

EQIA Submission – ID Number

Section A

EQIA Title

The Kent and Medway Suicide and Self-Harm Prevention Strategies 2026-2030

Responsible Officer

Sophie Kemsley - AH Public Health

Approved by (Note: approval of this EqIA must be completed within the EqIA App)

Jessica Mookherjee - AH Public Health

Type of Activity**Service Change**

No

Service Redesign

No

Project/Programme

Project/Programme

Commissioning/Procurement

No

Strategy/Policy

Strategy/Policy

Details of other Service Activity

No

Accountability and Responsibility**Directorate**

Strategic and Corporate Services

Responsible Service

Public Health

Responsible Head of Service

Jessica Mookherjee - AH Public Health

Responsible Director

Anjan Ghosh - AH Public Health

Aims and Objectives

The new Suicide & Self Harm Prevention Strategy for 2026-2030 is a combined Strategy for both Adults and CYP.

The K&M Suicide Prevention Programme first developed a strategy in 2015 and made a commitment to review this every 5 years. We are currently in the final year of the existing 2021-2025 strategy and within this timeframe have also seen the publication of the new national suicide prevention strategy (2023-2028). Both our existing strategy and the one we are planning to implement from 2026 align with national strategy and its ultimate aims to reduce suicide and self-harm as much as possible, and to continue improving support to those who self-harm and those who have been bereaved by suicide.

The Kent and Medway Suicide and Self-Harm Prevention Strategy for 2026-2030 will continue to build upon the successes of the current strategy. It will not lead to significant changes within the Programme, but we have used the renewal process as an opportunity to confirm priorities and identify any gaps.

The Kent and Medway Suicide and Self-Harm Prevention Strategy for 2026-2030 sets out a multi-agency commitment and approach to reducing the number of people who lose their lives to suicide. Since anybody can be at risk, this is a strategy which will apply to all residents of Kent & Medway. The 2026-2030 strategy

is a continuation of the previous 2021-2025 strategy which is intended to impact Kent & Medway residents positively, and sets out high level objectives.

The Strategy has been designed to work for all residents in Kent and Medway. Although there are some groups of people identified as being a 'priority group' on the basis of data and evidence that suggests they may be at a higher risk, we know that suicide and self-harm do not discriminate.

There is no evidence to suggest that updating the Suicide Prevention and Self-harm Strategy will have an adverse/negative impact on protected groups.

The Strategy was out for Public Consultation between 23rd July 2025 and 6th October 2025. A summary of engagement can be found in Section B of this EQIA.

Respondents were asked their views on the EQIA as part of the consultation questionnaire. 43 respondents (29% of all consultation respondents) provided a comment to this question referencing a total of 17 themes. The most commonly observed theme was an approval of the EqIA (10 mentions). 9 voiced some scepticism of the EqIA, whilst 8 referenced neurodivergence and 5 referenced the LGBTQIA+ community. The main scepticisms were that the EQIA should not detract from the responsibility for the Strategy to focus on all individuals, on the basis that mental health does not discriminate. The comments relating to Neurodivergence and the LGBTQIA+ community were also cited elsewhere in the consultation responses, and have been addressed within the Consultation Report and 'You Said, We Did' document available on the Let's Talk Kent website. As part of our response to this we have changed 'Autistic people' to 'Neurodivergent people' on the basis of the overlaps between those who are Autistic and those with ADHD.

We have also re-asserted that an absence of a particular group within the 'Priority Groups' does not preclude them from our Strategy, and that we will respond to any emerging data and evidence around other groups as they emerge.

The pre-Consultation EQIA was reviewed following the Consultation and has now been updated into this version 2.

Analysis Outcome:

No change. The evidence suggests that there is no potential for discrimination and all appropriate measures have been taken to advance equality and foster good relations between the protected groups.

Section B – Evidence

Do you have data related to the protected groups of the people impacted by this activity?

Yes

It is possible to get the data in a timely and cost effective way?

Yes

Is there national evidence/data that you can use?

Yes

Have you consulted with stakeholders?

Yes

Who have you involved, consulted and engaged with?

The following engagement work was undertaken to develop the draft strategy:

- December 2023 - The SP Programme's adults and CYP conference included a table-top activity which asked stakeholders what they wanted to see in the new local strategy.
- April 2024 - A smaller workshop, with identified key stakeholders, took place to build on what was learned during the previous engagement activity. This was led by an independent facilitator and outcomes report produced.
- November 2024 – We used our annual conference to remind attendees that the new strategy was being put together in the year ahead.
- March 2025 - Adult Network meeting March 2024 – We gave an overview of the process at our Adult Network meeting and gave a further opportunity for stakeholders to provide thoughts on what they felt had worked well under the current strategy and what they would like to see in the new one.
- April 2025 –We will repeat this at the CYP Network meeting.

Engagement has taken place through the existing adult and CYP Suicide Prevention Networks. These Networks consist of representatives from a range of sectors and organisations including British Transport Police, Canterbury Christchurch University, Kent Coroners, Kent County Council, Kent Police, Kent and Medway HCPs, KMPT, Medway Council, Network Rail, NHS England, the Samaritans and carers. They are chaired by Public Health and Integrated Children's Services Kent County Council representatives

The Strategy was out for Public Consultation between 23rd July 2025 and 6th October 2025.

To raise awareness of the consultation and encourage participation from a number of groups, the following engagement was undertaken:

- Emails sent to stakeholders asking them to promote the consultation through their networks.
- Invites sent to people registered with Let's Talk Kent who had expressed an interest in relevant the topics (11,532 users).
- Article in the Better Mental Health Suicide Prevention newsletter (circulated to approx. 900 stakeholders across the county) requesting participation and for recipients to share with their wider networks and service users.
- Promotional materials distributed at event locations during the visit of the Baton of Hope to Kent and Medway on 22 September 2025.
- Key commissioned service providers, including Amparo, Mid Kent Mind and CANWK were asked to raise awareness of the consultation among service users and support them to participate.
- Children and young people engagement through the CYP Network and wider partners.
- Shared with KMPT service users and their Lived Experience Panel.
- Shared across KCC staff comms channels and with all Staff Groups to help capture input from a wide range of groups (including ethnic diversity, disability and LGBTQ+ groups).
- Joint media releases and communications with Medway Council and the Integrated Care Board.
- Social media posts on KCC's Facebook, X (formerly Twitter), Instagram, Nextdoor and LinkedIn channels. Mid-way through the consultation period, four posts were boosted to gain wider reach and engagement.
- Posters displayed in KCC buildings, including libraries, Gateways and country parks.
- Promotional banner on the Kent.gov.uk homepage during the consultation.
- Articles in the KCC's residents' e-newsletter.
- Articles were sent for inclusion in the KELSI Schools e-bulletin.
- Presented at internal and external meetings, including the ReferKent Network meeting, the Suicide-Safer Strategic meeting hosted by Canterbury Christ Church University, and the Community Safety information sessions.
- Promoted to town and parish councils through the Kent Association of Local Councils (KALC).
- Shared by KCC's Adult Social Care team with the Learning Disability Partnership Board, the People's Panel,

Your Voice network, and Carers Voice engagement group.

- Following a review of responses mid-way through the consultation, specific organisations were targeted in an efforts to increase the number of responses from underrepresented groups, such as middle-aged men and ethnic minorities.

Has there been a previous Equality Analysis (EQIA) in the last 3 years?

Yes

Do you have evidence that can help you understand the potential impact of your activity?

Yes

Section C – Impact

Who may be impacted by the activity?

Service Users/clients

Service users/clients

Staff

No

Residents/Communities/Citizens

Residents/communities/citizens

Are there any positive impacts for all or any of the protected groups as a result of the activity that you are doing?

Yes

Details of Positive Impacts

The Strategy is designed to have a positive impact on all residents of Kent and Medway, to cover all protected characteristics.

The Vision, Mission and Priorities of the Strategy are set out below:

Vision

Our vision is that Kent and Medway becomes a place where the number of people dying by suicide is reduced as much as possible and our specific aim is for the Kent and Medway suicide rate to be below the national average by 2030 (if not sooner).

Mission

We will work to make Kent and Medway a place where hope is always available to anyone, no matter what they are facing.

By 2030 we would like:

- Children and young people in Kent and Medway to feel empowered and able to cope with life's normal ups and downs, but knowledgeable enough and confident enough to reach out for more support when they need it
- Adults in Kent and Medway to know how to look after their own emotional wellbeing but to feel comfortable and able to seek more help when necessary
- All agencies (statutory, voluntary, community) to work collectively to ensure support and help is available to those who need it
- All agencies to share knowledge and support each other to learn what works in helping people get the support they need.

Values

1. Collaboration. The power of the Suicide Prevention Programme comes from the hundreds of Members who all work towards the Vision.
2. Hope. Hope is extraordinarily powerful, yet without it, everything is extremely difficult. We will embed hope into everything that we do.
3. Determination. Suicide prevention is not an easy task, particularly in a population of nearly two million. We will undertake every action with fierce determination.
4. Sensitivity. We will work sensitively with everyone impacted by suicide to ensure we don't add to their trauma.

Strategic priorities – we will:

1. Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.
2. Address common risk factors linked to suicide at a population level to provide early intervention and tailored support.
3. Tailor and target support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
4. Provide effective crisis support across sectors for those who reach crisis point.
5. Improve data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
6. Reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
8. Provide effective bereavement support to those affected by suicide.

Negative impacts and Mitigating Actions

19. Negative Impacts and Mitigating actions for Age

Are there negative impacts for age?

Yes

Details of negative impacts for Age

Although people who die by suicide come from all age groups, data at both local and national levels indicate that some are more at risk than others. Middle-aged (men) and CYP are cited as two particular groups for whom there is considered to be a higher level of risk. In Kent & Medway there were 21 suspected suicides among those aged 18 and under between 2020-2024. Within the 16-25 year old age bracket there were 76 suspected suicides within the same timeframe. In males specifically, the most common age group for suspected suicides between 2020-2024 was 40-49, accounting for 107 (15%) of all suspected suicides.

Mitigating Actions for Age

The overall strategy will consist of a strategy for adults, and one aimed at CYP. This will ensure that targeted support is delivered in respect of risks relating to age.

Responsible Officer for Mitigating Actions – Age

Tim Woodhouse

20. Negative impacts and Mitigating actions for Disability

Are there negative impacts for Disability?

Yes

Details of Negative Impacts for Disability

Physical illness - including disabilities - is cited as a common risk factor in the national suicide prevention

strategy. Our own RTSS data suggests that 24% of those dying by suspected suicide between 2020-2024 had a physical health condition.
Mitigating actions for Disability
The new strategy will set out to continue exploring the links between key risk factors and suicide. This will include physical health and disability, and we will share the consultation survey with relevant groups, such as the KCC Level Playing Field Group. One of the strategy's aims will be to develop greater understanding and awareness that can be used to tailor effective suicide prevention activity. Neurodivergent people are cited as a priority group in the new Strategy.
Responsible Officer for Disability
Tim Woodhouse
21. Negative Impacts and Mitigating actions for Sex
Are there negative impacts for Sex
Yes
Details of negative impacts for Sex
Both sexes are at risk of suicide. Among males there is particular risk associated with those who are middle-aged, and among females there is particular risk associated with new mothers. In our local RTSS data, 75% of all suspected suicides between 2020-2024 were among males and 25% among females. This proportion aligns with a national proportion which is long established.
Mitigating actions for Sex
The new strategy will focus on risk factors that relate to sex and will seek to deliver targeted interventions as required.
Responsible Officer for Sex
Tim Woodhouse
22. Negative Impacts and Mitigating actions for Gender identity/transgender
Are there negative impacts for Gender identity/transgender
Yes
Negative impacts for Gender identity/transgender
There is a growing level of national research and evidence that suggests that those who are transgender or querying their gender are at heightened risk of suicide. The RTSS data set-up enables us to capture the impact of this in Kent & Medway although current levels of data are limited.
Mitigating actions for Gender identity/transgender
We have engaged with relevant stakeholders – such as the internal KCC staff group, Rainbow - and voluntary sector organisations - to capture the needs of these groups during the consultation period. Although there is not yet the same levels of data and evidence available for those listed as priority groups in the Strategy, the Strategy will retain the responsibility to respond to other risk factors as they emerge, including gender identity, and will seek to deliver targeted interventions as required.
Responsible Officer for mitigating actions for Gender identity/transgender
Tim Woodhouse
23. Negative impacts and Mitigating actions for Race
Are there negative impacts for Race
Yes
Negative impacts for Race
Ethnicity data is not always recorded by Kent Police on the RTSS or on death certificates meaning there has been a wider, long-standing difficulty in understanding the extent of the links between race and suicide. There is a significant amount of national research to suggest that suicide rates can vary between ethnic groups, and this is an area we will continue to explore as new data and evidence emerges.
Mitigating actions for Race
The new strategy will focus on a range of risk factors as they emerge, including race, and will seek to deliver targeted and tailored interventions as required. We shared the consultation with the KCC Staff Ethnic Diversity forum and among other relevant stakeholders, to help capture the needs of these groups.

Responsible Officer for mitigating actions for Race
Tim Woodhouse
24. Negative impacts and Mitigating actions for Religion and belief
Are there negative impacts for Religion and belief
Yes
Negative impacts for Religion and belief
Similarly to ethnicity, data and evidence on the link between religion and suicide is limited. This is not often captured within our local RTSS as the information is not always known to Kent Police. There is evidence to suggest that religion can be both a protective or a risk factor and this is an area which requires greater understanding.
Mitigating actions for Religion and belief
The new strategy will focus on a range of risk factors as they emerge, including religion, and will seek to deliver targeted interventions as required. We shared the consultation with the KCC Staff Ethnic Diversity forum and among other relevant stakeholders, to help capture the needs and thoughts of those belonging to a range of different faith groups.
Responsible Officer for mitigating actions for Religion and Belief
Tim Woodhouse
25. Negative impacts and Mitigating actions for Sexual Orientation
Are there negative impacts for Sexual Orientation
Yes
Negative impacts for Sexual Orientation
Wider national evidence suggests that sexual orientation may be a risk factor to suicide although the data available within our local RTSS is limited, as Kent Police do not always have access to this information.
Mitigating actions for Sexual Orientation
The new strategy will focus on a range of risk factors as they emerge, including sexual orientation, and will seek to deliver targeted interventions as required. The consultation was shared with the internal KCC Staffing Group, Rainbow, to capture the needs of these groups.
Responsible Officer for mitigating actions for Sexual Orientation
Tim Woodhouse
26. Negative impacts and Mitigating actions for Pregnancy and Maternity
Are there negative impacts for Pregnancy and Maternity
Yes
Negative impacts for Pregnancy and Maternity
Pregnant women and new mothers have been cited as a priority group in the 2023-2028 national strategy as there is evidence to suggest that they are at greater risk of suicide. A national report stated that 16% of deaths among women who died between 6 weeks and 1 year after the end of pregnancy between 2020-2022 were by suicide.
Mitigating actions for Pregnancy and Maternity
The new strategy will focus on risk factors that relate to pregnancy and maternity and will seek to deliver targeted interventions as required. The design and delivery of a new briefing paper which links the relationship between the perinatal period and suicide is currently in discussion and the aim of this paper will be to raise awareness and shape better support to those impacted by this.
Responsible Officer for mitigating actions for Pregnancy and Maternity
Tim Woodhouse
27. Negative impacts and Mitigating actions for Marriage and Civil Partnerships
Are there negative impacts for Marriage and Civil Partnerships
Yes
Negative impacts for Marriage and Civil Partnerships

Whilst marriage and civil partnerships in their own right are considered to be a protective factor, they can also be a risk factor where there are struggles in the relationship or domestic abuse. Current relationship struggles were cited in 20% of suspected suicides in Kent & Medway between 2020-2024.

Mitigating actions for Marriage and Civil Partnerships

The new strategy will focus on a range of risk factors as they emerge, including marriage and civil partnerships as part of a wider look at the impact of relationships, and will seek to deliver targeted interventions as required.

Responsible Officer for Marriage and Civil Partnerships

Tim Woodhouse

28. Negative impacts and Mitigating actions for Carer's responsibilities

Are there negative impacts for Carer's responsibilities

Yes

Negative impacts for Carer's responsibilities

Those with caring responsibilities are not necessarily considered to be at a greater risk of suicide, but they are at greater risk of being impacted by it, given the links between mental / physical health conditions and suicide.

Mitigating actions for Carer's responsibilities

The new strategy will have a key focus on providing support to those bereaved by suicide. It will also focus on a range of risk factors as they emerge, including carer's responsibilities, and will seek to deliver targeted interventions as required.

Responsible Officer for Carer's responsibilities

Tim Woodhouse