

Cabinet

10 February 2026

Suicide and Self-Harm Prevention Strategy (2026-2030)

Portfolio Holder: Councillor Teresa Murray, Deputy Leader of the Council

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Summary

This report presents the draft new Suicide and Self-Harm Prevention Strategy for Kent and Medway (2026-2030). The new Strategy was drafted in summer 2025 following more than a year of stakeholder engagement. The strategy went out to formal public consultation from 23 July to 6 October 2025.

A Consultation Report which summarises the key findings from the consultation has been prepared and published online, along with a 'You Said, We Did' document which highlights the changes made following analysis of the consultation responses. Due to the level of support for the strategy – as evidenced in the Consultation Report - these changes are minimal. Changes include amending the wording within the mission statement to avoid use of the word 'resilience', which was considered by many respondents as putting the onus on the individual. Another change was expanding the priority group 'autistic people' to 'neurodivergent people', given the overlaps with other neurodivergent conditions such as ADHD.

The report was considered at the Health and Wellbeing Board on 20 November 2025 and by the Health and Adult Social Care Overview and Scrutiny Committee on 4 December 2025 the draft minutes of which are set out at sections 7 and 8 of the report below.

Approval to adopt the Suicide and Self-Harm Prevention Strategy for 2026-2030 was given at the Kent County Council's Adult Social Care and Public Health Cabinet Committee meeting on Wednesday 21 January 2026.

Once the Strategy has gone through Medway Council it will undergo the final minor amendments to text, which will include adding the name of the ICB contact once confirmed, and correcting any typing or formatting errors. It will then be available for partners to publish.

1. Recommendations

- 1.1. The Cabinet is asked to note the comments made by the Health and Wellbeing Board on 25 November 2025 and by the Health and Adult Social Care Overview and Scrutiny Committee on 4 December 2025, the draft minutes of which are set out at sections 7 and 8 of the report.
- 1.2. The Cabinet is asked to approve the draft Suicide and Self-Harm Prevention Strategy for Kent and Medway (2026-2030), as set out at Appendix 1, subject to final minor amendments to text as set out within the report, being made prior to publication.

2. Suggested reason(s) for decision

- 2.1. Adoption of the 2026-2030 suicide and self-harm prevention strategy will shape the direction of the Kent & Medway Suicide Prevention Programme's work for the next five years.
- 2.2. The Suicide Prevention Oversight Board, which includes representatives from Medway Council, Kent and Medway Mental Health NHS Trust, and the ICB (who fund this programme) are fully supportive of this proposal.

3. Budget and policy framework

- 3.1. Since 1 April 2013, local authorities have been responsible for improving the health of their local population and for public health services.
- 3.2. The national Suicide prevention strategy for England: 2023 to 2028 delivered a firm commitment to see the number of suicides in England decrease within 2 and a half years at the very latest.
- 3.3. The budget for the Suicide Prevention Programme in Kent and Medway comes wholly from the Integrated Care Board.

4. Background

- 4.1. The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026-30 is the continuation of the work undertaken as a result of the 2021-2025 Kent and Medway Suicide Prevention Strategy and combines local data about who is dying by suicide in Kent and Medway with national research and policy direction.
- 4.2. Unlike the existing Strategy (2021-2025), the Suicide and Self-Harm Prevention Strategy for 2026-2030 encompasses both Adults, and Children and Young People (CYP) as opposed to creating a separate Strategy for both. The new Strategy sets the same eight priorities for both groups, but across two separate action plans, in recognition of the need for a slightly different approach for each.

- 4.3. The draft Suicide Prevention Strategy 2026-30 was developed by the Kent and Medway Suicide Prevention Programme, which is hosted by KCC's Public Health department and funded by the Kent and Medway Integrated Care Board. The strategy group also includes Medway Council Public Health Team and representatives from the Integrated Care Board and the Kent and Medway Mental Health Trust.
- 4.4. 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 result of this Strategy.
- 4.5. The vision of the new strategy is that Kent and Medway becomes a place where the number of people dying by suicide is reduced as much as possible. Our aim is for the Kent and Medway suicide rate to be below the national average by 2030 (if not sooner).
- 4.6. The mission of this strategy is to make Kent and Medway a place where hope is always available to anyone, no matter what they are facing. Specifically, we would like to have achieved the following by 2030:
- Children and young people in Kent and Medway to feel empowered and able to cope with life's normal ups and downs, but knowledgeable enough and confident enough to reach out for more support when they need it.
 - Adults in Kent and Medway to know how to look after their own emotional wellbeing but to feel comfortable and able to seek more help when necessary.
 - All agencies (statutory, voluntary, community) to work collectively to ensure support and help is available to those who need it.
 - All agencies to share knowledge and support each other to learn what works in helping people get the support they need.

5. Risk management

Risk	Description	Action to avoid or mitigate risk	Risk rating
Funding restrictions	Financial restraints on public services may lead to cuts to services and programmes that are currently in place to reduce self-harm and suicide.	Leaders and people making financial decisions acknowledge the immediate and longer term financial impact of suicide and self-harm on health, care, education and workplaces	BII

Risk	Description	Action to avoid or mitigate risk	Risk rating
Lack of partner support	Cost of living crisis creating a shift in partners priorities around reducing suicide and self-harm and not recognising it as a priority for everyone	Keep partners educated on key connections between suicide and self-harm and cost of living	CII
The draft strategy is not met with approval	The strategy would need to be revised, which would delay its implementation, which is currently planned for early 2026.	<p>Stakeholders have been invited to influence the new strategy through a range of means and methods coordinated through the Suicide Prevention Networks.</p> <p>It has been taken through various governance channels, including KCC's Health Reform and Public Health Cabinet Committee (1 July 2025) and the Children & Young People's Departmental Management Team meeting on 14 May 2025.</p> <p>A consultation was open to the public for 10.5 weeks and yielded 149 responses, which will be used to amend and finalise the strategy.</p>	CIII

For risk rating, please refer to the following table:

Likelihood	Impact:
A Very likely	I Catastrophic
B Likely	II Major
C Unlikely	III Moderate
D Rare	IV Minor

6. Consultation

6.1. Full details can be found at: [The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026-2030 | Let's Talk Kent](#)

6.2. Appendix 2 to the report, provides a summary report of the feedback from the public consultation period.

7. Health and Wellbeing Board

- 7.1. The Health and Wellbeing Board considered the strategy at its meeting on 20 November 2025 and the draft minutes from the discussion are set out as follows:
- 7.2. The Senior Project Officer, Kent and Medway Suicide Prevention Programme (KCC Public Health) introduced the report and informed the Board that the Strategy had been developed in conjunction with the network which was made up of approximately 250 members. This was a single strategy for children and adults which had specifics for each cohort. Whilst this was a draft document, it was not anticipated that there would be significant changes to the final document and was a good reflection of what the final document would contain, and the public consultation period showed a strong level of support for the content.
- 7.3. Members raised a number of questions and comments which included:
 - 7.3.1. **Suicide rates** - Concern was raised that in the last 5 years, approximately 750 lives had been lost as a result of suicide in Kent and Medway, with 75% being men and 14% being under the age of 25.
 - 7.3.2. **Collective approach** - The collective focus on prevention was the right approach, and it was important for all services to be mindful as to how and what support was put in place, to create a safe space to enable people to speak up and seek support.
 - 7.3.3. **Social media** - Additionally, continuous lobbying for restrictions on social media was vital due to the detrimental effects on young people's mental health and those that were neurodiverse. The officer in attendance commented that the first national suicide strategy was in 2002 and there had been significant growth of the agenda. There were also various initiatives targeted at men to break through the stigma associated with prevalence of suicide in men.
 - 7.3.4. **Medway** - it was noted that this report was a Kent and Medway report, and it was asked what specific plans were in place to address issues in Medway, given that Medway had its own specific challenges, as its suicide rates were higher than that of Kent. The Board was informed that the data in the report was data from the 2024 publication of the Office of National Statistics and that in the recent publication from September 2025, Kent and Medway data showed a decline.
 - 7.3.5. However, it was vital to be careful not to rely on statistics as data was recorded in different ways. The key message was to be proactive with activities and ensure that responses were reactive, in particular, if a trend was noticed in specific areas and demographics, for targeted work to take place such as increased communications on access to support. The priority and focus was on supporting as many people as possible and investment on preventative work. It was however difficult

to measure impact as the number of lives lost would always be known as the data is quantifiable, but the amount of suicides prevented was not always known unless people chose to share that they had felt suicidal.

7.3.6. The Head of Health and Wellbeing Services added that that whilst there were challenges working across Kent and Medway, this was a Kent and Medway Strategy that benefitted from a strong partnership approach, with 3 weekly meetings across the network. There was strong working relationships with Network Rail, who actively engaged in learning, and the security guards at the Pentagon were to be commended for their hard work and efforts which were recently recognised at the Better Medway Awards. The current data (from the 2025 publication by the Office of National Statistics) showed that there had been a decline in suicides within Kent and Medway from 12, to 10.3 per 100,000 of the population of Medway.

7.3.7. **Self harm** – in response to comments on the prevalence of self-harm in young people as it had been noted that hospital admission for self-harm was higher than the national average, the Director of Public Health informed the Board that a project on self-harm between 10 – 24 years olds had just been completed. A briefing note would be shared on the findings and consideration was being given to the usefulness of the digital offer for the age group on emotional regulation and self-harm.

7.3.8. **Training** – it was asked that as this strategy was multiagency would mandatory training be put in place, in particular for front line staff. The Board was informed that Suicide Awareness training had been commissioned, which was not mandatory, but all partners were being encouraged to take part and promote it within their organisations. This training was not just for professionals and could be accessed by anyone in the community. It was vital that everyone should be equipped to feel confident to talk about suicide and develop the skills to ask appropriate questions.

7.3.9. The Board noted the report.

8. Health and Adult Social Care Overview and Scrutiny Committee

8.1. The Health and Adult Social Care Overview and Scrutiny Committee considered the strategy at its meeting on 4 December 2025 and the draft minutes from the discussion are set out as follows:

8.2. Discussion:

The Strategic Head of Service Public Health introduced the report on behalf of the strategic cross county Suicide Prevent Group, which meets every three weeks and work in collaboration on the production of the strategy and delivery of the actions. This was a single strategy for children and adults which had specific individual strands for each cohort. The core elements of the strategy

were a strong focus on training as well as campaigns such as 'release the pressure.' The strategy also detailed the link between poverty, self-harm and suicide and also focused on access to support and bereavement services.

- 8.3. The Committee was shown a video on 'the Kent and Medway Baton of Hope' which was part of the 2025 nationwide Baton of Hope Tour, the world's biggest suicide prevention campaign.
- 8.4. Members then raised a number of questions and comments, which included:
 - 8.4.1. The Baton of Hope campaign – the campaign was commended for being inspirational and Medway for being part of such a campaign raising awareness on an important topic that affected many lives.
 - 8.4.2. Use of language - comment was made that the use of terminology such as 'committing suicide' needed to be addressed as the word 'committing' alluded to 'breaking the law.' It was, however, important that people continued to feel confident and have space to hold open and frank conversations about self-harm and suicide.
 - 8.4.3. Support for male victims of domestic abuse – in response to a question regarding what support there was for male victims of domestic abuse, the officer undertook to provide a detailed briefing note.
 - 8.4.4. The role of charities and the community – it was commented that many charities and organisations also did a lot of work to raise awareness and should be commended for all their hard work. In addition to the work being undertaken by organisations and services, it was acknowledged that we all had a duty of care as individuals to others in society to raise awareness and engage in conversations regarding self-harm and suicide to dismantle the taboo around this topic.
 - 8.4.5. Single strategy – it was asked how confident the teams were in the decision to have a single strategy for children and adults and the officer said that this was the first time the two had been merged and self-harm included in the strategy. It was however pointed out that although the strategy was overarching, the action plans underpinning the strategy were different for children and adults.
 - 8.4.6. Railway suicide - in response to comments regarding how suicide involving the railway was often covered in the press, with concern as to how access areas were highlighted, the officer acknowledged that more work needed to be undertaken to address this. It was further asked how effective the partnership was with Network Rail and the officer said that rail operators were extremely supportive and reactive to incidents. There was significant work being undertaken behind the scenes on preventative work by rail operators who also provided high standards of training and resource for their staff.

8.4.7. Suicide rates – it was commented that the suicide rate for Medway was higher than Kent and that it was concerning that this was not a Medway specific strategy. The officer said that since publication of the strategy, the current data (from the 2025 publication by the Office of National Statistics) showed that there had been a decline in suicides within Medway from 12, to 10.3 per 100,000 of the population of Medway. Whilst there were challenges working cross county, this was a strategy that benefitted from a strong partnership approach and the network meetings were well attended by partners. Additionally, whilst Medway and Kent worked together strategically, the actions included separate local actions when appropriate.

8.4.8. Targeting particular communities – it was commented that some communities did not speak about self-harm and suicide and that some faith groups did not always recognise mental health issues, which was a factor in suicides. Additionally, some faith groups were reluctant to reach out for help, and it would therefore be beneficial to target awareness and the training offer to those groups. The officer said that Ward Councillors had contact with hard to reach groups and would be instrumental in getting the message across. All Councillors were encouraged to raise awareness in the community and to contact officers with any ideas and suggestions to connect with hard to reach groups.

8.5. Decision:

- a) The Committee noted the report and recommended the Strategy, as set out at Appendix 1 to the report, to the Cabinet for approval.
- b) Officers were requested to provide a briefing note on domestic violence support for men in Medway.

9. Climate change implications

9.1. There are no climate change implications from this report.

10. Financial implications

10.1. There are no direct financial implications arising from the recommendations in this report. The budget for the Suicide Prevention Programme in Kent and Medway comes wholly from the ICB.

11. Legal implications

11.1. There are no direct legal implications arising from this report.

Lead officer contact

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Appendices

Appendix 1 (Draft) Suicide and Self-Harm Prevention Strategy 2026-2030

Appendix 2 KM Suicide Prevention Strategy Consultation Report

Appendix 3 KM Suicide Prevention Strategy Consultation, 'You Said, We Did' report.

Background papers

[Suicide and Self Harm Data Evidence Update](#)

[The Kent and Medway Suicide and Self-Harm Prevention Strategy 2026-2030](#)

[Equality Impact Assessment for Suicide and Self-Harm Prevention Strategy 2026-2030](#)

[Suicide prevention strategy for England: 2023 to 2028](#)

[Kent County Council's Adult Social Care and Public Health Cabinet Committee meeting on Wednesday 21 January 2026](#)