Appendix A: Mental health and wellbeing in Kent — headline data and inequalities

Overall picture

Mental health need in Kent is substantial, increasingly visible in primary care and is closely associated with deprivation, poor physical health, insecure housing, domestic abuse, substance use, loneliness and social exclusion. The available evidence points to a need for a life-course, place-based and prevention-led response alongside accessible, timely specialist support.

Indicator	Latest available Kent intelligence	Implication
GP-recorded depression	**17.4%** of adults in Kent had GP-recorded depression in the 2025 JSNA; this had increased by more than one percentage point.	Depression is a major and growing population-health issue, with implications for primary care, employment, physical health and demand for wider support.
People recorded with depression	**194,698** people in Kent were recorded as having depression as at December 2022; almost **30,000** were living in the most deprived areas.	Mental-health need is socially patterned. Prevention and early-help provision should be proportionately focused on deprived communities.
Common mental illness	Modelled estimates suggest that around **16%** of people aged 16 and over in Kent and Medway experience depression, anxiety or another common mental illness; the equivalent estimate for people aged over 65 is **9%**.	Kent requires both a working-age prevention response and an ageing-well approach that addresses isolation, caring, bereavement, long-term conditions and social connection.
Area variation	Seven Kent districts had higher and increasing prevalence of common mental illness; the highest modelled prevalence was reported in **Thanet (18.2%)**, with Dover, Folkestone and Hythe, and Swale also identified as high-prevalence areas.	Place-based action is essential. The needs assessment should identify priority neighbourhoods and ensure resources reflect inequality, not simply population size.
Severe mental illness	Earlier analysis identified particularly high prevalence of severe mental illness in Thanet and Folkestone and Hythe, at around **32–33 per 1,000** working-age population, compared with **27.3 per 1,000** nationally in the cited data.	Recovery, inclusion, supported housing, physical-health care and employment support are particularly important in areas experiencing higher levels of severe and enduring mental ill health.
Self-harm among young people	Hospital admissions for self-harm among people aged **10–24** had reduced in the 2025 JSNA, although self-harm remains a major concern requiring sustained preventative action.	A reduction in admissions is positive, but does not remove the need for accessible early help, school and college support, crisis alternatives and effective follow-up after self-harm.
Young-adult self-harm	The 2019/20 Kent hospital admission rate for self-harm among people aged **20–24** was **671.6 per 100,000**, above the England rate of **433.7 per 100,000**.	Young adulthood is a critical transition point. The system should prioritise continuity between children's and adult services, education, employment, housing and primary care.

Indicator	Latest available Kent intelligence	Implication
Suicide	The Kent age-standardised suicide rate has remained broadly static since 2018 at approximately **12.5 deaths per 100,000** population with high degree of district variation.	Progress has not yet been sufficient. Sustained cross-system action is required through implementation of the Suicide and Self-Harm Prevention Strategy 2026–2030.
Suicide and domestic abuse	Analysis covering the previous three years found that **30%** of suicides in Kent were associated with domestic abuse.	Suicide prevention must be integrated with domestic-abuse prevention, safeguarding, trauma-informed support, housing, substance use and mental-health services.

Strategic interpretation

The data indicate three important messages for the Health and Wellbeing Board:

1. **Mental health is a population-health and inequalities issue.** The high and rising prevalence of depression, together with marked variation between Kent places, means that the system should focus on prevention, early help and action on the social determinants of mental wellbeing—not only clinical treatment. This is particularly important for people who are under the threshold for requiring specialist mental health support (e.g. PNG 5-9).
2. **Suicide and self-harm prevention requires collective action.** Suicide rates have not shown the sustained reduction required, and self-harm remains an important marker of distress, particularly among young people and young adults. The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026–2030 provides the framework for coordinated work across health, local government, education, housing, employers, communities and the voluntary sector]
3. **Priority communities and groups need a system coordinated response.** The emerging Kent mental health needs assessment should inform targeted action in high-prevalence areas and with people experiencing multiple disadvantage, including people who are homeless or sleeping rough; people with alcohol-related brain damage; people with co-occurring mental health, substance-use and physical-health needs; and people affected by domestic abuse, trauma, poverty or social isolation.