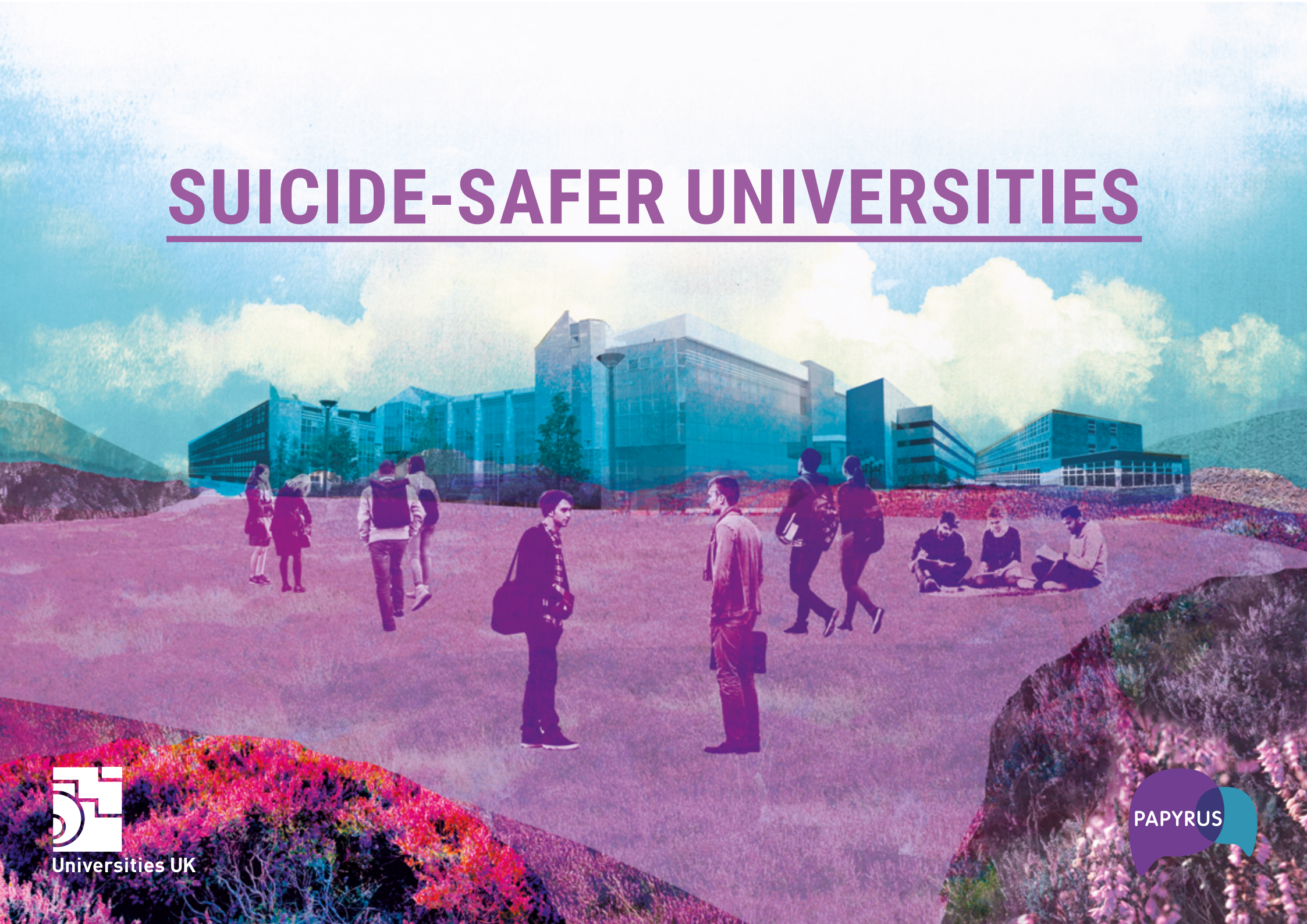


SUICIDE-SAFER UNIVERSITIES



Universities UK

PAPYRUS



Hugh Brady

Vice-Chancellor, University of Bristol



Nina Clarke

Deputy CEO, PAPYRUS
Prevention of Young Suicide

ACTION

At least 95 university students took their own lives in 2016–17 (ONS, 2018). Suicides are not like other sudden deaths. As well as being devastating for family and friends, suicides at university profoundly impact the student and staff community.

We are asking all higher education leaders to make a commitment to suicide-safer universities.

This guide provides a framework to understand student suicide, mitigate risk, intervene when students get into difficulties, and respond to these tragic deaths. It sets out the steps you can take to make your community suicide-safer.

We urge you to adopt this as your personal priority. Work with your student support directorates, to develop a specific suicide prevention-intervention-postvention strategy, as a distinct component of your overarching institutional mental health strategy. Engage students and staff in this – especially personal tutors and anyone with a student-facing role. Encourage visible support from your senior team. Build on existing relationships with your local authority and NHS to develop a multi-agency action plan. Make this everybody's business.

Do it now. You may well save a young person's life.

IMPACT



*Catherine
Perrin-Griffiths*

21-year-old student nurse on a mission to help young people struggling with mental health issues

"I have struggled with my mental wellbeing from a very young age. I now know there's a light at the end of the tunnel, but life seemed very dark when I was younger. Looking back, it was a very bumpy ride. I heard about hopelineUK, and felt so relieved from the first time I spoke to them on the phone. The advisors understood me, allowed me time to think carefully and clearly about where I was in my life, and why I was feeling the way I was. They helped me to help myself. From then, I began to value myself more. It was a long journey. I want to shout loud that it's OK to say 'I'm not OK' and, that seeking help should be something that is admired. We need to talk more and ask more."



IMPACT



James Murray
Father of Ben Murray

"Our youngest son Ben took his own life on 5th May 2018. He was 19 and in his first year at university. His death was a shock to all of us. We have a mantra to help manage our devastation: to accept his decision – we will never know the pain or despair in his mind – to celebrate the happy memories, and to learn from his life.

We learned that mental distress can be very difficult to detect. Spotting outward signs of vulnerability that point to inner distress, is a challenge for staff, parents and the whole community. Our grief is accompanied by the conviction that had we known his predicament at university, we could have done something and by the determination that we learn from Ben's death to help prevent others."



IMPACT



Clare Dickens
Senior Lecturer
in Mental Health,
University of
Wolverhampton

"Anyone can experience emotional distress or mental health problems. The important thing is to know that you can get through tough times and know how to seek support. Emotional intensity will pass and those stresses that are building your emotional intensity can be heard and resolved. This will pass, and this will get better."



Professor Steven West CBE

Vice-Chancellor,
President and Chief
Executive Officer,
University of the
West of England

"When students take their own lives, it has a profound impact on family, friends, staff and students. As a vice-chancellor – but also as a father of five – my immediate thoughts are how to best support those most affected. Family members, friends, staff and students all need support, their questions answered, and time to grieve. The hardest questions I am asked are why did this happen and how could we have prevented it? For each of these tragic deaths, we need to ensure we learn and improve what we do to support the mental health and wellbeing of our students and staff."

AT LEAST 95
UNIVERSITY
STUDENTS
TOOK THEIR
OWN LIVES
IN ENGLAND & WALES
IN 2016-17

NEARLY 1 IN 4 YOUNG PEOPLE WILL EXPERIENCE SUICIDAL FEELINGS AT LEAST ONCE IN THEIR LIVES. 1 IN 20 WILL TRY TO TAKE THEIR OWN LIFE.

EACH SUICIDE AFFECTS A MUCH WIDER CIRCLE OF AROUND **135 PEOPLE.**

SUICIDE IS **THE BIGGEST** CAUSE OF DEATH IN YOUNG ADULTS.

STUDENT DEATH BY SUICIDE IS **A GLOBAL CHALLENGE** WITH REPORTED RATES **IN THE USA, CHINA AND OTHER COUNTRIES** BEING SIMILAR TO OR EVEN HIGHER THAN THE UK.

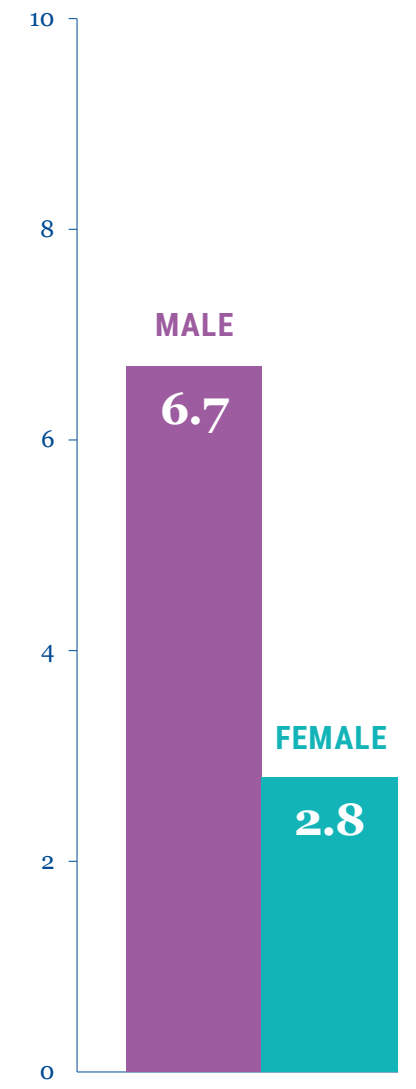
THE SUICIDE RATE IS **EVEN HIGHER** OUTSIDE UNIVERSITIES.

ONLY 1 IN 3 PEOPLE WHO DIE BY SUICIDE ARE KNOWN TO MENTAL HEALTH SERVICES.

Rate per 100,000 of higher education student suicides by year, deaths registered in England and Wales, between the 12 months ending July 2001 and the 12 months ending July 2017



Rate of student suicides by gender



Source: ONS 2018

WHAT WE KNOW ABOUT SUICIDE

Stopping the transition from thought to action



HAVING SUICIDAL
THOUGHTS

CREATING
A PLAN

ATTEMPTING
SUICIDE

- Suicidal thoughts should never be treated as attention-seeking
- Heightened suicide risk is most often short-term and situation specific
- Asking whether someone is feeling suicidal does not create or increase risk. It may have the opposite effect
- How we talk about suicide is important: use words that do not stigmatise or criminalise
- Those bereaved by suicide often receive little support even though they are at increased risk of suicide
- Preventing suicide is everybody's business involving multi-agency teams across multiple settings
- Many suicides are preventable via interventions that build community resilience and target higher risk groups
- Restricting access to means and high-frequency locations works
- Responsible media reporting saves lives; in contrast, irresponsible and sensationalist reporting is known to increase suicide risk

DETERMINANTS AND RISKS

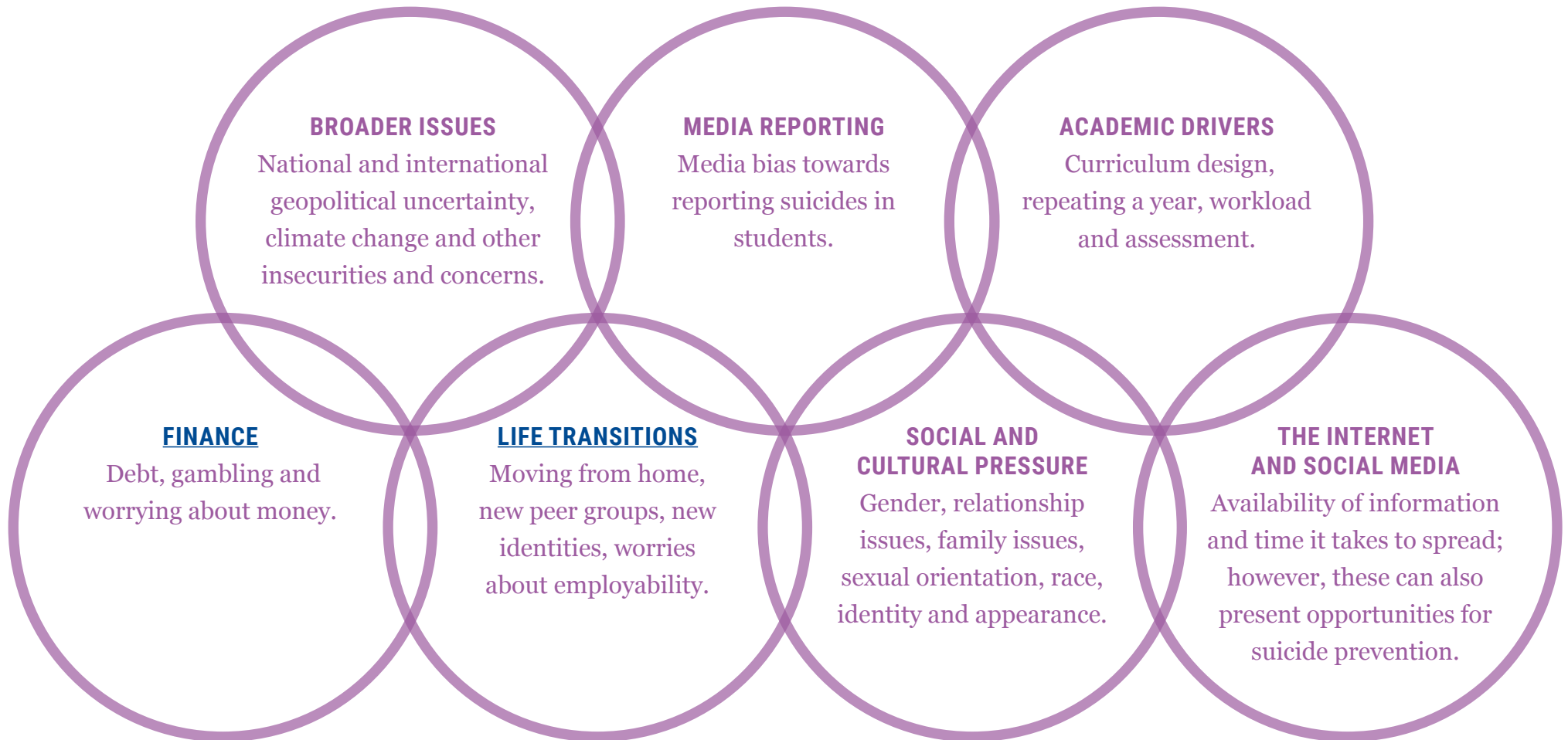
Although a range of situations and characteristics may heighten risk, some students take their own lives without being known to be in distress or having an established risk profile. Two out of three suicides happen without previous contact with mental health services and in some of these cases the individuals involved do not fall into recognised high-risk groups.

Suicide prevention, intervention and postvention must focus on whole populations to build aware and compassionate communities. It should form part of broader action to tackle the situational determinants of mental distress, as well as an individual's capacity to stay well and confidence to ask for help when needed.

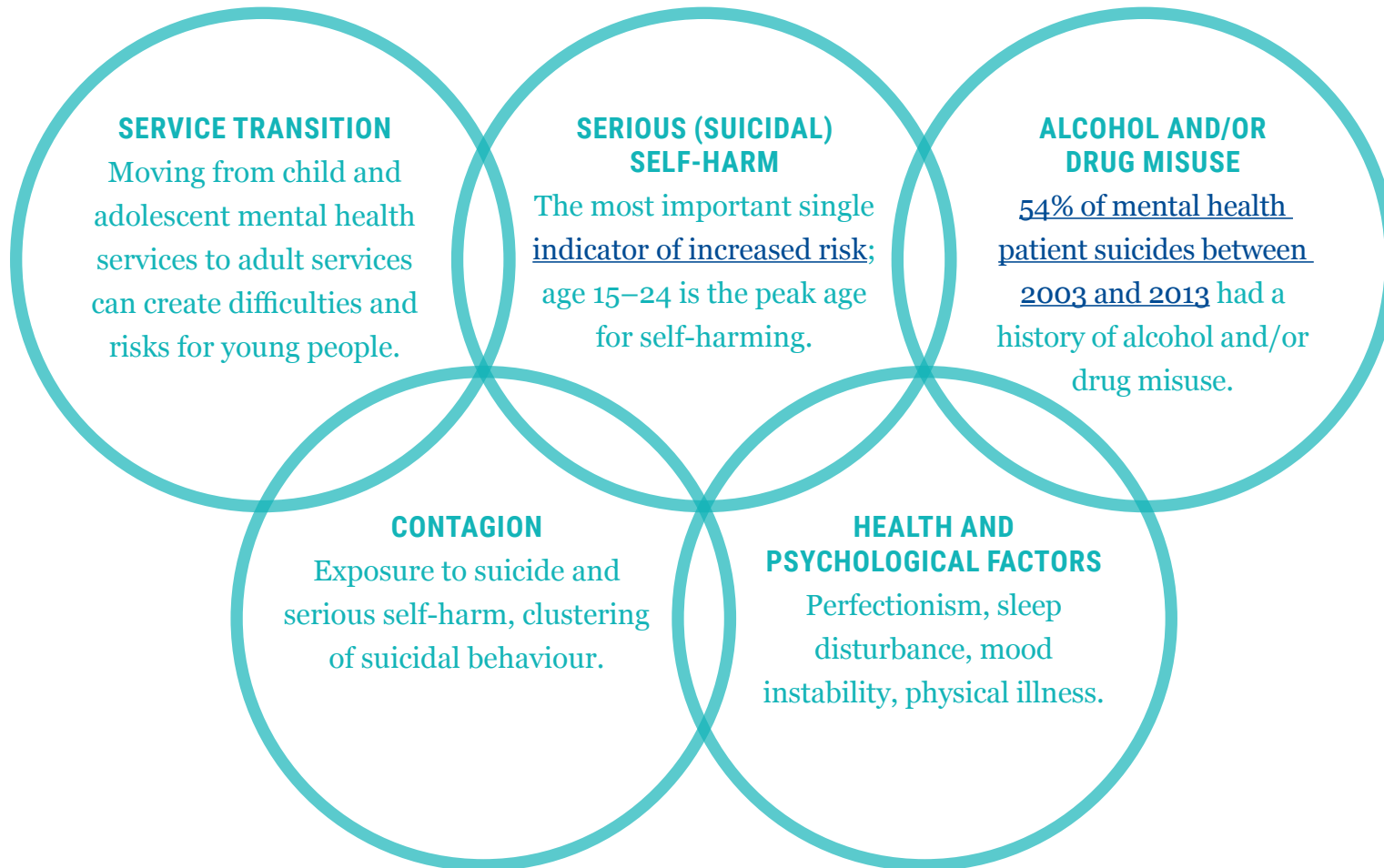
There is much that we do not know about suicide in the student population. To understand the scale of the problem and to learn from these tragic deaths, there is a need for more systematic and accurate data, and more in-depth research studies of students who die by suicide and students who self-harm.



FACTORS THAT MAY INCREASE MENTAL DISTRESS:



RISKS:



GROUPS AT HIGHER RISK:

Those who have been bereaved or affected by suicide in others may have a higher risk of suicide.

Asylum-seekers and refugees have higher risk levels.

Lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) young people exhibit more suicidal behaviour than those who do not identify as LGBTQ+.

People with experience of abuse, trauma, conflict or disaster including bullying, cyberbullying, and peer victimisation are at higher risk of suicide.

Male students are more than twice as likely to take their own lives than females. However, more women than men have been found to self-harm.

STUDENT MENTAL HEALTH

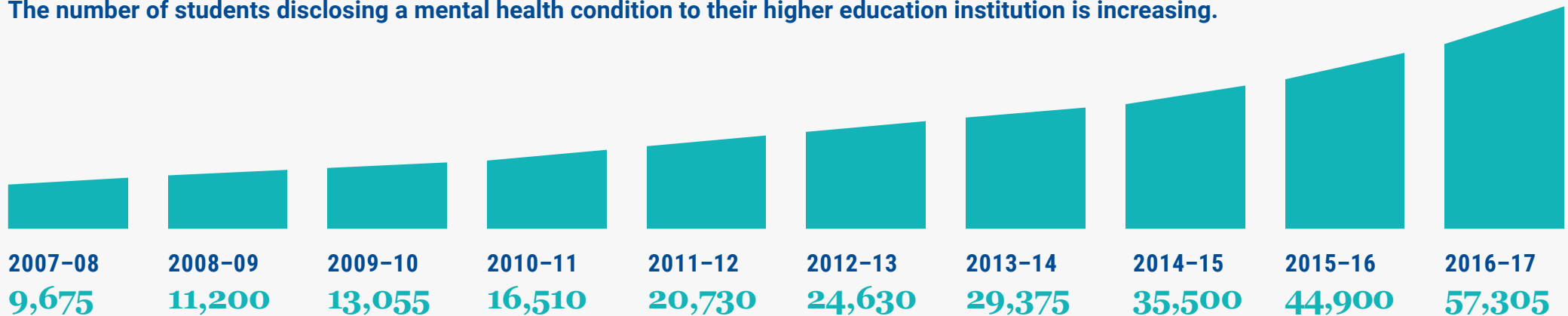
WHAT DO WE KNOW?

It is not known how these rates apply to students. It is known from other contexts that mental illness affects performance, retention, and engagement. This is a global issue. Other national higher education sectors are seeing the same pattern of increasing levels of distress, disclosure and demand for support.



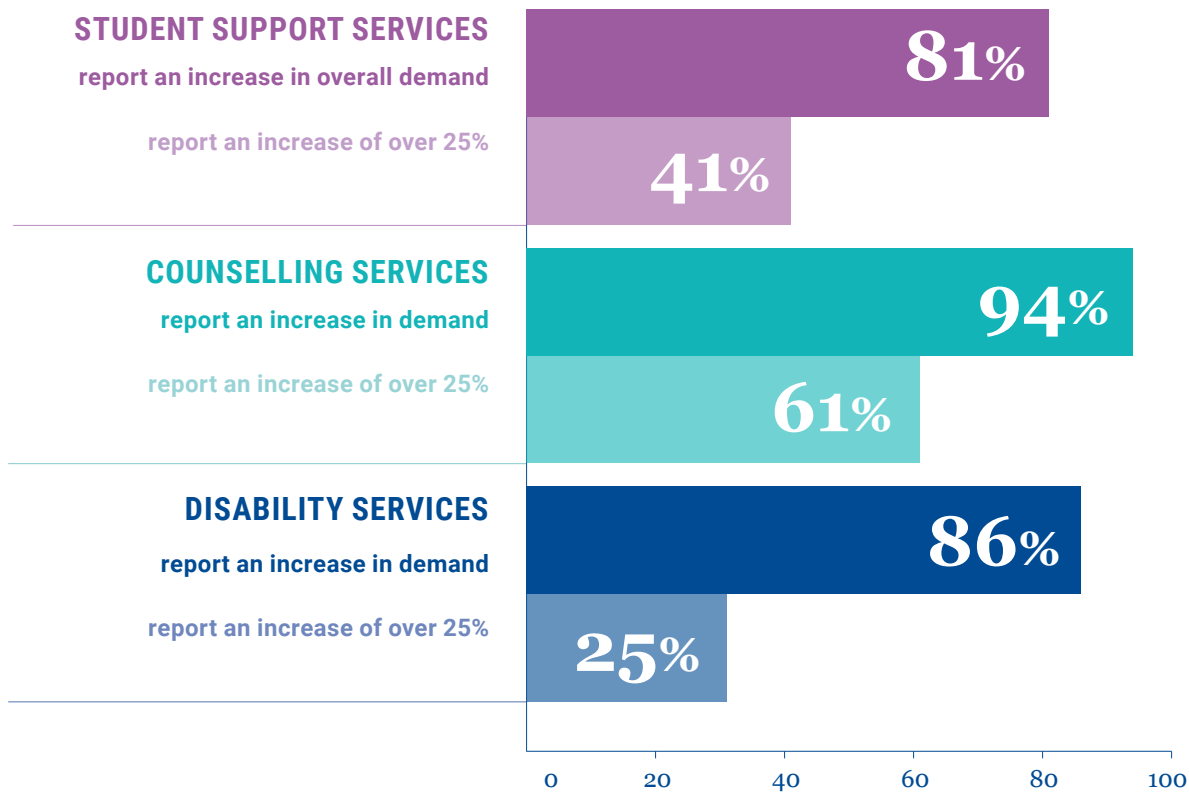
The onset of mood, anxiety, psychotic, personality, eating and substance use disorders peaks in adolescence and early adulthood: 50% by aged 14, 75% by aged 24.

The number of students disclosing a mental health condition to their higher education institution is increasing.



Source: IPPR analysis of Higher Education Statistics Agency data. Not by degrees: Improving student mental health in the UK's universities. 2017.

Higher education institutions have experienced significant increases in demand for (overall) student services, counselling services and disability services over the past five years:



Source: IPPR. Not by degrees: Improving student mental health in the UK's universities. 2017.

WHAT ARE WE DOING?

Universities are doing a range of extensive work to support their students and staff and to make their communities safer. Find case studies included in the long version of this guide.

Universities UK's *StepChange* encourages universities to make mental health a strategic priority and adopt a whole-university approach to improve outcomes. The framework aligns with *Minding our future*, which frames how universities work with local NHS to better coordinate care for students, and with Student Minds' University Mental Health Charter. Universities UK has been working with the What Works Centre for Wellbeing's to launch the Wellbeing in higher education platform to exchange good practice.



DEVELOPING A SUICIDE-SAFER STRATEGY

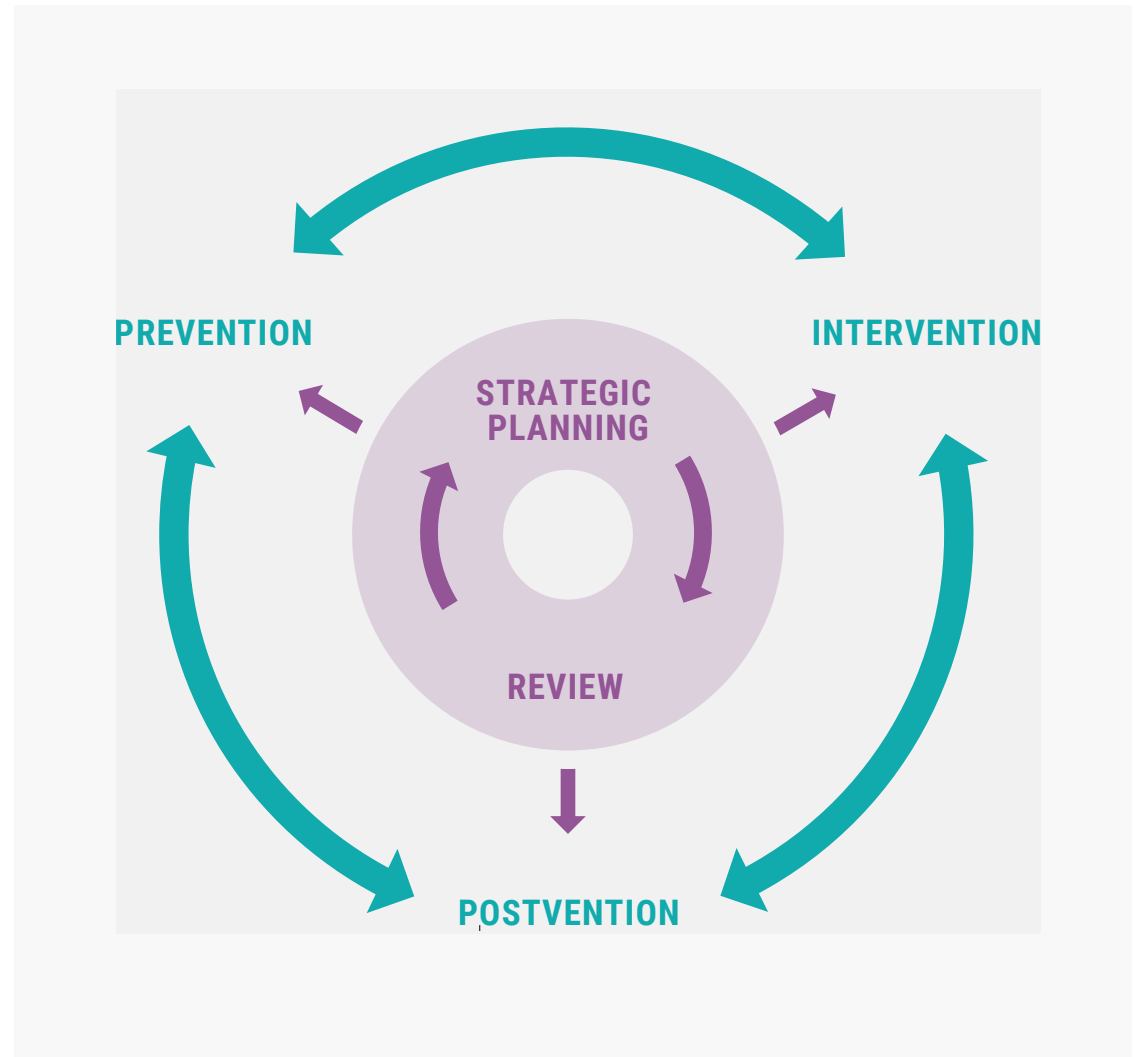
Suicide prevention, intervention, and postvention should be connected as a specific strategy, distinct from student death policies, as a component of your overarching institutional mental health strategy.

The strategy should be agreed by and have visible support from the senior executive team: it should be owned by a member of that team.

It should set out clear ambition and objectives and be created in partnership with staff, students, and external stakeholders.

It should be developed into a multi-agency action plan to detail how, who and when the strategy will be implemented.

It should be reviewed on a regular basis; and refined based on lessons learned.



WHO TO INVOLVE IN THE DEVELOPMENT OF A SUICIDE-SAFER STRATEGY?

It is essential to co-produce the strategy with students, parents and staff, expert third-sector organisations, and local and national stakeholders. It is particularly important to work closely with local authority suicide prevention partnerships for local and national impact and to benefit from their shared experience, evidence and quality frameworks.



PREVENTION

- Take a whole-university approach to good mental health
- Aim to create compassionate communities among staff and students
- Encourage disclosure of difficulties and distress
- Ensure that students getting into difficulties are identified, signposted to help, and followed up
- Work together with schools, colleges, and other universities in your locality to ensure smooth transitions between educational settings
- Raise suicide awareness and work to destigmatise suicide
- Encourage students to involve parents, guardians or other trusted advisers early if they run into mental health difficulties. Students' first source of support is often friends and families
- Make this everyone's business and provide specific training on suicide prevention awareness
- Provide a range of easily accessible and culturally appropriate support for those experiencing difficulties
- Signpost support available from the university, including in departments/schools, faculties, halls of residence, central support services, and others
- Signpost support available externally, which includes NHS, voluntary sector and others
- Prevent and act against bullying and all types of discrimination and harassment
- Restrict access to locations and materials that can be used for suicide
- Ensure good communication between all elements of the university involved with student welfare (i.e. if concerns are raised in halls of residence, ensure schools/personal tutors are aware)

ACTION

Develop and maintain relationships with local suicide prevention partnerships and with national organisations specialising in mental health and suicide prevention.

For linking with the local suicide prevention partnerships, [PHE's Suicide Prevention Atlas](#) shows the data on suicide, risk factors and related service contacts for every local authority in England.

This will take time and Universities UK's [Minding our future](#) provides guidance on how to start the wider conversation with local health systems.



INTERVENTION

- Recognise signs and vulnerabilities: use alert systems to detect patterns of difficulty, such as not engaging with academic work, running into academic difficulties or dropping off the academic radar, not paying rent, fees or fines; disciplinary issues, not engaging with other students or staff or not being involved in community activities
- Train all student-facing academic, professional services and operational staff across the organisation and provide refresher training in suicide awareness, how to have conversations and how to intervene
- Provide and publicise resources such as 'use of language', 'spot the signs', 'it's safe to talk about suicide', and others to the wider university community
- Consider your institution's policy and practice on information sharing agreements, disclosure and consent
- Develop, implement, and regularly review support pathways within the university for distressed students
- Establish clear and collaborative local care pathways into statutory mental health services and NHS crisis intervention teams

ACTION

IDENTIFY, TRAIN, AND PUBLICISE YOUR INTERVENTION TEAM.

Having a named team with the right training to intervene, when someone may be having suicidal thoughts, is essential. This team should have explicit responsibility and the professional capabilities to intervene in crisis situations. They should be familiar with the suicide-safer strategy and know the steps required to support those in distress or who may be experiencing suicidal thoughts. Health Education England is developing a competencies framework for professionals and non-professionals engaged in suicide prevention, intervention and postvention.

LOOK OUT FOR DISCLOSURE AND CONSENT.

UUK will be working with students, parents and carers, legal and health experts, and government to produce guidance regarding disclosure and consent.



POSTVENTION

- Contact the bereaved, offering to meet and provide compassionate support
- Support affected students and staff – ensure individual approaches for anyone identified as being at risk of contagion, including rapid referral for community mental health support where and when needed
- Agree internal communications, including staff and students, as appropriate
- Legacy and anniversaries– find the best way to celebrate the life of the deceased, without glamorising suicide
- Alert local and public health services, as appropriate
- Be prepared for external communications – support the media in delivering sensitive reporting of suicide and call out bad behaviour
- Provide information of available support
- Support continuous quality improvement of suicide prevention strategies and action plans – facilitate research, data collection and monitoring to get to the bottom of what has happened, and lessons learned through carrying out a serious incident review
- Consider holding open meetings with affected communities e.g. students in a particular university department's year group or student halls

ACTION

IDENTIFY, TRAIN, AND PUBLICISE A SUICIDE POSTVENTION TEAM.

This could include senior members of the university responsible for welfare and wellbeing (e.g. pro-vice-chancellor and director of student services); senior members of the communications/media department of the university; staff member leading response to individual student deaths, including Students' Union staff, relevant departmental and professional services staff, e.g. postgraduate research team if a student was studying a postgraduate research course; and the chaplaincy team, when speaking to the bereaved or considering memorials and the legacy of the deceased.

Each member of a suicide postvention team will have a defined responsibility, including leadership, family liaison and communications with external agencies, including the media. This is not a new team, but an identified group of people who are responsible for different parts of the response to a suicide attempt or death plan.



ACTION

Training will be a key enabler of your suicide-safer universities strategy. PHE has collated the [emerging practice examples of available training programmes](#), such as [PAPYRUS's Suicide prevention training](#), [ASIST](#), [safeTALK](#), [Connecting with People](#), [Samaritans](#) and others.

CONSIDER

Talking with the bereaved is a skilled and difficult job. Families may expect members of the university senior leadership team to meet them. There are several useful resources available, such as ['Help is at Hand'](#), ['Finding the Words'](#), and [Support after Suicide Partnership](#).

LOOK OUT FOR

SAMARITANS' POSTVENTION GUIDANCE

Samaritans is producing new guidance specifically for UK higher education, including information for staff, students, and family and friends, and guidance on responding to a suspected suicide.

CHECKLIST

- ✓ Make suicide safety an institutional priority
- ✓ Develop a suicide-safer strategy and action plan as a distinct component of your overarching mental health strategy
- ✓ Identify the members of the broader senior management team responsible for this
- ✓ Identify, train, and publicise a suicide intervention team
- ✓ Identify, train, and publicise a suicide postvention team
- ✓ Train all student-facing staff in suicide awareness, how to spot the signs of distress and what to do when you spot them. Agree how often people need refresher training
- ✓ Regularly review and update your suicide-safer policies and procedures
- ✓ Review and refresh your institution's policies and practice on early alert and following up on students who may be experiencing difficulties
- ✓ Review and refresh your institution's policies and practice on disclosure and consent
- ✓ Use and contribute to wider evidence base and research on suicide in these populations
- ✓ Create strong links with local and national partners from the health sector, voluntary sector, and your local authority, especially local suicide partnerships
- ✓ Work together with schools, colleges, and other universities in your locality to ensure smooth transitions between educational settings

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CONTACTS

For media enquiries, please contact the Universities UK [press office](#).

FOR QUESTIONS OR COMMENTS FROM OUR MEMBERS OR STAKEHOLDERS

Please contact [John de Pury](#), Assistant Director of Policy,
or [Gedminte Mikulenaite](#), Policy Researcher.

PAPYRUS CONTACTS

For media enquiries please contact our [press office](#).

For questions or comments concerning this guide or to
discuss suicide prevention training, please contact [PAPYRUS](#).

For confidential advice and support on how to help a person at risk,
or if you are thinking about suicide, speak with our professional
advisors at **HOPELineUK** on **080 0068 4141**, text **077 8620 9697**
or email pat@papyrus-uk.org

SAMARITANS CONTACTS

For 24/7 emotional support, please contact Samaritans helpline on **116 123**.
This number is free to call. You don't have to be suicidal to call them.