91 9999 666 555 (India, 24/7, call or WhatsApp)

Anywhere else, findahelpline.com lists a free, confidential crisis line in your own country

None of these need you to be “bad enough” first. That's the whole point of this page.

Train & Thrive is behind this document: group classes, HYROX coaching, and mental performance work, built on the same belief this whole document is: movement and belonging, done consistently, protect people.

trainandthrive.co.uk · [@train_and_thrive](https://www.instagram.com/train_and_thrive) · [LinkedIn](#)

#WorldSuicidePreventionDay

Written by Patrycja Zelisko - Founder, Train & Thrive · 10+ years Mental Health & Fitness Coaching · Mental Performance & HYROX Coach · BSc Psychology, Certified Neuro-Coach

© 2026 Train & Thrive. All rights reserved. Free to share as-is for non-commercial use. Not for resale or alteration.
trainandthrive.co.uk · [@train_and_thrive](https://www.instagram.com/train_and_thrive)