

HEALTH AND ADULT SOCIAL CARE OVERVIEW & SCRUTINY COMMITTEE

17 AUGUST 2021

KENT AND MEDWAY SUICIDE PREVENTION STRATEGY FOR ADULTS

Report from: James Williams, Director of Public Health

Author: Colin Thompson, Consultant in Public Health

Summary

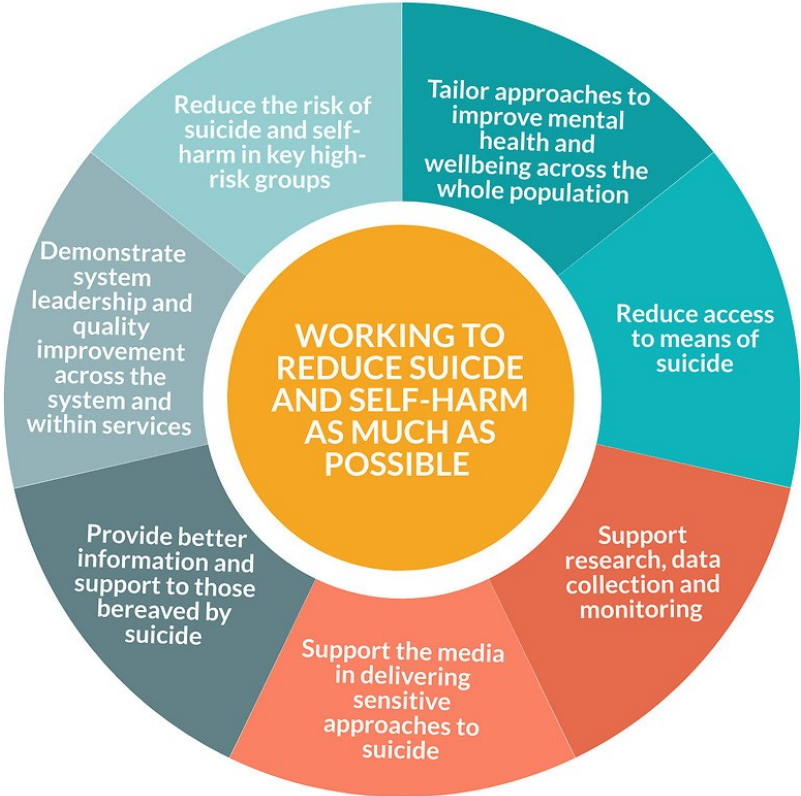
This report updates Members on the Kent and Medway Suicide Prevention Strategy for Adults. There is a separate strategy for Children and Young People, which has been presented to the Children and Young People Overview and Scrutiny Committee. It also includes the summary outcomes from local consultation and changes made in line with feedback received.

1. Budget and policy framework
 - 1.1. The funding for suicide prevention programme comes from NHS Kent and Medway Clinical Commissioning Group (CCG). The amount is approximately £480K annually across Kent and Medway.
 - 1.2. The oversight of the suicide prevention programme within Kent and Medway is provided by a key stakeholder group. This group meets monthly and includes representatives from Medway Council Public Health Department, Kent County Council Public Health Department and Kent and Medway NHS and Social Care Partnership Trust (KMPT).
 - 1.3. Medway Council's strategic priorities includes 'supporting residents to realise their potential'. Preventing suicides specifically correlates to the aspiration of ensuring we have 'resilient families'.
 - 1.4. Theme 4 of the Medway Joint Health and Wellbeing Strategy is focused on improving mental and physical health and well-being. Specific actions within the Strategy include supporting people with mostly good mental wellbeing to consciously maintain a good mental health and to support the implementation of the suicide prevention plan.

2. Background

- 2.1. Suicide is a major issue for society and a leading cause of life years lost. Suicides are not inevitable and while numbers are small, the impact of suicide on families, friends, colleagues and communities is significant.
- 2.2. Compounding the emotional impact of suicide is the financial cost. It is estimated that each suicide costs the economy in England, around £1.67 million, although the full costs are difficult to quantify given individual circumstances.
- 2.3. The Kent and Medway Suicide Prevention Strategy (2015-2020) has been a driver to reduce local suicides. It is led by a Kent and Medway multi-agency suicide prevention steering group. Work to deliver the ambitions within the strategy are led by a Kent and Medway multi-agency suicide prevention steering group. A new strategy for 2020-2025 has been in development and went out for consultation in the spring of 2021.
- 2.4. Effective suicide prevention relies on a multi-agency approach and partnerships. The Kent and Medway Suicide Prevention Network has over 150 organisations, agencies, charities and individuals who offer a unique insight to work to prevent suicides. These organisations and individuals have direct experience of living with suicidal thoughts, self-harm or unfortunately being bereaved as a result of a partner or loved ones suicide.
- 2.5. Following early discussions with Network members, the majority of stakeholders felt the previous 2015-2020 Strategy was effective and therefore evolution was needed rather than a complete rewrite.
- 2.6. There were some changes to the high-risk groups identified in the updated strategy. Middle-aged men continue to be the demographic group which sees the highest numbers of suicides. A real time surveillance system was set up in partnership with Kent Police in the autumn of 2020. It was set up to track the number of suspected deaths by suicide in Kent and Medway in real-time, rather than having the usual time lag due to needing confirmation by the coroner at an inquest. It highlighted the need to focus on high-risk groups, such as people who misuse substances or who have problematic debt.
- 2.7. We have also completed nationally unique research highlighting the links between domestic abuse and suicide (of both victims and perpetrators). Therefore people impacted by domestic abuse are also to be prioritised and considered a high risk group.
- 2.8. The major difference from the 2015 approach is the fact that we have also produced a separate (but aligned) 2021-25 Children and Young People's Suicide Prevention Strategy.

Figure 1 The seven strategic priorities of the 2021-25 Suicide Prevention Strategy



3. Analysis from the public consultation

3.1 How many people responded to the consultation?

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

3.2 Who responded to the consultation?

- Most responses were from individual residents of Kent and Medway. There were 71 responses from residents. Due to the relatively small number it was not broken down into geographic locality.
- A small number of schools, colleges, parish councils and voluntary sector organisations also responded.

3.3 What was the consensus view?

- The vast majority of responses (92%) 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

3.4 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 group 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

3.5 How will the final Strategy reflect the comments received by the consultation?

- Greater emphasis will be given to monitoring the long-term impact of COVID-19 on the mental wellbeing of the population
- The draft Strategy and associated Action Plan have been 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.

4. The Kent and Medway Suicide Prevention Strategy on a page

Preventing suicide in Kent and Medway: 2021-2025 Strategy

Updated strategy following public consultation (with updates in red)

1. Reducing the risk in high priority groups

- We will continue to promote the Release the Pressure social marketing campaign, including the 24 hour helpline and the new text support service.
- Where funding allows, we will support innovative approaches to reduce suicide and self-harm amongst high-risk groups.
- We will ensure more integrated and effective support for individuals with both mental health and substance misuse conditions.
- We will offer more effective and sustained support for individuals who self-harm.
- We will continue to offer a range of free to access suicide prevention or mental health training.

We will also work with all relevant partners on specific projects to reduce the risk of suicide and self harm in high risk groups including:

- Middle aged men.
- People with previous suicide attempts / self harm.
- People known to secondary mental health services.
- People who misuse drugs and alcohol.
- People who are impacted by domestic abuse.
- New high risk groups as identified by real time suicide surveillance.

2. Tailor approaches to improve mental health and wellbeing across the whole population

- We will continue to monitor the impact of Covid-19 on the mental health and wellbeing of the population.
- We will develop and implement a Kent and Medway Mental Health Prevention Concordat for Better Mental Health.
- We will continue our integrated and multi-level approach to reducing suicides within the higher and further education communities in Kent and Medway.
- We will develop increased support for individuals with problematic debt.

We will also work with all relevant partners to improve the mental health and wellbeing in high risk groups including:

- LGBTQI+.
- Military and veterans.
- People with learning disabilities.
- Ethnic and religious minorities.
- Individuals impacted by family breakdown.
- Prisoners and other people in contact with CJS.
- Families of people who self-harm.
- Health care staff (who have worked through the pandemic)
- Young women (particularly pre- and post-natal)
- Children and adults with neuro-development disorders.

3. Reduce access to the means of suicide

- We will strengthen our Real Time Surveillance System, ensuring we can work with partners, such as Kent Police, Network Rail, KCC and Medway Council Highways, Highways England and others to identify, intervene and respond to high risk locations or other means.

4. Support research, data collection and monitoring

- We will review the latest available statistics and evidence about suicide and self-harm.
- We will conduct regular analysis of our 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.

5. Support the media in delivering sensitive approaches to suicide

- We will work with local, national and social media outlets to promote positive stories about mental health and help-seeking behaviours.
- We will monitor media coverage of incidents and remind journalists of the Samaritans' guidelines for reporting on suicide.
- We will ask editors and reporters to amend inappropriate reporting.

6. Provide better information and support for those bereaved by suicide

- We will commission a new Support Service for People Bereaved by Suicide.
- We will also continue to work closely with the charity Survivors of Bereavement by Suicide with the objective of increasing the number of groups there are available in Kent and Medway.

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

- We will continue to develop and strengthen the multi-agency suicide prevention networks.
- We will continue to adopt a whole systems approach to suicide prevention.
- We will work with commissioners and service providers to improve access to high quality service (for examples, through the Community Mental Health Transformation Programme).
- We will design and implement a 'Learning from Suicide' system and structure.
- We will encourage all partners to play their part in suicide prevention.



5. Risk management

- 5.1 There are reputational risks to the Council for not adopting the updated strategy and being part of a programme that is aiming to prevent suicides in the population.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Focus is not maintained on the strategic priorities identified	If focus is not maintained on the key areas of the strategies, it may be difficult to implement the prevention programme effectively	The suicide prevention networks for adults and children and young people will regularly review progress of the strategy	D2

6. Financial implications

- 6.1 There are no direct financial implications for Medway Council. The suicide prevention work programme is funded by NHS Kent and Medway CCG

7. Legal implications

- 7.1 There are no direct legal implications for Medway Council arising from this report.

8. Recommendation

- 8.1. To recommend that Cabinet approve the Kent and Medway Adult Suicide Prevention Strategy on a page, as set out in section 4 of the report.

Lead officer contact

Colin Thompson, Consultant in Public Health, Medway Council,
Telephone: 01634 332633 Email: colin.thompson@medway.gov.uk

Appendices

None

Background papers

None