Preventing Suicide in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

Appendix 3

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 Suicide Prevention Network. A partnership of over 150 organisations and individuals living with experience of suicidal thoughts, self-harm or bereavement by suicide.

How many people responded to the consultation?

- 95 responses received through the online form
- 2 additional responses received by email

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 that are 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 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

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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1. Introduction:

This document provides a summary of the comments received through the public consultation on the draft Kent and Medway Suicide and Self-Harm Prevention Strategy 2021-2025 and provides recommendations on how these comments should be addressed in the final strategy.

The public consultation also asked for feedback on the draft Children and Young People's (CYP) Suicide Prevention Strategy 2021-2025. A detailed report of the responses received regarding the CYP Strategy can be found in a separate document. (Please email suicideprevention@kent.gov.uk for a copy).

The draft Suicide Prevention Strategy 2021-25 was developed by the Kent and Medway Suicide Prevention Network which is a well-established partnership made up of over 150 agencies, voluntary and community sector organisations and individuals living with experience of suicidal thoughts, self harm or being bereaved by suicide.

The aim of the draft Suicide Prevention Strategy is to reduce suicide and self-harm 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 on the population 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:

In order to develop the Draft Strategy which was the subject of the Public Consultation, the Kent and Medway Suicide and Self-Harm Prevention Network discussed priorities and options during meetings in February and September 2020.

In addition, Medway Council and the Local Government Association ran a Strategy Development workshop in October 2020. This 3-hour workshop focused on reviewing the previous five year strategy and discussing around future strategic priorities. Break out rooms further enabled discussions and helped to shape the content of the draft strategy.

The input of the Kent and Medway Suicide Prevention Network during its regular meetings and through the Medway / LGA workshop was crucial in the development of the draft Strategy.

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

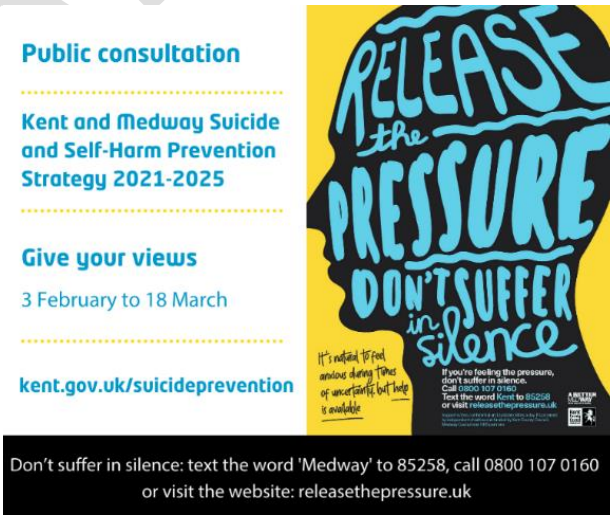
The public consultation period ran from 3rd February - 18th March 2021

The draft strategy, equality impact assessment, consultation questionnaire and other supporting documents were available online at www.kent.gov.uk/suicideprevention

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 respond to online.
- 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). 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 or Medway	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

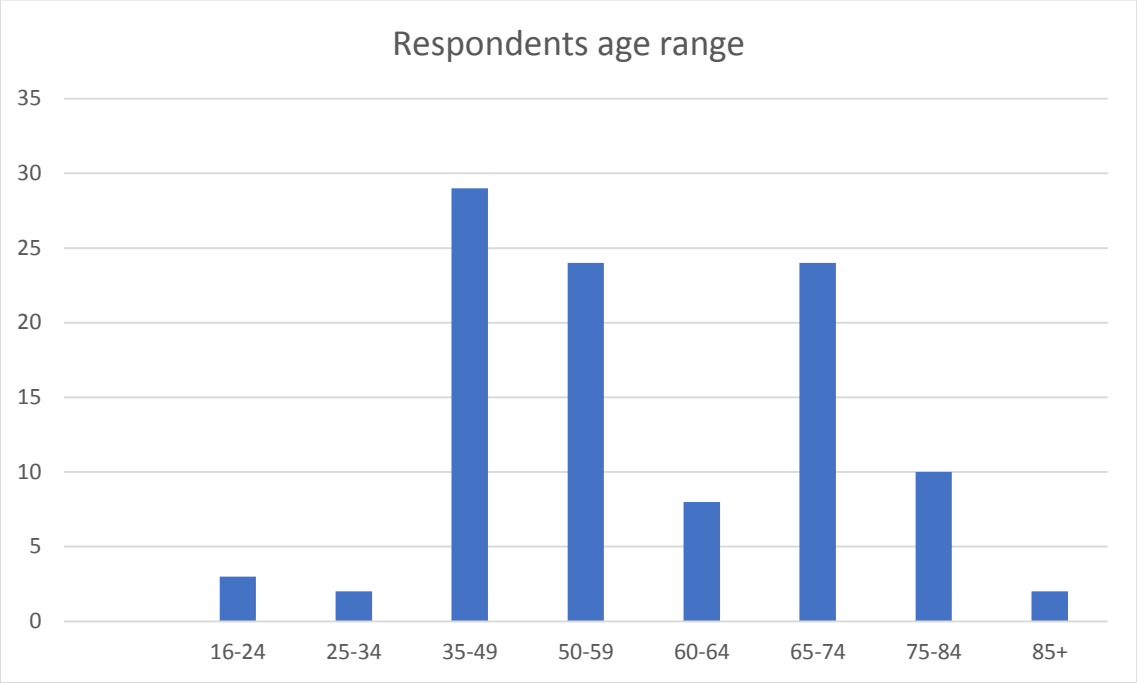
The consultation questionnaire included a series of optional '**about you'** questions, designed to capture anonymous information about the respondents' protected characteristics, such as gender, age, religion and disability. The information is used to check whether there are any differences in the views 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 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 than any other age group (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 made 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



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 of the Questionnaire

Main Strategy - The review of the 2015-2020 strategy (contained within the supporting context and detail document for the draft 2021-2025 Strategy) highlighted a number of positive developments over the last five years.

Q1 Are you aware of other developments (not highlighted in the review of the 2015-2020 strategy) which should be recognized here?

Response	Number
Yes	11
No	69
Don't Know	14
TOTAL	**94**

Respondents who answered 'Yes' were asked to explain their answers. After conducting an analysis of these responses, four main themes emerged, these included:

- **The impact of Covid-19 –** responses outlined the potential change Covid-19 brings, potential unknowns around impact on mental health and suicides increasing, as well as isolation intensifying or worsening due to lockdowns.

- **The 'user voice'** – individuals noted positive progress enabling people to be honest and share their experiences.
- **Drug use** – discussion included the increase in young people taking legal and illegal drugs as well as the relationship between prescribed drugs and suicide (drugs used for hypertension, acne, depression)
- **Specific groups that need more focus** – these groups included: Supporting autistic adults; Support for those with adverse experiences by those with 'complex emotional difficulties'; Individuals impacted by family breakdown; with focus on middle aged men, relationship breakdown, family separation, victims of domestic abuse isolation, unemployment and debt.

National recommendations and discussions amongst the Kent and Medway Suicide and Self-harm Prevention Network have highlighted the following areas for increased support over the next five years:

- Strengthening support for individuals who self-harm.
- Strengthening support for individuals who have made a suicide attempt.
- Support individuals and families who have been bereaved by suicide.
- Supporting individuals impacted by domestic abuse.

Q2 To what extent do you agree or disagree that improvements can be made in these areas?

Response	Number
Strongly agree / tend to agree	88
Strongly disagree / tend to disagree	1
Neither agree nor disagree	4
Don't Know	1
TOTAL	**95**

Most comments supported the four identified areas above and there were several comments specifically encouraging additional support for individuals who self-harm. Respondents who disagreed were asked to explain their answer. After conducting an analysis of these responses, the following themes emerged:

- **Access to services** - responses outlined the issue of waiting until people reach a threshold to receive help as well as discussing access to CAMHS services needs to improve significantly.

- **Specific groups** – individuals noted several other groups they would like to see increase support, including: Females aged 15-24 years old; Exploring the social effects of the pandemic on young people.

Q3 What specific actions can be taken in relation to any of the above areas?

Responses were free text and hence a lot of qualitative feedback was provided. Respondents were asked to highlight which recommendation they were addressing, and these are detailed below. There are also other free text responses that don't necessarily fit into the four recommendations however, these have also been included to ensure we inform our strategy as closely to the views of the respondents.

Strengthening support for individuals who self-harm (8 responses)

Many responses included the need for mental health services to improve, noting that access is key. On the other hand, individuals also noted how charities and services see self-harm as too risky and therefore reject referrals, more training is needed around this issue. Specific mention of Children and Young People was also highlighted, with the need of schools to offer more support for the individual but also the families. Public awareness was also highlighted, with attitudes towards self-harm being described as more important than resources (ie not "blaming" people who self-harm).

Strengthening support for individuals who have made a suicide attempt (5 responses)

Responses all pointed towards strengthening support for individuals who have made a suicide attempt; individuals discussed the need for better support in the community, regular check-ins, interventions, and immediate support after being hospitalized. Also highlighted was the need for stronger partnerships between Community Mental Health Teams (CMHT) and third sector. Overall, individuals agreed that there is not enough capacity to support individual who need and want help, and a more understanding and responsive environment for individuals who attempt suicide is needed.

Support individuals and families who have been bereaved by suicide (5 responses)

The most common response was ensuring there is a specialized service and/or 1:1 support for individuals who have been bereaved by suicide. Practical advice such as understanding the inquest process/ coroner needs to improve, as well as training/education for front line workers, specifically individuals highlighting social workers and GPs.

Supporting individuals impacted by domestic abuse (6 responses)

Individuals discussed the need for support or funding for Refuges, and ensuring that families know where to turn to for help, including practical steps regarding awareness training for social workers so they appropriately support victims/abusers seeking information. More family support with specialist services is needed, and early intervention must be provided to reduce the long-term effects on family members. The final point made by the respondents, was more recognition needed for male victims of domestic abuse, and having a multi-agency approach to challenging how we currently support these men.

Not specific to the four highlighted recommendations but still noteworthy responses are listed below:

Reaching specific groups

- Accessibility, inclusivity and equality for Deaf and Deaf-Blind people
- Acknowledgement of hormonal/menopausal issues as a trigger of mental health
- A special effort is needed to publicize / reach out to minorities/ethnic groups
- Increased focus for Children and Young People

Support services and increases awareness of what support is available (12 responses)

Respondents discussed the importance of improving access to support and noted that secondary mental health services need to be improved. Individuals also discussed how talking therapies need to be more readily available and waiting times need to improve significantly. Another re-occurring point was ensuing that increased awareness of free resources needs to be made a priority so residents of Kent know exactly what help and support is available to them, when and if they should need it.

Q4 Are there any other areas where you believe improvements can be made?

Response	Number
Yes	59
No	12
Don't Know	22

If respondents answered 'yes' they were asked to provide further detail. Responses were very varied and focused on several areas, these are listed below:

- **Access to services** (2 responses) – Children and Adolescent Mental Health Services (CAMHS) access needs to improve, and delivery of all services needs to improve, especially regarding assessments and waiting lists.
- **Dedicated helpline** (2 responses) – Responses mentioned having a 24 hour mental health crisis service, in order to take pressure off the 999 service.

- **Focus on schools** (7 responses) – Focus was around engaging with young people at secondary school, enabling earlier identification of potential concerns and ensuring swifter support as well as more joined up thinking between schools and all agencies CYP may come into contact with.
- **Public engagement** (4 responses) – Responses discussed how there must be involvement with members of the public who know their areas and communities, as well as having a greater understanding and public awareness about mental health issues.
- **Training** (6 responses) – Individuals explained that better training is needed, especially for professionals who are front line. The breadth of training should also be widened, ensuring that individuals can offer the individual in need of support coping strategies so that they can cope short term, whilst waiting for professional help.
- **Research** (2 responses) – Responses discussed the need for research to be conducted around reducing access and means of suicide in coastal locations, and also opportunities of support groups for specific high-risk groups, with emphasis placed on experiential learning for men.
- **GPs and A&E staff** (4 responses) – Individuals noted the need for these staff groups to be trained and to have empathetic responses when dealing with individuals in need. Furthermore, responses also showed that there was concern for these staff groups too, and more support if needed for them, especially after the impact of the pandemic.

Responses to questions in Section 1 of the Consultation Questionnaire will influence our Strategy and associated Action Plan in the following ways:

We will strengthen our actions in monitoring the impact of Covid-19 on the mental wellbeing of the population.

We will conduct an engagement/listening event as part of signing up to the Mental Health Concordat and will ensure the impact of Covid-19 is explored

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified.

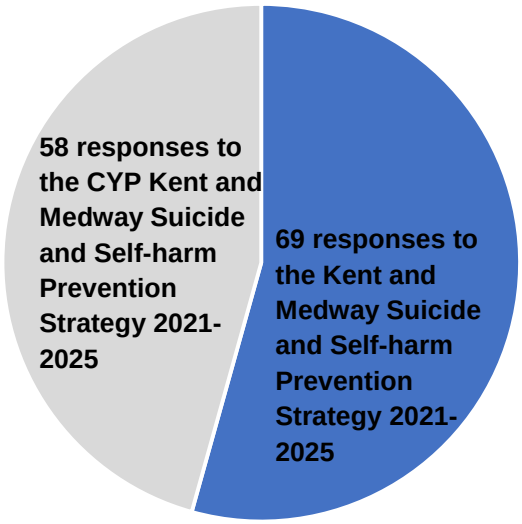
The Suicide Prevention Programme will work with the wider system to ensure improved support for people who self-harm or attempt to take their own life. Including working closely with the Community Mental Health Transformation Programme and the Crisis Care Transformation Programme

This feedback will inform our programme of bespoke research into emerging or high-risk topics.

4.2 Section 2

Q5 You can provide feedback on both the strategies or just one if you prefer, before moving on to Section 5

Figure 2: Response split to main strategy and CYP strategy



Please note than individuals could response to either strategy or both, hence why we have more than 95 responses noted above.

4.3 Section 3

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 Suicide and Self-harm Prevention Strategy.

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected 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

Q6 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	61
Strongly disagree / tend to disagree	5
Neither agree nor disagree	3
Don't Know	1
TOTAL	**69**

If respondents answered 'tend to disagree' or 'strongly disagree' we asked them to explain their reasoning in more detail. After conducting an analysis, responses were separated into five main themes.

Covid-19 – individuals discussed the need to view everyone as 'high risk' post pandemic, specifically with concern around unemployment and impact once furlough schemes end.

Available information – 3 responses noted the importance of having simple and clear messaging, so Kent residents know where to find support should they need it. Practical steps and signposting were also highlighted.

Improvements needed locally – 6 individuals discussed the importance of local intervention and locally-focused actions specific to the local Kent population.

Reducing means of suicide – 3 individuals noted how reducing the access to means of suicide isn't as meaningful or possible to mitigate given that it is impossible to control all aspects of an individuals life; hence, more focus should be given to other areas.

Greater understanding of local public needs – an interesting point that emerged from the responses was ensuring KCC is listening to the needs of the people within our local demographic and understanding high risk groups within our population (i.e debt, housing issues, substance misuse).

Responses to Question 6 will influence our Strategy & Action Plan 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.

We will continue to promote our Release the Pressure campaign to raise awareness of our two 24 hour support options.

We will conduct an engagement event with seldom heard communities to ensure we better understand our local public needs.

Reduce the risk of suicide in key high-risk groups

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

Q7 Are these the appropriate high-risk groups you would like to prioritise in the Kent and Medway Suicide and Self-harm Prevention Strategy?

The table shows whether respondents agree or disagree with the high-risk groups.

	Yes	No	Don't know
Young and middle-aged men	60	3	4
People with a previous suicide attempt	60	3	4
People with a history of self-harm	59	2	4
People known to secondary mental health services	57	3	5
People who misuse drugs and alcohol	47	9	7
People in contact with the criminal justice system	48	9	8
Specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers	46	6	12
People with problematic debt	48	7	11
People who are impacted by domestic abuse	57	3	7
Children and young people	57	3	8

If respondents had answered 'no' to any of the suggested priority groups, they were asked what changed they would like to see made/what groups should be focused on. The responses are below:

- Everyone should be viewed as equal risk (3 responses)
- Health staff that have worked during the Covid pandemic (2 responses)
- LGBTQ+
- Other contributing factors; relationship and family breakdown, eating disorders.

Q7a Please let us have any suggestions for specific actions that could be taken to reduce the suicide risk in any of the priority groups.

People impacted by domestic abuse - Responses included making it easier for victims to find safe accommodation and the means to support themselves. Individuals also

discussed using schools as a safe place to request mental health support.

People with problematic debt Responses discussed linking up with banks or building societies to flag those in high levels of debt and to offer them support.

Children and young people – individuals discussed the need for targeted work with children, ensuring that they say what would help them. Other responses included creating youth and community groups to strengthen young people's self-esteem and increase their resilience. Discussion also focused on the wrap around approach needed from schools and parents, ensuring that CYP are supported, especially those with family issues which could be contributing factors to poor mental health.

Responses to Question 7 and 7a will influence our Strategy & Action Plan in the following ways:

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified

This feedback will inform our programme of bespoke research into emerging or high-risk topics.

Tailor approaches to improve mental health in specific groups

The previous strategy identified the groups, shown below, as those most in need of measures to improve their mental health.

Q8. Are these the groups that you would like to see identified in the new strategy?

	Yes	No	Don't know
LGBTQ+	43	10	11
Military and veterans	54	4	8
Students	52	10	5
People with learning disabilities	46	6	11
Ethnic and religious minorities	38	13	12
Individuals impacted by family breakdown or separation	57	5	5
Prisoners and other people in contact with the	43	11	11

criminal justice system

Q8a. If you have answered 'no' to any of the suggested groups, what changes would you like to see made?

Responses were split into two main themes here; individuals wanting *other specific groups* and other individuals believing there should *not be specific groups.* More detailed analysis of responses, can be seen below:

Against having specific groups – 6 responses discussed that we need to 'break up the categories' as being part of a specific group should not see individuals get better support or determine what help they receive. Individuals discussed that everyone has issues or challenges within their lives, and not just those with protected characteristics.

Other specific groups need focus -

- Diagnosis of personality disorder
- Individuals with neurodiversity
- Asylum seekers
- Help for the individual's family seeking support, so they can best support them.

Responses to Question 8 and 8a will influence our Strategy & Action Plan in the following ways:

While we understand that every individual has a suicide risk, there is evidence to suggest that certain groups are at higher risk and by targeting campaigns, interventions and research we hope to be able to reduce the risk.

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified

This feedback will inform our programme of bespoke research into emerging or high-risk topics.

Reduce access to the means of suicide

Reducing a suicidal person's access to lethal means is an important part of a comprehensive approach to suicide prevention.

Q9. How can we reduce suicides in Kent and Medway by controlling access to the means of suicide?

An analysis was conducted on the responses, which saw five key themes emerge, these included:

Unable to control access to the means of suicide – 8 responses said that you simply cannot look over someone's shoulder at all times and therefore, it is very difficult to control / achieve. Individuals noted that more focus needs to be on other preventions rather than this recommendation.

Surveillance – 4 individuals discussed the need for actively monitored CCTV, especially in known places. Responses explained that also closing specific places (coastal car parks/shopping car parks) or adding cameras to flag vulnerable individuals could be useful in reducing the access to the means of suicide.

Practical changes – 10 responses looked at changes that could happen within our local area, with 6 of these individuals specifically noting the importance of increasing the size of bridges and anti-climb proof, and therefore, making it harder for an individual to access. Other responses explained that there needs to be an increased awareness and intervention skills within the community so that those first on the scene are better equipped to deal with the situation (specifically, staff working in high-risk locations).

Research is needed – 4 individuals highlighted the need for research, so we have the intelligence that gives insight into how means of suicide are accessed. Suggestions also included looking at Serious Incident Records as well as contacting fire brigades and coast guards as these are often looked over individuals who may provide useful information and insight to this area. Also discussed were geographically profiling locations which are used more than once for either an attempted or completed suicide, enabling us to remove access if appropriate.

Social media – 5 individuals discussed the importance social media plays in reducing access to the means of suicide, as social media can play a role in promoting certain methods of suicide or self-harm and individuals can access potentially dangerous information and damaging messaging. All responses wanted to see tighter restrictions on social media, removing posts or sites that are damaging and enforce the inclusion of links to support organisations to encourage those who are suicidal to seek help.

Responses to Question 9 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, accounting for the responses given above.

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

Provide better information and support to those bereaved or affected by suicide

Q10. What is the best way of providing information and support to those bereaved or affected by suicide?

An analysis was conducted on the responses, which saw 5 key themes emerge, these included:

One to one support – 5 individuals explained that the support needed for those bereaved or affected by suicide needs to be one to one support (either face to face or over the phone) as this is thought to offer the most suitable and effective support.

Other forms of support – 10 responses discussed a varied range of support, these included, online support groups (via Facebook), creating a support network of those who have been bereaved by suicide and are willing to talk about their own experiences and coping strategies they have shared and developed, continued promotion of charities such as Survivors of Bereaved by Suicide (SOBS) and GP surgeries being trained in bereavement counselling.

An additional 3 responses noted the need for support within the community (examples that were given included; faith communities, sports clubs, schools, community organisations).

Timely support – 5 individuals discussed the importance of offering support to the families as soon as possible (preferably from the Police), this should be offered as early after the event as possible. Responses also highlighted that a follow-up support service needs to happen, as individuals may not initially accept the offer of support/ bereaved individuals needs support available whenever they need, rather than a set period of time.

An additional 3 responses highlighted the importance of the support being offer for as long as required and to avoid putting a time limit on how long support can be accessed for.

Information and education – 12 individuals highlighted the need for more information resources, specially noting that leaflets should be available (either issued by the Police or from Doctor surgeries). Bereaved individuals need basic information offering support but also practical advice. Responses discussed that written information is useful as it can be used as a tool to build conversations whilst also giving the bereaved person choice when to read the information in their own time. 4 individuals specifically highlighted the need for promotion of support through social media, ensuring individuals know where to go for support and who to contact for advice.

Research into the topic – 5 responses discussed that work needs to be done with individuals bereaved by suicide, to understand what helped or did not help when they were impacted. Individuals suggested both quantitative and qualitative research, as well

as looking at timescales regarding when the support is most needed, as immediate needs are very different to 12+ months later. The responses suggested co-production working with charities and organisations who support those affected by suicide, in order for best practice to be taken forward into Kent and Medway.

Responses to Question 10 will influence our Strategy & Action Plan in the following ways:

These responses will be shared with the provider of our new Support Service of People Bereaved by Suicide (to launch in the summer of 2021) and they will inform and shape the mobilisation and delivery of the new service.

Continued promotion of Help is at Hand resources.

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

Q11. How can we demonstrate system leadership and quality improvement across the system and within services?

An analysis was conducted on the responses, with many varied opinions on how we can demonstrate system leadership and quality improvement across the system and within the service. 3 key themes emerged, which includes:

Promoting awareness and training – 8 individuals discussed the importance of investing in front line, well trained staff, as well as promoting awareness and training to staff and management. Responses focused on education and ensuring information is available and accessible for all.

Accountability and transparency – 7 responses focused on how there needs to be more transparency around lessons learnt from previous cases, ensuring everyone can learn from mistake, as well as having accountability within the services. Individuals highlighted that government needs to give timely direction to councils and engage with senior leadership to develop a common audit tool or framework that can be utilised across a range of settings.

Demonstrate positive practice and what's worked well – 7 individuals believed in sharing worked examples, without divulging any personal information, as an excellent way of showing that the system is working and making a difference. Discussion was around demonstrating success of projects and sharing good practice and what is currently working well.

Responses to Question 11 will influence our Strategy & Action Plan in the following ways:

We will continue to invest in suicide prevention training, including the promotion of ACE aware training.

We will continue to highlight and share best practice as well as learning from serious incidents to reduce future risk

Question 12: Please tell us if you have any other comments about the draft Kent and Medway Suicide and Self-harm Prevention Strategy.

Overall agreement and positive feedback – 6 responses highlighted that the strategy was focusing on the correct areas. Other feedback noted that the strategy was easy to read and very well written. The consultation had also inspired a particular Parish Council to publicise the Release the Pressure campaign around their village.

Highlighting specific groups – 8 responses wanted a final chance to highlight specific groups they were concerned about, these included:

- The large numbers of people who have lost their jobs/livelihoods due to the pandemic.
- The isolated/lonely
- Offering support to families that need help budgeting.
- Broadening the scope to include coastguards, ferry service, fisherman
- Exploring the intersections of groups; focusing on family separation, relationship breakdown, parental conflict, unemployment and debt, isolation and loneliness from a diverse range of ages, socio-economic backgrounds and minority backgrounds
- The Deaf Community and ensuring final and approved strategy and other resources are available in BSL.
- Ensuring support for anyone bereaved by suicide, specifically from the wider network of family and friends as they can be deeply affected.

Responses to Question 12 will influence our Strategy & Action Plan in the following ways:

We will continue to monitor the impact of COVID-19 and in particular the economic impact which has yet to be fully felt.

We will continue to monitor the Real Time Suicide Surveillance for trends and emerging high risk factors.

An Innovation Fund (of at least £250k) will be launched in 2021/22 to support community level projects to reduce suicide and self-harm in any of the high-risk groups identified

5. Equality Analysis

The Equality Impact Assessment (EQIA) for the draft version of the 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 the 2021-2025 Kent and Medway 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

Preventing Suicide in Kent and Medway: 2021 – 2025 Strategy

Consultation Report

Appendix 1: Respondents 'About You'

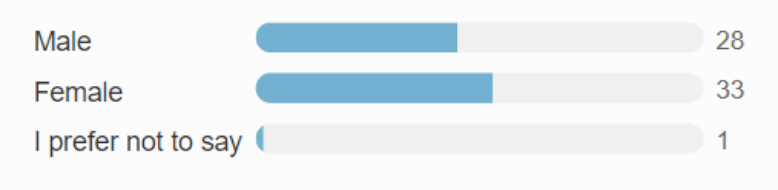
Section 6 – More about you

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.

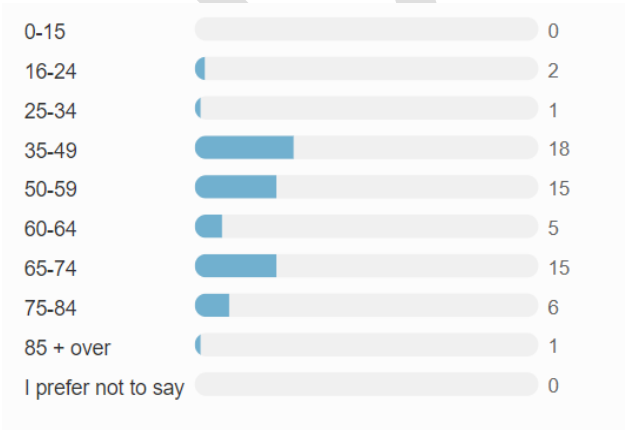
It is not necessary to answer these questions if you are responding on behalf of an organisation.

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

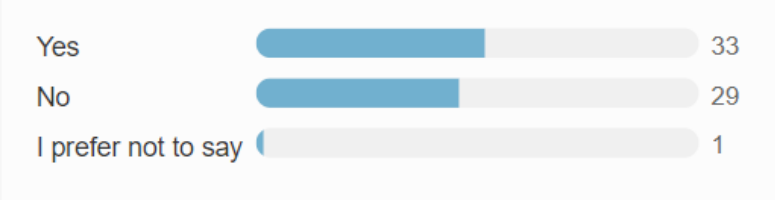


Q28. Is your gender the same as your birth? *Please select **one** option.*

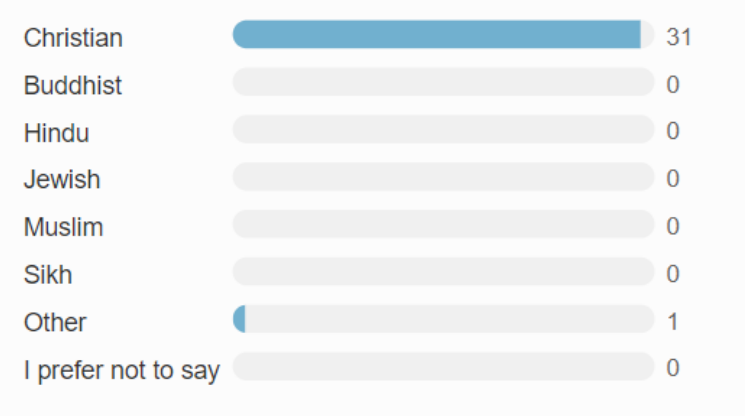
Q29. Which of these age groups applies to you? *Please select **one** option.*



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



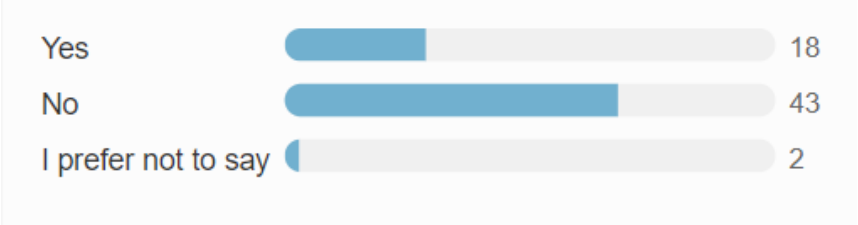
Q30a. If you answered 'Yes' to Q30, which of the following applies to you? *Please select **one** option.*



If you selected Other, please specify:

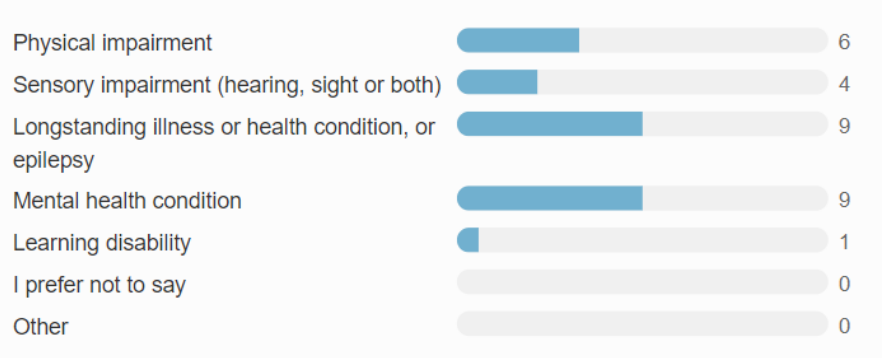
The Equality Act 2010 describes a person as disabled if they have a long standing physical or mental condition that has lasted, or is likely to last, at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day-to-day activities. People with some conditions (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.

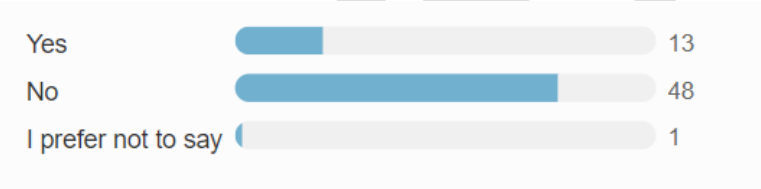
You may have more than one type of impairment, so please select all that apply. If none of these applies to you, please select 'Other' and give brief details of the impairment you have.



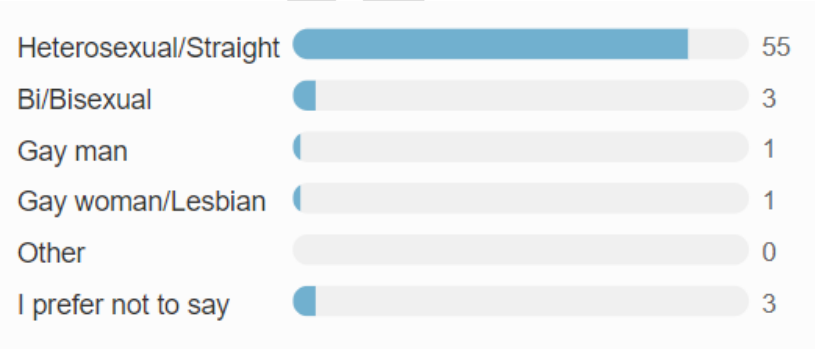
Other, please specify:

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.

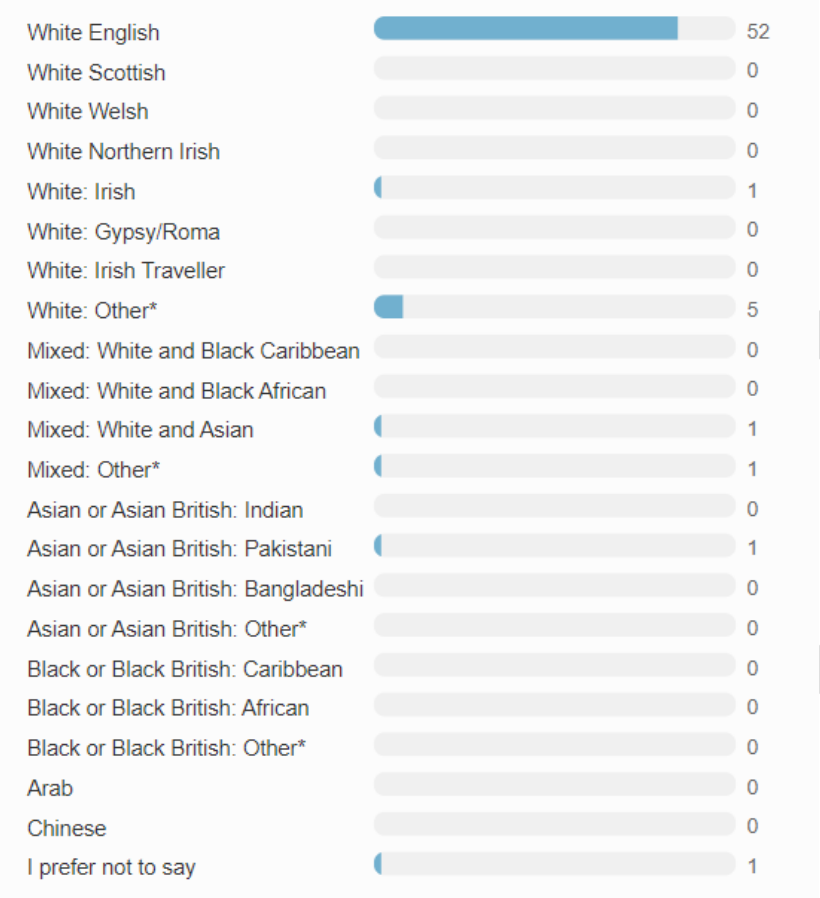
Q32. Are you a Carer? *Please select **one** option.*



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 (adults)

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

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.

This consultation document should be read in conjunction with the 2021-2025 Kent and Medway Suicide and Self-harm Prevention Draft Strategy, and the associated Equality Impact Assessment. *If you need more space to respond, please continue on a separate piece of paper and return with your responses.*

1) Review of the 2015-2020 strategy

The review of the 2015-2020 strategy (contained within the draft 2021-2025 Strategy) highlighted a number of positive developments over the last five years.

Q1a) Are you aware of other developments (not highlighted in the review of the 2015-2020 strategy) which should be recognised here?

- ☐ Yes
- ☐ No
- ☐ Don't Know

If 'yes', what are they?

National recommendations and discussions amongst the Kent and Medway Suicide and Self-harm Prevention Network have highlighted the following areas for increased support over the next five years:

Strengthening support for individuals who self-harm.
Strengthening support for individuals who have made a suicide attempt.
Support individuals and families who have been bereaved by suicide.
Supporting individuals impacted by domestic abuse.

Q1b) Do you agree that improvements can be made in these areas?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't Know

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

Q1c) What specific actions can be taken in relation to any of the above areas? (*To help us with analysing these results, please make it clear which area you are responding to*)

- ☐ Yes
- ☐ No
- ☐ Don't Know

If 'yes', please give details below

2) 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 Suicide Prevention Strategy.

i. Reduce the risk of suicide in key high-risk groups
ii. Tailor approaches to improve mental health in specific groups

iii. Reduce access to the means of suicide
iv. Provide better information and support to those bereaved or affected by suicide
v. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
vi. Support research, data collection and monitoring

Q2a) Do you agree that we should continue to follow the national priorities as stated above?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Don't Know

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

3) Reduce the risk of suicide in key high-risk groups

The National Strategy has identified the high-risk groups, shown below, as priorities for suicide prevention interventions

Q3a) Are these the appropriate high-risk groups you would like to prioritise in the Kent and Medway Suicide Prevention Strategy?

	Yes	No	Don't Know
Young and middle-aged men			
People in with a previous suicide attempt			
People with a history of self-harm			
People known to secondary mental health services			
People who misuse drugs and alcohol			
People in contact with the criminal justice system			
Specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers			
People with problematic debt			
People who are impacted by domestic abuse			
Children and young people			

Q3b) If you have answered 'no' to any of the suggested priority groups, what changes would you like to see made?

.

Q3c) 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).

4) Tailor approaches to improve mental health in specific groups

The previous strategy identified the groups, shown below, as those most in need of measures to improve their mental health:

Q4a) Are these the groups that you would like to see identified in the new strategy?

	Yes	No	Don't Know
LGBTQ+			
Military and veterans			
Students			
People with learning disabilities			
Ethnic and religious minorities			
Individuals impacted by family breakdown or separation			
Prisoners and other people in contact with the criminal justice system			

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

5) Reduce access to the means of suicide
(reducing a suicidal person's access to lethal means) is an important part of a comprehensive approach to suicide prevention.

Q5a) How can we reduce suicides in Kent and Medway by controlling access to the means of suicide?

6) Provide better information and support to those bereaved or affected by suicide

Q6a) What is the best way of providing information and support to those bereaved or affected by suicide?

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

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.

Q7) How can we demonstrate system leadership and quality improvement across the system and within services?

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

Appendix 3: 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

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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.

vii. Reduce the risk of suicide and self harm in key high-risk groups of children and young people (CYP)
viii. Tailor approaches to improve mental health and wellbeing of all CYP in Kent and Medway
ix. Reduce access to the means of suicide
x. Provide better information and support to those CYP bereaved by suicide
xi. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
xii. Support research, data collection and monitoring
xiii. 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.