

Kent and Medway Suicide and Self-Harm Prevention Strategy 2026-2030

You Said, We Did: How your views have shaped the new Strategy

December 2025

Hope is better
shared with
others

[www.kent.gov.uk/
suicideprevention](http://www.kent.gov.uk/suicideprevention)



1. Introduction

From the 23 July to 6 October 2025, KCC's Suicide Prevention Programme undertook an 11-week public consultation on the draft Kent and Medway Suicide and Self-Harm Prevention Strategy for 2026-2030. The consultation provided the opportunity for residents and other stakeholders to provide feedback on the draft Strategy.

The draft Strategy was developed in conjunction with the Suicide Prevention Networks, which are well-established partnerships made up of over 250 agencies, including statutory and voluntary / community sector organisations as well as individuals living with experience of suicidal thoughts, self-harm or being bereaved by suicide. There is a network focused on supporting adults, and a network focused on supporting children and young people. These networks will oversee the Action Plans set out for each as a result of the Strategy.

In total there were 153 responses to the consultation. 149 of these were received through the online questionnaire, two questionnaire responses were received by email and a further two comments were received via email.

The majority of these were from Kent or Medway residents (80%), with 7% on behalf of voluntary sector organisations, 3% from educational settings and 3% on behalf of a family member.

We would like to thank everyone who took part in and helped to promote this consultation. A Consultation Report, providing a full summary of the responses received through the public consultation, is available on the consultation webpage: <https://letstalk.kent.gov.uk/kent-and-medway-suicide-and-self-harm-prevention-strategy-2026-2030> or in paper copy on request.

You Said, We Did

2. You Said, We Did

The table below sets out our responses to key themes raised in the consultation. In our responses, we set out how we intend to – or are already – responding to the themes raised.

The vision of the Strategy

You Said	We Did
<p>The vision looks to reduce suicide rates across the County by 2030. Many respondents used this question to highlight a general need for the Strategy to be supported by available, accessible and robust mental health support services in addition to local community-based support, such as peer groups. The importance of multi-agency collaboration was frequently cited across the responses.</p>	<p>We agree that multi-agency collaboration is essential, and it is already a key part of our work. We will continue to work closely with the Kent & Medway Mental Health Trust, who are members of the multi-agency Oversight Board which governs our Programme and meets monthly. These meetings are also attended by representatives from the Integrated Care Board (ICB) and Medway Council.</p> <p>We will be adding a joint Foreword into the Strategy that highlights this close working connection and shared commitment to reducing the number of people dying by suicide in Kent and Medway by 2030 (if not sooner).</p> <p>We will also continue to host our multi-agency Suicide Prevention Networks – one for those working with adults, and the other for those working with children and young people. These networks consist of members from across the System, including professionals and those with lived experience. They meet quarterly and are an opportunity for members to understand more about the work taking place locally, including available services.</p>

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You Said, We Did



You Said	We Did
Continued.	<p>With regards to available, accessible and robust mental health support services, we will continue to promote and raise awareness of local offers – such as Release the Pressure and the Kent and Medway Mental Wellbeing Hub - as part of our campaigns and advocate to System partners if we identify any gaps in existing provisions.</p> <p>In terms of local community-based support and peer groups, the Programme intends to continue hosting its annual 'Community Fund' each year which is an opportunity for smaller, local projects that support suicide prevention to apply for small funding grants. Around 10-15 projects across Kent and Medway have been supported through this scheme in previous years.</p> <p>Furthermore, as suicide prevention leads within the Integrated Care System, we are well-positioned to advocate and advise other organisations on the risk factors associated with suicide and what could be done to address these. This is often done using the data available on our Real Time Suicide Surveillance system and other available research.</p>
The Strategy should be accompanied by clear, accountable targets.	We will work with the ICB to develop Key Performance Indicators (KPIs) which monitor the impact of the Programme where appropriate, whilst allowing the flexibility to adapt our work in response to emerging patterns, trends or new research.

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You Said, We Did



You Said	We Did
Continued.	<p>As a Programme we will continue to work to Action Plans which are based on the priorities we have set out. As a team, we will review these Action Plans monthly as a way to review and record our progress in each of the priority areas.</p> <p>We will continue to produce our annual impact report which is published onto our Padlet (https://padlet.com/SuicidePrevention/suicide-prevention-team-resources-zuu4rhjasoll5b01) an online gallery of all our resources. It will be available for public viewing at any time.</p>

The mission of the Strategy

You Said	We Did
<p>Some respondents felt that the use of the term 'resilience' when talking about children and young people was inappropriate as it could be considered as 'victim blaming' and not considering wider societal pressures, which are out of an individual's control.</p> <p>Others agreed that self-resilience is crucial to good mental health.</p>	<p>Our mission does not hold an expectation that children and young people are resilient to cope with life's normal ups and downs. We are ambitious for them to develop resilience as a result of the work and actions from this Strategy.</p> <p>We acknowledge the concerns around this terminology and will amend it to "feel empowered and able".</p>

You Said, We Did

The values of the Strategy

You Said	We Did
Some respondents felt that the inclusion of 'Hope' was out of place and meaningless without actions.	Although we understand these concerns, we will retain 'Hope' as a value. This is because it underpins everything that we are trying to do. Hope can be the difference between somebody choosing the end of their lives or not, and so our role – as a Programme, and in this Strategy, is to help create hope universally through the actions that we have set out.

The priorities of the Strategy

You Said	We Did
A number of respondents voiced concerns around the availability and standards of existing mental health provisions, in particular, crisis support.	These concerns will feed into the ongoing work we will be doing against our fourth priority – to provide effective crisis support across sectors. The fact that this has been identified as a theme within the consultation responses, demonstrates the importance of having this listed as a priority.

High risk groups

You Said	We Did
Focussing on a particular group(s) is inappropriate as anybody can be at risk of suicide. It is important that the Strategy works for all.	We know that anybody can be at risk of suicide, including those who do not belong to any of the listed priority groups. The list of priority groups has been designed to mirror those in the National Suicide Prevention Strategy 2023-2028. These have been identified on the basis of wider evidence and research. This is why we have designed a strategy that has the flexibility to work for all.

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You Said, We Did



You Said	We Did
Continued.	<p>That being said, we have a responsibility to listen and act upon the data, evidence and research that suggests particular groups may be at a higher risk than others. Therefore, we will retain the inclusion of priority groups as areas of particular focus.</p>
The list of high-risk priority groups is missing some groups (e.g. LGBTQIA+ and older people).	<p>As mentioned above, our list of priority groups is based upon those set out in the National Suicide Prevention Strategy. We acknowledge that there may be a number of other groups who may be at a higher risk, such as the LGBTQIA+ community and older people, yet there is not currently the same level of evidence and research available as there are for those currently listed.</p> <p>Fundamentally though, this Strategy does not preclude any group and has been designed to work for all. We have an ongoing commitment and responsibility to respond to any new evidence and research as it emerges, about any particular group, including those not currently listed as a priority. This is one of the most crucial roles of our Real Time Suicide Surveillance data.</p>
Those with ADHD and other forms of neurodivergence should be considered as a high-risk priority group alongside autistic people.	<p>Our priority groups mirror those in the National Suicide Prevention Strategy. These groups are based on extensive evidence and research, which is why it makes sense for our local approach to follow this.</p> <p>We have listened to the views in the consultation and feel that given the well documented overlaps with autism and other neurodivergent conditions such as ADHD, our local Strategy should seek to encompass the wider spectrum in one priority group, while retaining an understanding of the differences.</p>

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You Said, We Did



Reducing the risk in high priority groups

You Said	We Did
Many respondents spoke about the availability and visibility of support and referenced campaign materials such as posters as a way to achieve this.	<p>The Suicide Prevention Programme is committed to funding the Release the Pressure campaign, a free helpline for those experiencing concerns with their mental health. We consistently seek to make this campaign visible across a range of environments. Recent examples include linking up with local football stadiums to install signage and branded coffee cup sleeves for distribution in country parks.</p> <p>We also work closely with our Communications team to promote this campaign through social media and the radio. Additionally, we work with a third party to deliver geo-targeted campaigns so that information about the support available is visible on the phones of those who have been identified as being most at risk.</p>

Making suicide everybody's business

You Said	We Did
Respondents voiced throughout the consultation questionnaire that there was a need for specialist suicide prevention training to be available.	<p>We are committed to continue providing free to access suicide prevention training and plan to recommission this.</p> <p>We will continually work towards ensuring these training opportunities are visible to all, including not just professionals but those who want to develop these skills on a personal level to help support those around them. This is a standard part of our public facing campaigns and promotions.</p>

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You Said, We Did

Reducing access to means and methods

You Said	We Did
Many respondents spoke of a need to focus on high-risk locations, such as cliffs and railways, when considering suicide prevention activity.	Our Real Time Suicide Surveillance system helps us to identify where high-risk locations are. We have established partnerships with those working in these areas, such as Southeastern and Network Rail. These partnerships enable us to ensure that the right messages are available in the right places and to coordinate actions that mitigate future risks. This work will continue as part of our sixth priority, to reduce access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.

Providing effective support to those bereaved by suicide

You Said	We Did
Specialist suicide bereavement support should be visible and offered in a timely way, acknowledging that people may not feel ready to take this up in the immediate aftermath of a death.	Specialist support is already available to anybody bereaved by suicide in Kent and Medway, and in this Strategy we have made a commitment to continue delivering this. We will continue promoting this service to our System partners and working with our colleagues in Kent Police and the Coroners service to ensure that this information is provided to those who may need this support at the earliest opportunity. We will also continue to promote the fact that it can be accessed at any time, ensuring that individuals know they can wait until they are ready before engaging with the service.

Children and young people

You Said	We Did
<p>Many respondents voiced the need to pay particular attention to children and young people (CYP).</p>	<p>Our Strategy clearly sets out a commitment to address suicide prevention in both adults, and children and young people, and this is reflected in the strategic priorities. Our dedicated Children and Young Persons Suicide Prevention Network will continue to meet to focus on risk, including responding to new patterns as they emerge. We will also commit to engaging with regional colleagues in order to help access best practice.</p>
<p>The use and impact of social media was cited as a particular cause for concern.</p>	<p>Our seventh priority promotes online safety and responsible media content to reduce harms. It also aims to improve signposting and provide helpful messages about suicide and self-harm.</p> <p>We fully agree that inappropriate use or access to social media is a significant risk factor. However, as a local programme with limited powers, we cannot oversee or regulate individuals' use of social media. Our role is to provide guidance and raise awareness, rather than to monitor/enforce social media use. This is a wider issue that needs to be – and is - being looked at nationally and considered in legislations such as the Online Safety Act, which seeks to reduce the risks associated with harmful content. Where we can, we will contribute to these national conversations in meaningful ways to advocate for the needs of people in Kent and Medway.</p> <p>What we can also do, more locally, is promote positive stories about mental health and hope that can be shared on social media to help counteract harmful content.</p>

You Said, We Did

Other feedback

You Said	We Did
<p>Throughout the responses, the role and importance of lived experience was cited as being crucial to suicide prevention activity</p>	<p>We will continue to encourage those with lived experience to join our Networks – where they can help shape future services - and become involved with our campaigns.</p> <p>As part of our second priority – to address common risk factors linked to suicide at a population level to provide early intervention and tailored support - we will also continue to support the delivery of public facing initiatives. In 2025, we hosted the Baton of Hope in Kent and Medway. Over 120 people with lived experience took part as Baton Bearers. We aim to ensure this event leaves a lasting legacy.</p>
<p>Although not a top theme for any question, the importance of breaking down the stigma of suicide and self-harm was referenced at various stages throughout the responses, particularly in terms of acting as a barrier to asking for help</p>	<p>We agree that stigma can be a significant barrier in accessing the support available, whether that's support for poor mental health or accessing specialist suicide bereavement support following the suicide of a loved one.</p> <p>All of our campaigns are designed to encourage people to speak out about how they feel and to know that they are not alone. Most recently the Baton of Hope events and campaign actively encouraged people in Kent and Medway to share their experiences openly with others. This helped the wider community understand that their feelings are not unusual or anything to feel ashamed of.</p> <p>We will continue to keep this message at the heart of everything that we do, including future campaigns.</p>

You Said, We Did

You Said	We Did
<p>Although Trauma-informed care (an approach that recognises the widespread impact of trauma on a person's life and promotes a culture of safety and trust) did not emerge as a key theme, its importance was highlighted at multiple points throughout the responses.</p>	<p>We will continue to use our position as suicide prevention leads within the Integrated Care System to raise awareness across the System of all risk factors - including adverse childhood experiences and other historic traumas - which can be linked to suicide.</p> <p>This is an ongoing piece of work that draws upon regular analysis of our Real Time Suicide Surveillance System as well as other forms of local and national research.</p> <p>The intention of this is to help promote wider understanding of the many different circumstances experienced by those with suicidal thoughts and ideations, so that these can be factored into sensitive service delivery.</p>

3. Next Steps

The final draft of the Strategy is expected to be presented at the Adult Social Care and Public Health Cabinet Committee in early 2026, along with presentations at Medway Council and the Kent and Medway Integrated Care Board (ICB). It will also be shared at the Adult Suicide Prevention Network and the Children & Young Peoples' Suicide Prevention Network meetings in early 2026.

In addition, we will also be delivering an update at the Annual Suicide and Self-Harm Prevention Conference on 27 November 2025, where we will have around 250 attendees.

If approved, a link to the final Strategy will be published on the consultation webpage and Kent.gov.uk website.