KENT AND MEDWAY MULTI-AGENCY SUICIDE PREVENTION STRATEGY 2015-2020

Draft V.9
December 2014

Acknowledgments

Thanks to all the members of the Kent and Medway Suicide Prevention Steering Group for their support in developing this strategy. Full details of the group are listed in Appendix xx *(To be added in final draft of the strategy).*

Thanks too, to all those groups and individuals who responded to the consultation to the draft strategy that was held between xxx and xxx 2015. *(To be added in final draft of the strategy).*

Contents

1. *Introduction*

1.1 Every suicide is a tragic event which has a devastating impact on the friends and family of the victim, and can be felt across the whole community. While the events and circumstances leading to each suicide will be different, there are a number of areas where action can be taken to help prevent loss of life.

1.2 This strategy is a continuation of work undertaken as a result of the 2010-2015 Kent and Medway Suicide Prevention Strategy. While there has been progress in many areas, sadly suicide still accounts for approximately 1% of all deaths in Kent and Medway every year.

1.3 This strategy combines evidence from suicides in Kent with national research and policy direction. It is clear from both local and national experience that suicide prevention is not the sole responsibility of one agency; most progress can be made when the public sector, charities and companies work together to deliver a range of measures.

1.4 This is why this strategy has been developed by the Kent and Medway Suicide Prevention Steering Group which consists of a range of partners doing what they can (both individually and together) to reduce the number of suicides in Kent and Medway. A wider consultation exercise was also held between November 2014 and January 2015 to ensure that the widest number of individuals and organisations have their chance to input. A review of the responses to the consultation can be seen in Appendix *xx (To be added in final draft of the strategy).*

1.5 To ensure that this strategy does not discriminate unfairly against any particular group within Kent and Medway, an equality impact assessment was also undertaken during the drafting process. Full details can be seen in Appendix *xx (To be added in final draft of the strategy).*

1.6 The Suicide Prevention Steering Group will co-ordinate the delivery of the action plan and monitor progress against the strategic priorities at regular meetings and by providing updates to the Health and Well Being Boards of Kent and Medway.

2. *National policy context*

2.1 Since the publication of Kent and Medway's 2010-2015 Suicide Prevention Strategy in 2010, the Coalition Government has published the *Preventing Suicide in England*[1] national strategy in 2012 and a '*One Year On'* progress report in January 2014[2]. 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 issues which will need further examination in a Kent and Medway context. These are;

- Self-harm
- Supporting people's mental health in a financial crisis
- Helping people affected or bereaved by suicide
- Improve wellbeing and access to services for middle aged men
- Improve wellbeing and access to services for children and young people

[1] *Preventing suicide in England; A cross-government outcomes strategy to save lives*
[2] *Preventing suicide in England: One year on*

- Improve data and information from coroners

2.2 In September 2012 the Department of Health published "*Prompts for local leaders on suicide prevention*"[3] which is a checklist of questions designed to aid the development and implementation of local suicide prevention policies.

2.3 Other relevant policy developments have included Public Health England publishing the *Public Health Outcomes Framework 2013-2016*[4] in November 2013 (which includes indicators on both suicide and self-harm), and the National Institute for Health and Care Excellence (NICE) issuing new guidance on self-harm in June 2013[5].

2.4 In April 2014, the Coalition published an update to its mental health strategy[6]. 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.

2.5 In 2014, The World Health Organisation produced a global report on suicide prevention (WHO 2014). It highlights that suicide occurs all over the world and can take place at almost any age. Globally, suicide rates are highest in people aged 70 years and over, although this does vary depending on the country. The report is a call for action to address suicide and it emphasises the importance of reducing access to means of suicide and ensuring that there is responsible reporting of suicide in the media and early identification and management of mental and substance use disorders in communities and by health workers in particular. WHO Member States have committed themselves to work towards the global target of reducing the suicide rate in countries by 10% by 2020.

2.6 In August 2014 the Chief Medical Officer's Annual Report on Public Mental Health Priorities found that "It is increasingly apparent that suicide prevention in geographical areas must have sound backing from local authorities, including public health. Such agencies can provide the stimulus for important local initiatives and their evaluation".[7]

2.7 Most recently, (September 2014) Public Health England has published "*Guidance for developing a local suicide prevention action plan*". The document gives local authorities further advice about how to develop a suicide preventing action plan, monitor data and trends as well as improving mental health in the area.

2.8 The development of this strategy has been shaped by the themes and principles contained within these documents.

3. Kent policy context

3.1 Since the development of the 2010-2015 Kent and Medway Suicide Prevention Strategy the context of mental health commissioning has changed greatly. CCGs have replaced PCTs and have assumed system leadership of mental health services, KCC remains the lead for social care and KCC Public Health leads on prevention and well-being. Health and Wellbeing Boards have been established and Commissioning

[3] *Department of Health Prompts for local leaders on suicide prevention*
[4] *Public Health Outcomes Framework 2013-2016*
[5] *NICE Guidance Quality Standard 34 self-harm*
[6] *Making mental health services more effective and accessible*
[7] *Chief Medical Officers Annual Report p 243*

arrangements in relation to the criminal justice system, and drug and alcohol treatment services have also changed considerably.

3.2 The current strategy for mental health commissioning is the "Live It Well" strategy. This is also due for a refresh in 2015.

3.3 When considering the Suicide Prevention Strategy, it is important to note that it forms a part of a wider mental health strategy.

4. Current statistics

4.1 There has been an increase in the annual number of people taking their own life in Kent and Medway. This section sets out a number of statistics relating to those suicides and the information has been used to shape the strategic priorities contained in Section 5 of this strategy.

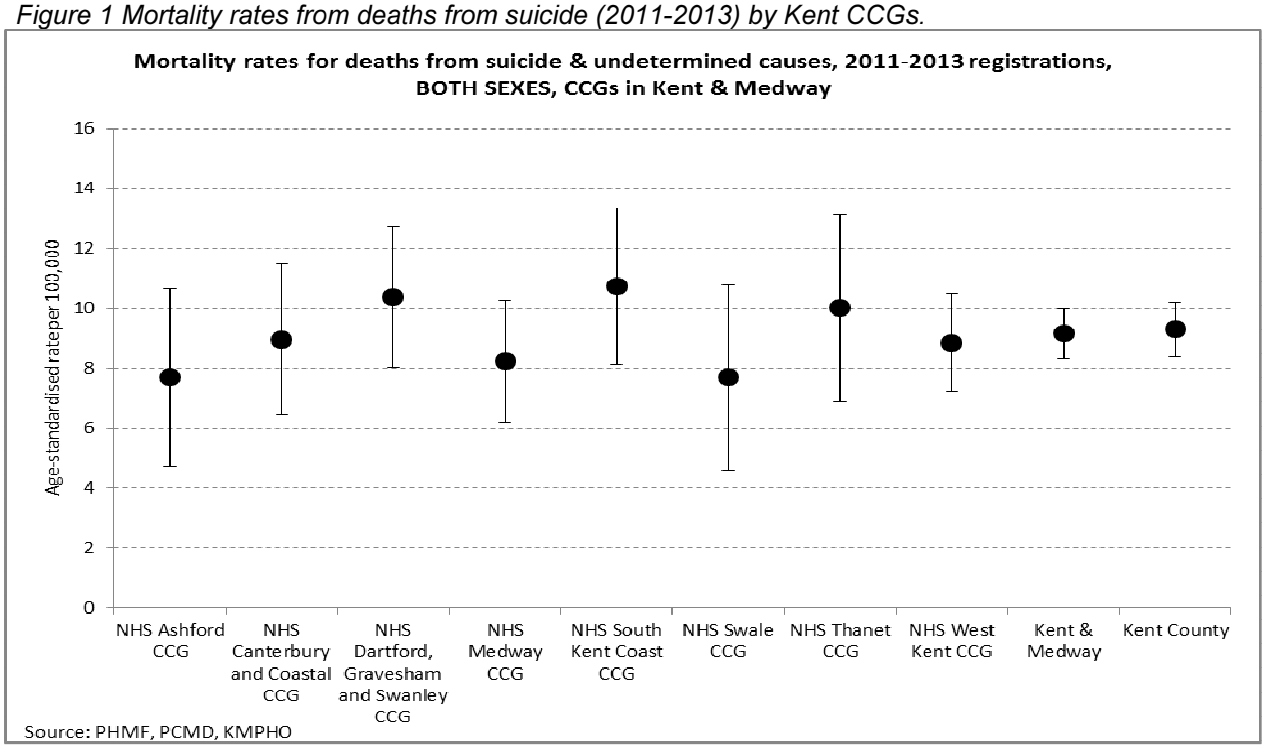
Table 1: Annual number deaths from suicide and undetermined causes, CCGs in Kent & Medway, both sexes, 2002-2013 registrations

Area	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
NHS Ashford CCG	13	9	3	11	7	9	4	6	7	7	5	14
NHS Canterbury and Coastal CCG	12	16	16	16	16	17	10	20	13	14	15	21
NHS Dartford, Gravesham and Swanley CCG	22	28	27	16	18	22	8	21	15	23	23	28
NHS Medway CCG	23	12	20	21	23	22	14	19	14	13	20	31
NHS South Kent Coast CCG	17	26	20	27	13	20	12	19	18	25	22	18
NHS Swale CCG	4	7	16	8	12	5	8	11	9	3	8	13
NHS Thanet CCG	9	15	15	8	12	17	11	13	8	17	14	9
NHS West Kent CCG	39	35	31	39	36	36	35	42	30	30	38	48
Kent & Medway	**139**	**148**	**148**	**146**	**137**	**148**	**102**	**151**	**114**	**132**	**145**	**182**

Source: PHMF, PCMD, KMPHO

4.2 The data in Table 1 shows the number of deaths from suicide and undetermined causes for the different Clinical Commissioning Groups (CCGs) across Kent and Medway. There was a considerable increase in the overall number of suicides in 2013 compared to any of the previous years. The rates for suicide across Kent CCG's (Fig 1) show that Thanet, South Kent Coast and Dartford, Gravesham and Swanley CCG's have higher rates than the Kent average. However these rates mask the gender differences in suicide. Males are more likely to commit suicide then females (Figs 2 & 3).

Figure 1 Mortality rates from deaths from suicide (2011-2013) by Kent CCGs.



4.3 There is a big difference between the rates of males and females who commit suicide. The rate for males in Kent (2011-13) is 15 deaths per 100,000 people. For females, it is 4 deaths in 100,000. This is the reason that it is important to ensure prevention services are targeted to men, who traditionally are low users of services such as talking therapies.

4.4 For males the rates are higher in Canterbury and Coastal, Dartford, Gravesham and Swanley CCG, South Kent Coast and Thanet CCGs. Rates for females are highest in West Kent and Ashford CCGs.

Figure 2. Numbers of deaths from suicide and undetermined causes, Kent & Medway, by year of registration and gender, 2002-2013

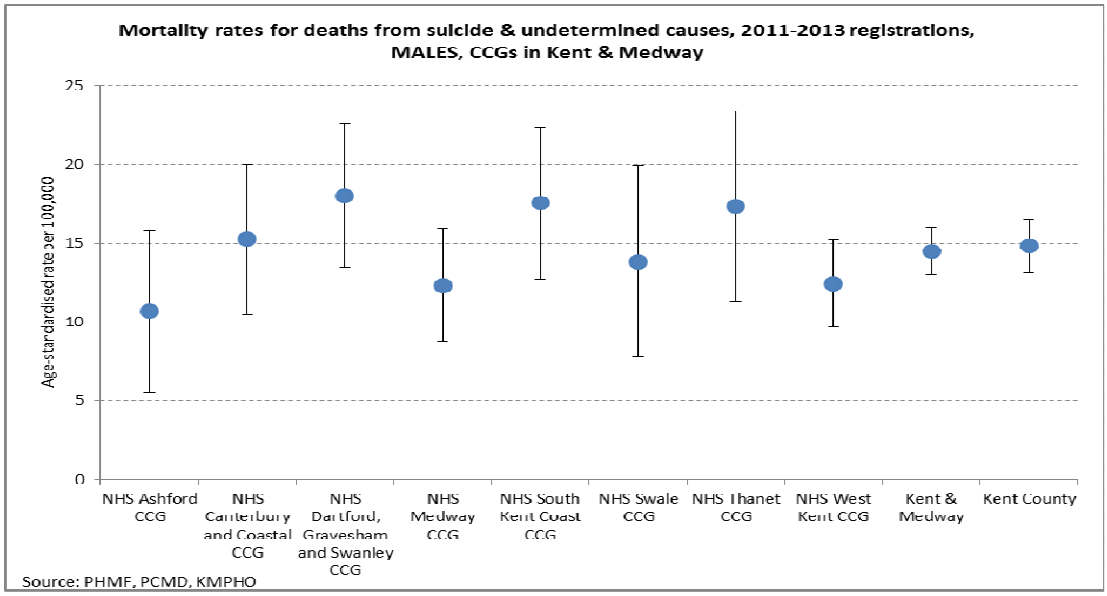
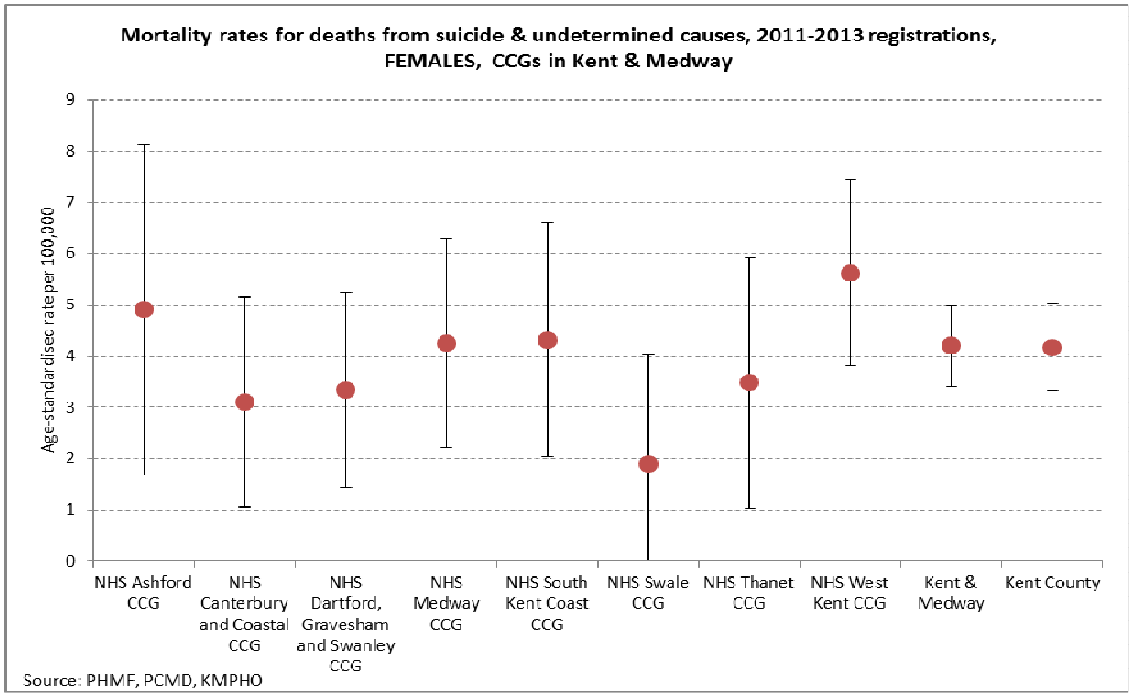


Figure 3: Mortality rates for suicide and undetermined causes, 2011 – 2013 (pooled), CCGs in Kent and Medway, FEMALES



4.5 Gender and age

Figures 4 and 5 show the number of deaths from suicide and undetermined causes for Kent & Medway, by age band and gender between 2002-2013 and the number of deaths from suicide and undetermined causes, Kent & Medway, by age band and gender. The data show that the suicide numbers are considerably higher in men for all age categories. The highest numbers are in men aged between 40 and 54 years old.

Figure 4 Numbers of suicide by year of registration and gender

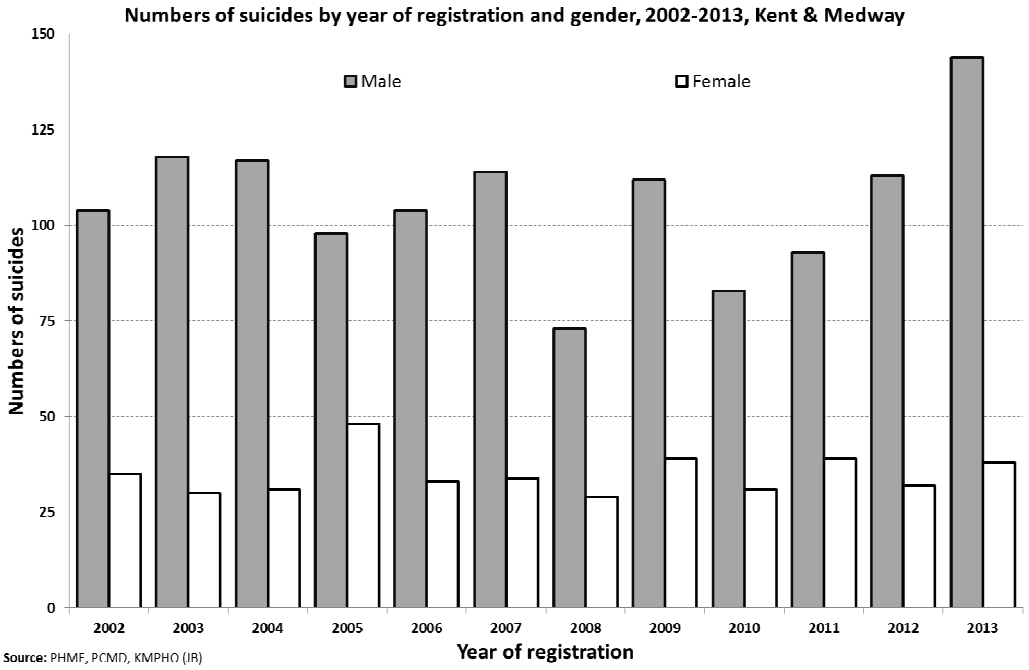
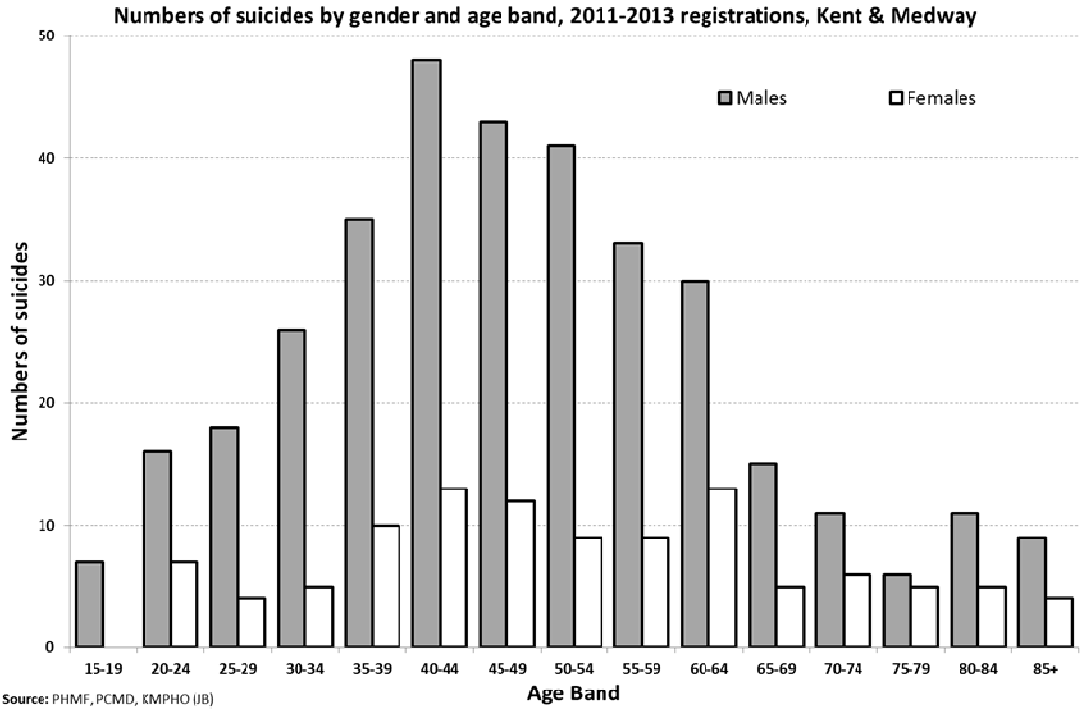


Figure 5: Numbers of deaths from suicide and undetermined causes, Kent & Medway, by age band and gender, 2011-2013 registration.



4.6 Country of birth

Coroners do not currently record ethnicity on death certificates, however they do record country of birth. While this is not a good indication of ethnicity, in order to see if there were any notable trends, the Kent and Medway Public Health Observatory has examined the country of birth of 1730 individuals in Kent who took their life between 2002 and 2013. The vast majority were born in England, and the next two most frequent countries of birth were Scotland and Wales. However eleven people born in Poland, nine born in India, and eight born in Germany have killed themselves in Kent between 2002 and 2013.

4.7 As part of the implementation of this strategy, the Steering Group will monitor suicide statistics relating to country of birth and work with other agencies (both locally and nationally) to try and improve the ability to assess the risk of suicide within ethnic groups within Kent.

4.8 Occupation

The coalition Government's 2012 Preventing Suicide in England strategy identified that "some occupational groups are at particularly high suicide risk. Nurses, doctors, farmers and other agricultural workers are at higher risk probably because they have ready access to the means of suicide and know how to use them."[8]

4.9 However it goes on to say that "Risk by occupational group may vary regionally and even locally. It is vital that the statutory sector and local agencies are alert to this and adapt their suicide prevention interventions and strategies accordingly."[9]

4.10 It is for this reason that during the preparation of this Strategy, the Kent and Medway Public Health Observatory examined the occupation (as written by the Coroner on the death certificate) of 1730 individuals in Kent who took their life between 2002 and 2013.

4.11 The following table groups the occupations into categories, and shows that the highest numbers of suicides are within the "Professional and managerial" and the "Construction, transport and building trades" categories.

Table 2 Occupations of suicide victims in Kent between 2002-2013 – Source KMPHO

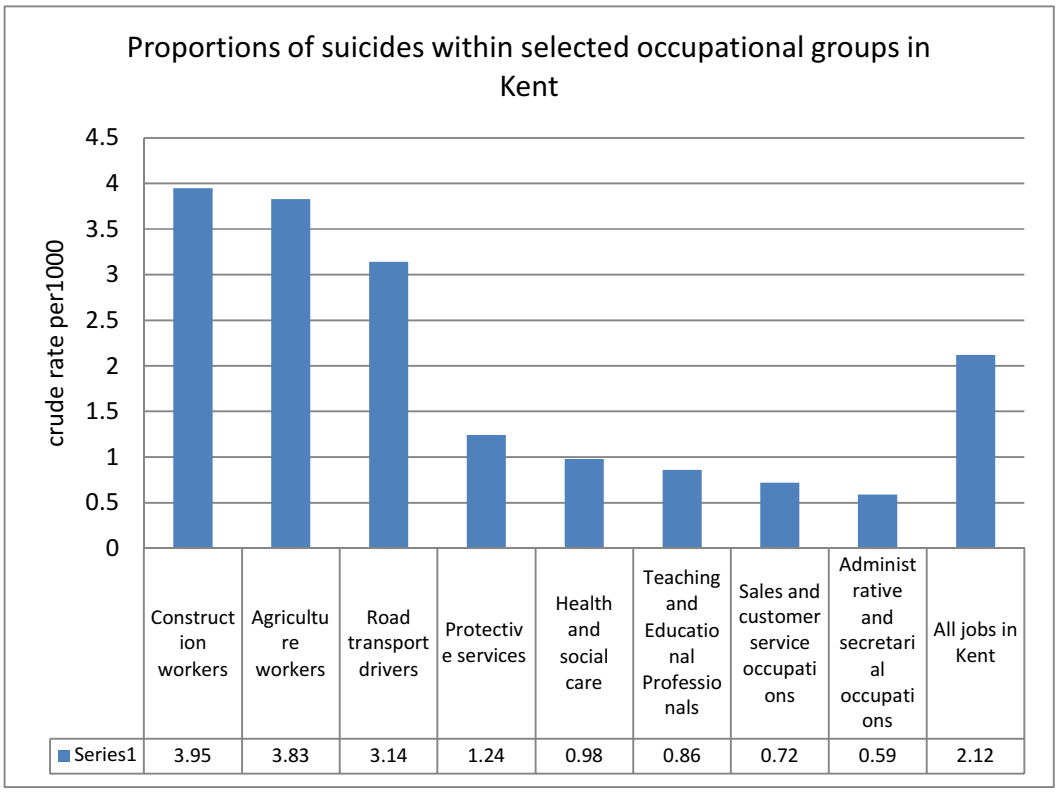
Occupation type	**Numbers of suicides in Kent between 2002 and 2013**
Professional and managerial	497
Construction, transport and building trades	462
Sales, services and administration	290
Health and personal services	105
Leisure, media and sport	74
Agriculture	50
Protection services	42
IT, Science and Engineering	41
Unknown	169
Total	**1730**

[8] P.19 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216928/Preventing-Suicide-in-England-A-cross-government-outcomes-strategy-to-save-lives.pdf

[9] Same reference as 7

4.12 It is important to note that these are *numbers* rather than *rates* and do not take into account the scale of the differences within these occupations in Kent. The chart below matches the numbers of suicides with the number of people within each occupation in Kent (as taken from the 2011 Census) to calculate a crude rate. Although this data should be met with some caution, it does give an indication of which occupations are more vulnerable.

Fig 6 Proportion of suicides within selected occupational groups in Kent 2002-13



Source: Kent Public Health 2014 and the 2011 Census

4.13 Figure 6 shows that construction workers had the highest rates of suicide of any occupation group between 2002-13, closely followed by agricultural workers. Road transport drivers also had a rate well above the average for all jobs in Kent. Agricultural workers were one of the high risk occupations identified nationally, however construction workers and road transport drivers were not. Health workers in Kent have a comparatively low rate despite being one of the nationally highlighted high risk occupation.

4.14 <u>Method of suicide</u>

Figure 7 shows the total numbers of deaths from suicide and undetermined causes broken down by method. It compares the 2004-2008 period with 2009-2013. The data show that between 2009-2013, there were more suicides via hanging and jumping in comparison to 2004-2008, although there were fewer people taking their own life via gas and smoke.

Figure 7 *Total numbers of deaths from suicide and undetermined causes, comparing 2004-8 with 2009-13, males and females, main suicide method, Kent and Medway*

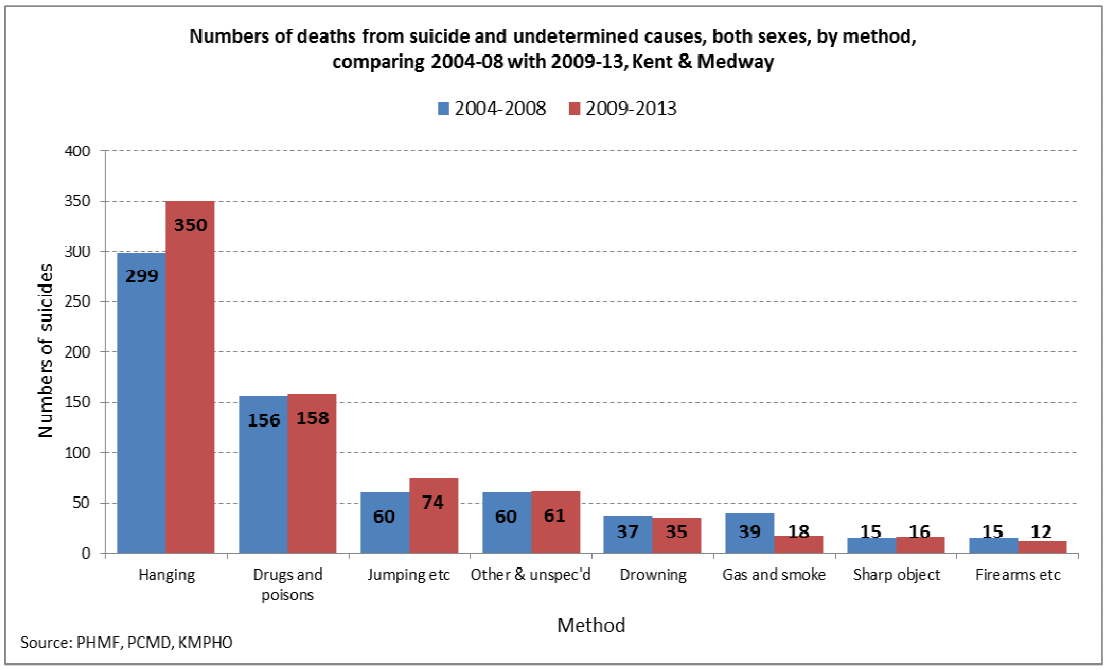


Figure 8 shows the annual average numbers of deaths from suicide and undetermined causes from selected causes for males and females between 2002 and 2013.

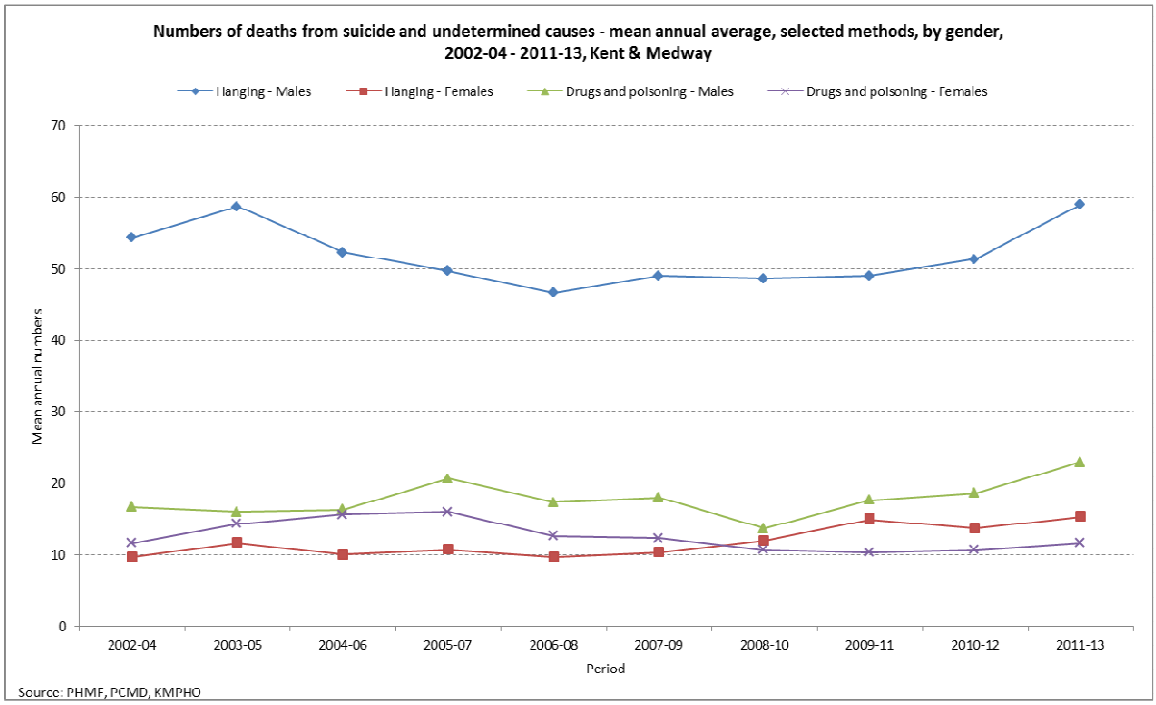


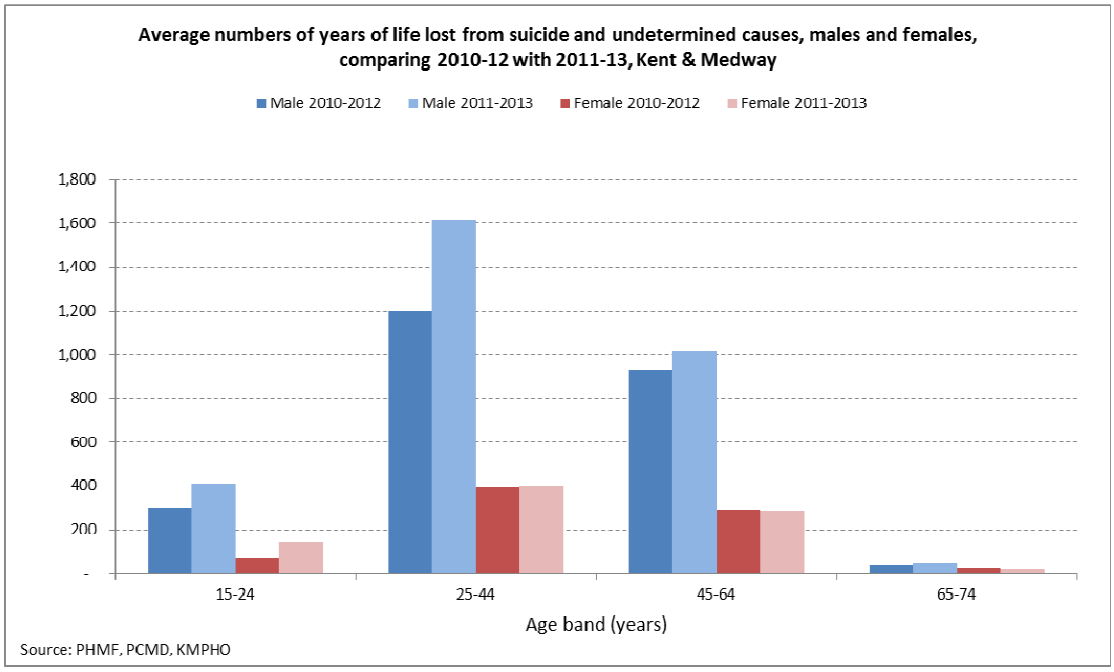
Figure 8: Annual average numbers of deaths from suicide and undetermined causes, 2002-4 – 2011-13, males and females, main suicide method, Kent and Medway

4.15 Years of life lost

Figure 9 shows the annual average years of life lost from suicide and undetermined causes, males and females comparing 2010-12 with 2011-13. As one would expect, the average years of life lost is considerably greater in younger men aged between

25-44 years old. However, the number of life years lost in men in this age group increased by 33% in 2011-13.

Figure 9: Annual average years of life lost from suicide and undetermined causes, males and females comparing 2010-12 with 2011-3, Kent and Medway



4.16 Self harm

Not everyone who self harms is suicidal, and not everyone who takes their own life self harms first. However for some people self harm can be an indicator that they are suffering from depression or another mental illness. Across England the average rate of admissions as a result of self harm amongst 10-24 year olds is 346.3 per 100,000. Table 3 shows that the Kent rate in the same time period was 364.2, and increased in the following year.

Table 3 Age-Standardised Rate (ASR) per 100,000 10-24 year olds for hospital admissions as a result of self-harm

Persons	2009/2010	2010/2011	2011/2012	2012/2013	2013/2014
	ASR	ASR	ASR	ASR	ASR
NHS Ashford CCG	306.7	314.7	282.0	260.7	440.9
NHS Canterbury & Coastal CCG	397.1	409.8	374.8	313.7	395.0
NHS Dartford, Gravesham & Swanley CCG	405.5	428.7	395.8	360.2	354.9
NHS South Kent Coast CCG	462.1	376.3	386.7	496.8	506.3
NHS Swale CCG	516.6	379.5	485.2	233.0	311.7
NHS Thanet CCG	541.2	627.9	618.0	473.7	475.5
NHS West Kent	479.5	399.8	376.1	365.1	439.8
Kent	443.2	415.2	400.5	364.2	416.3

5. Review of 2010-2015 Strategy

5.1 The 2010-15 Kent and Medway Suicide Prevention Strategy focused on the following priorities;

- To reduce risk in key high risk groups
- To promote wellbeing in the wider population
- To reduce the availability and lethality of suicide methods
- To improve the reporting of suicidal behaviour in the media
- To ensure appropriate monitoring of suicide statistics and audit of services.

5.2 During the lifetime of the strategy, progress in relation to each of the priorities has included the following;

- **To reduce risk in key high risk groups**
    - Men's sheds, and other men's health groups, have been established across Kent and Medway to being men together to put their practical skills to good use and encourage them to be more socially active and improve mental wellbeing
    - Primary Care Mental Health link workers have been commissioned in Kent to provide extra support to people with mental health conditions in the community
    - KMPT have developed a suicide prevention strategy and action plan. A number of actions have been completed including a ligature audit with appropriate actions implemented, a GRIST risk assessment tool (a psychological model of how people think and reason) being piloted and training on Applied Suicide Intervention Skills has been delivered
    - Kent Drug and Alcohol Action Team serious incident review panel have reviewed all cases of suicide in contact with alcohol and drug services at the time of death
    - Research has been conducted into Suicide and Older People within Kent by Canterbury Christ Church University
    - Health professionals in Kent and Medway have been offered a variety of training around self-harm awareness and suicide prevention (safe assessment, triage, providing an immediate response).

- **To promote wellbeing in the wider population**
    - Kent County Council has commissioned Sevenoaks Area Mind to deliver a series of free to access Mental Health First Aid training courses. These courses are designed to help people recognise mental health problems and encourage someone to seek help
    - Free to access psychological support is available across Kent and Medway through the IAPT 'Talking therapies' programme
    - Kent County Council and Medway Council have both launched wellbeing programmes to help people take little steps and make a big difference to their wellbeing. (Kent has Six Ways to Wellbeing, while Medway has Five Ways to Wellbeing)
    - "Help is at Hand" suicide bereavement support packs have been distributed across Kent and Medway including to GP surgeries for people bereaved by suicide
    - ASIST (Applied Suicide Intervention Skills Training) has been delivered in Medway and Kent
    - SAFE is a youth-led project delivered by Voluntary Action Within Kent (VAWK). It seeks to raise awareness of mental health, reduce suicide, break down stigma, and encourage young people to talk about their feelings,

recognise the danger signs and to seek support - if and when they need it. SAFE has been set up within three Medway schools with the help of volunteers from the Upper Years and Sixth Form.

- **To reduce the availability and lethality of suicide methods**
    - Work has been undertaken with local agencies to identify hotspots and take appropriate action to minimise further suicides. Examples include, Kent County Council working with Samaritans regarding sign installation at a bridge over the M20 in Ashford and Medway Council has put up Samaritans signage and is also considering further hardening measures at Brook car park in Chatham.

- **To ensure appropriate monitoring of suicide statistics and audit of services.**
    - Relationships with National Rail, Kent Police, KMPT and the Coroner have been developed and improved and agencies regularly share statistics (where appropriate) so that trends can be monitored.

5.3 There is potential to continue to make improvements in a number of areas through the 2015-2020 strategy including;

- Developing new systems for monitoring and improving the reporting of suicide coverage in the media
- Implementing the results of evidence reviews around suicide and older people and suicide and debt
- Examining the relationship between self-harm and suicide.

6. Strategic priorities

6.1 When deciding on the strategic priorities, consideration has been given to both local statistics, and national guidance. While local insight will shape how each priority is delivered within Kent and Medway, the Kent and Medway Suicide Prevention Steering Group has agreed that there is nothing particularly different about suicidal behaviour locally which would mean that national objectives would not be appropriate here. Therefore the strategic priorities that this strategy adopts mirror the national areas for action almost exactly. They are as follows;

i. Reduce the risk of suicide in key high-risk groups
ii. Tailor approaches to improve mental health and wellbeing in Kent and Medway
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

6.2 More details about how each of these strategic priorities will be shaped and delivered in Kent and Medway is given below, and they form the structure for the draft action plan which is attached to this report.

6.3 Priority i. Reduce the risk of suicide in high-risk groups

The national strategy identified the following high risk groups as priorities for action:

- Young and middle aged men
- People in the care of mental health
- People with a history of self-harm
- People in contact with the criminal justice system
- Specific occupational groups such as doctors, nurses, veterinary workers, farmers and agricultural workers.

6.4 A year after the national strategy was launched, the coalition published their *One Year On* report which identified that middle age men (aged 35-54) were now the group with the highest suicide rate. The One Year On report also suggested that Children and Young People should also now be a particular focus for national prevention work.

6.5 Having considered the nationally identified high-risk groups as well as local data, the Kent and Medway Suicide Prevention Steering Group have been identified as of particular concern in Kent:

- Those in contact with mental health services
- Those who have self harmed
- Offenders
- Middle aged and older men (targeting unemployed and routine and manual occupation groups)
- High risk occupation groups such as construction, agriculture and road transport drivers

6.6 A key part of the public consultation will be to ask whether these are the right high-risk groups to be identified. More detail on each of the selected high risk groups will be added after the consultation process

6.7 Priority ii. Tailor approaches to improve mental health and wellbeing in Kent and Medway

Not everyone who has a mental illness will be suicidal, and not everyone who takes their own life will have been diagnosed with a mental illness. Therefore as well as ensuring that mental health services provide the best possible support to those they come in contact with, wider support to improve the mental health and well-being of other groups and the general population is needed.

6.8 The Live It Well mental health strategy is designed to improve mental health across Kent and Medway. As well as helping people stay well, it focuses on ensuring that people with mental health needs – which will be one in four of us at some point in our lives – get the care they need. It sets out a vision for promoting mental health and well-being, intervening early and providing personal care when people develop problems, and focusing on helping people to recover.

6.9 The Live it Well strategy is supplemented by a detailed website (www.liveitwell.org.uk) which is an excellent source of information, help and guidance and is designed to help people connect with their local communities. It also provides the contact details of over 400 charities, community groups and supports services which provide help to individuals with a wide range of mental health issues.

6.10 As part of the Live it Well strategy, Kent County Council has launched the Six Ways to Wellbeing and Medway Council has launched the Five Ways to Wellbeing campaign. Both campaigns are designed to raise the levels of wellbeing by helping individuals to make small actions which make a big difference to their mood and mental resilience.

6.11 The campaigns are based on research undertaken by the New Economics Foundation Scientific (2010). The research points to five steps that can improve mental wellbeing. They are;

- Taking notice
- Connecting
- Giving
- Keep learning
- Being active

6.12 Kent's Six Ways of Wellbeing also include Caring (for the planet) as an additional step.

6.13 In addition to campaigns aimed to improve the mental health of the whole population, the Steering Group identified the following groups are at particular risk of poor mental health and therefore need specific activities to address their needs. Groups which aren't on the list will not be ignored, and the list will be reviewed regularly.

- Socially excluded and deprived groups
- BME communities
- Domestic abuse victims and survivors
- Women during and after pregnancy
- Young people leaving care
- Children and young people
- Students
- Older people (especially those who have recently lost long term partners)
- People who misuse drugs and alcohol
- Veterans
- LGBT
- People experiencing financial crisis
- People experiencing relationship difficulties
- Offenders/ex-offenders

6.14 A key part of the public consultation will be to ask whether these are the right groups to be identified. More detail on each of the selected groups will be added after the consultation process

6.15 <u>Priority iii Reduce access to the means of suicide</u>

Research has shown that work to reduce the availability and lethality of suicide methods is effective in preventing deaths. Suicidal intent can fluctuate with time and therefore actions which make it more difficult for people to take their own life can prevent deaths by deterring suicide until the level of intent subsides.

6.16 At the national level, restrictions on the amount of paracetamol products which can be bought in one transaction, and the fitting of catalytic converters on cars as

standard, have been credited with reducing the number of suicides by poisoning and inhalation respectively.

6.17 At a local level, the Suicide Prevention Steering Group includes members from KMPT and Network Rail, two organisations who continue to take action to prevent individuals from taking their own lives.

A case study from KMPT will be included in the final strategy

A case study from Network Rail will be included in the final strategy

6.18 The Suicide Prevention Steering Group will regularly monitor statistics concerning the method and location of suicides in Kent to establish whether further action is needed to reduce the access to particular means of suicide.

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

Research has shown that family and friends bereaved by suicide are at an increased risk of mental health and emotional problems (Qin et al 2002). There is evidence (De Groot et al. (2007) that suggests referral to specialist bereavement counselling and support can be helpful for people who pursue help.

6.20 It is therefore vital to have in place effective and timely emotional and practical support for families bereaved or affected by suicide to support recovery and reduce the risk of longer-term emotional distress.

6.21 Voluntary sector charities and organisations can be particularly effective in supporting bereaved families and GPs, primary care professionals and other agencies need to be attentive to the vulnerability of family members and aware what support is available.

6.22 Post-suicide interventions for schools have also been created by organisations such as the Samaritans and Voluntary Action Within Kent. The SAFE initiative encourages young people within their schools to consider their mental health and signpost those who would like to seek more support. Through peer to peer support and signposting, the project aims to break down the stigma surrounding mental health.

This priority will be a particular focus within the consultation process. Key principles and activities will be added to this section as a result of the consultation.

6.23 Priority v Support the media in delivering sensitive approaches to suicide and suicidal behaviour

The media have a significant influence on behaviours and attitudes and there is evidence that the reporting and portrayal of suicide can lead to copycat behaviour among young people and those at risk (Owens et al. 2011).

6.24 It is important that the media is supported to raise awareness to prevent suicides. For example, campaigns focused on World Suicide Prevention Day could be promoted each year.

6.25 The media also needs to be monitored in relation inappropriate reporting of suicide and support should be given to help them improve their coverage.

6.26 While social media and some internet sites have been used to promote suicidal ideology, the internet can also be used as an opportunity to reach out to vulnerable individuals who would otherwise be reluctant to seek support. It can also expand the availability of sources to support vulnerable people online. This strategy advocates responsible use of social media and the internet to support vulnerable people.

6.27 The Suicide Prevention Steering Group will continue to develop relationships with representatives of the media in order to develop new systems for monitoring and improving the reporting of suicide coverage in the media.

6.28 Priority vi Support research, data collection and monitoring

6.29 Ensuring that there is reliable and timely data on suicides and self-harm is vital when deciding how to prioritise actions. The Suicide Prevention Steering Group will regularly review and share available data on suicides in Kent and Medway to be sure that the correct priorities are being addressed.

6.30 The Group will also utilise other data sources that are not routinely or systematically reported. This is likely to include data from the coroner's office, Kent Police, Network Rail and Kent and Medway Social Care Partnership Trust (KMPT). The data should be regularly monitored by key partners and relevant actions will be taken.

6.31 Having an awareness of the research that has been conducted around suicide prevention is also fundamental to improve understanding of risk groups and developing and evaluating interventions that can be effective in preventing suicides. This awareness can be improved by utilising working relationships with academic institutions, who could disseminate relevant research, journal articles, reports and publications to key stakeholders working to prevent suicides in Kent and Medway.

6.32 For example, Canterbury ChristChurch have recently undertaken an evidence review on older people and suicide. This work has been presented to the Steering Group and has been considered as part of this strategy development process.

Appendix 1 Trends in suicide rates by CCG

Figures x-x show the trends in mortality from suicide and undetermined causes from between 2002 and 2013 for the different CCGs across Kent and Medway. The highest numbers are in South Kent Coast and Thanet, and the lowest in Ashford and Medway, although no CCG areas are statistically higher or lower than any others for the given time period.

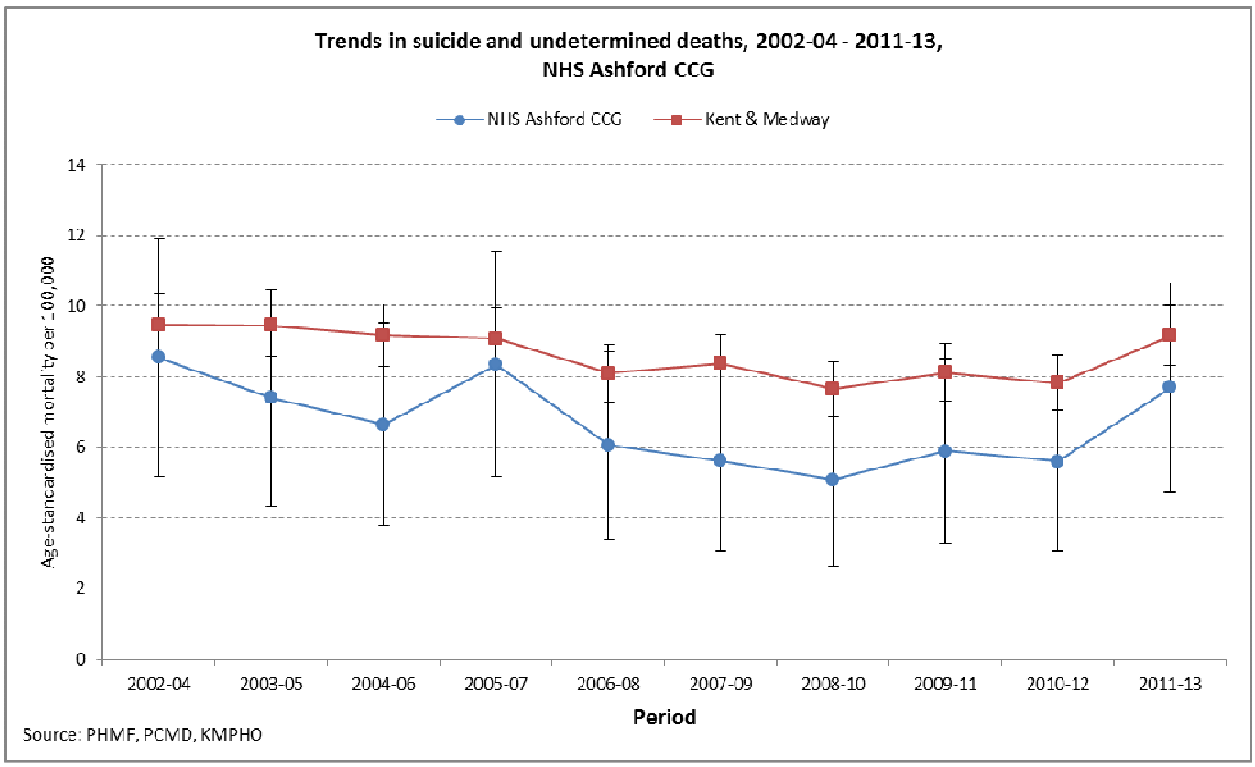


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Ashford CCG

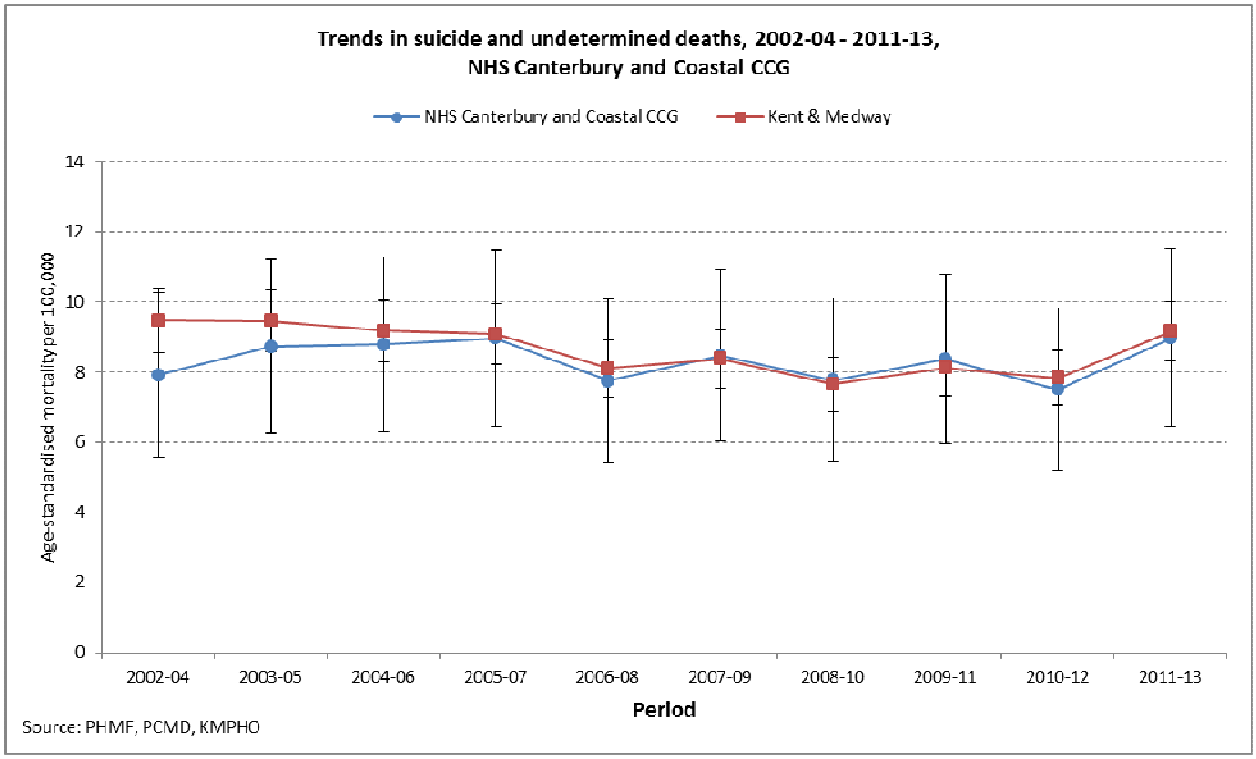


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Canterbury and Coastal CCG

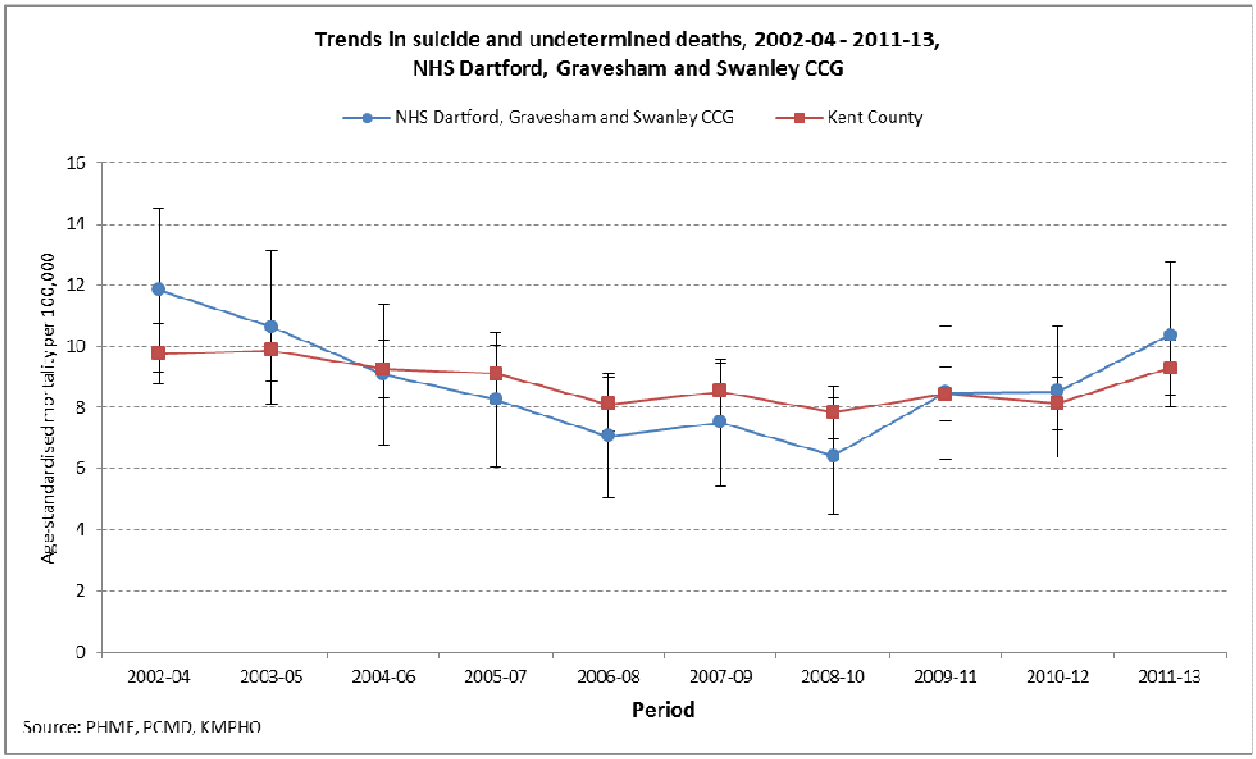


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Dartford, Gravesham and Swanley CCG

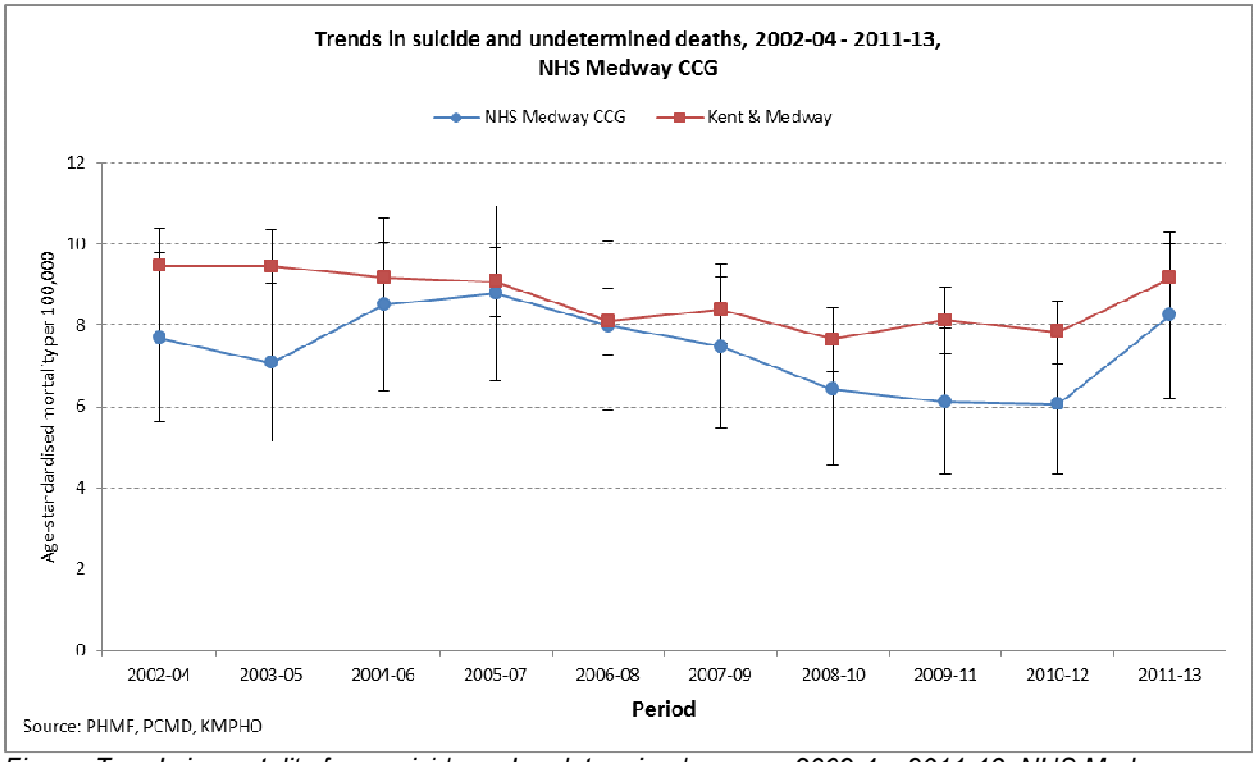


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Medway CCG

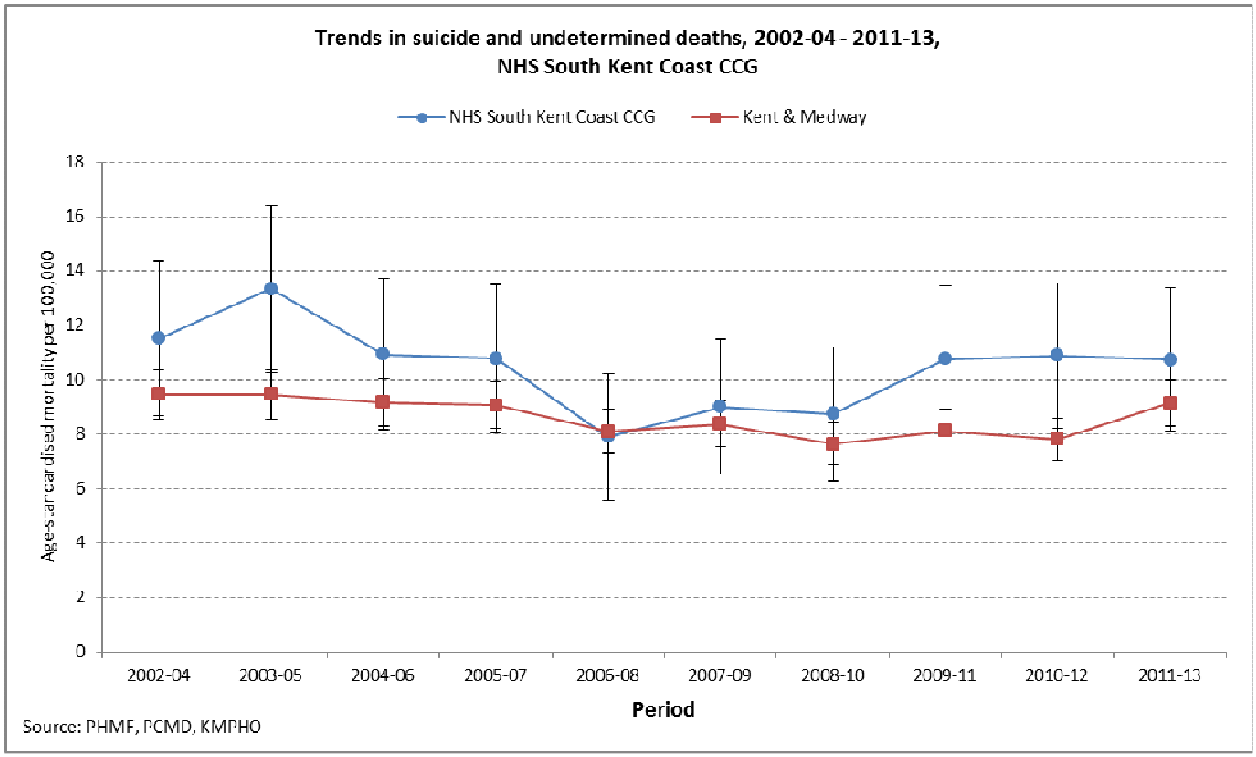


Figure :Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS South Kent Coast CCG

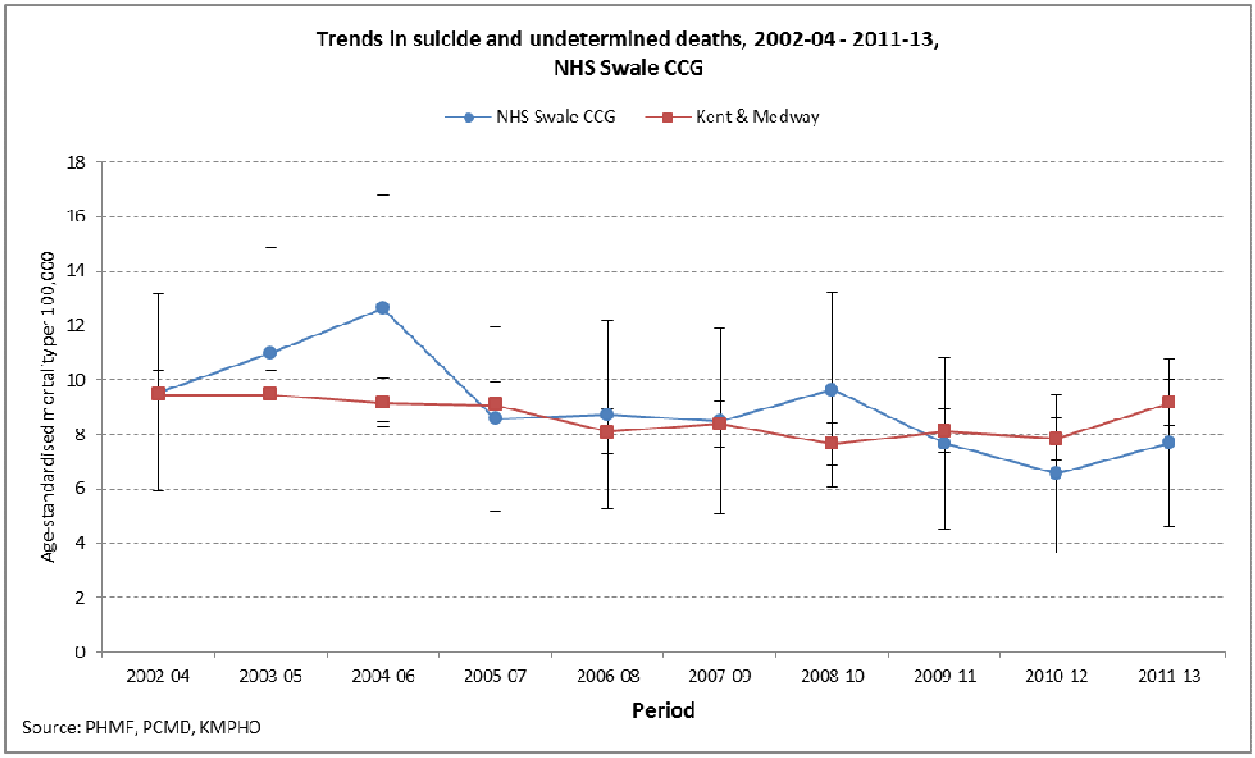


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Swale CCG

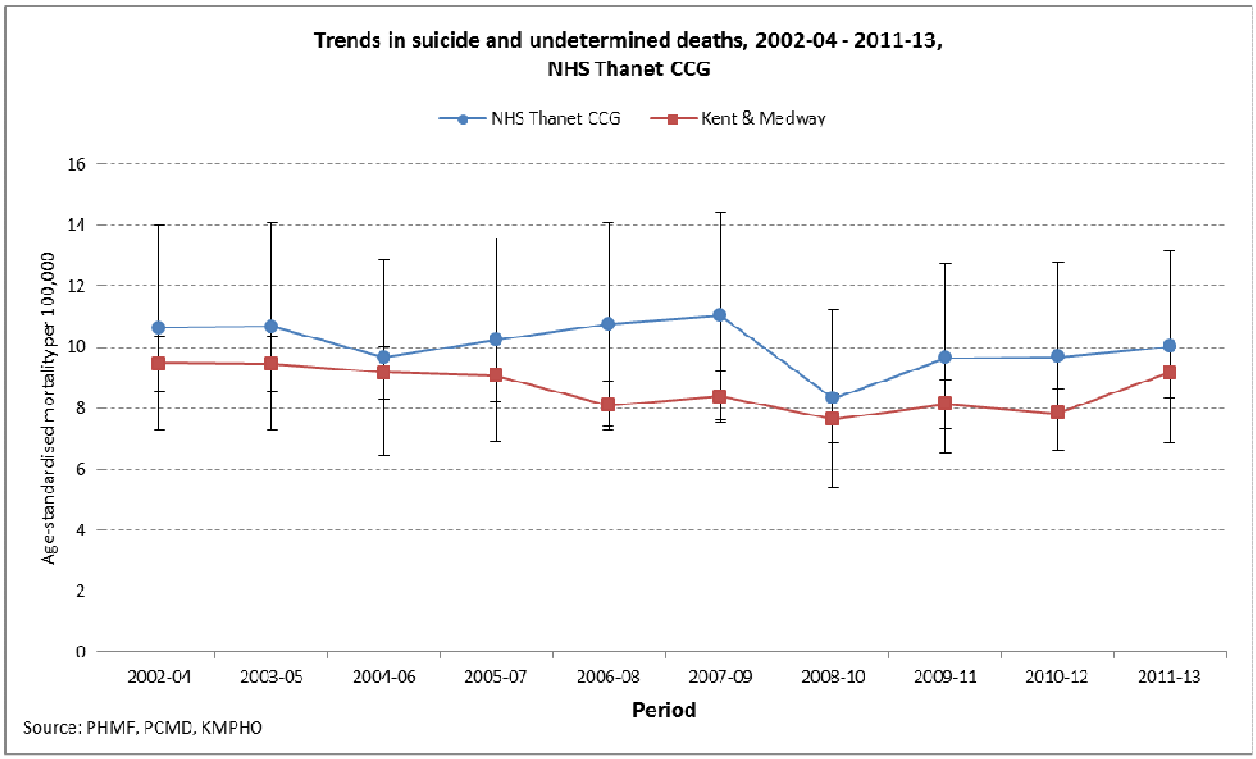


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS Thanet CCG

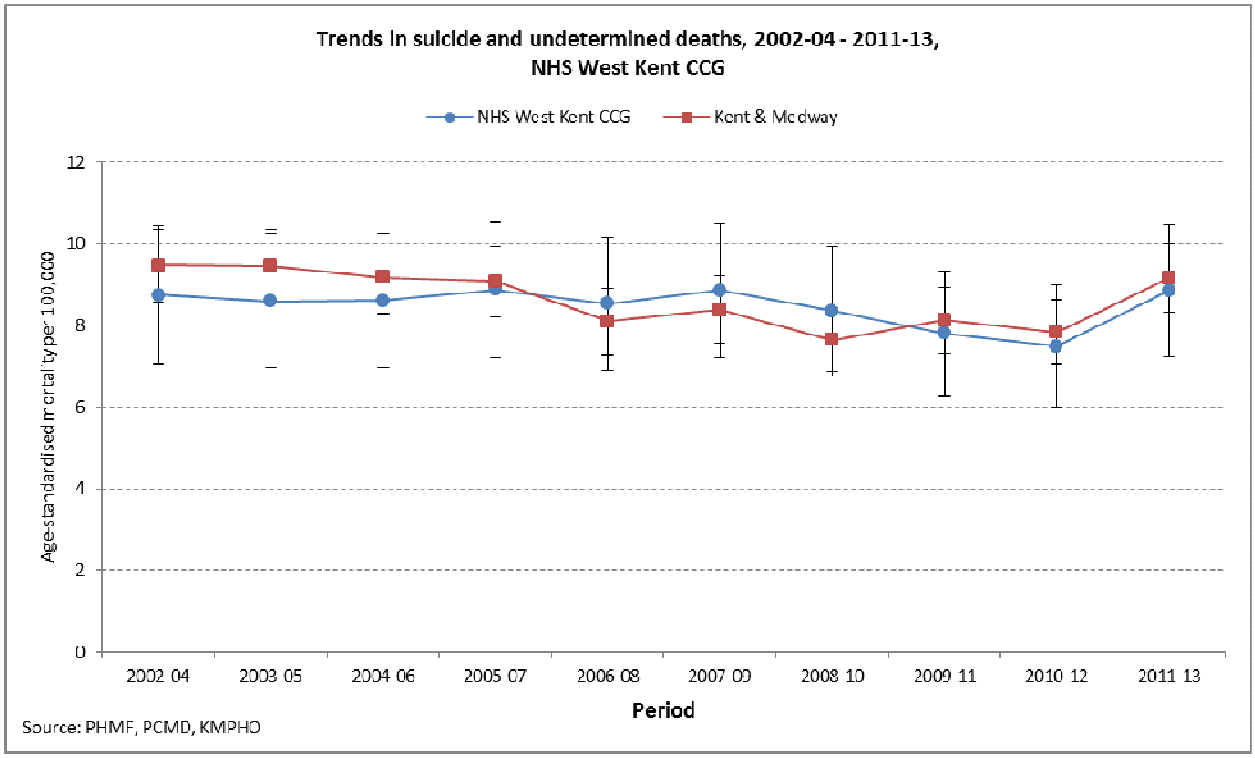


Figure : Trends in mortality from suicide and undetermined causes, 2002-4 – 2011-13, NHS West Kent CCG

The rest of the Appendices will be completed within the final Strategy

Appendix 2 Membership of the Kent and Medway Suicide Prevention Steering Group
Appendix 3 Review of responses to the public consultation as part of the development of this strategy
Appendix 4 Equality Impact Assessment