

From: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
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To: Adult Social Care and Health Cabinet Committee

Date: 11th July 2014

Subject: Updating the Kent and Medway Suicide Prevention Strategy

Classification: Unrestricted

Summary:

Kent County Council is a lead partner within the Kent and Medway Multi-Agency Suicide Prevention Strategy Group. The Group is responsible for the oversight and implementation of the current Kent and Medway Suicide Prevention Strategy which runs from 2010-2015.

In 2012 the Government introduced a new national suicide prevention strategy, and in 2013, published the first annual progress report which contained six new areas of focus for suicide prevention work at a local level.

This paper outlines the process for updating the Kent and Medway Suicide Prevention Strategy, as well as providing details of changes in national policies and local structures which will influence the content of the updated strategy.

Recommendation(s):

The Adult Social Care and Health Cabinet Committee is asked to:

1. Endorse the timescale for updating the Kent and Medway Suicide Prevention Strategy
2. Endorse the direction of travel in relation to new areas of focus within the updated Strategy

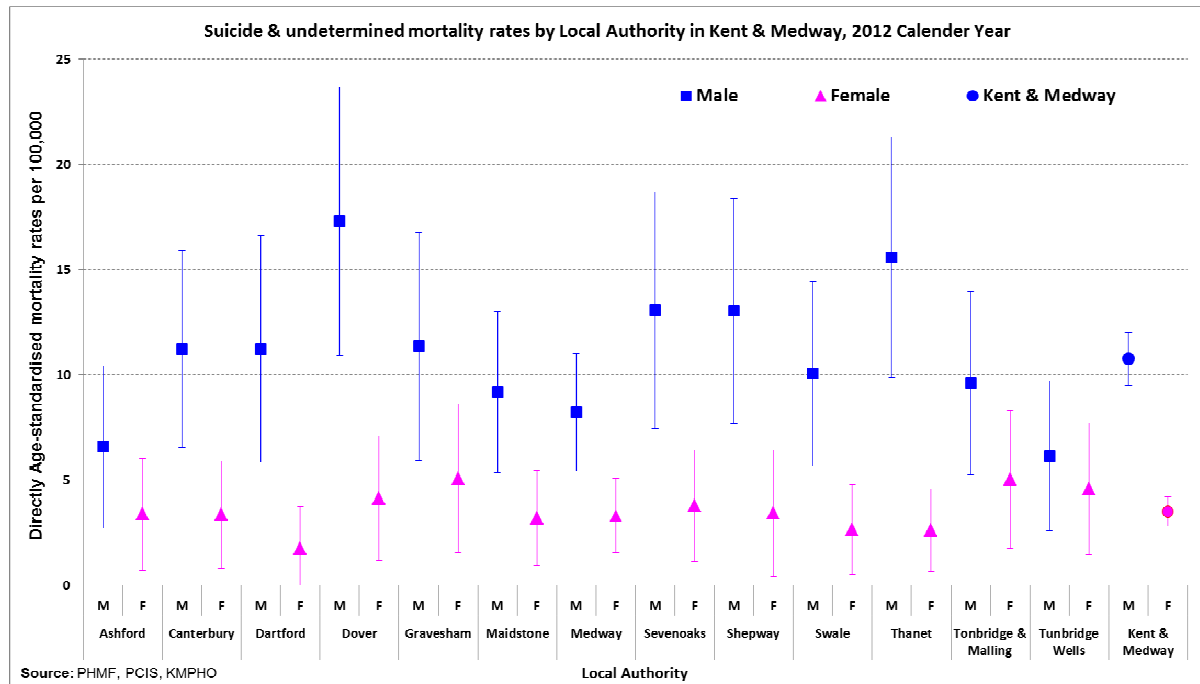
1.0 Introduction

1.1 The effect of someone committing suicide is devastating for families and friends of the individual concerned. The impact can be felt across the whole community.

1.2 Suicide rates in Kent are higher than the national average, and it is the largest cause of death amongst people aged 25-44. In 2013 there were 147 suicides

or deaths by undetermined causes¹ in Kent (116 men and 31 women). This is an increase from 121 in 2012². Most suicides in Kent are committed by men aged between 30 and 60. (Please note: The 2013 figures have only just become available and a detailed analysis is currently being undertaken).

- 1.3 The following figure uses the average annual standard mortality rates from 2010-2012 to illustrate the difference in suicide rates between men and women in every local authority within Kent.



- 1.4 While every person that commits suicide has their own reasons for doing so, statistics from the Kent and Medway NHS and Social Care Partnership Trust (KMPT) show that between 2009 and 2011, 26% of individuals who committed suicide in Kent had been in contact with mental health services within one year prior to death. Therefore KMPT and other agencies will need to continue to work together to support this particularly vulnerable group.

- 1.5 However, it is important to note that the same statistic means that 74% of individuals who committed suicide in Kent between 2009 and 2011 had not been in recent contact with mental health services. Therefore, it is imperative that suicide prevention activity also aims to improve the mental health and well-being across the whole Kent population, as well as within a number of other high risk groups.

2.0 The Kent and Medway Suicide Prevention Strategy 2010-15

¹ Undetermined cause is a category of coroner verdict that is counted along with suicide by the Office of National Statistics and is regarded as 'probable suicide'

² Figures provided by KMPHO

- 2.1 Reducing the number of suicides is an indicator within the draft *2014-17 Joint Health and Wellbeing Strategy for Kent*³ as well as the *Live It Well Strategy* for improving the mental health and wellbeing of people in Kent and Medway⁴.
- 2.2 Kent County Council is a lead partner within the *Kent and Medway Multi-Agency Suicide Prevention Strategy 2010-15*⁵. The strategy has five strategic priorities;
- 1) To reduce the risk of suicide in key high risk groups
 - 2) To promote well-being in the wider population
 - 3) To reduce the availability and lethality of suicide methods
 - 4) To improve reporting of suicidal behaviour in the media
 - 5) To monitor national suicide statistics and progress towards national targets, ensure appropriate audit and support research
- 2.3 More details on progress and activity related to these priorities can be found in Appendix 1.
- 2.4 Although the current strategy is due to run to the end of 2015, it is felt that due to a new national strategy, changes in local circumstances (ie Public Health moving into Kent County Council) and emerging good practice from around the country, it is appropriate to update the Kent strategy now.

3.0 National policy and good practice

- 3.1 Since the publication of Kent's suicide strategy in 2010, the Coalition Government has published the *Preventing Suicide in England*⁶ national strategy in 2012 and a 'One Year On' progress report in January 2014⁷. The priorities contained within the 2012 national strategy match the strategic priorities within the *Kent and Medway Suicide Prevention Strategy 2010-15* very well, however the 'One Year On' national progress report identified six further priority areas which will need further examination in a Kent and Medway context. These areas are;

- Self-harm
- Supporting mental health in a financial crisis
- Helping people affected or bereaved by suicide
- Middle aged men
- Children and young people
- Working with coroners

- 3.2 Other relevant policy developments have included Public Health England publishing the *Public Health Outcomes Framework 2013-2016*⁸ in November 2013 (which includes indicators on both suicide and self-harm), and the

³ [Joint health and wellbeing strategy: Outcomes for Kent 2014-17](#)

⁴ [Live It Well: The strategy for improving the mental health and wellbeing of people in Kent and Medway 2010-2015](#)

⁵ [Kent & Medway Suicide Prevention Strategy 2010-2015](#)

⁶ [Preventing suicide in England; A cross-government outcomes strategy to save lives](#)

⁷ [Preventing suicide in England: One year on](#)

⁸ [Public Health Outcomes Framework 2013-2016](#)

National Institute for Health and Care Excellence (NICE) issuing new guidance on self-harm in June 2013⁹.

- 3.3 In April 2014, the Coalition published an update to its mental health strategy¹⁰. It seeks 'Parity of Esteem' for people with mental health disorders and recommends that public services should reflect the importance of mental health in their policy planning by putting it on a par with physical health.
- 3.3 An informal review of national good practice has indicated that the *Kent and Medway Suicide Prevention Strategy and Action Plan* already contains many of the indicators of good practice as published by the Department of Health¹¹. The review also uncovered that Brighton and Hove is aiming to become the first UK city to be given Suicide Safer City status. More details below.

Brighton and Hove – Suicide Safer City

Brighton and Hove is aiming to become the UK's first 'Suicide Safer City' (a designation given by LivingWorks Education). A suicide Safer City has the following characteristics;

- A leadership committee and an action plan to guide progress towards suicide-safer status
- Significantly improved access to suicide intervention and suicide bereavement services
- 1% of the local population is trained in suicide prevention skills
- Local organisations have trained their staff in suicide alertness and intervention skills
- A significant number of community members have taken a pledge to talk openly and directly about suicide if they are concerned for someone else, or themselves
- A plan for mental health promotion in the general population
- Every year the community gathers to mark World Suicide Prevention Day and celebrate progress

Brighton has developed a 'Tell Me' suicide prevention pledge and is aiming that 5% of the city's adult residents take the pledge. Their figures show that one in twenty of their residents, or 5%, will consider suicide in any two week period. They want each person in Brighton & Hove who thinks about suicide, to know that there is a nominal person somewhere else in the city who has taken the pledge.

4.0 Updating the Kent and Medway Suicide Prevention Strategy

- 4.1 Following its move into the County Council, Kent Public Health is now able to play an enhanced role in shaping and co-ordinating the activities of partners. In turn this may enable the Strategy to go further in some areas than has previously been possible.
- 4.2 In addition to ensuring that the Strategy reflects new national policy and emerging best practice, early discussions have identified the following areas which provide opportunities for potential improvement:

⁹ [NICE Guidance Quality Standard 34 self-harm](#)

¹⁰ [Making mental health services more effective and accessible](#)

¹¹ [Department of Health Prompts for local leaders on suicide prevention](#)

- Increased commitment to achieve parity of esteem for individuals with mental health disorders
- Enhanced links with the Coroner's Court and increased monitoring at a local level to identify trends
- Improved working with agencies such as Kent Police and Kent and Medway Partnership Trust
- A detailed examination of the rates of self-harm in Kent and the links to future suicide attempts
- A greater understanding and a better response to individuals with a dual diagnosis (ie individuals with a mental health illness and a history of alcohol or other substance misuse) – this is being led by the Dual Diagnosis Steering Group
- Publicity campaigns and training for front line staff to reduce the stigma of mental illnesses such as Mental Health First Aid Training and KCC's Happier@Work pilot developed in partnership with NHS South London and Maudsley (SlAM)
- Continued investment and programmes targeting men's mental health e.g. Kent SHEDs which seeks to support men, particularly those aged 30 to 60 and ex service personnel in particular
- Suicide prevention training and awareness – Mental Health First Aid Training will be offered to public sector, voluntary and community sector employers and small businesses across Kent
- An examination of the role of the media (including social media and the internet) in influencing suicide and parasuicide (especially amongst young people).

4.3 Kent Public Health will work with partners and stakeholders to prepare an updated Kent and Medway Suicide Prevention Strategy, with the aim of bringing it to this Committee for comment and approval in February or March 2015. In doing so, it may also be appropriate to make recommendations to refresh fundamental aspects of the Kent 'Live it Well' Strategy 2010-2015.

4.4 Proposed timescale;

- June - July 14 National policy and best practice review
- June – Aug 14 Evaluation of current strategy and latest statistics
- June – Dec 14 Consultation with partners and stakeholders
- Jan – Feb 15 Drafting updated strategy
- Feb – March 15 Return to Committee for consideration prior to Cabinet

Member decision to approve and sign off strategy

Recommendation:

The Adult Social Care and Health Cabinet Committee is asked to:

1. Endorse the timescale for updating the Kent and Medway Suicide Prevention Strategy
2. Endorse the direction of travel in relation to new areas of focus within the updated Strategy

5. Background Documents

Kent and Medway Suicide Prevention Strategy 2010-15

6. Contact Details

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Appendix 1 – June 2014 Update on Priorities with Kent and Medway Suicide Prevention Strategy

Priority	Actions taken/population affected	Status /activities
1. Reducing risk in high risk groups	<p>High risk groups include:</p> <ul style="list-style-type: none"> • those with mental illness • those who self-harm • offenders • older people • unemployed • those abusing substances 	<ul style="list-style-type: none"> • Appropriate suicide prevention plan is in place in Kent and Medway Partnership Trust. • Mandatory training of staff in suicide prevention and risk assessment continues within Kent and Medway Partnership Trust • Ligature audits completed & recommendations implemented in Kent and Medway Partnership Trust • KDAAT are now part of the Suicide Prevention Strategy Steering Group • Self-harm audit in A&Es carried out in East & West Kent & findings widely disseminated including in all councils • Recommendations made to extend Liaison Psychiatric service in West Kent to 12 midnight every day (to follow the established practice in East Kent) • A tender process to procure a significant programme of Mental Health First Aid training is being undertaken during summer 2014
2. Promoting wellbeing in the wider population	<ul style="list-style-type: none"> • Those in financial difficulties • Those bereaved through suicides • Those misusing substances. 	<ul style="list-style-type: none"> • The Six Ways to Wellbeing Campaign has been launched across Kent. All details and further information available on www.liveitwell.org.uk • Community sign-posting now available through several avenues like One Stop shop, voluntary organisations, Liveitwell.org.uk etc • KMPT supporting better access to information for those bereaved by suicide • KDAAT is a member of the Suicide Prevention Strategy steering group
3. Reducing availability & lethality of methods	<ul style="list-style-type: none"> • Those deliberately dying by bridges & train stations • Those taking an overdose of prescribed drugs 	<ul style="list-style-type: none"> • Suicide attempt hot spots have been identified using data shared by Police and Network Rail. Partners (including the Samaritans) have installed posters and signage in appropriate places. • Network Rail have produced an analysis of all recent incidents and have budget available to increase safety measures
4. Improving reporting of suicides in media	<p>The media (including internet sites) could influence the decision of some population groups, such as young people to take their own lives through copycat action</p>	<ul style="list-style-type: none"> • Reporting monitored on an on-going basis through cuttings of press reporting and TV programmes
5. Monitoring of suicide statistics	<p>Police, KMPT & other agencies sharing information collected with group.</p>	<ul style="list-style-type: none"> • There is regular local monitoring of suicide trends in Kent and Medway by the KMPHO and other agencies • Baseline information has also been obtained on the trend of self-

		harming behaviour • Coroners have agreed to give regular updates to the KMPHO
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