

CABINET

28 SEPTEMBER 2021

KENT AND MEDWAY SUICIDE PREVENTION STRATEGIES FOR ADULTS AND CHILDREN AND YOUNG PEOPLE

Portfolio Holder Councillor David Brake, Portfolio holder for Adults Services
Councillor Mrs Josie Iles, Portfolio Holder for Children's Services
(Lead Member)

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Summary

This report presents the Kent and Medway Suicide Prevention Strategies for Adults and Children and Young People to the Cabinet for approval. 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 include '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. 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 2021-2025 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 which 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 for Children and Young People

Preventing Suicide in Children and Young People in Kent and Medway: 2021-2025 Strategy

Updated strategy following public consultation (with updates in red)

Actions in **purple** will be funded or led by the Suicide Prevention Team

Actions in **blue** will be funded or led by other partners within the system

1. Reduce the risk of suicide and self-harm in key high-risk groups of children and young people

- We will promote the recommendations made by the 2020 Thematic Analysis into children and young people suicides undertaken by the University of Kent.
- We will continue to provide suicide prevention training for people working with children and young people to increase the probability that high risk individuals will be identified and supported.
- **Where funding allows, we will support innovative approaches to reduce suicide and self-harm amongst high risk groups.**

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

- Children and young people known to mental health services (including the 18-25 transition to adult MH services).
- Children and young people in care and care leavers.
- Children and young people in custodial settings.
- Children and young people with neuro disabilities.
- Children and young people who identify as LGBTQ+.
- CYP 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).

2. Tailor approaches to improve mental health and wellbeing of all children and young people in Kent and Medway

- **We will continue to monitor the impact of Covid-19 on the mental health and wellbeing of the population.**
- We will work with partners to support implementation of the Kent and the Medway Children and Young People Mental Health Local Transformation Plans. We will also support the implementation of the Medway Self-Harm action plan, and the KCC adolescent strategy.
- We will work with partners to ensure that all children and young people have access to a range of easily accessible and evidence-based support services.
- We will support the HeadStart programme to increase resilience amongst children and young people in Kent.
- We will encourage services **and education settings** to adopt a trauma informed care approach.

3. Reduce access to the means of suicide

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

4. Provide better information and support to those children and young people bereaved by suicide

- We will commission a new all-age Support Service for People Bereaved by Suicide.
- We will work with partners to commission a specialist bereavement support service for children and young people.

5. Support the media in delivering sensitive approaches to suicide

- We will work with local media outlets to place positive stories about how children and young people can improve their wellbeing.
- 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. Support research, data collection and monitoring

- We will work with all partners (including the Child Death Overview Panel, Kent Police, NELFT and social care teams) to monitor local data relating to suicide and self-harm. This includes establishing a new real time suicide surveillance system and undertaking Positive Practice Audits where appropriate.
- We will review national research, and undertake our own detailed research projects into relevant topics (including, **online harms**, the impact of domestic abuse and suicide risk amongst young trans people).

7. Demonstrate system leadership and quality improvement in relation to children and young people suicide and self-harm prevention

- We will facilitate the Children and Young People Suicide and Self-Harm Prevention Network ensuring system wide engagement and learning.
- We will invoke the Suicide Prevention Multiple Incident Response Protocol when appropriate to co-ordinate a system wide response.



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. Children and Young People Overview and Scrutiny Committee

- 5.1. The Children and Young People Overview and Scrutiny Committee considered the Strategy for Children and Young People at its meeting on 29 July 2021 and its comments are set out as follows:
- 5.2. The Public Health Consultant introduced the report which presented the draft Kent and Medway Suicide Prevention Strategy for Children and Young People. He referred to the huge impact suicides have on loved ones and explained that of all suicides, around 1/3 were known to mental health services, 1/3 were known to primary care and 1/3 were unknown. He added that the number of children and young people who had committed suicide in the last 3 years could not be reported as it was fewer than 5.
- 5.3. Members then raised a number of questions and comments, which included:
 - 5.3.1. Self harm – in response to a question as to whether the Strategy should have greater priority for those who have attempted suicide and who self harm officers explained that there was an adolescent and self harm action plan specifically for Medway and the development of the action plan that would underpin this strategy would need to closely align with that.
 - 5.3.2. Trajectory of suicide rates – officers confirmed that Medway’s rates of suicide across adults and children were statistically similar when compared to the England average.
 - 5.3.3. Monitoring trends – in response to a question about how officers monitor data and trends, officers confirmed that they receive weekly realtime surveillance data from Kent Police to enable them to identify and address trends quickly.
 - 5.3.4. Faith groups – suggestion was made to include faith groups within the strategy which officers undertook to review
- 5.4. The Committee recommended Cabinet to approve the Kent and Medway Children and Young People Suicide Prevention Strategy on a page, as set out in section 4 of the report.

6. Health and Adult Social Care Overview and Scrutiny Committee

- 6.1. The Health and Adult Social Care Overview and Scrutiny Committee considered the Strategy for Adults at its meeting on 17 August 2021 and its comments are set out as follows:
- 6.2. Members considered a report on the Kent and Medway Suicide Prevention Strategy for Adults, including the summary outcomes from local consultation and changes made in line with feedback received. Following Cabinet approval an action plan would be developed and brought to the Committee.

6.3. The following issues were discussed:

6.3.1. Data – a point was made that the Strategy would benefit from some data and statistics. Members were advised that the Joint Strategic Needs Assessment contained information about the number of suicides and this showed Medway was close to the national average and lower than the Kent authorities. The data on intentional self-harm leading to emergency admission showed Medway was lower than the national average.

6.3.2. Substance misuse – noting an increase in deaths from this and a reduction in funding for the service (both nationally and in Medway), how this was being address was queried. The Director of Public Health commented that the lockdowns had led to more people self-medicating. Alcohol rates had increased in Medway but the completion rate for people seeking alcohol treatment was close to the national average. He felt the key was to have an efficient service which delivered good outcomes rather than just focus on the cost of the service. The reductions in the funding had not impacted on the service's effectiveness.

6.3.3. Innovative approaches to reduce suicide and self-harm among highrisk groups – some concern was expressed that this was qualified by the phrase “where funding allows”. The Director of Public Health commented this was a high-level strategy and mental health was one of the 9 system priorities in Kent and Medway. He added there was a need to look at how to support families and to work in partnership to tackle the wider determinants leading to suicide. How long someone remained as high risk was questioned, and the Director of Public Health responded this would depend on their individual circumstances.

6.3.4. Neuro-development disorders – in response to a question, the Director of Public Health confirmed that the carers of this group of people were included.

6.3.5. Numbers of suicides in Kent and Medway – in response to a request for a breakdown of numbers, the Director of Public Health advised that the data existed but care was needed in analysing it due to a re-categorisation by the coroners service which may have led to an increase in numbers, although rates in Medway were low.

6.4. The Committee agreed 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

7. Health and Wellbeing Board

7.1. The Health and Wellbeing Board considered both strategies at its meeting on 2 September 2021 and its comments are set out as follows:

- 7.2. The Director of Public Health (DPH) introduced the report, highlighting the seven strategic priorities of the 2021 - 25 Suicide Prevention Strategy, and stressed the need to learn from incidents of suicide. Members noted that the Cabinet would consider the Kent and Medway Suicide Prevention Strategies for adoption at its meeting on 28 September 2021.
- 7.3. Members in general expressed support for the report, and they raised a number of questions and comments which included:
- 7.3.1. **High-risk groups** - reference was made to the support needed for three potential high-risk areas/groups:
- a) it was stated that greater emphasis should be given to monitoring the long-term impact of COVID-19 on the mental wellbeing of the affected adults and children including those being impacted as a result of the economic fall-out;
 - b) members of the LGBTQI+ community were referred to, particularly in the context of the time lag in relation to transitioning appointments and the frustration and anxiety this could cause; and
 - c) reference was made to in-service or retired military and veterans who had served the country could get all the support they might need, for example in finding accommodation and getting support to improve their mental health.
- 7.3.2. In response, the DPH pointed out that the Strategies for Children and Young People and for Adults had explicitly included LGBTQ+ communities and military veterans as priority groups. He assured members that joint liaison meetings with respective group representatives were held regularly at local as well as regional levels, which enabled the relevant authority and agencies to provide timely support to people in these groups. There was a view that people impacted by domestic abuse should also be prioritised and considered a high-risk group.
- 7.3.3. **Support for those bereaved by suicide** - in response to a question about when this service would start to be provided, the DPH advised that support was currently available for bereaved family and friends of people who had taken their own lives. He undertook to provide information after the meeting as to when the enhanced support under the newly commissioned service would be provided. This new service would be tailored to meet the needs of service users as the strategy progressed.
- 7.4. Concluding the discussion, the Chairman, being the Portfolio holder for Adults Services emphasised that one suicide was one too many and urged all to stay alert and added that the impact of COVID and the support people needed was a focus for Adult Services.

7.5. The Health and Wellbeing Board agreed to recommend the Cabinet to approve the Kent and Medway Suicide Prevention Strategies on a page, as set out in section 4 of the report.

8. Risk management

8.1. 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

9. Financial implications

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

10. Legal implications

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

11. Recommendation

11.1. The Cabinet is requested to note the comments of the The Children and Young People Overview and Scrutiny Committee, as set out in section 5 to the report, the comments of the Health and Adult Social Care Overview and Scrutiny Committee, as set out in section 6 to the report and the comments of the Health and Wellbeing Board, as set out in section 7 to the report.

11.2. The Cabinet is recommended to approve the Kent and Medway Suicide Prevention Strategies on a page for both Adults and for Children and Young People, as set out in section 4 of the report.

12. Suggested reasons for decision

12.1. The Kent and Medway Suicide Prevention Strategies are a driver to reduce local suicides. The strategies will continue to develop effective suicide prevention by enabling and supporting a multi-agency approach and partnerships.

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Appendices

None

Background papers

None