



**Supporting context and detail for;**

**Preventing Suicide in Kent and Medway: Strategy  
2021-25,  
and the Preventing Suicide in Children and  
Young People in Kent and Medway: Strategy  
2021-25**

*This strategy has been updated following consultation feedback. It is due to go for approval this Autumn, after which the final version will be uploaded to the consultation webpage.*

If you have any comments or questions about this document please email [suicideprevention@kent.gov.uk](mailto:suicideprevention@kent.gov.uk)

Transforming health and social care in Kent and Medway is a partnership of all the NHS organisations in Kent and Medway, Kent County Council and Medway Council. We are working together to develop and deliver the Sustainability and Transformation Plan for our area.



***Philosophy:  
The ultimate aspiration  
and motivation is to have  
zero suicides within our  
community***

**Our objective:**

**To reduce suicide and self-harm as much as possible in Kent and Medway**



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# Introduction

It is important to understand how this strategy is set out in order to proceed with the consultation process

## Overview

Every suicide is a tragic event which has a devastating impact on the friends and family of the victim, and can be felt across the whole community.

This document provides the context and detail for:

The Kent and Medway Suicide and Self-harm Prevention Strategy 2021-25 &

The Children and Young People Suicide and Self-harm Prevention Strategy 2021-25

The economic cost of every suicide in England is estimated at...

**£1.7 mil**

.. but that pales into insignificance when you consider the pain and grief experienced by families and friends.

*"Now that they are gone, I know I will never be truly happy again."*

Research has found that up to **135** people are affected to some degree, by every person lost to suicide.

These strategies are the continuation of work undertaken as a result of the **2015-2020 Kent and Medway Suicide Prevention Strategy**.



While **local suicide rates** have gone **down slightly** in recent years, even **one death is one too many** so there is still much to be done.

Kent and Medway currently has a **similar rate of suicide** compared to the national average.

These strategy combine evidence from suicide patterns in Kent & Medway with national research and policy direction.

It is clear from both local and national experience that it is not possible for one agency working alone to prevent suicides; most progress can be made when the **public sector, charities and companies work together to deliver a range of measures**.

These strategies have been developed by the **Kent and Medway Suicide and Self-harm Prevention Network**, which consists of over 130 partners working together to reduce the number of suicides.



A **consultation** (featuring discussions with existing partnerships and an online survey) was undertaken to ensure that the widest number of individuals and organisations had their chance to input into the strategies. Further details can be found on the next slides.

To ensure that these strategies do not discriminate unfairly against any particular group within Kent and Medway, an **equality impact assessment** (EqIA) has also been undertaken, which is available on request.

The **Suicide Prevention Network** will co-ordinate the Strategies' action plan and monitor progress against the strategic priorities at regular meetings.



# Consultation process

## Consultation process timeline

As part of the consultation process, we invited responses from as many **organisations, agencies and individuals with lived experience** as possible.

During the consultation process we took people's views on our seven strategic priorities;



The public consultation opened on 3<sup>rd</sup> February 2021 and ran until 18<sup>th</sup> March 2021.

Ensuring we had responses from a range of individuals has allowed us to revise and adapt our plans accordingly and guarantee the **new 2021-2025 strategies are shaped by the local people and organisations who matter.**

## The following documents were available as part of the consultation

The Kent and Medway Suicide Prevention Strategy

The Children and Young People Suicide and Self-harm Prevention Strategy

Supporting context and detail for the Strategies (this document)

Data and evidence updates for both the all-age Strategy and the CYP Strategy

An Equality Impact Assessment

Taking this strategy out to consultation ensures people's views and experiences are heard; this allows us to further inform our strategy and make amendments where appropriate



# Methodology

- 95 responses were received using our online consultation webpage. An additional 2 responses were received by email.

## Kent and Medway Suicide and Self-harm Prevention Strategy 2021-2025

Consultations  
Open  
Future  
Closed  
Search

This Consultation  
Consultation Home

Your Account  
Register  
Log In

This consultation is now closed.

This strategy, together with the children and young people's strategy, is the continuation of the work undertaken as a result of the 2015-2020 Kent and Medway Suicide Prevention Strategy.

While local suicide rates have gone down slightly in recent years, even one death is one too many so there is still much to be done. Kent and Medway still has a higher rate of suicide than the national average.

These strategies combine evidence from suicide patterns in Kent and Medway with national research and policy direction.

They have been developed by the Kent and Medway Suicide and Self-harm Network, which consists of over 130 partners working together to reduce the number of suicides in Kent and Medway.

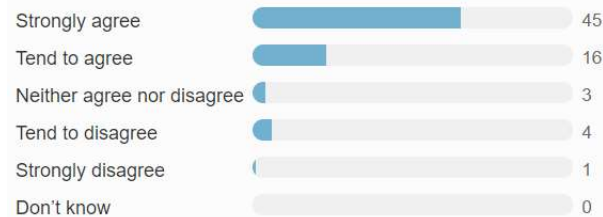
In this consultation, we are asking for your views on the strategies which will enable us to revise and adapt our plans accordingly and guarantee the new 2021-2025 strategies are shaped by the local people and organisations who matter.

Please read both strategies and give us your feedback by

Don't suffer in silence

For support and information visit [releasethethepressure.uk](https://releasethethepressure.uk)

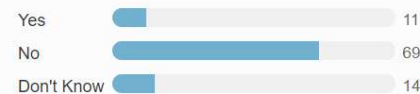
### Q7. To what extent do you agree or disagree that we should continue



### Section 2 – Review of the 2015-2020 Strategy

The review of the 2015-2020 strategy (contained within the sup Strategy) highlighted a number of positive developments over t

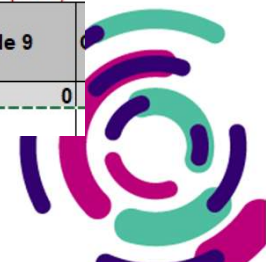
### Q3. Are you aware of other developments (not highlighted recognised here?)



- Quantitative responses were generated through our consultation page.

- Qualitative (free text) responses were analysed using a thematic analysis/coding (involving a lot of reading and re-reading!)

| A   | B | C  | D              | E      | F      | G      | H      | I      | J      |
|---|---|--|----------------|--------|--------|--------|--------|--------|--------|
| Insert questions in columns A & B, Row 2<br>Add a new worksheet for each question   |   | Add codes / theme / category to row 2 - one per column - starting on column C (add more columns as required) |                |        |        |        |        |        |        |
| Q9. Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of the priority groups. |   | Code / Theme 1   | Code / Theme 2 | Code 3 | Code 4 | Code 5 | Code 6 | Code 7 | Code 8 |
|   |   | 0  | 0              | 0      | 0      | 0      | 0      | 0      | 0      |





# Demographics

Who responded to the consultation?



**71**

residents of  
K&M



**1**

representative  
of a local  
community  
group



**2**

On behalf of  
a council (in  
an official  
capacity)



**3**

Parish/town/  
borough/  
district/country  
councillor



**4**

On behalf of  
an educational  
establishment



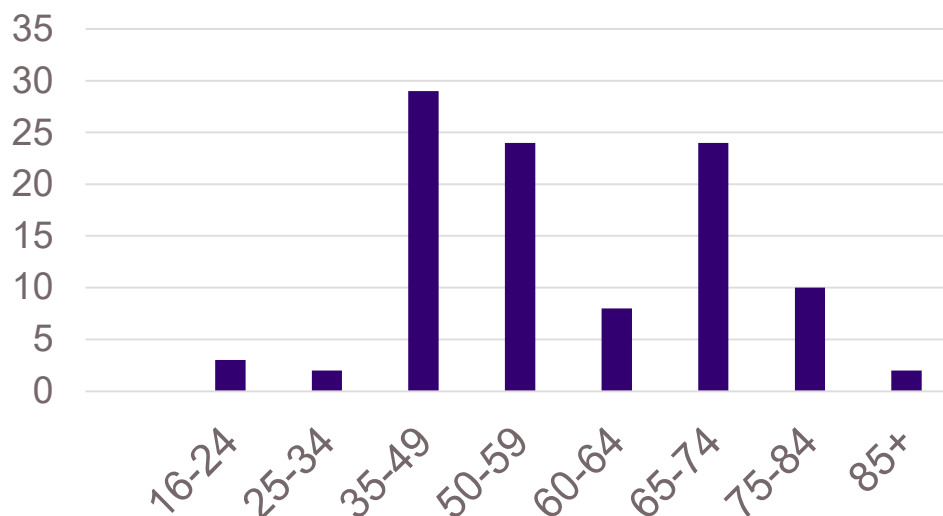
**6**

On behalf of a  
charity or VCS  
organisation

**8**

'other'

Respondents age range



**45%**  
**male**



**53%**  
**female**

2% preferred not to disclose gender

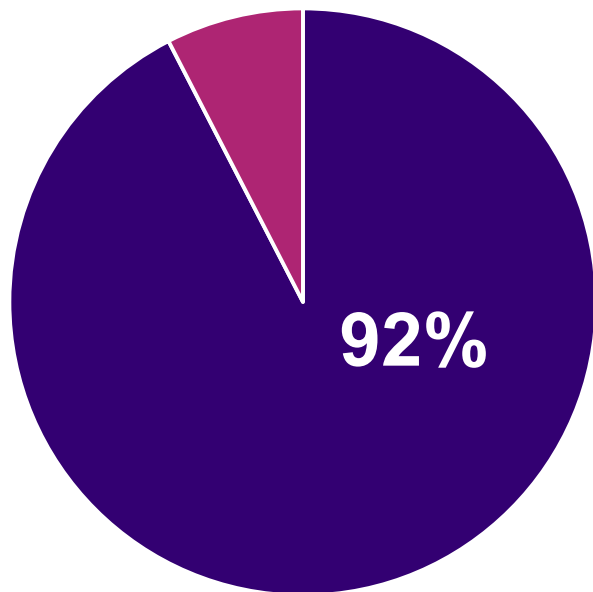
- **30%** considered themselves to have a disability
- **87%** identified as heterosexual, **8%** identified as bisexual, a gay man or a gay women.
- **84%** were White English, **15%** included individuals who were White Irish, White Other, White Asian, Mixed Other, Asian or Asian British: Pakistani.



# Feedback from consultation

The responses were a mix of quantitative and qualitative feedback. We saw **overwhelming support** for our **strategic priorities** and key areas of focus.

Q6 To what extent do you agree or disagree that we should continue to follow national priorities?



■ Strongly agree/agree ■ Strongly disagree/disagree

Free text responses were analysed and put into key themes. Some examples of recurring themes are as follows (and on the next slides)\*

## The impact of Covid-19

*"The potential risks that Covid-19 has caused, e.g. isolation intensifying / job loss / relationship breakdowns, all will have negative affects and people will need more support ."*



### How the final Strategy will address these points:

- We will strengthen our actions in monitoring the impact of Covid-19 on the mental health of the population.
- We will conduct an engagement/listening event as part of signing up to the Mental Health Concordat and will ensure the impact of Covid-19 is explored.



\*please note these are only some examples of responses.



# Feedback from consultation

## Engaging and listening to local needs

*"There needs to be involvement with the members of the public, as they are the ones who know their areas and communities best."*



### How the final Strategy will address these points:

- We will continue to follow national strategic priorities, but will make sure that our action plan is adapted to meet the needs of our local population.
- We will conduct an engagement event with seldom heard communities to ensure better understanding of our local public needs.

## Training and education

*"Better training is needed, especially those who are front line. Everyone should know practical steps and where to signpost"*



### How the final Strategy will address these points:

- We will continue to invest in suicide prevention training.
- We will continue to promote our Release the Pressure campaign to raise awareness of our two 24-hour support services.
- Promotion of ACE aware training



# Feedback from consultation

## Specific key groups that need more focus

*"Health staff that have worked during the Covid pandemic."*

*"Help for the individual's family."*

*"Autistic adults."*

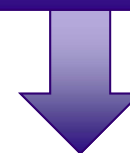


### How the final Strategy will address these points:

- Our Innovation Fund (of at least £250k) will be launched in 2020/21 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified.
- This feedback will also inform our programme of bespoke research into emerging or high-risk topics.

## Improved support (access and availability)

*"There needs to be a simple and clear message so Kent residents know exactly where to find support should they need it."*



### How the final Strategy will address these points:

- ..continue to promote our Release the Pressure campaign to raise awareness of our two 24 hour support services
- ..continue to invest in suicide prevention training
- ..continue promotion of Help is at Hand resources



# National context

## Context

10%

Target to reduce suicide rates across the country by March 2021

The NHS Long-term Plan reaffirms the Government's commitment to making suicide prevention a priority over the next decade.

The Long Term Plan commits over

£20.5bil

into the NHS over the next five years...

...including

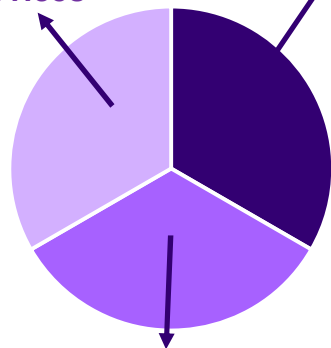
£2.5bil

for mental health

In the year before a death by suicide and in relation to **contact with the NHS**:

Around **1/3** have contact with **secondary mental health services**

Around **1/3** have contact with **primary care only**



Around **1/3** have **no contact with the NHS**

## Prevalence

Taking a national policy context first, identifies the prevalence of suicides in England, before taking a local and more specific focus

14

people take their own life everyday in England

5,316

registered suicides in 2019 in England

In 2018 the standard of proof used by coroners to determine whether a death was caused by suicide was changed. It is likely that lowering the standard of proof may result in an increased number of suicides.

**3/4** of suicide deaths in 2019 were male

males aged **45-49 years** had the highest age-specific suicide rate

rates among the **under 25s** have increased, particularly **10-24 year old** females

To **try and prevent suicides** we need to know...

how many people die by suicide?

where?

when?

who?

why?

...so we can **target groups at highest risk.**



# Kent policy context

## Context

Kent County Council's Public Health team co-ordinates and leads **the Kent and Medway Suicide and Self-harm Prevention Network**, which includes a collection of over..

140



individuals representing a variety of agencies, charities and organisations.



**We are led by data and evidence, however we are not afraid to try new innovative ideas.**

We also lead the Children and Young People Suicide and Self-harm Prevention Network



Monthly update calls and highlight reports ensure our delivery stays on track

The Network developed and owns our **2015-2020 multi-agency suicide prevention strategy and action plan**, which follows the national six priorities to reduce suicides:

### Kent & Medway priorities

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health and wellbeing in Kent and Medway
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved by suicide
5. Support the media in delivering sensitive approaches to suicide
6. Support research, data collection and monitoring

The Strategy is overseen by **KCC, Medway Council** and the **H&WB Board**

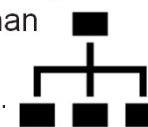
It is crucial to understand the Kent policy context, structures and priorities in order to understand where focus and activity is already happening or needed

Because **Kent and Medway suicide rates were higher** than the national average, we were selected to be amongst **8 STP areas** to receive additional suicide prevention funding in 2018/19 for three years from **NHS England...**

**Kent and Medway CCG have agreed to continue to fund the Suicide Prevention Programme when national funding stops**

The **2021-2025 strategy** aims to continue, refine and build upon the successful elements of the 2015/20 programme, but also to become more influential in wider parts of the system.

By shaping pathways and changing practice, the long-term impacts of the programme are going to be much more than the sum of the funded elements.



# Kent and Medway suicide prevention structures

## Kent and Medway Suicide Prevention Strategic Oversight Board

- Consists of Public Health, KMPT and CCG
  - Meets monthly
- Responsible for setting strategic direction and taking financial decisions
- Prepares formal reports into KCC, Medway Council and CCG structures



### Kent and Medway Suicide Prevention Network

- Consists of over 140 charities, agencies, individuals, academics etc
  - Meets quarterly
- Responsible for drafting the 5 year strategy, best practice sharing, facilitating lived experience input, discussing issues and opportunities



### Kent and Medway Children and Young People Suicide and Self-Harm Prevention Network

- Consists of charities, statutory agencies, individuals, etc
  - Meets quarterly
- Responsible for drafting CYP Chapter for 5 year strategy, best practice sharing, discussing issues



### Covid 19 Suicide Prevention Surveillance Group

- Consists of over PH, CCG, KMPT, Live Well, Healthwatch Kent
  - Meets fortnightly
- Currently time limited to during coronavirus period



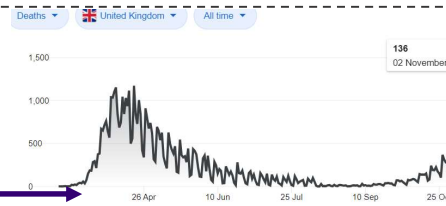
# The impact of Covid-19

## National impact

The 2020 **Covid-19 global pandemic** has changed everything; how we live, work and socialise.

The various **lockdowns in 2020** resulted in school and work closures, as well as a societal change and strict restrictions and measures never seen before.

As of June 2021, there have been approx. **4.52 million confirmed** cases of the virus, of which has sadly resulted in at least **128K deaths**.



Unfortunately, many people's jobs were been placed on furlough, children remained home, and stressors and insecurity have never been so prevalent.

Lives have been lost as a result of the virus, causing bereavement, anxiety, and uncertainty for the future.

Nationally, in England, modelling predicts that up to **10 million people** (almost 20% of the population) will need **either new or additional mental health support** as a direct consequence of the crisis.

**2020 will be remembered as the year the world changed; but so much is still unknown..**

- The mental health implications?
- The impact on suicide / self-harm rates?
- The impact on other risk factors (i.e. domestic abuse / job loss) that may subsequently impact mental health / suicidality amongst the population.



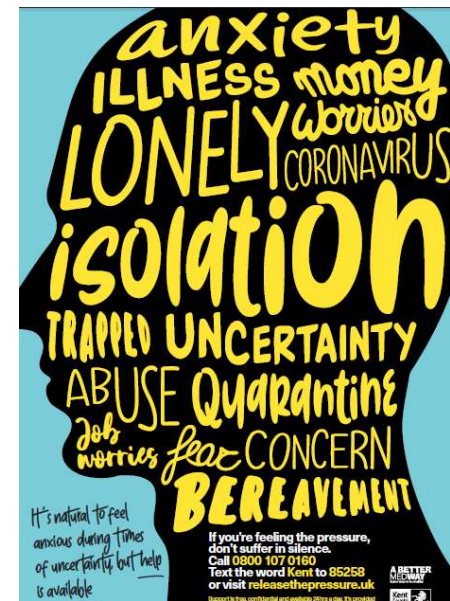
As a result of the current Covid-19 pandemic, the world has changed, therefore, it is important to set this context and look at how we have responded and reacted to the needs of our local population

## Local response

Kent County Council and Medway Council have responded to the Covid-19 pandemic by changing the way some services are delivered and enhancing others.

In response to the mental health impact, the **Release the Pressure** campaign was modified to reflect the coronavirus circumstances. A new 24hr **text support service** was also introduced.

**Suicide prevention training** continued to be provided by **MIND**, this is now being presented via zoom. The take up rate of training remained strong during lockdown and there has been positive feedback.



We will continue to monitor the COVID impact and remain flexible to react according to the needs of the population and high risk groups.





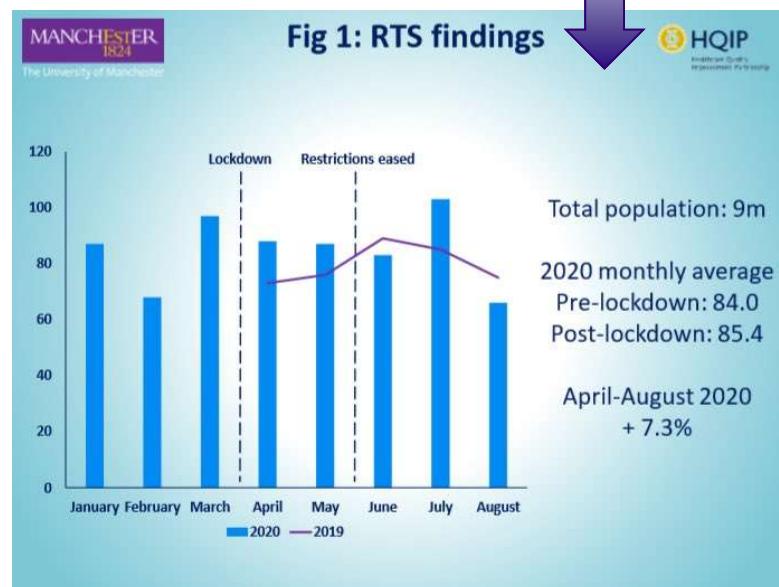
# The impact of Covid-19

## Research findings from NCISH

From the **start of the pandemic**, there was a concern that **suicide rates would rise**.

A number of countries have published national or state-level suicide data. **Most have found no effect.**

NCISH set up a new data collection **real time surveillance (RTS)** - as inquests can take months. The table below shows **no change pre – to post lockdown**, at least in those areas with good quality RTS.



**louis appleby**  
Follow @ProfAppleby 22.2K followers  
4 Jan, 14 tweets, 6 min read

Bookmark Save as PDF + My Authors

In 2021 **#suicideprevention** will remain vital to the **#Covid** response, so this is a good time to sum up what we know re the impact on suicide. Simple answer is that several countries have now reported no rise. But the picture is more complex, as always with suicide stats. /thread

NCISH explained that their **conclusions were cautious**. These are very early figures and may change.



Within the overall finding, there could be different effects between populations sub-groups or geographical areas – after all, **the impact of COVID-19 itself has not been uniform across communities.**

## What does this mean for Kent and Medway?

- We have established a new Real Time Suicide Surveillance system with Kent Police and will use it to monitor deaths and the factors influencing the individuals who die. We will respond to any trends and high risk groups we identify.



# Suicide rates since 2011

## Latest 3-year rolling average age-standardised suicide rates

|                | 2011-13 | 2012-14 | 2013-15 | 2014-16 | 2015-17 | 2016-18 | 2017-19 |
|----------------|---------|---------|---------|---------|---------|---------|---------|
| <b>England</b> | 9.8     | 10.0    | 10.1    | 9.9     | 9.6     | 9.6     | 10.1    |
| <b>Kent</b>    | 10.3    | 11.4    | 12.0    | 11.6    | 10.5    | 10.0    | 10.3    |
| <b>Medway</b>  | 9.3     | 11.4    | 11.7    | 11.2    | 9.7     | 9.4     | 8.3     |

Age-standardised suicide rates (per 100,000) for local authorities, rolling three year aggregates, deaths registered 2011 to 2019. (By area of residency, 10+, male and female)

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesbylocalauthority>

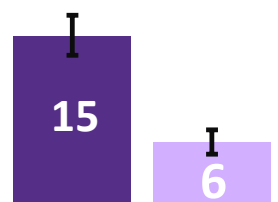


# Suicide statistics

## Kent and Medway suicide data

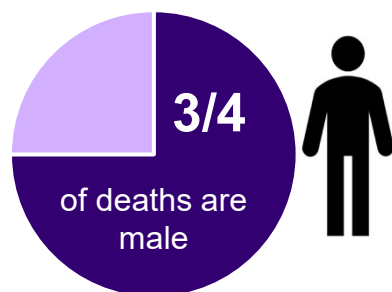
479

deaths from suicide across  
Kent & Medway in 2017-2019.



**Males Females**

Rates per 100,000 population by  
gender in 2016-2018



Suicide rates in  
**Canterbury and  
Thanet** are the  
highest in Kent.

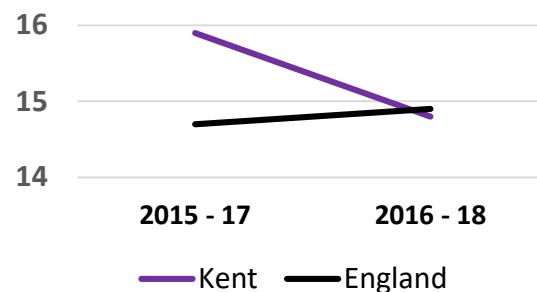
|                | 201<br>5-17 | 2016-<br>18 | 2017-<br>19 |
|----------------|-------------|-------------|-------------|
| <b>England</b> | 9.6         | 9.6         | 10.1        |
| <b>Kent</b>    | 10.5        | 10.0        | 10.3        |
| <b>Medway</b>  | 9.7         | 9.4         | 8.3         |

**10.3** suicide deaths per **100,000 Kent**  
population in **2017-2019**.

**8.3** suicide deaths per **100,000**  
**Medway** population in **2017-2019**.

Kent and Medway have statistically  
similar 3-year rolling suicide rates when  
compared to the national average.

**The male suicide rate in Kent has  
fallen in recent years**

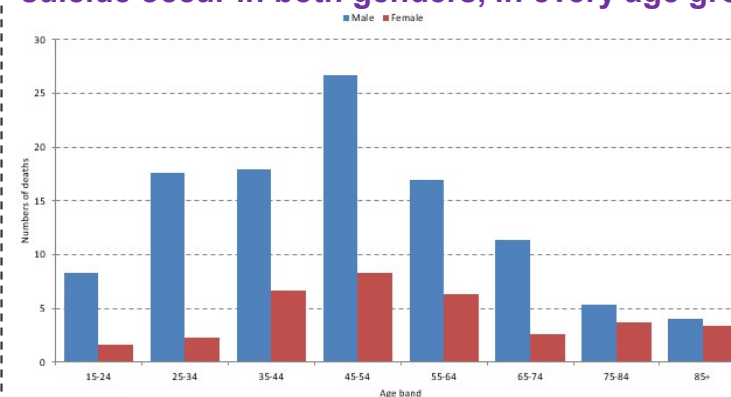


of people who died by suicide  
in Kent & Medway were...

...**NOT** known to  
secondary mental health  
services..

...but many of these people were in contact with  
**primary care**.

**Middle aged men** are at most risk, but deaths by  
suicide occur in both genders, in every age group.



Source: PCMD, ONS, KPHO (JB)

Some **occupational groups** are at a particularly  
high suicide risk. Kent  
specific research found an  
increased suicide-risk for  
individuals who work in the..

- ☐ manual industry
- ☐ agriculture
- ☐ are unemployed

**Debt, domestic abuse**  
and **substance misuse**  
were additional risk  
factors relating to suicide  
attempts.



# Self-harm statistics

## Kent and Medway self-harm data

# 50%

of people who **die by suicide** have a history of **self-harm**

Self-harm is a marker of mental distress and the single biggest risk factor for suicide

...but not everyone who dies by suicide will have a **history of self-harm...**

...and not everyone who self-harms will go on to **attempt suicide.**

Between 2011/12 and 2015/16 more **young women aged 10-19** were **seen at A&E and admitted into hospital** than young men.

|                    | males | females |
|--------------------|-------|---------|
| A&E                | 1,060 | 2,160   |
| hospital admission | 620   | 2,480   |

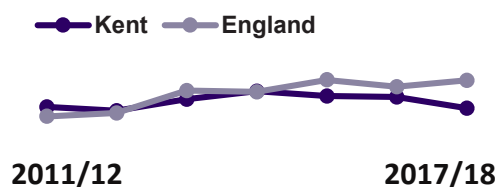
# 1,165

hospital admissions as a result of self-harm per 100,000 Kent and Medway population aged **10-24 years** in 2017/18.



# 16,733

hospital stays for self harm, per 100,000 in Kent and Medway.



the Kent crude rate of hospital admissions as a result of self-harm in 15 to 19-year old **was higher than England in 2011/12, but is now lower than England in 2017/18.**

It is estimated that

# 1in12

young people will self-harm at some point, and it can happen at any age.

It should be noted that **self-harm is a major risk factor** with **older adults** and **national research** is focusing on this age group and the extent of the problem of self harm.



## Types of self-harm

There are many different ways people can intentionally self-harm:

- ☐ cutting or burning skin
- ☐ punching or hitting themselves
- ☐ poisoning themselves with tablets or liquid

There are also less risky “replacement” habits which can be encouraged

Research probably **under-estimates** how common self-harm is.

Data is usually based on surveys of people who go to hospital or their GP, but we know a lot of people **do not seek help after self-harming.**



# Children and Young People

## Kent and Medway Children and Young People

Although deaths by suicide at any age are tragic, deaths amongst children and young people are particularly painful.

Lives ended before they really begin are extremely upsetting for friends, parents, siblings and the whole community.

We have produced a separate **CYP 2021-2025 Suicide and Self-Harm Prevention Strategy**.

This is available on request.

The Child Death Overview Panel investigates each individual death of children and young people in Kent.

Any lessons that can be learnt are shared with relevant partners.

The University of Kent have completed a thematic analysis of recent suicides amongst children and young people, to identify trends and opportunities to do things differently. To read the document in full, see link <https://tinyurl.com/y2wt3bo3>

It is estimated that in Kent and Medway..

# 35,856

children and young people have a mental health condition.

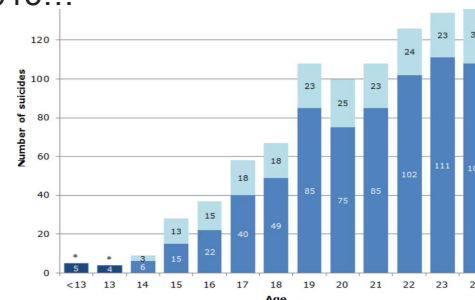
**Suicides by women under 25 have increased over recent years nationally.** These deaths



accounted for **10%** of all female suicides in the UK, a similar proportion compared to young men.

**National research into children and young people suicides has found:**

Of **922 suicides** by people aged **under 25** in England and Wales during 2014-2015...



The number of suicides at each age rose steadily in the late teens and early 20s.

The research also identified several themes:

**25% of under 20s** and **28% of 20-24 year olds** had experienced **bereavement**.

**21% of under 20s** and **14% of 20-24 year olds** were **university or college students**.

**9% of under 20s** who died had been **'looked after children'**.

**6% of under 20s** and **3% of 20-24 year olds** were reported to be in the **LGBTQ+ community**.

**Self-harm** was reported in **52% of under 20s** and **41% of 20-24 year olds** who died.

**60% in both age groups** were **known to secondary mental health services**. Around **40%** had been in **recent contact**.





# Review of 2015-2020 strategy

Reviewing the 2015-2020 strategy allows us to look back on what activity has and has not worked well, and what focus is needed for the future strategy.

The 2010-15 Kent and Medway Suicide Prevention Strategy focused on six priority areas. This table captures the headline activity over the last 5 years. (The limited space available means it is far from a complete record but we go into more details on some projects in the next few slides)

## 1. To reduce the risk of suicide in key high-risk groups we...

- Launched the Release the Pressure social marketing campaign to increase the chances of people seeking help
- Worked with KMPT, primary care and other health partners to increase safety and quality within services
- Funded 50 community level projects through the Saving Lives Innovation Fund
- Added a specific Children and Young People's Action Plan in 2018

## 2. To tailor approaches to improve mental health & wellbeing in Kent we...

- Funded over 5,000 places over Mental Health First Aid and Suicide Prevention Training
- Supported national campaigns such as Time to Change and Every Mind Matters
- Delivered specific campaigns and programmes with other high risk groups, areas or businesses

## 3. To reduce access to the means of suicide we...

- Adopted the Kent and Medway Suicide Cluster Protocol in 2016
- Developed an informal surveillance network which regularly identifies unusual patterns or areas of concern
- Funded a major replacement programme of Samaritan's bridge signage in 2018/19
- Worked closely with Network Rail, Highways England and major landowners regarding sites of concern

## 4. To support research, data collection and monitoring we...

- Conducted an annual analysis of suicide data
- Hosted a Darzi Fellowship to explore help-seeking behaviour amongst men
- Conducted bespoke research into the links between domestic abuse and suicide, as well as the impact of debt
- We commissioned a thematic analysis of suicides amongst children and young people

## 5. To support the media in delivering sensitive approaches to suicide we...

- Worked with local media outlets to promote positive stories about mental health and help-seeking behaviour
- Contacted editors and reporters when inappropriate reporting is identified
- Promoted the Samaritans Media Guidelines

## 6. To provide better information and support to those bereaved by suicide we...

- Gave support to local Survivors of Bereavement by Suicide groups (including a new group in Canterbury)
- Funded research into the needs of bereaved families as part of 2019 Innovation Fund
- Promoted Help is at Hand support toolkit to bereaved families





# Release the Pressure

## Kent and Medway Social Marketing Campaign

The social marketing campaign is designed to..

- Increase awareness of a **24/7 support line**
- Increase **men's willingness** to call the helpline

The campaign highlights **real life events**, rather than mental illness as the potential trigger

**24/7** text service available by texting the word **Kent or Medway to 85258**



Since 2015, the 24hr support line at the heart of the campaign has responded to

# 104,245

calls from people in distress



"I hope you realise you have saved my life"

"This service helped keep me alive and got me the help I needed"

"You have all saved my life several times and I thank you from the bottom of my heart"

The campaign is promoted with advertising in **service stations, pubs, on radio, TV and online**



Adverts are used to ensure that when people search for **'how to kill myself'** or similar terms, **Release the Pressure** is the first link they see.

| Financial year | Calls handled |
|----------------|---------------|
| 2015/16        | 14,322        |
| 2016/17        | 19,724        |
| 2017/18        | 20,445        |
| 2018/19        | 23,765        |
| 2019/20        | 25,979        |



visits to the Release the Pressure webpage from 2016



# Other highlights from 2015-2020

## Highlighting the impact of recent activity

### Suicide Prevention & Awareness Training



#### Supporting adults

**2,828**  
people trained

|            | Before | After |
|------------|--------|-------|
| Knowledge  | 6/10   | 9/10  |
| Confidence | 5/10   | 8/10  |



#### Supporting young people

**1,256**  
people trained

|            | Before | After |
|------------|--------|-------|
| Knowledge  | 3/10   | 8/10  |
| Confidence | 3/10   | 8/10  |

*"This assisted me when I was talking to someone who was suicidal and I helped prevent them from completing their plan"*

*"The training you provided came in useful on Friday evening when I spent an hour persuading a young man not to {end his own life}"*

**1250**

people have taken the Suicide Prevention & Awareness e-learning module

### Innovation Fund

**49**

projects funded via year 1 & 2 and legacy fund

The Saving Lives Innovation Fund was **launched in 2018**

The aim is to fund **new projects with innovative ideas** designed to **prevent suicide, save lives and reduce self-harm**



**Over 2000**

people were reached through innovation fund projects

**1000**

of those were not already known to the organisation

*"And I believe deep in my heart it {the project} will save lives. In fact, it already has"*

*"I have learnt to let my emotions out in a better and safer way"*

*"To hear I'm not alone in how I felt is a comfort. This has been an amazing experience"*

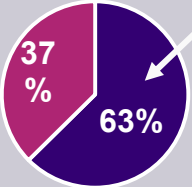
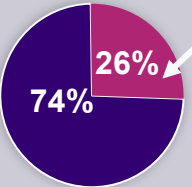
### Kent and Medway recognised as best practice

- ☐ Invited to join NSPA Steering Group
- ☐ Many requests to speak at national events
- ☐ Release the Pressure and Innovation Fund replicated across the country
- ☐ Two national awards
- ☐ But we are not complacent – there is lots more to be done



# Research Impact

We have conducted several pieces of our own research between 2015 & 2020

|  | Domestic Abuse   | Debt   | Coroners  | Prisons  |
|--|--|--|---|--|
| What we found                                | <p>Providers were asked to provide data regarding DA and suicidality.</p>  <p>answered <b>YES</b> to <i>'are you feeling depressed or having suicidal thoughts?'</i></p> <p>National Domestic Homicide Reviews were examined.</p>  <p><b>93</b> DHRs 26% were <b>completed suicides</b>; either the victim or perpetrator</p> | <p>Nationally...</p> <p><b>1 in 8</b></p> <p>people in problem debt (13%) have thought about suicide and <b>3%</b> have attempted suicide.</p> <hr/> <p><b>Kent specific research</b></p> <p>Of <b>119</b> coroner cases</p> <p><b>6</b></p> <p>specifically noted debt as a specific trigger.</p> | <p>Deep dive study into <b>119 inquest verdicts</b>.</p> <p>The most common characteristics were the following:</p> <ul style="list-style-type: none"> <li>• <b>Male</b> –from <b>50 – 59 years</b>.</li> <li>• Recent <b>family breakdown/bereavement</b></li> <li>• <b>Unemployed</b></li> <li>• They were <b>not known to secondary mental health services</b></li> <li>• Had a <b>prior history of mental health issues</b></li> <li>• History of <b>alcohol/drug use</b>.</li> </ul> | <p>Nationally...</p> <p><b>1,830</b></p> <p>deaths in prison custody from <b>2008 to 2016</b></p> <hr/> <p><b>Kent specific research</b></p> <ul style="list-style-type: none"> <li>• Particular groups of prisoners are at high risk of suicide (<b>on remand; history of MH, 'lifers'</b>)</li> <li>• Prisons with higher proportion of the 'most vulnerable' prisoners face particular challenges.</li> </ul> |
| How we used the research to shape priorities | <ul style="list-style-type: none"> <li>• DA providers and staff be trained in suicide prevention training.</li> <li>• Mental health providers and staff to be trained in DA training.</li> <li>• We have funded Oasis Domestic Abuse provider to pilot an '<i>understanding trauma</i>' project.</li> </ul>  | <ul style="list-style-type: none"> <li>• Funded 2 innovation projects exploring debt.</li> <li>• Borough level workshop to develop a local suicide prevention and self-harm reduction plan</li> <li>• A Money and Mental Health project with Citizens Advice</li> </ul>                            | <ul style="list-style-type: none"> <li>• How best to work with the coroners office in the future</li> <li>• Focus on high-risk suicide triggers</li> <li>• Supporting families and friends bereaved by suicide</li> <li>• Consider a real time surveillance to provide impactful bereavement support</li> </ul>   | <ul style="list-style-type: none"> <li>• Identify and respond to suicide clusters and contagion</li> <li>• Suicide Prevention training for Kent prison staff</li> <li>• Promotion of Release the Pressure in Prisons</li> </ul>  |

# Draft strategic priorities for 2021-2025

Proposing the new draft 2021-2025 strategic priorities ensures that comments and amendments can be made before finalising this strategy

This table sets out the strategic priorities which gained overwhelming support during our public consultation. Our annual workplan produced every year will respond in more detail into each of the below areas.

## 1. Reduce the risk of suicide in key high-risk groups

- Middle aged men
- People with a previous suicide attempt
- People with a history of self harm
- People known to secondary mental health services
- People who misuse drugs and alcohol
- People who are impacted by domestic abuse
- People with problematic debt
- Children and young people

## 2. Tailor approaches to improve mental health & wellbeing across the whole population and within the following priority groups

- LGBTQI+
- Military & veterans
- Students
- People with learning disabilities
- Ethnic and religious minorities
- Individuals impacted by family breakdown or separation
- Prisoners and other people in contact with the criminal justice system

## 3. Reduce access to the means of suicide and self-harm

- Continue informal surveillance network regularly identifies unusual patterns or areas of concern
- Further develop the new Real Time Suicide Surveillance system with Kent Police
- Continue to work closely with Network Rail, Highways England and major landowners regarding sites of concern
- Work closely with Port of London Authority, HM Coastguard, RNLI and other partners with an interest in water safety

## 4. Support research, data collection and monitoring

- Annual analysis of suicide data
- Bespoke research into new and emerging issues and trends

## 5. Support the media in delivering sensitive approaches to suicide

- Working with local media outlets to promote positive stories about mental health and help-seeking behaviour
- Contact with editors and reporters when inappropriate reporting is identified
- The promotion of the Samaritans Media Guidelines

## 6. Provide better information and support to those bereaved by suicide

- Commission a new Support Service for People Bereaved by Suicide
- Continue to support local Survivors of Bereavement by Suicide groups (including encouraging new groups across the county)
- Continued promotion of Help is at Hand

## 7. Demonstrate system leadership and quality improvement across the system and within services

- Work with commissioners and providers to improve safety and quality.



# References

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