Preventing Suicide amongst Children and Young People in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

Please note, 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.

1. Executive summary

How was the draft Strategy developed?

- It was developed by the Kent and Medway Children and Young People (CYP) Suicide Prevention Network. A partnership of nearly 100 organisations and individuals with experience in reducing self-harm and suicide risk amongst CYP.

A public consultation was held regarding both the CYP Suicide Prevention Strategy and the Adult Suicide Prevention Strategy. How many people responded to the consultation?

- In total 95 responses were received through the online consultation portal (2 additional responses received by email)
- Of these, 58 responses were specifically commenting on the CYP Strategy
- However, many of the remaining responses also made points referring to CYP therefore this report includes analysis on all the responses

Who responded to the consultation?

- Most responses were from individual residents of Kent and Medway
- A small number of schools, colleges, parish councils and voluntary sector organisations also responded.

What was the consensus view?

- The vast majority of responses supported the Strategic Priorities and approach that was set out in the draft Strategy.
- There was also strong support for the identified high-risk groups within the Strategy.

Did anyone disagree with the contents of the strategy?

- While there was broad support for the Strategy, some people felt that other groups of individuals should be considered high risk, while others commented that identifying any particular groups was inappropriate and everyone should be treated as an individual
- A lot of responses highlighted that the full impact of COVID-19 on the population's mental health isn't known yet, so additional monitoring is needed
- Some people felt that the importance of schools and education settings should be highlighted and that more support should be given to families of CYP who self-harm

What will change as a result of the Consultation?

- The draft Strategy and associated Action Plan will be amended to take account of the feedback received.

- Comments will shape the way specific elements of the Action Plan are delivered, including the 2021 Innovation Fund and the 2021 research programme.

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Preventing Suicide amongst Children and Young People in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

1. Introduction:

This document provides a summary of the comments received through the public consultation on the draft Preventing Suicide amongst Children and Young People (CYP) in Kent and Medway: 2021-2025 Strategy, and provides recommendations on how these comments should be addressed in the final strategy.

The draft Strategy was developed by the Kent and Medway Children and Young People Suicide Prevention Network partnership (established in 2020) and made up of nearly 100 organisations and individuals with an interest and experience in reducing self-harm and suicide amongst CYP.

The aim of the draft Suicide Prevention Strategy is to reduce suicide and self-harm in CYP as much as possible, and the programme will work towards the ultimate philosophy and aspiration of zero suicides within our county.

It should be acknowledged that the Strategy was drafted, and the Public Consultation was held, during the global Covid-19 pandemic. The final impact of the pandemic on the mental health and well-being of children and young people will not be known for many months if not years, however the Suicide Prevention Programme will ensure the Strategy remains flexible enough to respond appropriately.

2. Consultation process:

Early engagement about the Strategy took place with stakeholders at the Kent and Medway CYP Suicide and Self-Harm Prevention Network meeting in August 2020.

This was then followed up with a half-day workshop specifically to develop the draft Strategy in November 2020. The conference included table workshops with key stakeholders identifying priorities for CYP in the new strategy.

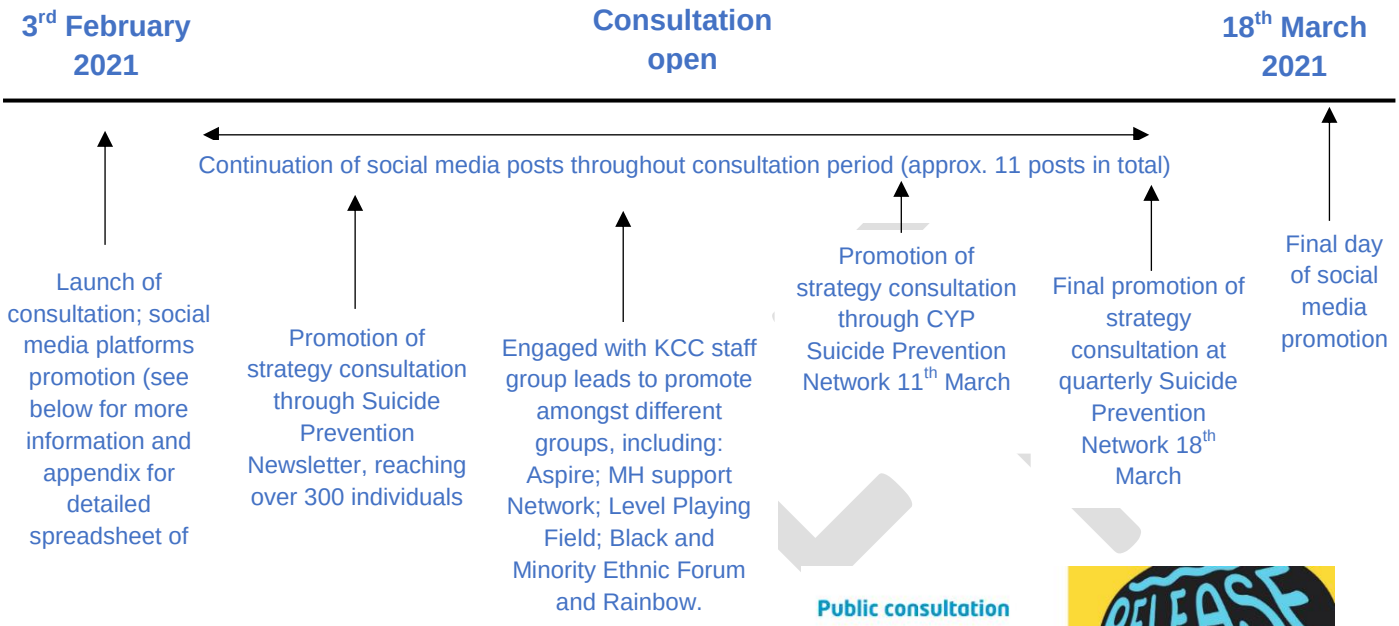
The slide below illustrates the range of organisations and individuals involved in developing the draft strategy.

The March meeting of the CYP Suicide Prevention Network also discussed the Strategy and the public consultation period ran from 3rd February - 18th March 2021.

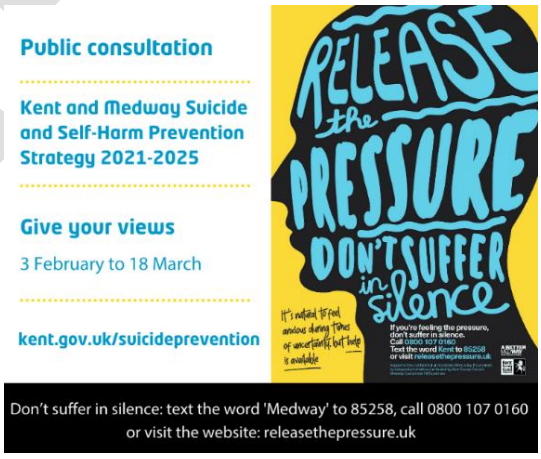
The draft strategy, equality impact assessment, consultation questionnaire and other supporting documents were available online at https://kccconsultations.inconsult.uk/suicideprevention/consultationHome

2.1 Consultation and communication methods

Consultation and communication timeline:



Social media imagery example:
Alongside the promotion of the strategy, we promoted the Release the Pressure campaign, to ensure that those engaging with the consultation could seek help and support should they need it.



Equality and accessibility considerations:
KCC undertook the following steps to ensure the consultation was accessible to all:

- All consultation documents and the questionnaire were available to view and response to online.

- All necessary alternative formats were available during the consultation period and alternative formats were available on request and all promotional materials included details on how these could be requested. Microsoft Word versions of the strategy, EQIA and other supporting documents were available. There were no requests for alternative formats.

3. Respondents

3.1 Who responded?

The public consultation received 95 responses via the KCC consultation webpage. An additional 2 responses via free text (sent through to the suicideprevention@kent.gov.uk email address).

58 responses were specifically commenting only the CYP Suicide Prevention Strategy, however, many of the remaining responses also made points referring to CYP, therefore this report includes analysis of all the responses.

From the 95 responses on the KCC consultation webpage, analysis shows in what capacity individuals were completing the questionnaire:

Table 1: Are you responding on behalf of…?

	Number
A resident of Kent	71
A representative of a local community group or residents' association	1
On behalf of a Parish / Town / Borough / District Council in an official capacity	2
A Parish / Town / Borough / District / County Councillor	3
On behalf of an educational establishment, such as a school or college	4
On behalf of a local business	0
On behalf of a charity, voluntary or community sector organisation (VCS)	6
Other	8
TOTAL	**95**

3.2 Demographics of respondents

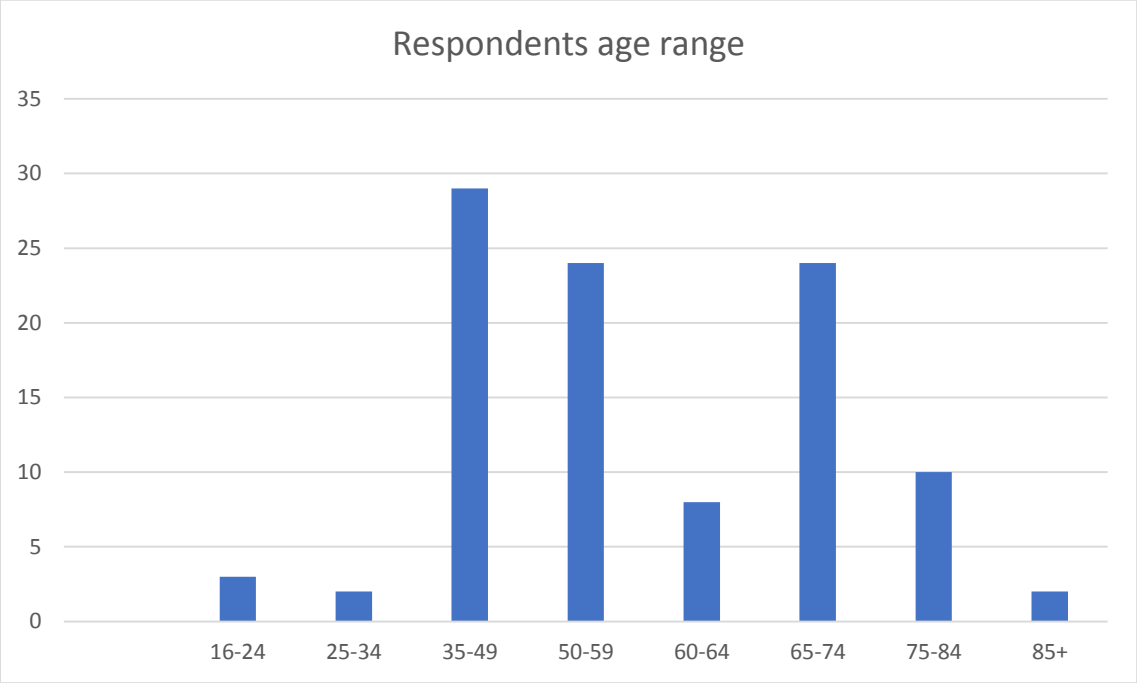
The consultation questionnaire included a series of optional '**about you'** questions, designed to capture anonymous information about the respondents' protected characteristics, such as gender, age, religion and disability. The information is used to check whether there are any differences in the views of different groups and to ensure that our strategic decisions are being made fairly.

The following analysis is based on those individuals that provided information (note that this section was optional, and some individuals preferred not to provide such information and individuals did not have to answer every question). A full profile of the respondents can be found in Appendix 1.

Of the individual respondents who provided information, the gender was split was not substantial (45% of respondents were male and 53% were female and 2% preferred not to disclose their gender).

A higher proportion of people aged 35-49 responded to the consultation (accounting for 29% of the respondents). This was closely followed by the 50-59 and 65-74 age range (both accounting for 24% of the respondents). The 16-34 age group seems under-represented, making up only 5% of respondents. There were no respondents aged under 16, and only 1 respondent aged over 84.

Figure 1: Age of consultation respondents compared to population of Kent and Medway.



Analysis of the results indicated that there is no significant variation in opinions or views between age groups, with all age groups showing similar levels of agreement to the questions.

Of those who provided information, 53% regarded themselves as belonging to a religion or belief, slightly lower than the overall population of Kent and Medway (65.5%).

Of the 95 respondents who provided information, 30% considered themselves to be disabled under the Equality Act 2010, this is significantly higher than the overall population of Kent and Medway (16.8%). Further analysis shows that 9 individuals had a mental health condition, 9

individuals had a longstanding illness or health condition, 6 had a physical impairment, 4 had sensory impairment and 1 individual had learning difficulties.

Of the those who provided information, 87% identified as heterosexual/straight. 8% identified as either bisexual, a gay man, or a gay woman/lesbian. 3 individuals 'preferred not to say'.

The final 'about you' section asked respondents about their ethnicity. 84% of respondents that answered, were White English, the remaining 15% included individuals who were White Irish, White Other, White and Asian, Mixed Other, Asian or Asian British: Pakistani and 1% 'preferred not to say'.

4. Consultation responses:

This section will report the responses received for each question in turn. At the end of each Section of the Questionnaire, a highlighted box will outline how we will amend the Strategy as a result of the responses to the questions in that section.

(Please got to **Appendix 2** to see the full questionnaires used in the consultation).

4.1 Section 1

CYP Strategy - Priorities for the new Children and Young People strategy

The Kent and Medway Children and Young People Suicide Prevention Network believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.

1. Reduce the risk of suicide and self-harm in key high-risk groups of children and young people
2. Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway
3. Reduce access to the means of suicide
4. Provide better information and support to those children and young people bereaved by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention

Q1 To what extent do you agree or disagree that we should continue to follow the national priorities as stated above?

Response	Number
Strongly agree / tend to agree	53
Strongly disagree / tend to disagree	3
Neither agree nor disagree	0

Don't Know	0
TOTAL	**56**

Respondents who answered 'disagree or strongly disagree' were asked to explain their answered. After conducting an analysis of these responses, three main themes emerged, these included:

- **Innovative ideas needed –** responses here focused around the idea of innovative projects, for example, paid gym memberships, swimming passes, or personal training in small groups offer for those struggling. Another individual discussed the importance of making them feel cared about and that they have options for education and training, as well as free to access community resources.

- **Parents and family are key**– four responses looked at the critical role families play, noting that parents should have access to key information, ensuring they can help support their child if needed. Another response looked at facilitating early support for parents noting and/or notifying potentially suicidal behaviour. Lastly, another individual discussed the importance that parents should be able to disclose any fears and dilemmas that they may experience as parents; subsequently, offering a system for them to speak in confidence to someone about their concerns about their child, enabling them to better support their child and also themselves.

- **Education** –A couple of responses acknowledged the need for education about mental health, mental wellbeing and how to look after it, and this notion needs to happen earlier on and should be discussed in schools as physical health is.

The final Strategy will take these responses into account in the following ways:

We will continue to follow the national strategic priorities, but will make sure that our associated action plan is adapted to meet the needs of our local populations.

When funds allow, we will administer an Innovation Fund to support community level projects to reduce suicide and self-harm

We will strengthen the focus on supporting friends and family of children and young people at risk of suicide and self-harm within the strategy

Reduce the risk of suicide and self-harm in key high-risk groups of children and young people

The National Strategy has identified the high-risk groups of children and young people, shown below, as priorities for suicide and self-harm prevention interventions.

Q2 Are these the appropriate high-risk groups of children and young people you think should be prioritised in the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy?

	Yes	No	Don't know
Children and young people known to mental health services – including the 18-25 transition to adult mental health services	53	2	1
Children in care and care leavers	53	2	0
Children in custodial settings	48	3	1
Children and young people with neuro disabilities	42	3	7
Children and young people who identify as LGBTQ+	44	3	5
Unaccompanied Asylum-Seeking children and young people	45	4	3
Children and young people impacted by Adverse Childhood Experiences (ACES)	50	2	2

Individuals that answered 'no' to the suggested priority groups, were asked what changes they would like to see made. The responses were as follows:

- The Covid pandemic means a total review is needed
- School children particularly around examination age groups should be included.
- Regarding young asylum-seekers, not sure whether this category needs to be separated out, given that they will already be covered by other categories.
- The above categories fail to take into account the significant increase in suicide among females 15-24 (increasing since 2012 to its highest ever in 2019). Only a few of those will have come to the attention of the MH services.
- There should also be inclusion for anyone with a SEN plan. Those would usually be covered by the above groups but there will be people missed if it were not broadened out.

The final Strategy will take these responses into account in the following ways:

We will continue to follow the nationally identified high risk groups, and will also include young women, anyone with a SEN plan and school children at exam time as groups to be considered.

We will strengthen our actions in monitoring the impact of Covid-19 on the mental wellbeing of children and young people.

Q3 Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of the priority groups.

An analysis was conducted on the responses, with many varied opinions on suggestions for specific actions that could be taken to reduce the suicide risk in any of the above priority groups. Five key themes emerged, which included:

Focus on education and the educational system – Eight responses discussed the importance of education regarding educating individuals around CYP and self-harm and suicide. Examples included the need for teachers to be educated around this, so they are able to look out for potential suicidal behaviours amongst their students, and also exploring the option of having greater publicity within the education system, having classes within the curriculum of secondary school students to focus on their mental health.

Another aspect of these responses discussed the need a mental health professional working in or alongside schools, and also schools and educational settings highlighting the different options of support and services available to CYP to ensure they are aware of the support to them.

Improved access to support – three individuals highlighted the need for access into CAMHS to improve, specifically discussing the need to reduce waiting times for those accessing help. Another individual noted that CYP need to be shared with other services, for example crisis teams can liaise with CYP so they have locally support, also highlighting that the support should extend to families, friends and carers inclusive.

Self-harm – two individuals highlighted that more needs to be understood around the patterns and prevalence of self-harm by CYP, and whilst many often think of self-harming as cutting, other behaviours such as eating disorders need to be taken seriously also. Responses here, highlighted the need for staff to have the knowledge and skills to intervene and offer counselling or mental health support for children, specifically those experiencing life changing situations, eg. Parents divorcing, a bereavement within the family etc.

Improved support structures – several responses discussed the importance of accessible support in many different forms, these included:

- Offering CYP support groups / workshops / youth clubs (including access to wellbeing activities that promote self-confidence, building friendship, support networks and resilience).
- Ready to access phone and text support.
- More school staff and trained workers need to be available and trained to listen and support CYP.
- Parents need to be supported, ensuring they are able to support their child.
- Using documents within this strategy to make resources to help schools teach about self-harm and suicide.

- Better careers guidance is needed as being unsure which direction you are heading in life, or not having a clear plan for their future can lead CYP to feel stressed and hopeless.

The final Strategy will take these responses into account in the following ways:

We will continue to work with partners across the system, including schools, colleges and mental health providers to ensure young people in need of mental health support are identified early and given access to high quality support

4.2 Section 2

Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway

The actions stated in the Strategy are:

- We will work with partners to support implementation of the Kent and the Medway Children and Young People Mental Health Local Transformation Plans.
- We will support the implementation of the Medway Self-Harm action plan and the KCC adolescent strategy.
- We will work with partners to ensure that all children and young people have access to a range of easily accessible and evidence-based emotional wellbeing support services.
- We will support the HeadStart programme to increase resilience amongst children and young people in Kent.
- We will encourage services to adopt a trauma informed care approach.
- We will pilot innovative new ideas to improve wellbeing and reduce self-harm amongst children and young people.

Q4 To what extent do you agree or disagree with the actions above to improve the mental health and wellbeing of all children and young people in Kent and Medway?

Response	Number
Strongly agree / tend to agree	56
Strongly disagree / tend to disagree	0
Neither agree nor disagree	1
Don't Know	0
TOTAL	**57**

Q4a Are there any other actions you would suggest to improve the mental health and wellbeing of children and young people in Kent and Medway?

An analysis was conducted on the responses, with many varied opinions and suggestions to improve the mental health and wellbeing of CYP in Kent and Medway. Six key themes emerged, which included:

Improving access to services and support – six responses discussed the need for services to be made more accessible and for waiting lists to be urgently reduced. Specifically, CAMHS was highlighted, with the focus of providing more help and support for CYP with quicker response times. 4 individuals acknowledged the need for better provision of services and funding for mental health services, with the ultimate aim to fund more health professionals and reduce the waiting times to zero.

Another individual offered the suggestion that whilst the CYP waits for support or access to services, perhaps an intermediate solution could be a centralized information hub, to enable those at risk, as well as the parents/carer to understand all the factors, support services and educational information to bridge the gap, before professional support can be offer, rather that CYP and families feeling left to their own devices.

A further five responses highlighted the need for support to be available and made well-known within communities. Responses discussed the need for a point of call access 24/7 phone or text service, and for that service to be common knowledge in Kent. In addition, other responses discussed that they have found resources difficult to access and this can limit support; therefore, available support needs to be promoted, also acknowledged was the need for this to be viewed as a 'whole family approach' as children do not exist in a vacuum.

Education and training – 11 responses discussed the need for education around the subject of self-harm and suicide to improve, as well as training those around CYP, to ensure they are aware of how best to support the individual. Five individuals specifically acknowledged the role schools play, and that teachers must be more informed of signs that children may need help and importantly, know how to support the CYP. In addition, suggestions also highlighted the need for educational systems to have a program of talks in schools on emotional wellbeing and/or integration of such talks as part of the K&M schools PSHE curriculum in a more meaningful way than is currently (if at all) happening. It was widely believed that greater publicity was needed within the educational system.

Regarding training, several responses acknowledged that more training is required for those who work with CYP in everyday settings, as they are the individuals who know the CYP best and can look out for 'signs' and offer support.

Support for specific groups – several groups were highlighted as needing more focus, including:

- Support for those released from custodial settings or leaving a period of probation.
- University students need much more focus and support
- More support for transition for children in care, care leavers.
- Neurodevelopmental issues need to be focused on

- The impact of Covid-19 and this last year will be huge on CYP anxiety, whether that be going back to school, socializing or living through a global pandemic; they will need to be supported.

Engaging with CYP – 5 responses noted that to understand what CYP need, we must work with them and offer a collaborative way of working. Individuals discussed reaching out to CYP to gather their opinions and how they would like to feel supported in difficult times. A couple of responses also acknowledged working with existing groups and communities where possible, for example, involving youth workers as they are working with CYP daily and can offer a different perspective of what may work to help support CYP.

The final Strategy will take these responses into account in the following ways:

We will continue to work with partners across the system, including schools, colleges and mental health providers to ensure young people in need of mental health support are identified early and given access to high quality support

Reduce access to the means of suicide in children and young people

Q5 How can we reduce suicides in children and young people in Kent and Medway by controlling access to the means of suicide?

An analysis was conducted on the responses, with several suggestions around how we can reduce suicide in CYP in K&M by controlling access to the means of suicide. Seven key themes emerged, which included:

Challenging / opposed to having this as a priority – Eleven responses shared similar views that attempting to control the access to the means of suicide is very difficult as it is impossible to remove all means. However, a few responses did touch on the suggestion of education around this and ensuring open conversations are happening, especially at schools to enable appropriate support, in turn hoping to reduce access to means.

Focusing on illegal substances – Five individuals discussed the importance of focusing on illegal substances and preventing CYP engaging in illegal substances and drug supplies. Responses also highlighted the need for amenities on weapons, encouraging confidential reporting of parties selling / making illegal substances or devices. Tougher sentences to those supplying drugs that may be used to overdose is also essential.

Social media – Seven responses acknowledged that social media needs to be improved as damaging behaviour is too easy to access via social media sites. Individuals discussed how social media is a prevalent factor in many CYP lives and therefore, some activities to help neutralize the more destructive and malevolent influences could be useful. In addition, the idea of targeting resources online or on social media was discussed, with the potential of using easy to access links to support via social media.

Education – Nine individuals highlighted again the need for education around this subject. Responses included more education and factual conversations around the topic of suicide, and education around what CYP can access and use by way of a suicide attempt needs to be understood by parents, teachers and other professionals working with CYP.

Other actions – Five other responses offered a variety of ways to reduce the access to the means of suicide, these included:

- Security at railways, bridges, high structures
- Talk to police, fire bridges, A&E workers, child death panels, coroners, CHYPS, KMPT and review the risk in levels 4 ad 5 attempts
- Anyone in charge of a child or in charge of a place where a child might gain access has a legal duty to protect that child from danger and hazards
- Work with the individual for some intense therapy to help reduce their thoughts to suicide. Working with the family too, supporting them and their ability to prevent suicide and help at home will also help.
- More support with transition for children in care, care leavers and children in custodial settings

Responses to this question will influence our Strategy & Action Plan in the following ways:

We will continue regular analysis of Real Time Suicide Surveillance which will give us the ability to design targeted and evidence-based interventions.

We will conduct or commission bespoke research into emerging or high-risk topics, for instance the impact of social media on children and young people

We will consider piloting new technology to reduce the risk relating to high risk locations

We will continue to work closely with Kent Police, Highways England, the Port of London Authority and other land owners

Q6 What is the best way of providing information and support to those children and young people bereaved or affected by suicide?

An analysis was conducted on the responses, with many varied suggestions around providing information and support to those children and young people bereaved or affected by suicide. Two key themes emerged, which included:

More education needed around this subject – five individuals highlighted the role schools and the education system plays. Responses focused on ensuring schools had the appropriate information to offer support to CYP bereaved by suicide. In addition, responses also highlighted that conversations need to be taken into the school curriculum around CYP being bereaved, and it was noted that life skills such as these stay with you and support needs to be available.

Varied forms of support – Sixteen responses discussed the need for CYP to be supported through a variety of ways when bereaved by suicide. Several individuals highlighted the need for peer support groups, so CYP can feel supported by other CYP who have experienced the same.

Other responses focused on a varied support structure, from timely face to face support given immediately after the event, to online chat forums or a text message service. Support could also be offered in the form of TV adverts or via social media as it was highlighted in the responses, this is probably the best way to reach CYP.

One individual acknowledged that schools must be trained up in how to support a CYP bereaved by suicide and/or have a designated lead who can ensure meaningful conversations are taking place and that CYP has someone they trust to speak with.

Another common response was talking to those CYP who have been bereaved and understanding what support they received or what support they feel would have benefitted them during that time. Also working with CYP to understand the best ways to provide such information so it reaches them and they engage with the support.

In addition, another individual discussed that this needs to be addressed in varied way, as this is not the sole responsibility of one person or department, therefore, all individuals involved with the bereaved CYP, family, friends, schools, social workers, doctors etc need to understand how they can support and are aware of what is available.

Responses to this question will influence our Strategy & Action Plan in the following ways:

These responses will be shared with the providers of our two new bereavement support services as they will inform and shape the mobilisation and delivery of the new service.

1) *Specialist Bereavement Support for under 25s*

2) *Support for People Bereaved by Suicide (both to launch in the summer of 2021)*

Continued promotion of Help is at Hand resources.

Support the media in delivering sensitive approaches to suicide

Q7. What is the best way of supporting the media in delivering sensitive approaches to suicide?

An analysis was conducted on the responses, with many varied suggestions supporting the media in delivering sensitive approached to suicide. Four key themes emerged, which included:

Education and guidance is essential – Fourteen individuals discussed the importance of the media having guidance on sharing appropriate information and ensuring they are educated on specific elements around best reporting of suicides. Several responses highlighted the need for information to be factual as often the media can put an incorrect ‘spin’ on stories as well as educating the media on the correct language to use when reporting on suicides. A common theme that emerged was stopping the sensational reporting that the media often do when writing an article on a suicide.

In addition, responses also acknowledged the need for the media to also provide a pathway to support whenever stories are published to ensure individuals who are affected by the story can seek support.

Practical changes that were discussed focused on having age restrictions on such stories and also having a member of KCC comms team to develop an ongoing relationship to censor such stories is it is required, as well holding closed seminar discussions with our local media to discuss the impact these stories can have.

Training – similar to the education responses above, 7 responses discussed the importance of specific training for those working within the local media. Individuals focused on free to access training, whether that be mental health first aid or suicide prevention training. A couple of individuals highlighted that this needs to be done through the employer, or whilst trainee journalists are still at university (suicide awareness needs to be compulsory in their training / work), so it is embedded within their learning; the responses also suggested that during the training, video testimonials from people who have been hurt or negatively influenced by insensitive reporting should be shown.

Promote positive stories – A few of the responses discussed the need for positive mental wellbeing stories, engaging in different initiatives such as the 'ask twice'; ensuring that the media are promoting good mental health. In addition another response suggested having regular discussions around mental health / suicide to break the stigma and taboo that still exists within society, and having survivors share their story; these stories don't have to be purely only 'big hitters' but also lower level real life scenarios that are commonly encountered by many, but will ensure that individuals know they are not facing anything alone, and they can see first hand that others have got through the situation.

Social media – a couple of individuals highlighted that social media platforms needs focus, regarding the content available but also how it can be used to promote good mental health stories and support should CYP need it.

Responses to this question will influence our Strategy & Action Plan in the following ways:

Where possible we will continue to work with media companies and individual journalists to educate them about existing guidelines and to ask them to change or remove insensitive coverage.

We will continue to share and promote positive stories.

We will consider research into the impact (positive and negative of social media and apps)

Support research, data collection and monitoring

Q8. Are there additional pieces of research that you believe we should be doing regarding suicide and self-harm prevention amongst children and young people?

An analysis was conducted on the responses, with different subject areas and suggestions for specific research pieces regarding suicide and self-harm. Four key themes emerged, which included:

Social media – three responses suggested research focusing on social media and how CYP are using it; specific questions that were suggested include:

- *What % of social media posts which encourage and demonstrate self harm and suicide are removed and are users banned from posting such things?*
- *Are bullies getting their social media access removed?*

Engaging with CYP – seven individuals wanted research to focus more on CYP opinions and ensuring we are asking them the right questions to support them. These responses focused on conducting surveys online speaking to CYP or conducting qualitative work with affected CYP to understand their firsthand experience and attitudes towards self-harm and suicide. More engagement work is needed to ensure we understand how CYP feel, what has led them to feeling a certain way, and how they were supported / how best they feel they could be supported in the future.

Focusing on specific groups – several individuals suggested that more research needs to be conducted into specific groups, these included:

- The impact of Covid needs to be explored, specifically regarding the mental health of anxiety and isolation the last year has had on CYP
- Trauma and brain patterns – *is there particular areas of the brain that suggests suicide is becoming an intrusive though or fluctuations in brain activity*?
- CYP from broken homes are ay risk; this needs to be further explored.
- The impact of drugs (including alcohol) on CYP mental health
- Any analysis looking at causes and/or responses to attempts to help, could be valuable in determining what did not go well in helping the CYP
- Research needs to be conducted into coroner reports as well as the family background to understand the full story of CYP who take their own life.
- Research focusing on leaving home / the transition to university
- Speaking to those who have attempted suicide and now in a mentally stable place, also speaking to families who have been bereaved by suicide or schools who have lost students; they may be able to explain the cycle and turn of events where interventions could have supported the CYP.

Schools and education – nine individuals highlighted the need for research into education and the school system. Responses focused on more research is needed to understand the stress that exams, curriculum pressure puts on CYP and how schools need to support CYP better through these stressful events. A handful on individuals also discussed that we need to understand exactly what schools are doing, regarding talking about mental health and improving mental wellbeing; CYP are at school more than anywhere else, therefore more resources are needed within the school setting to ensure they are supported or know where to turn to should they need help.
Some specific research questions that emerged were:

- *How can parents and teachers better understand and identify the signs that a young person is on the pathway to suicide or self-harm?*
- *How do schools support their CYP?*

Responses to this question will influence our Strategy & Action Plan in the following ways:

We will conduct or commission bespoke research into emerging or high-risk topics, accounting for the responses given above.

Q9. What is the best way to demonstrate system leadership and quality improvement in relation to the prevention work on suicide and self-harm in children and young people?

An analysis was conducted on the responses, discussing how best to demonstrate system leadership and quality improvement in relation to the prevention work on suicide and self-harm in CYP. Four key themes emerged, which included:

Funding – Four individuals highlighted that more money needs to be spend on mental health as a whole. The responses discussed that more money needs to be allocated to mental health services and suicide prevention.

Demonstrating success – Six responses focused on that success or 'what is working well' needs to be shared. Individuals discussed that successful cases or results with positive follow-ups and outcomes need to be published, possibly on the KCC website or through schools and colleges, so individuals, including CYP know that good work is being done and Kent residents are aware of the work that is happening and making a difference.

Engaging with CYP – Seven individuals acknowledged the need for working with CYP, ensuring they are involved form the start and they have a say in the support offered. In addition, suggestions included engaging with CYP in schools or drop in centers, or engaging with those directly affected and target those CYP who are vulnerable. A couple of responses were focused on ensuring that CYP know that their mental health and wellbeing is being taken very seriously, and that all agencies play a central part in prevention work; everyone can make a difference.

Joint up approach – Six responses highlighted the need for joint up working between providers and for messages to be consistent. Some specific examples given here, were focused on media attention to cover positive stories of work that is happening around the county, school visits and conversations happening around mental wellbeing, having prominent councilors on board and being publicly involved in events and newscasts as well as having a team of well trained individuals, who can communicate with CYP generally, not just those who are high risk and directly affected. In addition, responses discussed the importance of making it clear for CYP who or where they go to for support.

Responses to this question will influence our Strategy & Action Plan in the following ways:

We will continue to advocate for as much funding as possible to be put towards the mental health and wellbeing of CYP, and to provide leadership (such as best practice examples, and facilitating partnership working) to ensure maximum impact of the available resource

We will ensure that the voices of young people are heard as much as possible in developing programmes and initiatives. Either directly or through providers and professionals working with CYP

Q10. Please tell us if you have any other comments about the draft Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy

There were a variety of responses, summarizing their final views and opinions for the draft CYP strategy. These included:

Positive feedback – several responses highlighted the good work already being done and wanted to provide positive feedback regarding the strategy and felt on the whole their views fit with those outlines in the CYP strategy document.

A change of focus – several responses discussed specific changes they would like to see included in the strategy, these included:

- The pandemic means a total re-boot is needed
- A greater focus on support with transition for children in care, care leavers and children in custodial settings
- Cultural changes need to shift to ensuring everyone feels safe and support to talk about their mental health
- Opposing specific at risk groups and believes that the scope needs to be widened so the aim is for everyone to feel supported and earlier intervention can be given.

Education – a continued recurring theme has been a focus on education and school settings. A few final responses again highlighted that greater publicity is needed within the education system, whether this is a focused curriculum topic around mental health and wellbeing or support/resources being ready to access for CYP. Ensuring CYP learn about mental health and wellbeing from an early age is setting them up for understanding how to deal with it in later life.

Responses to this question will influence our Strategy & Action Plan in the following ways:

There was an overwhelmingly positive view of the draft strategy and the priorities contained within it however there were a number of points that will be taken note of in the final strategy and related action plan. These include ensuring a continued focus on the long-term impact of Covid-19 on the mental wellbeing of CYP, the importance of schools and education settings and supporting friends and family of CYP who self-harm.

5. Equality Analysis

The Equality Impact Assessment for the Children and Young Peoples Kent and Medway Suicide Prevention and Self-harm Strategy 2021-25 was overall rated as **low**. After conducting analysis of the consultation responses, there is still no evidence to suggest that updating the CYP Suicide Prevention and Self-harm Strategy will have an adverse or negative impact on any protected groups. Therefore the recommended EQIA rating remains as **low.**

6. Next Steps

As a result of the Public Consultation, the draft 2021-25 Kent and Medway Suicide Prevention Strategy and associated Action Plan will be amended in the ways outlined in this report. The amended version of the Strategy will then be taken the following groups for final sign off.

- Kent County Council Health Reform and Public Health Cabinet Committee
- Medway Council: Leaders Meeting, CYP OSC, HASC OSC, Medway Health and Wellbeing Board, Cabinet Committee.
- Kent and Medway Health and Wellbeing Board
- STP MHLDA Board (SBAR report required)
- CCG Clinical Board
- KCC Corporate Management Team

Appendix 1: Respondents 'About You'

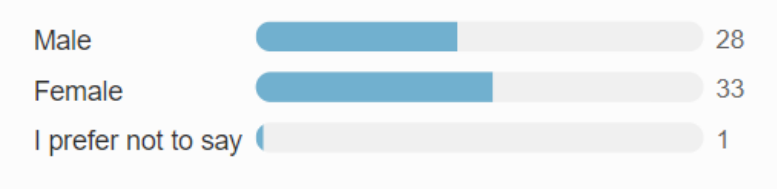
Section 6 – More about you

We want to make sure that everyone is treated fairly and equally, and that no one gets left out. That's why we are asking you these questions. We won't share the information you give us with anyone else. We'll use it only to help us make decisions and improve our services.

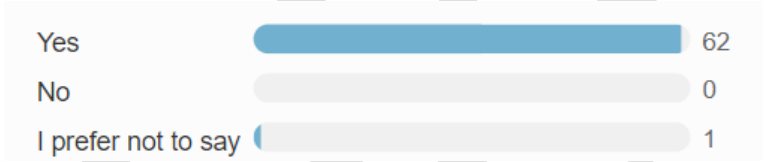
If you would rather not answer any of these questions, you don't have to.

It is not necessary to answer these questions if you are responding on behalf of an organisation.

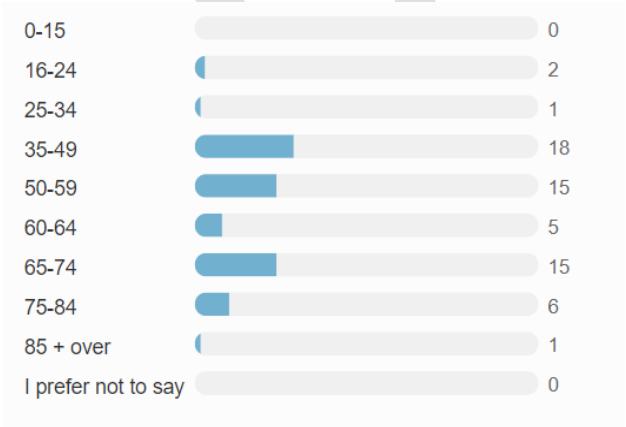
Q27. Are you….? *Please select **one** option.*



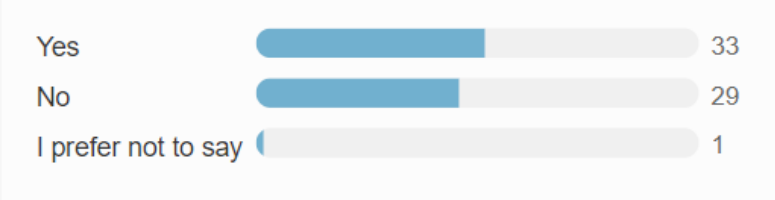
Q28. Is your gender the same as your birth? *Please select **one** option.*



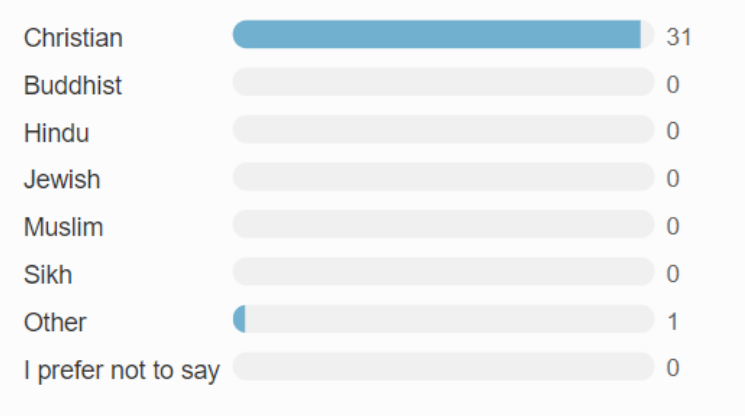
Q29. Which of these age groups applies to you? *Please select **one** option.*



Q30. Do you regard yourself as belonging to a particular religion or holding a belief? *Please select **one** option.*



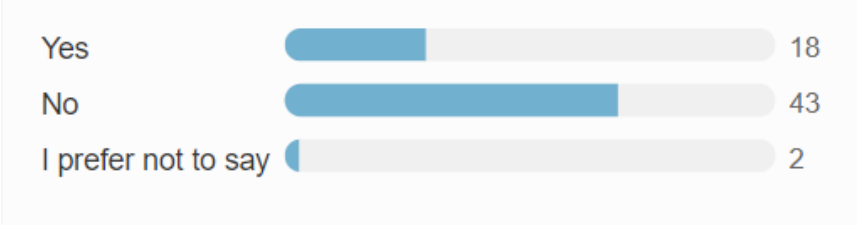
Q30a. If you answered 'Yes' to Q30, which of the following applies to you? *Please select **one** option.*



If you selected Other, please specify:

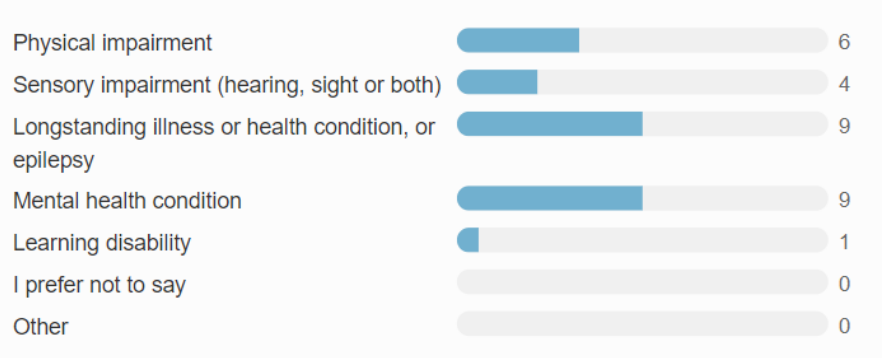
The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed.

Q31. Do you consider yourself to be disabled as set out in the Equality Act 2010? *Please select **one** option.*



Q31a. If you answered 'Yes' to Q31, please tell us the type of impairment that applies to you.

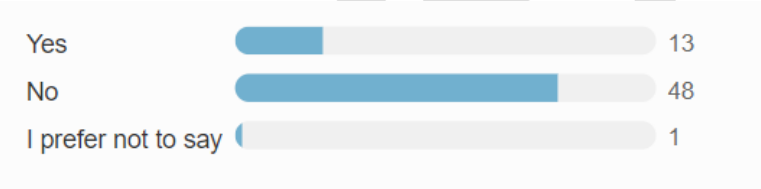
You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.



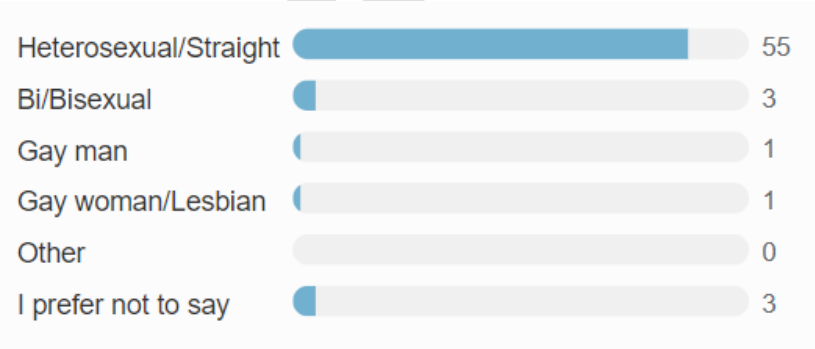
Other, please specify:

A Carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Both children and adults can be carers.

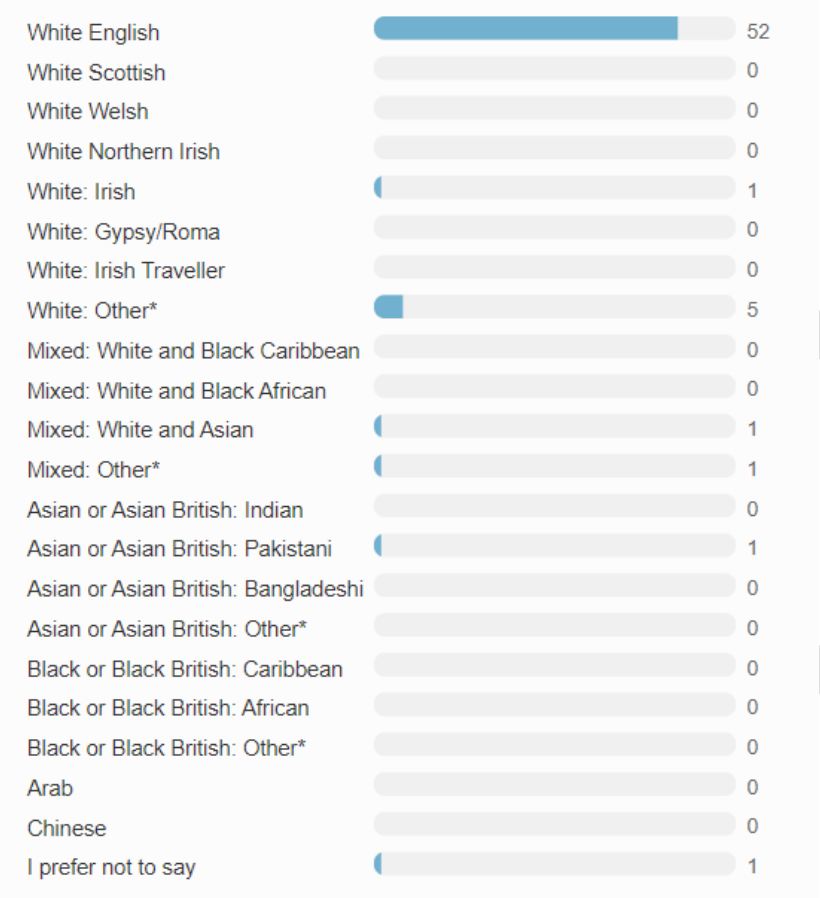
Q32. Are you a Carer? *Please select **one** option.*



Q33. Are you …? *Please select **one** option.*



Q34. **To which of these ethnic groups do you feel you belong?** *Please select **one** option.* (Source 2011 Census)



*****Other - If your ethnic group is not specified on the list, please describe it here:

Appendix 2: Strategy questionnaire (CYP)

Consultation Questionnaire

We are keen to hear your thoughts as we further develop this draft strategy during formal consultation. We have provided this feedback questionnaire for you to give your comments.

What information do you need before completing this questionnaire?

We recommend that you view the consultation material online at kent.gov.uk/suicideprevention before responding to this questionnaire.

If you have any questions regarding these proposals, please email suicideprevention@kent.gov.uk

This questionnaire can be completed online at kent.gov.uk/suicideprevention

Alternatively, fill in this paper form and return to: suicideprevention@kent.gov.uk

Please ensure your response reaches us by midnight on 18 March 2021.

Privacy: Kent County Council (KCC) collects and processes personal information in order to provide a range of public services. KCC respects the privacy of individuals and endeavours to ensure personal information is collected fairly, lawfully, and in compliance with the General Data Protection Regulation and Data Protection Act 2018. Read the full Privacy Notice at the end of this document.

Alternative formats: If you require any of the consultation material in an alternative format or language, please email: alternativeformats@kent.gov.uk or call: 03000 42 15 53 (text relay service number: 18001 03000 42 15 53). This number goes to an answering machine, which is monitored during office hours.

1) Priorities for the new strategy.

The Suicide Prevention Steering Group believes that it is appropriate to adopt the national priorities below as the priorities for the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.

i. Reduce the risk of suicide and self harm in key high-risk groups of children and young people (CYP)
ii. Tailor approaches to improve mental health and wellbeing of all CYP in Kent and Medway
iii. Reduce access to the means of suicide
iv. Provide better information and support to those CYP bereaved by suicide
v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
vi. Support research, data collection and monitoring
vii. Demonstrate system leadership and quality improvement in relation to CYP suicide and self-harm prevention

Q1a) Do you agree or disagree that we should continue to follow the national priorities as stated above?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't Know

If you selected 'tend to disagree' or 'strongly disagree' please tell us why below.

2) Reduce the risk of suicide and self-harm in key high-risk groups of children and young people (CYP).

The National Strategy has identified the high-risk groups of CYP, shown below, as priorities for suicide and self-harm prevention interventions.

Q2a) Are these the appropriate high-risk groups of CYP you think should be prioritised in the Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy?

	Yes		No	Don't Know
Children and young people known to mental health services – including the 18-25 transition to adult mental health services.				
Children in care and care leavers				
Children in custodial settings				
Children and young people with neuro disabilities				
Children and young people who identify as LGBTQ+				
Children and young people who self harm or engage in other risky behaviour				
Unaccompanied Asylum-Seeking children and young people				
Children and young people impacted by Adverse Childhood Experiences (ACES)				

Q2b) If you have answered 'no' to any of the suggested priority groups, what changes would you like to see made?

.

Q2c) Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of these particular groups? (To help us with analysing

these results, please make it clear which priority group(s) you are referring to in your response).

3) Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway

As a reminder, the actions in the Strategy are:

- We will work with partners to support implementation of the Kent and the Medway CYP Mental Health Local Transformation Plans.
- We will support the implementation of the Medway Self-Harm action plan and the KCC adolescent strategy.
- We will work with partners to ensure that all CYP have access to a range of easily accessible and evidence-based emotional wellbeing support services.
- We will support the HeadStart programme to increase resilience amongst CYP in Kent.
- We will encourage services to adopt a trauma informed care approach.
- We will pilot innovative new ideas to improve wellbeing and reduce self-harm amongst CYP.

Q3a) Do you agree or disagree with the actions above to improve the mental health and wellbeing of all children and young people in Kent and Medway?

- ☐ Strongly agree
- ☐ Tend to agree
- ☐ Neither agree nor disagree
- ☐ Tend to disagree
- ☐ Strongly disagree
- ☐ Don't Know

Q3b) Are there any other actions you would suggest to improve the mental health and wellbeing of children and young people in Kent and Medway?

4) Reduce access to the means of suicide in children and young people.
(Reducing a suicidal person's access to lethal means) is an important part of a comprehensive approach to suicide prevention.

Q4a) How can we reduce suicides in children and young people in Kent and Medway by controlling access to the means of suicide?

5) Provide better information and support to those children and young people bereaved or affected by suicide.

Q5a) What is the best way of providing information and support to those children and young people bereaved or affected by suicide?

6) Support the media in delivering sensitive approaches to suicide.

Q6a) What is the best way of supporting the media in delivering sensitive approaches to suicide?

7) Support research, data collection and monitoring.

Q7a) Are there additional pieces of research that you believe we should be doing regarding suicide and self-harm prevention amongst children and young people?

8) Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention.

We will use this Strategy to raise the importance of suicide and self-harm prevention with partners and encourage every organisation, community and individual to play their part.

Q8a) What is the best way to demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention?

Q9) Please tell us if you have any other comments about the draft Kent and Medway Children and Young People Suicide and Self-harm Prevention Strategy.