From: Clair Bell, Cabinet Member for Adult Social Care and Public

Health, Kent County Council

Allison Duggal, Interim Director of Public Health, Kent County

Council

To: Kent and Medway Joint Health and Wellbeing Board

Date: 16th September 2021

Subject: Preventing Suicide in Kent and Medway: 2021-25 Strategy

Classification: Unrestricted

Past Pathway: KCC Health Reform and Public Health Committee, Medway

Council Overview and Scrutiny Committees

Future Pathway: N/A

Introduction:

This paper provides an update on the suicide prevention programme and includes information on;

- The impact of Covid-19 on suicide rates and the Suicide Prevention Programme
- The Preventing Suicide in Kent and Medway: 2021-25 Strategy (amended following recent public consultation)
- Kent and Medway Better Mental Health Pledge / Prevention Concordat for Better Mental Health
- New Support Service for People Bereaved by Suicide

Recommendation(s):

The Joint Health and Wellbeing Board is asked to;

- 1) Consider and endorse the Preventing Suicide in Kent and Medway: 2021-25 Strategy
- 2) Comment on the suicide prevention programme

1. Introduction and context

1.1 The Kent and Medway Suicide Prevention Programme is hosted by Kent County Council's (KCC's) Public Health department and sits within the Public Mental Health portfolio. The majority of the funding for the programme (approx. £480k annually) comes from the Kent and Medway CCG, while KCC PH contribute the costs relating to hosting the programme and the Programme Manager.

- 1.2 Effective suicide prevention relies on a multi-agency approach and partnerships. Therefore, KCC PH co-ordinates the Kent and Medway Suicide Prevention Network of over 150 organisations, agencies, charities and individuals living with experience of suicidal thoughts, self-harm or bereavement by suicide.
- 1.3 Suicide rates in Kent and Medway have fallen slightly over recent years, at a time when the national average has stayed virtually unchanged (Table 1).

Table 1 Age-standardised suicide rates (per 100,000) rolling three year aggregates, deaths registered 2011 to 2019. (By area of residency, 10+, male and female)

	2013-15	2014-16	2015-17	2016-18	2017-19
England	10.1	9.9	9.6	9.6	10.1
Kent	12.0	11.6	10.5	10.0	10.3
Medway	11.7	11.2	9.7	9.4	8.3

Source:

www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/dataset s/suicidesbylocalauthority

1.4 There is however, wide variation across Kent as seen in Figure 1 below. Canterbury and Thanet have the highest suicide rates in the county although once confidence intervals are applied, only Canterbury has a statistically worse suicide rate than the national average.

Figure 1: 2017-19 3 year rolling suicide rates by District per 100,000, male & female, 10+, usual place of residence

Compared with benchmark:	Better	Similar	Worse	
England	10.	1	H	
Kent	10.	3		
Canterbury	14.	1	-	
Thanet	13.	7	⊢	
Gravesham	13.	0	-	
Folkestone & Hythe	11.	9	-	
Dover	11.	4	-	
Dartford	10.	6	-	
Tunbridge Wells	10.	2	-	\dashv
Maidstone	9.	8	-	-
Swale	9.	4	-	-
Tonbridge and Malling	8.	4	<u> </u>	
Ashford	7.	0	-	
Sevenoaks	6.	8		

Source: https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide

2. The impact of Covid-19 on suicide rates and the Suicide Prevention Programme

- 2.1 It is too early to speculate about the long-term impact of covid-19 on suicide rates. While there is currently no evidence¹ of an increase in overall suicide numbers, we will continue to remain vigilant particularly as the financial protections (eg furlough, mortgage repayment pauses, eviction bans etc) are removed. However national research has indicated that there has been considerable impact of COVID19 on the nation's mental wellbeing and resilience which is why mental wellbeing and listening to people's experience's remains a priority for the suicide prevention strategy and public mental health in general.
- 2.2 We will also continue to monitor groups in society who may have been at increased risk because of Covid-19. This could include people impacted by domestic abuse or substance misuse or who are part of particular ethnic minority communities.
- 2.3 The Suicide Prevention Programme responded to Covid-19 in a number of ways, some of which are outlined below;
 - We developed Real Time Surveillance System with Kent Police which now provides weekly intelligence on suspected suicides
 - We launched a new 24-hour mental health support service via text (which has held an estimated 25,000 text conversations already)
 - We increased funding for the 24-hour helpline at the heart of the Release the Pressure campaign (over 20,000 calls last year).
 - We secured additional funding for Citizens Advice to support MH initiatives reflecting concerns over the financial impact of Covid-19
 - We moved all suicide prevention training (delivered by Mind) onto Zoom (nearly 1000 people completed the workshops last year)
- 2.4 For a more detailed view of the Suicide Prevention Programme in 2020/21 please see the infographic in Appendix A

3. The 2021-25 Suicide Prevention Strategy

- 3.1 Throughout 2020, the Suicide Prevention team worked with members of the Suicide Prevention Network to develop a draft 2021-25 Strategy (which covers both Kent and Medway).
- 3.2 Following early discussions with Network members, it was clear that the majority of stakeholders felt that the previous 2015-2020 Strategy was effective and therefore evolution was needed rather than revolution.
- 3.3 Therefore the same six Strategic Priorities were rolled forward from the 2015-2020 Strategy into the 2021-25 Strategy. A seventh priority was added around System Leadership. (Please see Figure 1 below).

¹ Suicide in England in the Covid-19 Pandemic – University of Manchester

- 3.4 There were some changes to the high-risk groups identified in the updated strategy. Middle-aged men continue to be the demographic group which sees the highest numbers of suicides, but our Real Time Suicide Surveillance has also highlighted other high-risk groups such as people who misuse substances or who have problematic debt.
- 3.5 We have also completed nationally unique research highlighting the links between domestic abuse and suicide (of both victims and perpetrators). Therefore people impacted by domestic abuse will also be considered a high risk group going forward.

Figure 1 The seven strategic priorities of the 2021-25 Suicide Prevention Strategy



- 3.5 The 2021-25 Strategy also features supporting positive mental wellbeing more prominently (as opposed to just responding to people in crisis) when compared to the previous strategy. A Kent and Medway Better Mental Health Pledge is in development (see Section 4 below).
- 3.6 The final major difference from the 2015 approach is the fact that we have also produced a separate (but aligned) 2021-25 Children and Young People's Suicide Prevention Strategy.

Analysis from the public consultation

3.7 The draft strategy went out to public consultation between early Feb and late March 2021. A full analysis of the responses is included in the Appendix, but a summary is included below.

- 3.8 How many people responded to the consultation?
 - 95 responses received through the online form
 - 2 additional responses received by email
- 3.9 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.
- 3.10 What was the consensus view?
 - The vast majority of responses (92%) supported the Strategic Priorities that are set out in the draft strategy
 - There was also strong support for the identified high-risk groups within the strategy
- 3.11 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 other people 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, and the full economic fall out is still to be felt, so additional monitoring and flexibility in the response may be needed
 - Some people felt that increased level of priority should be given within the strategy to people who self-harm and who have made a suicide attempt
- 3.12 How will the final strategy reflect the comments received by the consultation?
 - Greater emphasis will be given to monitoring the long-term impact of COVID-19 on the mental wellbeing of the population
 - The draft strategy and associated action plan have been 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.

3.13 The updated Preventing Suicide in Kent and Medway; 2021-25 Strategy

Preventing suicide in Kent and Medway: 2021-2025 Strategy

Updated strategy following public consultation (with updates in red)

1. Reducing the risk in high priority groups

- We will continue to promote the Release the Pressure social marketing campaign, including the 24 hour helpline and the new text support service.
- · Where funding allows, we will support innovative approaches to reduce suicide and self-harm amongst high-risk groups.
- We will ensure more integrated and effective support for individuals with both mental health and substance misuse conditions.
- We will offer more effective and sustained support for individuals who self-harm.
- We will continue to offer a range of free to access suicide prevention or mental health training.

We will also work with all relevant partners on specific projects to reduce the risk of suicide and self harm in high risk groups including:

- People with previous suicide attempts / self harm.

- People known to secondary mental health services.
 People who misuse drugs and alcohol.
 People who are impacted by domestic abuse.
 New high risk groups as identified by real time suicide surveillance.

2. Tailor approaches to improve mental health and wellbeing across the whole population

- We will continue to monitor the impact of Covid-19 on the mental health and wellbeing of the population.
- We will develop and implement a Kent and Medway Mental Health Prevention Concordat for Better Mental Health.
- We will continue our integrated and multi-level approach to reducing suicides within the higher and further education communities in Kent and Medway. We will develop increased support for individuals
- with problematic debt.

We will also work with all relevant partners to improve the mental health and wellbeing in high risk groups including:

- Military and veterans.People with learning disabilities.
- Ethnic and religious minorities.
- Individuals impacted by family breakdown. Prisoners and other people in contact with CJS.
- Families of people who self-harm.
- Health care staff (who have worked through the pandemic)
- Young women (particularly pre- and post-natal)
- Children and adults with neuro-development disorders.







3. Reduce access to the means of suicide

 We will strengthen our Real Time Surveillance System, ensuring we can work with partners, such as Kent Police, Network Rail, KCC and Medway Council Highways,. Highways England and others to identify, intervene and respond to high risk locations or other means.

4. Support research, data collection and monitoring

- We will review the latest available statistics and evidence about suicide and self-harm.
- We will conduct regular analysis of our 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.

5. Support the media in delivering sensitive approaches to suicide

- We will work with local, national and social media outlets to promote positive stories about mental health and help-seeking behaviours. We will monitor media coverage of incidents and
- remind journalists of the Samaritans' guidelines for reporting on suicide.

 • We will ask editors and reporters to amend
- inappropriate reporting.

6. Provide better information and support for those bereaved by suicide

- We will commission a new Support Service for People Bereaved by Suicide.
- We will also continue to work closely with the charity Survivors of Bereavement by Suicide with the objective of increasing the number of groups there are available in Kent and Medway.

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

- We will continue to develop and strengthen the multi-agency suicide prevention networks.
- We will continue to adopt a whole systems approach to suicide prevention.
- We will work with commissioners and service providers to improve access to high quality service (for examples, through the Community Mental Health Transformation Programme).
- We will design and implement a 'Learning from Suicide' system and structure.
 We will encourage all partners to play their part is pricide properties.
- in suicide prevention.

3.14 The updated Preventing Suicide in Children and Young People in Kent and Medway: 2021-25 Strategy on a page

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

Updated strategy following public consultation (with updates in red)

Actions in **purple** will be funded or led by the Suicide Prevention Team Actions in **blue** will be funded or led by other partners within the system

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

- We will promote the recommendations made by the 2020 Thematic Analysis into children and young people suicides undertaken by the University of
- We will continue to provide suicide prevention training for people working with children and young people to increase the probability that high risk individuals will be identified and supported.

 Where the discussion will support innovative.
- · Where funding allows, we will support innovative approaches to reduce suicide and self-harm amongst high risk groups.

We will also work with relevant partners to reduce the risk of suicide and self harm in high risk groups including:

- Children and young people known to mental health services (including the 18-25 transition to adult MH services).
- Children and young people in care and care leavers.
- Children and young people in custodial settings
- Children and young people with neuro disabilities.
 Children and young people who identify as LGBTQ+.
- CYP 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).

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

- We will continue to monitor the impact of Covid-19 on the mental health and wellbeing of the
- population.

 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 also 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 support
- We will support the HeadStart programme to increase resilience amongst children and young people in Kent.
- We will encourage services and education settings to adopt a trauma informed care approach.







3. Reduce access to the means of suicide

We will further strengthen the Real Time Surveillance System, ensuring we can work with partners, such as Kent Police, Network Rail, KCC and Medway Highways, Highways England and others to identify, intervene and respond to high risk locations or other means.

4. Provide better information and support to those children and young people bereaved by suicide

- We will commission a new all-age Support
- Service for People Bereaved by Suicide.

 We will work with partners to commission a specialist bereavement support service for children and young people.

5. Support the media in delivering sensitive approaches to suicide

- We will work with local media outlets to place positive stories about how children and young . people can improve their wellbeing
- We will monitor media coverage of incidents and remind journalists of the Samaritans' guidelines for reporting on suicide.
- We will ask editors and reporters to amend inappropriate reporting.

6. Support research, data collection and monitoring

- We will work with all partners (including the Child Death Overview Panel, Kent Police, NELFT and social care teams) to monitor local data relating to suicide and self-harm. This includes establishing a new real time suicide surveillance system and undertaking Positive Practice Audits where appropriate.
- We will review national research, and undertake our own detailed research projects into relevant topics (including, online harms, the impact of domestic abuse and suicide risk amongst young trans people).

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

- We will facilitate the Children and Young People Suicide and Self-Harm Prevention Network ensuring system wide engagement and learning.
- We will invoke the Suicide Prevention Multiple Incident Response Protocol when appropriate to co-ordinate a system wide response.

4. Kent and Medway Better Mental Health Pledge / Prevention Concordat

- 4.1 The second priority within the new strategy is a commitment to improve the wellbeing of the whole population. One related action is to ensure Kent and Medway sign up to the national Prevention Concordat for Better Mental Health. The aim of which is to galvanise, structure and raise the profile of the work currently underway to improve the mental wellbeing of the population.
- 4.2 This includes our planning for World Mental Health Day (10th October 2021) where we aim to publicly launch a new Kent and Medway Better Mental Health Pledge and announce a wide number of signatories (eg local authorities, charities, agencies and businesses). Each signatory will be required to develop their own mini action plan which could include initiatives to the support the wellbeing of their own staff as well as the people they work on behalf of (customers, residents, patients etc).
- 4.3 The wording of the Pledge is as follows; "We pledge to take action to improve the mental health of our individuals and communities in Kent. We are proud to work with others across Kent and Medway to do the same. To ensure we get it right, we know that we must listen to our local population and to take the time to understand what impacts on their wellbeing."
- 4.4 In addition we will also be shortly launching the "Kent and Medway Listens" project. This will involve working with four community organisations across Kent to have conversations with individuals across the county, particularly those communities which are seldom heard, about their wellbeing after 18 months of living with COVID-19. We want to know what, and how, people are feeling, and what needs to be done (at individual, community or system level) to improve wellbeing.

5. New support service for people bereaved by suicide

5.1 Three years' worth of external funding has been secured to provide a new support service for people bereaved by suicide. This service provides emotional and practical support to individuals and families in the days, weeks and months after the death of a loved one in suspected suicide. They can also provide support to people who have been bereaved by suicide in previous years. The new service (provided by an independent charity Listening Ear) started operating in July 21 and anyone can make referrals by visiting www.amparo.org.uk/refer/

6. Recommendation(s):

The Joint Health and Wellbeing Board is asked to:

- 1) Consider and endorse the Preventing Suicide in Kent and Medway: 2021-25 Strategy
- 2) Comment on the suicide prevention programme

7. Appendix

Appendix A 2020/21 Suicide Prevention Programme

<u>Appendix 1</u> Supporting context and detail for KM Suicide and self-harm prevention strategies 2021-25

<u>Appendix 2</u> The detailed report analysing the responses to the public consultation to the Kent and Medway Suicide Prevention Strategy

Appendix 3 The detailed report analysing the responses to the public consultation to the Kent and Medway Children and Young People Suicide Prevention Strategy

8. Paper prepared by

<u>Jessica.Mookherjee@kent.gov.uk</u> tim.woodhouse@kent.gov.uk KCC Public Health Consultant KCC Suicide Prevention Programme Manager