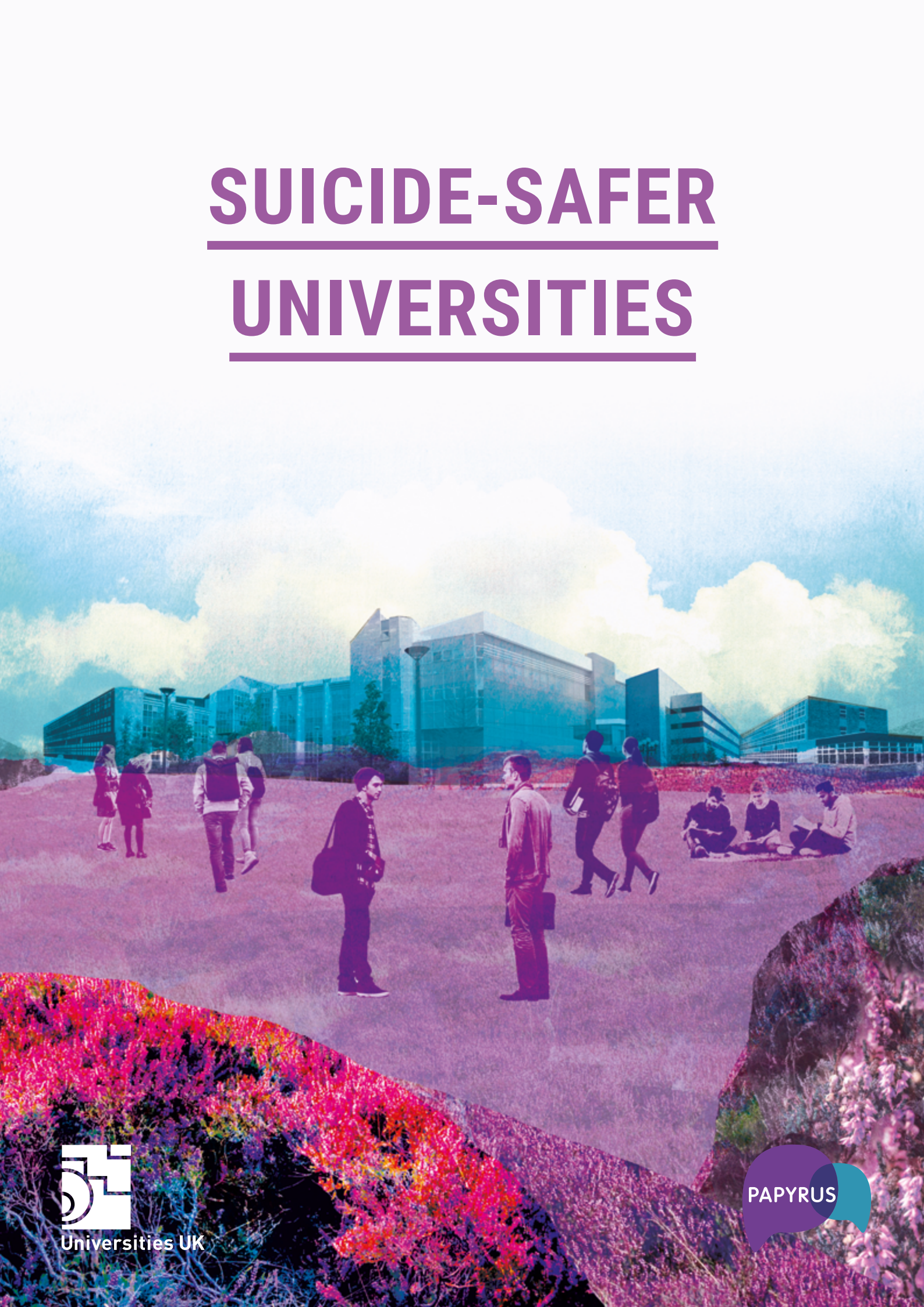
SUICIDE-SAFER UNIVERSITIES



Universities UK

PAPYRUS

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."

AT LEAST 95 UNIVERSITY STUDENTS TOOK THEIR OWN LIVES IN 2016–17

(OFFICE FOR NATIONAL STATISTICS (ONS), 2018)

Suicides are not like other sudden deaths. As well as being devastating for family and friends, suicides at university profoundly affect 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 trusts to develop a multi-agency action plan. Make this everybody's business.

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

Hugh Brady
Vice-Chancellor,
University of Bristol

Nina Clarke
Deputy CEO, PAPYRUS
Prevention of Young Suicide

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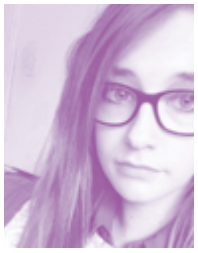


Catherine Perrin-Griffiths

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 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 admired. We need to talk more and ask more."

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."

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.

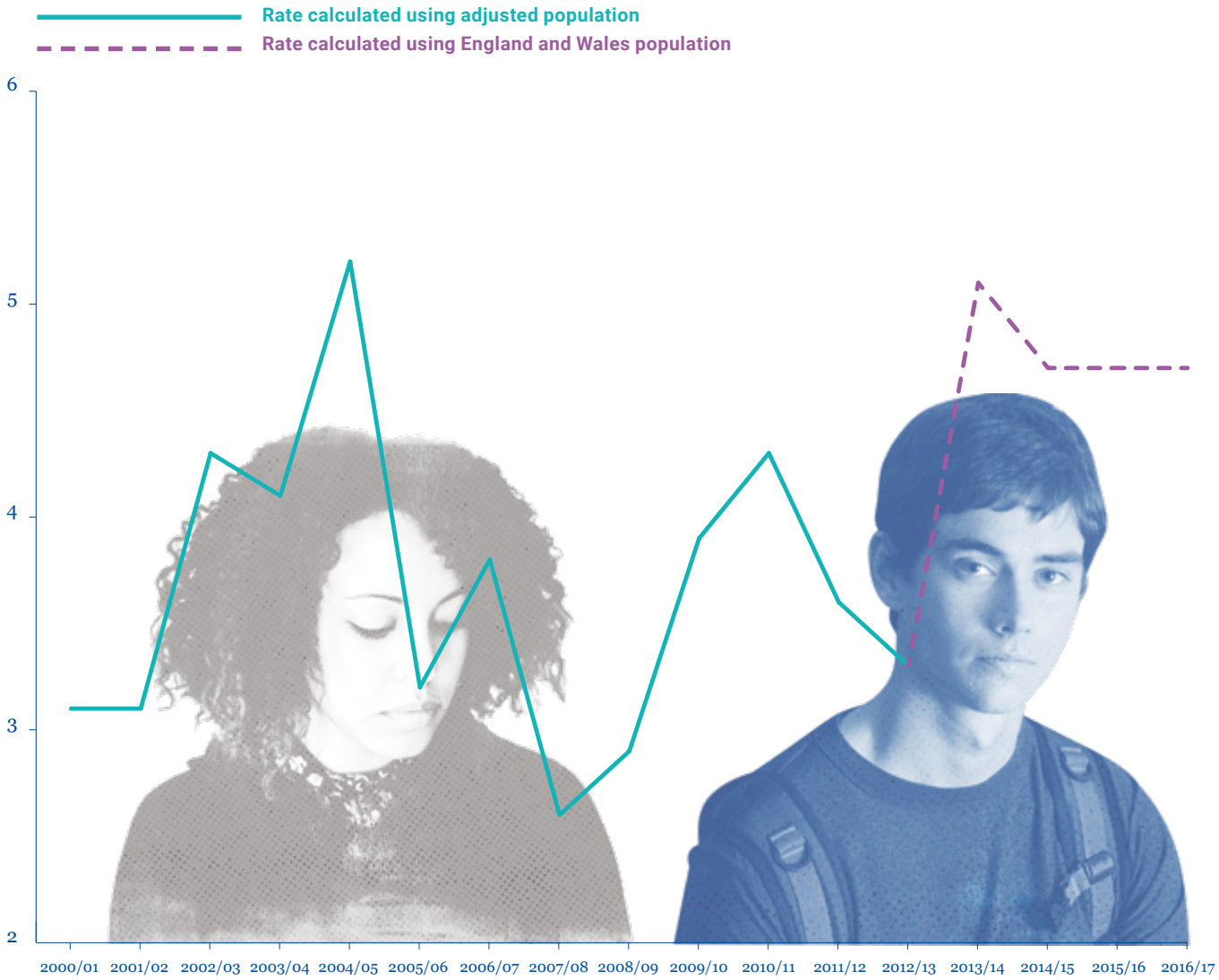
ONLY 1 IN 3 PEOPLE WHO DIE BY SUICIDE ARE KNOWN TO MENTAL HEALTH SERVICES.

WHAT WE KNOW ABOUT 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: we should use words that do not stigmatise or criminalise (Nielsen, 2016).
- Those bereaved by suicide often receive little support even though they are at increased risk of suicide themselves (James Wentworth-Stanley Memorial Fund, 2018; Pitman, Osborn, King et al, 2014).
- Preventing suicide is everybody's business, involving multi-agency teams across multiple settings (World Health Organization (WHO), 2014).
- Many suicides are preventable via interventions that build community resilience and target high-risk groups (WHO, 2014).
- Restricting access to means and high-frequency locations works (Zalsman, Hawton, Wasserman et al, 2016).
- Responsible media reporting saves lives (Sisask, Värnik, 2012). In contrast, irresponsible and sensationalist reporting is known to increase suicide risk.

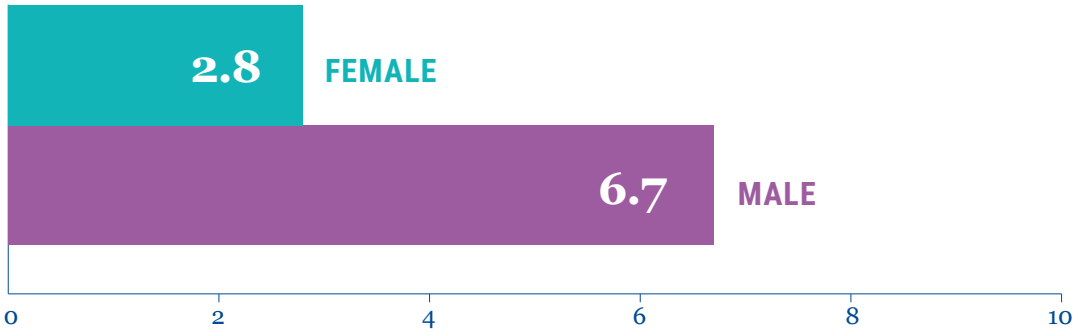
Stopping the transition from thought to action

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



Source: ONS 2018

Rate of student suicides by gender



SUICIDE MYTHS

Chris Coombs

30-year-old university student, suicide survivor and suicide prevention campaigner supporting PAPYRUS

"You are told that university is the time of your life and these are the friendships you'll hold on to forever... first steps into the big world of adult life... and you can't do it. You have this expectation that you should be able to deal with this. When that doesn't happen, it is very difficult to say "actually, I've got a problem here", particularly when you are 18. Eventually you will reach a breaking point and you kind of know when that is happening."

MYTH	FACT
SOMEONE WHO IS SUICIDAL IS DETERMINED TO DIE AND THEY WILL ALWAYS REMAIN SUICIDAL.	*Heightened suicide risk is often short term and situation specific. While suicidal thoughts may return, they are not permanent. People who have previously had suicidal thoughts and attempts can go on to live a long life.*
ONLY PEOPLE WITH MENTAL DISORDERS ARE SUICIDAL.	*Suicidal thoughts are common. Around one in five adults say they have thought about suicide at some point. Suicidal thoughts indicate deep unhappiness, but not necessarily a mental disorder.*
PEOPLE WHO THREATEN SUICIDE ARE JUST SEEKING ATTENTION.	*People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. While it's possible that someone might talk about suicide as a way of getting the attention they need, it's vitally important to take anybody who talks about feeling suicidal seriously.*
ONCE A PERSON HAS MADE A SERIOUS SUICIDE ATTEMPT, THAT PERSON IS UNLIKELY TO MAKE ANOTHER.	*A prior attempt is a key risk factor for suicide.*
TALKING ABOUT SUICIDE IS BAD AS IT MAY GIVE SOMEONE THE IDEA TO TRY IT.	*Asking someone if they're feeling suicidal does not increase their risk or worsen the situation. It is a difficult topic to talk about, and due to stigma, people sometimes do not know whom to talk to.*
IF A PERSON IS SERIOUSLY THINKING ABOUT TAKING THEIR OWN LIFE, THEN THERE IS NOTHING YOU CAN DO.	*Suicide is preventable.*
MOST SUICIDES HAPPEN SUDDENLY WITHOUT WARNING.	*It is important to understand what the warning signs of suicidal thoughts are and to look out for them. Even though there are some suicides that occur without warning, the majority have been preceded by verbal or behavioural warning signs.*

Source: WHO, 2014

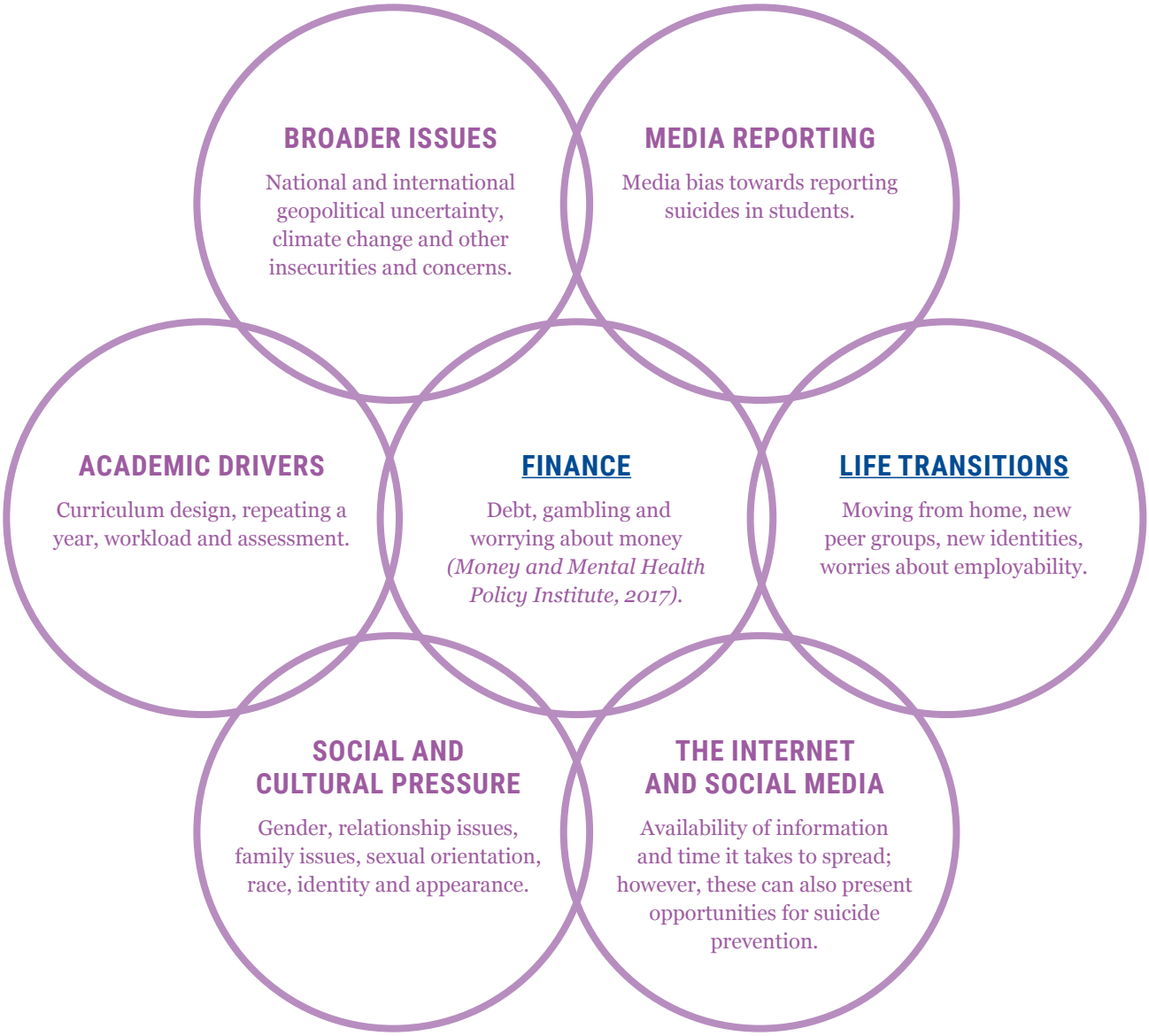
DETERMINANTS AND RISKS

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.

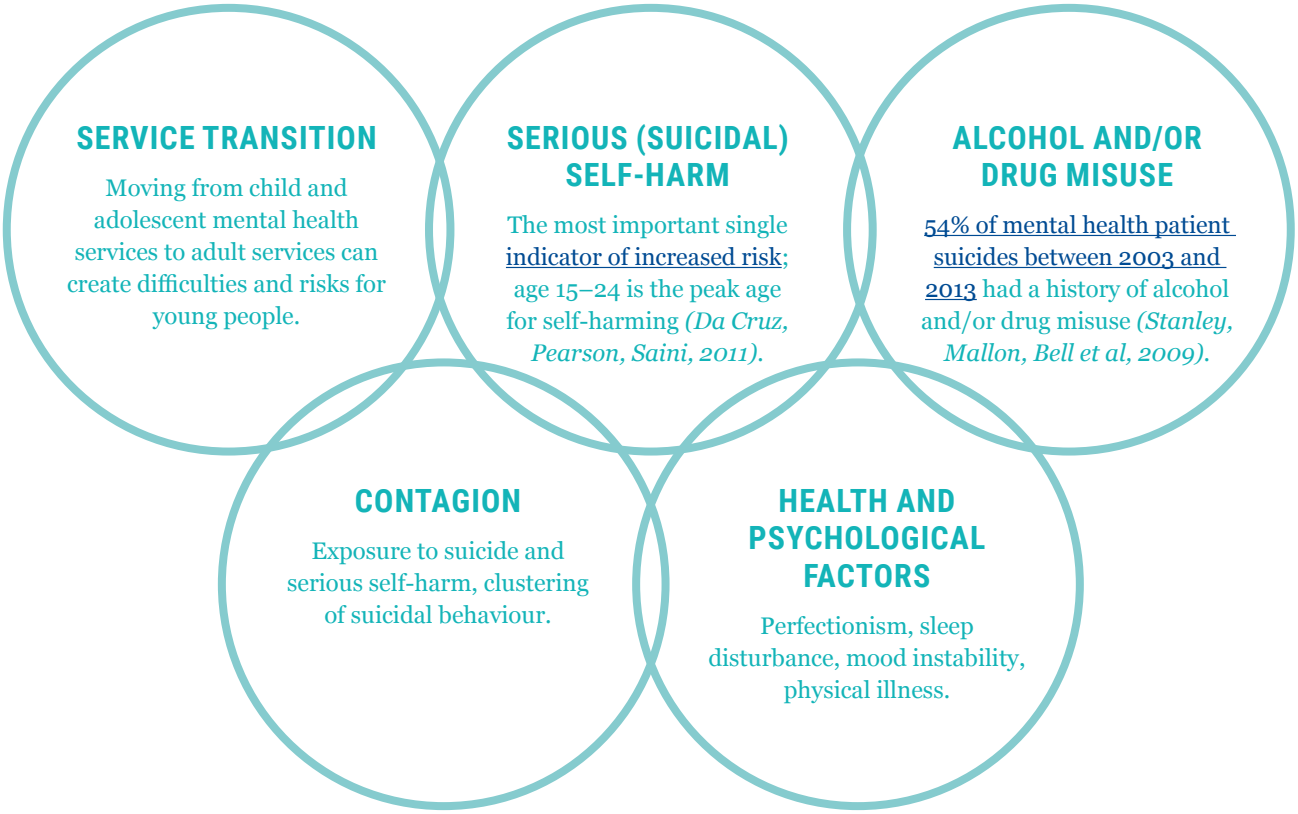
Suicide prevention, intervention and postvention must focus on whole populations to build aware and compassionate communities. These should form part of broader action to tackle the situational determinants of mental distress, as well as an individual's capacity to stay well, and confidence to ask for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

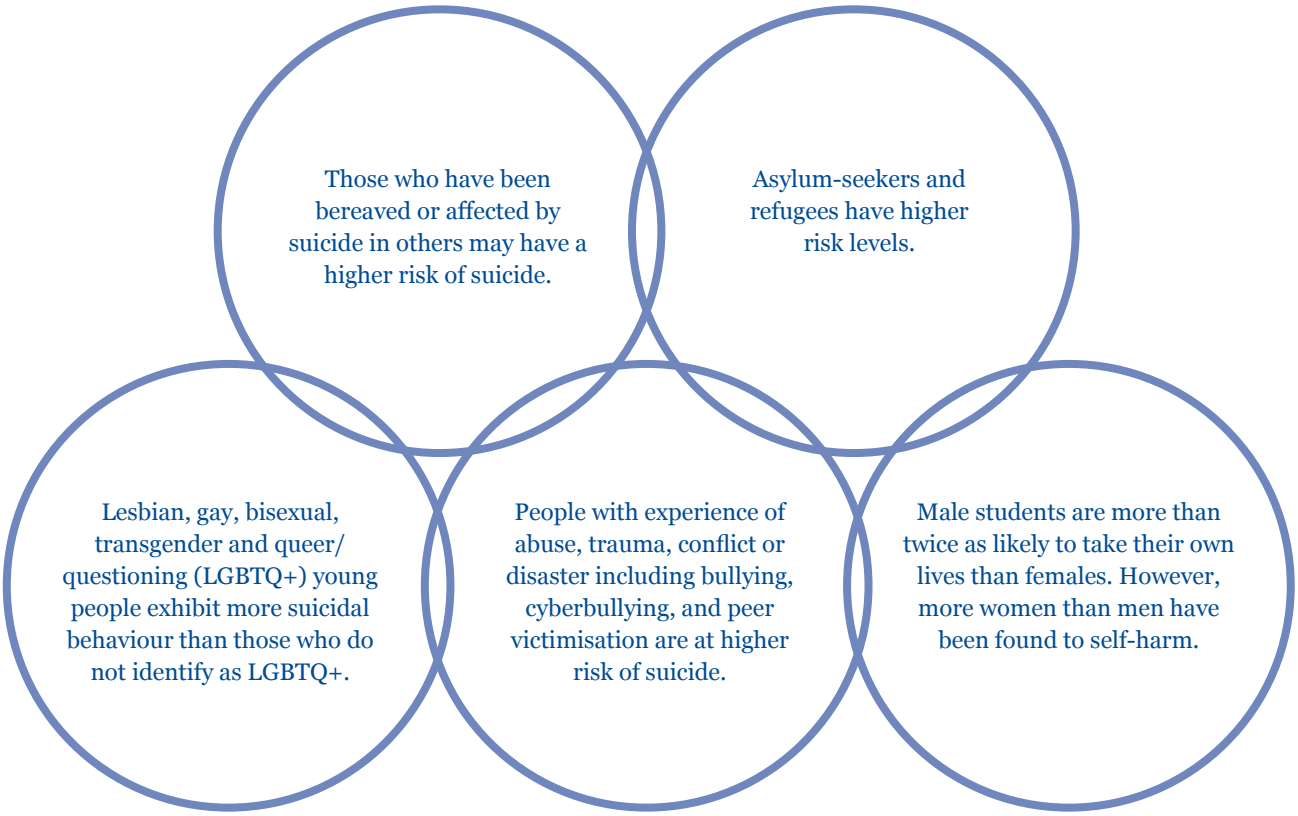
FACTORS THAT MAY INCREASE MENTAL DISTRESS:



RISKS:



GROUPS AT HIGHER RISK:



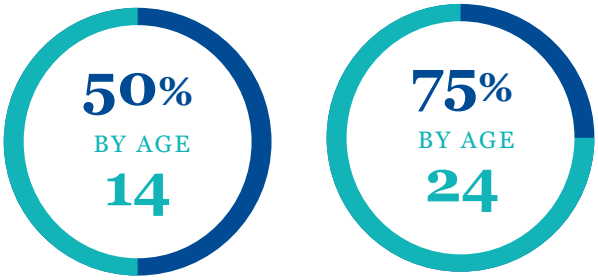
STUDENT MENTAL HEALTH

WHAT DO WE KNOW?

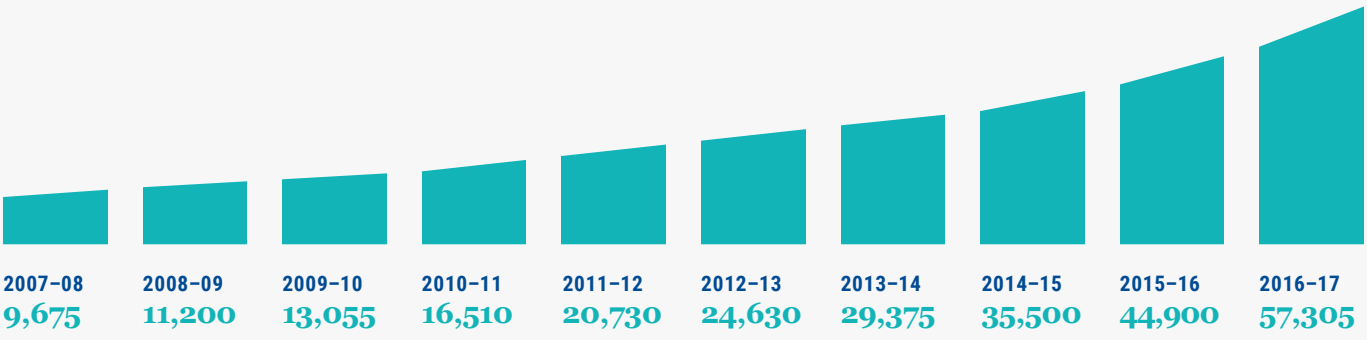
The onset of mood, anxiety, psychotic, personality, eating and substance misuse disorders peaks in adolescence and early adulthood: 50% of mental health problems are established by age 14, and 75% by age 24 (Mental Health Foundation, 2017). It is likely that students experience similar rates of mental disorders as the wider age-adjusted population.

It is known from other contexts that mental health affects performance, retention and engagement.

This is a global issue. International higher education sectors are seeing the same pattern of increasing levels of distress, disclosure and demand for support.

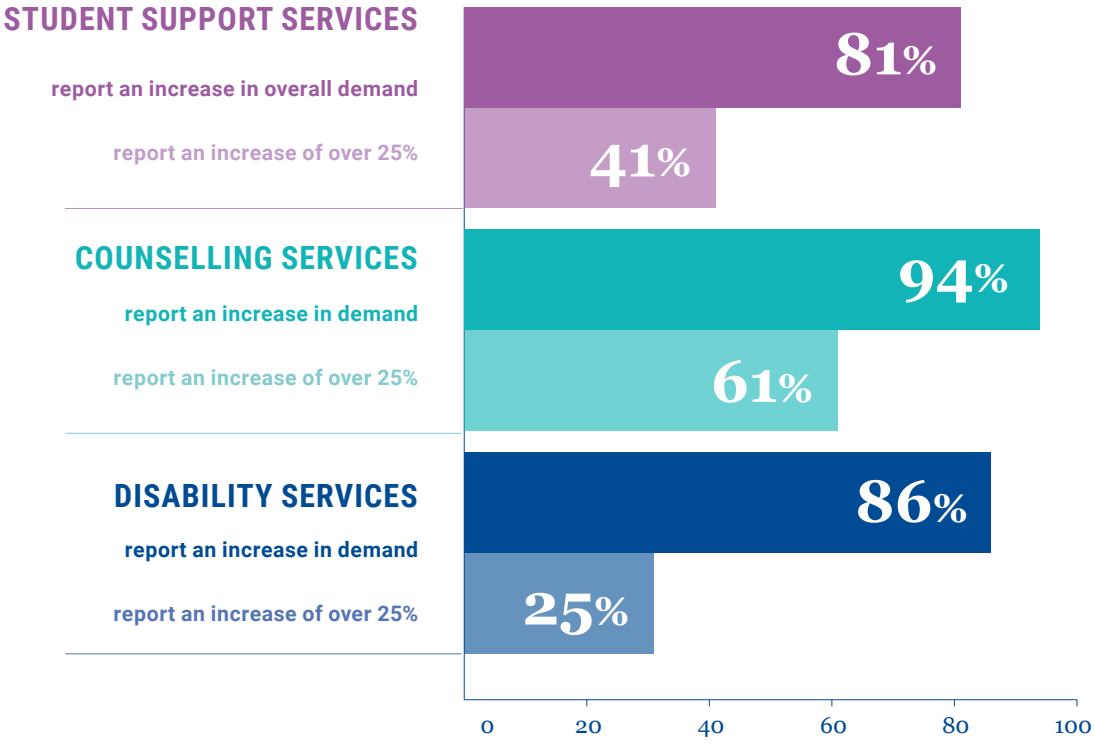


The number of students disclosing a mental health condition to their higher education institution is increasing.



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:



WHAT ARE WE DOING?

Universities are doing a range of extensive work to support their students and staff and to make their communities safer. There are several case studies throughout this guide.

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

CASE STUDY

UNIVERSITY OF WORCESTER

In 2014, the University of Worcester established a multi-agency suicide-safer project, inviting university staff, County Council, public health, NHS trusts and third-sector organisations to develop a multi-faceted suicide prevention model for a suicide-safer university. This sits within planning for a suicide-safer city and county as an active partner in the Local Authority Mental Wellbeing and Suicide Prevention Plan.

THE PROJECT COMPRISES FOUR KEY STRANDS:

1. **campaigning and awareness raising:** to raise awareness about student suicide, tackle stigma and signpost to available support
2. **education and training:** to improve staff and student mental health and suicide prevention literacy and skills, and embed mental health and suicide prevention training into curricula
3. **student and staff support:** to improve availability and awareness about mental health and suicide prevention/postvention resources and support options for students and staff, ranging from self-help, peer support, first-line interventions to more specialist support, and onward referral including crisis intervention and postvention support
4. **research:** to contribute to UK student suicide research through two PhD studentships exploring:
   - student suicide incidence, recording/monitoring and current suicide prevention and response strategies in UK higher education institutions, and barriers and facilitators that may influence provision
   - postvention support needs and roles for staff in higher education following a student suicide

DEVELOPING A SUICIDE-SAFER STRATEGY

Suicide prevention, intervention and postvention should be connected as a specific strategy, distinct from student death policies, and as a distinct component of universities' 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 and when the strategy will be implemented, and by whom. It should be reviewed on a regular basis, and refined based on lessons learned.

CONSIDER

DIFFERENCES BETWEEN SUICIDE STRATEGY AND DEATH POLICY

Although certain processes and procedures will overlap, there are additional processes to reduce the risk of contagion that require careful consideration. It is important not to over-sensationalise or use messaging or memorials that may increase the risk of over-identification with the deceased. Close involvement of the head of media/communications team is also essential. Where possible, minimise the dissemination of information about the suicide method/location to prevent imitation.

CASE STUDY

UNIVERSITY OF BRISTOL

Following a cluster of student suicides, the University of Bristol is collaborating with Public Health England and Bristol City Council colleagues to develop its suicide prevention policy.

Working with the local authority was essential as it is the lead organisation for suicide prevention in the local population. The policy draws on existing international and national guidance (e.g. JED Comprehensive Approach to Suicide Prevention for Colleges and Universities and PHE Suicide prevention: resources and guidance), expertise from colleagues e.g. Worcester University, local surveys. review findings and relevant university and Bristol City Council policies (e.g. the developing university mental health strategy and Bristol City Council suicide prevention plan).

The policy acknowledges the need for action across three interdependent areas; prevention, intervention and postvention (aftercare following a suicide death to support the bereaved and reduce the risk of other deaths). Key aspects include cross-linking with the university mental health strategy to highlight the importance of creating supportive environments that encourage social connectedness, reduce stigma, promote help-seeking behaviour and help young people to develop vital life skills and emotional resilience. The policy will also address specific considerations for the university with regards to reducing access to means, provision of suicide prevention training and the development of a clear and robust care pathway for those feeling suicidal. In the event of a suicide, the policy addresses the importance, not only of the immediate response, but ongoing support that might be required from, and for, the University community, how to be alert and responsive to a possible cluster and development of a process for ongoing learning and review.

Public Health England, student representatives and suicide prevention charities are being invited to review and contribute to the prevention policy. The best methods to engage bereaved parents are being considered. The University is also working closely with colleagues at Bristol's other higher education institution (the city has two large universities) to deliver a shared goal for preventing suicide among university students.

CONSIDER

SCOPE OF YOUR STRATEGY

If your suicide-safer strategy covers both students and staff, it is important to bring additional groups into the development stage, and also when setting up the intervention and postvention teams mentioned below.

WORKING WITH OTHER UNIVERSITIES

Because student suicide numbers are relatively low, working with other universities in your local area can be beneficial for sharing good practice and lessons learned.

EXTERNAL ACCOMMODATION PROVIDERS

Including them in the planning process may help to ensure there are clear rules and pathways in place in case a serious incident happens on their grounds.

WHO TO INVOLVE IN THE DEVELOPMENT OF THE STRATEGY?

It is essential to co-produce the strategy with students, parents and carers, 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.

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, Public Health England's Suicide prevention atlas shows the data on suicide, risk factors and related service contacts for every local authority in England (Public Health England, 2018b).

This will take time, and Universities UK's Minding our future provides guidance on how to start the wider conversation with local healthcare systems.

PREVENTION

Many people experience suicidal thoughts and feelings. Prevention aims to catch people before they start planning a suicide or attempt it. It requires a clear approach, aiming to change the culture using a whole-university approach.

ACTION

IDENTIFY HELPERS IN YOUR COMMUNITY

Please see Appendix 4 for a suggested template on identifying helpers in your community.

IMPROVING MENTAL HEALTH

- 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 and signposted to help, and that their concerns are followed up
- Work together with schools, colleges and other universities in your locality to ensure a smooth transition between educational settings

RAISE AWARENESS

- Raise awareness of suicide risk and work to destigmatise suicide
- Encourage students to involve parents and carers, guardians or other trusted advisers early if they run into mental health difficulties. Students' first source of support is often friends and family
- Make this everyone's business and provide specific training on suicide awareness and prevention

PROVIDE AND PUBLICISE AVAILABLE SUPPORT

- Provide a range of easily accessible and culturally appropriate support for those experiencing difficulties. Signpost support available from the university, including in departments and schools, faculties, halls of residence, central support services and other relevant areas of work
- Signpost support that is available externally, which includes support from NHS trusts, the voluntary sector and other relevant organisations
- Ensure good communication between all areas of the university involved with student welfare (i.e. if concerns are raised in halls of residence, ensure that schools/personal tutors are aware)

ORGANISE SPECIFIC INITIATIVES

- Prevent and act against bullying and all types of discrimination and harassment
- Restrict access to locations and materials that can be used for suicide

CASE STUDY

UNIVERSITY OF WOLVERHAMPTON

Our project was inspired by university staff, who wanted to help students in distress but feared saying the wrong thing. The university was concerned about how many students might be experiencing suicidal thoughts and acute distress who may not present to formal services and require support. Our aim was to change culture, to empower and protect students, and to co-create an appropriate level of safety planning and response.

It was agreed that this was everybody's business. All of the university staff were to be equipped with the skills to offer support and to mitigate suicide risk should they find themselves in the 'first responders' role. As suicide is preventable, we needed a narrative focusing on 'compassion, safeguarding and safety planning'. We attempt to adopt a common language and understanding to promote a more integrated response across our community. Connecting with People training was absolutely right for us, as it acknowledged that many staff would be suicide naïve, helping to raise awareness and make our university suicide safe.

We also rolled out our award-winning suicide prevention initiative 3 minutes to save a life as part of our health studies students' induction. The programme is designed to equip students to take care of themselves and others by training them on suicide and self-harm awareness, emotional resilience and resourcefulness.

Alan Percy
Head of Counselling,
University of Oxford

"As well as campaigns to promote awareness, training to identify students in difficulty and embedded services to provide a supportive and safer environment, it is crucial that universities have practical plans ready in the event of a student suicide. This allows university student services to be as effective as possible in containing the emotional impact of the tragic event and supporting the entire university community."

PREVENTION TRAINING

- Adult mental health first aid
- Charlie Waller Memorial Trust
- CONNECT 5
- Mental Wellbeing Impact Assessment facilitators training
- Living Life to The Full training course
- Level 2 award: understanding mental wellbeing
- PAPYRUS suicide prevention training Warwick University master's in module
- Wheel of wellbeing

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' (Nielsen, 2016), 'spot the signs', 'it's safe to talk about suicide' (University of Exeter, 2014) 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

INTERVENTION RESOURCES AND TRAINING

- ASIST (Applied Suicide Intervention Skills Training)
- 20-minute suicide prevention training
- Connecting with people: suicide assessment framework e-tool and training programme
- Conversation starters
- It's safe to talk about suicide
- Samaritans Step by Step guide
- STORM skills training
- PAPYRUS suicide prevention Training
- safeTALK (suicide alertness for everyone)
- Signs you may be struggling to cope
- Spot the signs
- Worried about someone?

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.

CASE STUDY

UNIVERSITY OF CARDIFF

The university is committed to providing a positive and healthy experience for all students. The Student Support and Wellbeing Division already provides an extensive range of support.

We wanted to bring together several strands of work on mental health promotion, suicide prevention and suicide postvention into one suicide-safety strategy to enable us to communicate more effectively with the wider university and to enshrine a strong commitment to suicide risk reduction. It has also helped us to: identify areas of opportunity, particularly internal and external partnership working; secure or ring-fence funding for training and promotional activities; rapidly reduce the risk of suicide contagion by outlining a quick-response flowchart; develop a more structured approach to reviewing and embedding learning from related incidents; and continually improve all facets of the vitally important work we are already doing in this area.

CASE STUDY

PAPYRUS' ASIST TRAINING

ASIST was the only course that the team attended where nobody was caught being distracted or looking out of the window! During the two days, we explored scenarios, reactions, stereotypes and how to deal with crisis situations. By the end of the course, we all felt really energised.

We have since used ASIST on several occasions and we feel confident in delivering the appropriate response. One member of our team recently met with a student who has a history of self-harm and receives support from the Student Enabling service. Prior to undertaking ASIST with PAPYRUS, this team member had felt concerned about how best to support the student and felt she was 'skirting around the elephant in the room'. In contrast, following ASIST, she feels an immediate difference in the dynamic between her and the student. She is much more able to maintain eye contact and listen more intently. They have ended up having a 40-minute conversation and she credited PAPYRUS' training in empowering her and giving her the confidence to talk about suicide.

As part of the course, all our staff were provided with a suicide intervention 'pocket guide' and now carry this with them when on duty. We are proud to display the ASIST logo in our reception area along with our staff ID, to ensure both students and staff know they can approach us to talk to us about suicide or if they are concerned about a young person.

Gary Thomas, Operations Manager, Residential Life Team, Staffordshire University. His team completed ASIST (Applied Suicide Intervention Skills Training) with PAPYRUS in February 2017.

POSTVENTION

The immediate aftermath of a suspected suicide can be stressful, confusing and highly emotive. Having a plan in place, agreed templates for communications and a nominated lead ensures an effective, appropriate and timely response. Universities' senior leadership can set the tone for how the rest of the university responds to a suicide.

- 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 for staff and students, as appropriate
- Consider the 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, and support the media in delivering sensitive reporting of suicide. Call out bad behaviour
- Provide information on 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 the 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 YOUR POSTVENTION TEAM

This could include senior members of the university responsible for welfare and wellbeing (eg 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, and others. Also, see Appendix 2 for full list of training and resources.

CONSIDER

SPEAKING WITH THE FAMILY OR NAMED OTHERS

Consult them on the best ways of communicating: how much, how often, who should be involved and how. Consider whether a distinct approach to communications may be needed if the deceased was an international student.

COMMUNICATING SUSPECTED SUICIDE

The cause of death may not be formally established for days or weeks. It might be helpful for your communications at this time to refer to 'suspected suicide' to enable conversations. Ensure that you are addressing any rumours that might be spreading, without sharing details about the death.

WHO IS AFFECTED?

Consider whether support services staff who have had previous interactions with the bereaved will be able to provide bereavement support. Additional support may be required for other staff, such as campus security or cleaning staff, if the incident happened on campus.

HANDLING THE MEDIA

- Who will be your spokesperson?
- How will others know who the spokesperson is?
- How will communications be disseminated?
- How will the next of kin be consulted or kept informed?

HANDLING SOCIAL MEDIA

Owing to the widespread use of social media, information about a suicide might spread quickly and it might be inaccurate. People responsible for communications should consider this, and encourage people to limit their use of social media communications and be ready to communicate themselves quickly.

Consider monitoring social media discussions of the death and respond in real time if necessary to correct misinformation/advise against potentially harmful posts.

THE LESSONS LEARNED

Every situation will be different, and it will be important to keep learning from your communities and share your experiences of best practice and knowledge with others.

POSTVENTION RESOURCES

- Bereavement Trust
- Cruse
- Cruse Bereavement Care Scotland
- Facing the Future
- Finding the words
- National Bereavement Alliance
- PABBS (Postvention: Assisting those Bereaved by Suicide) training
- Help is at Hand
- Step by Step
- Support After Suicide Partnership
- Survivors of Bereavement by Suicide
- The Compassionate Friends
- The National Suicide Prevention Alliance (NSPA)
- Winston's Wish

Professor Steven West CBE

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

"When a student takes their own life, 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."

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 and research on suicide in these populations.
- ☑ Create strong links with local and national partners from the healthcare sector, voluntary sector and your local authority, especially local suicide partnerships.
- ☑ Work with schools, colleges and other universities in your area to ensure smooth transitions between educational settings.

APPENDIX 1: GLOSSARY

CLUSTER
A cluster is usually three or more deaths that occur unexpectedly closely in terms of time, place, or both. In a university setting, two suicides occurring close to each other may indicate a cluster and should be taken very seriously. Public Health England has published a practice resource on Identifying and responding to suicide clusters and contagion (Public Health England, 2015a).

CONTAGION
Death by suicide may trigger suicidal thoughts and feelings in some other individuals and may increase their risk. This is also known as suicide contagion and may lead to a cluster. Likewise, reporting of suicide methods or locations may promote use of those methods by others.

CORONER'S DECISIONS (FORMERLY KNOWN AS 'VERDICTS')
In England and Wales, all suicides are certified by a coroner following an inquest. The death cannot be registered until the inquest is completed, which can take months or possibly years, and the Office for National Statistics is not notified that a death has occurred until it is registered. For this and other reasons, the incidence of suicide is likely to be an underestimate, particularly when reviewing figures for the previous 12 months.

CORONER'S INQUEST
Coroners operate differently across the UK. This makes comparison and identification of trends complex. For example, coroner systems are distinct between Scotland, England and Northern Ireland. The coroner systems are the same in England and Wales. The main differences are the way in which suicides are certified and registered.

DISCLOSURE
Many people with a mental illness choose to not reveal their condition to their university, family, friends, employers and others. Non-disclosure can lead to people not accessing the support they need and those around them not being aware of the difficulties they are facing.

GATEKEEPER
A person who is strategically positioned to recognise and refer someone at risk of suicide (eg peers, personal tutors, coaches, Students' Union staff).

MENTAL HEALTH
Mental health is a state of wellbeing: we all have health and we all have mental health. Mental health is a continuum, demonstrating fluidity and the possibility of change over time. This can range from poor mental health to good mental health, from having a diagnosed mental health condition, to no diagnosis. Everyone exists somewhere on the continuum and individuals may need different support levels at different stages of their educational journey. This may include support via a GP or specialist NHS services, alongside support offered through university services.

MENTAL ILLNESS
Mental illness may be 'characterised by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others' (WHO, 2018b), which affect mood, and the ability to function effectively and appropriately. The term is often used interchangeably with 'mental health issues/problems/difficulties', or mental 'ill health', 'distress' or 'condition'. However, these terms are broad and can mean something that everyone experiences as part of everyday life, for instance stress, worry or grief.

Mental illness can also mean an acute, diagnosed condition, mental health crisis or suicidal depression. Examples of mental illness include: eating disorders, depression, anxiety, bipolar affective disorder, psychoses, intellectual disabilities and developmental disorders including autistic spectrum disorder.

NON-SUICIDAL SELF-HARM
Non-suicidal self-harm is an action that is deliberate but does not include an intention to die and often does not result in hospital care. It can be used for one or more reasons that relate to reducing distress and tension, inflicting self-punishment and/or signalling personal distress to important others (Hawton, James, 2005). Non-suicidal self-harm is a signal of underlying mental health difficulties; people who self-harm may also make suicide attempts (see below) and be at risk of suicide.

PREVENTION, INTERVENTION AND POSTVENTION
Prevention is preventing conditions of illness from arising.

Intervention is the action of providing support or services to produce a different outcome or change a situation. In the case of mental illness and suicide, it is to work with a person experiencing suicidal thoughts to help them identify reasons why they might want to keep safe, to agree a plan for doing so and to engage further support as required.

Postvention is a response to a suicide by providing support and assistance for those affected.

STIGMA
Mental health is associated with stigma. The negative attitudes and behaviours can lead to people feeling judged and ashamed, which discourages individuals from seeking help and accessing support services.

SUICIDAL BEHAVIOUR
Suicidal behaviour covers a range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thoughts, deliberate recklessness and risk-taking, self-harming not aimed at causing death, and suicide attempts. Around 20% of young people have self-harmed (non-suicidal) by the age of 20, and far fewer (around 2–3%) make suicide attempts.

SUICIDE
Suicide is the deliberate act of taking one's own life.

SUICIDE ATTEMPT
A suicide attempt is a deliberate action undertaken with at least some wish to die as a result of the act. The degree of suicidal 'intent' varies and may not be related to the lethality of the attempt.

TRANSITION
Transition points in life are particularly challenging and often expose people to emotional vulnerability and mental distress. Student mental wellbeing in higher education: good practice guide (UUK, 2015) identified the following transition points for students in higher education:

- separation from family and existing friends
- moving to a new area or country
- experience of a range of different cultures
- communicating in a language in which they are not fully fluent
- meeting unfamiliar models of learning, teaching and assessment, and unfamiliar professional requirements
- changed financial circumstances, including living on greatly reduced income or taking out loans for the first time
- having to balance study with being a parent or carer, or part-time or full-time employment
- transition from home to university life
- transition from home healthcare providers to university local healthcare providers and support services

WELLBEING
Wellbeing is understood, in the broad sense, to mean a time when a person is feeling good and functioning positively, meaning that a person would be engaged in learning, feel socially connected, and have positive perspectives and autonomy. Wellbeing is expressed in feelings and in dimensions such as persistence, grit, sense of belonging, mindfulness, identity formation and flourishing. It is possible to have high levels of wellbeing, yet to live with a diagnosed mental health condition.

APPENDIX 2: USEFUL RESOURCES

HELPLINES

- Breathing Space Scotland
- Calm
- Childline
- Helplines
- HopeLine UK
- Mind
- MindEd
- Relate
- Rethink
- The Mix
- Young Minds
- Samaritans

PRACTICAL SUPPORT

- 20-minute suicide prevention training
- Conversation starters (PAPYRUS, undated)
- It's safe to talk about suicide (University of Exeter, 2014)
- Samaritans Step-by-Step Service
- Signs you may be struggling to cope
- Spot the signs
- Worried about someone?
- PAPYRUS A4 Tear-off poster

SUPPORT FOR STUDENTS

- Look after your mate
- Students against Depression
- Nightline
- #Chatsafe – communicating safely online

ONLINE HELP

- KOOTH free online counselling
- Health talk online
- StayAlive app
- CalmHarm app

BEREAVEMENT SUPPORT

- Bereavement Trust
- Cruse
- Cruse Bereavement Care Scotland
- Facing the Future
- Finding the words (James Wentworth-Stanley Memorial Fund, 2018)
- Help is at Hand
- National Bereavement Alliance
- Step by Step
- Support After Suicide Partnership
- Survivors of Bereavement by Suicide
- The Compassionate Friends
- The National Suicide Prevention Alliance (NSPA)
- Winston's Wish

TRAINING

Public Health England has collated examples of emerging practice of training programmes available in England – see Mental health promotion and prevention training programmes

- PAPYRUS Suicide Prevention Training
- Mental Wellbeing Impact Assessment Facilitators' Training
- Warwick University Master's in Public Health: Public Mental Health Module
- CONNECT 5
- Wheel of Wellbeing
- Living Life to The Full training course
- Level 2 Award: Understanding Mental Wellbeing
- Adult Mental Health First Aid two-day course
- safeTALK (suicide alertness for everyone)
- ASIST (Applied Suicide Intervention Skills Training)
- STORM Skills Training
- Connecting with People: Suicide Assessment Framework E-tool and training programme
- PABBS (Postvention: Assisting those Bereaved by Suicide) Training
- St John Ambulance
- Charlie Waller Memorial Trust
- MindED
- AMOSSHE online training

LOCAL SUICIDE PARTNERSHIPS

- Local suicide prevention planning (Public Health England, 2016)
- Suicide prevention atlas (Public Health England, 2018b)
- British Association for Counselling and Psychotherapy (BACP)

MEDIA AND ENGAGEMENT

- Media guidelines for the reporting of suicide
- NSPA Local Suicide Prevention Resources: Films
- Preventing suicide: a resource for media professionals update 2017 (WHO, 2017)

OTHER TOOLS

- Suicide prevention and suicide postvention toolkits for employers (Business in the Community, 2017a; Business in the Community, 2017b)
- Building suicide-safer schools and colleges: A guide for teachers and staff (PAPYRUS, 2017)
- Preventing suicide: A resource at work (WHO, 2006)
- Information sharing and suicide prevention. Consensus statement (Department of Health, 2014)
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APPENDIX 3: LANGUAGE AROUND SUICIDE

WHAT NOT TO SAY	WHY NOT?	WHAT TO SAY INSTEAD
"Commit suicide"	Suicide hasn't been a crime since 1961. Using the word 'commit' suggests that it is still a crime (we 'commit' crimes), which perpetuates stigma or the sense that it is a 'sin'. Stigma shuts people up – people will be less likely to talk about their suicidal feelings if they feel judged.	"Ended their life" "Took their own life" "Died by suicide" "Killed themselves"
"Successful suicide"	Talking about suicide in terms of success is not helpful. If a person dies by suicide, it cannot ever be a success. We don't talk about any other death in terms of success: we would never talk about a 'successful heart attack'.	
"Unsuccessful or failed suicide"	People who have attempted suicide often tell us, "I couldn't even do that right… I was unsuccessful, I failed". In part this comes from unhelpful language around their suicide behaviour. Any attempt at suicide is serious. People should not be further burdened by whether their attempt was a failure, which in turn suggests they are a failure.	"Attempted suicide" "Attempted to take his or her life" "Attempted to take his or her life"
"It's not that serious"	Every suicide attempt is serious. By definition, they wanted to take their own life. All suicide attempts must be taken seriously as there is a risk to life. An attempt tells us that the person is in so much pain they no longer want to live. This is serious.	
"Attention-seeking"	This phrase assumes that the person's behaviour is not serious, and that they are being dramatic to gain attention from others. However, suicide behaviour is serious. People who attempt suicide need attention, support, understanding and help.	
"It was just a cry for help"	This dismissive phrase belittles the person's need for help. They do indeed need you to help: they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous.	
"Suicide epidemic", "craze" or "hot spot"	This normalises and sensationalises suicide.	Suicide cluster
"He's not the suicidal type"	There isn't one.	
"You're not thinking of doing something stupid/silly are you?"	This judgemental language suggests that the person's thoughts of suicide are stupid or silly, and consequently that the person is stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.	

APPENDIX 4: SUGGESTED SUICIDE-SAFER STRATEGY TEMPLATE

STATEMENT OF PURPOSE

- Visible support from leadership
- Recognition of issue
- Statement of intent/mission
- Objectives

CONTEXT

- Information about national and local work on suicide prevention
- Links to university's mental health strategy

BELIEFS AND UNDERSTANDING OF SUICIDE

- Information about suicide
- Risk factors and antecedents

EVIDENCE

- Student suicide statistics
- Self-harm and suicidal thoughts in statistics for young adults
- Mental illness statistics for student population
- Information on demand for support services
- Institution-specific context and statistics

STRATEGIC OVERSIGHT

- Specific roles and responsibilities
- Care pathways
- Issue date
- Review date

PREVENTION

- Training
- Creating compassionate and aware communities
- Awareness raising
- Support available internally and externally
- Community engagement
- Information about links with local suicide prevention partnerships and with national organisations specialising in mental health and suicide prevention
- Restriction of access to means

INTERVENTION

- Team and individual roles responsible for intervention
- Early alert systems
- Risk assessment
- Raising concerns about a student
- Managing risk and referral
- Training
- Resources
- Information sharing, disclosure and consent

POSTVENTION

- Team and individual roles responsible for response
- Contacting the bereaved
- Supporting those affected
- Quick-response pathways
- Collecting information
- Internal and external communications
- Legacy and anniversaries
- Serious incident review

APPENDICES

- Dos and don'ts
- Myths and facts
- Support organisations
- Risk assessment
- Resources for students and staff

APPENDIX 5: SUGGESTED 'HELPERS IN YOUR COMMUNITY' TEMPLATE

WHERE	WHO?	WHERE AND WHEN? (TO BE COMPLETED BY THE INSTITUTION)
Outside university	Out-of-hours contacts	.....
	Royal College of Psychiatrists (advice)	.....
	Police, ambulance and fire services	.....
	NHS England	.....
	Local Public Health England	.....
	Mental healthcare services in and out of working hours	.....
	Clinical commissioning groups (CCGs)	.....
	Emergency and crisis support	.....
	Drug and alcohol misuse support	.....
	Rape and sexual assault counselling services	.....
	Local council	.....
	Hotlines	.....
	Local voluntary sector, such as: – PAPYRUS – Samaritans – Student Minds – CALM – Mind	....
Inside university	Student services, Mental health and disability advisors, mental health and counselling services	.....
	Students' Union welfare lead	.....
	Security staff	.....
	Peer mentors	.....
	Accommodation (incl. staff of student residences)	.....
	Health centre (if appropriate)	.....
	Human resources	.....
	Employment and careers service	.....
	Harassment support centre	.....
	Library	.....
	Course administrators	.....
	Finance	.....
	International Office (incl. tier 4 and tier 2 staff)	.....
	Examinations Office	.....
	Chaplaincy	.....
	Personal tutors	.....
	Nightline (if appropriate)	.....

Anyone missing? Let us know.

APPENDIX 6: POLICY DRIVERS

LOCATION	TYPE	TITLE	DATE
England	Guidance	Suicide prevention: developing a local action plan	October 2016
		Preventing suicide: lesbian, gay, bisexual and trans young people	March 2015
		Suicide prevention: identifying and responding to suicide clusters	September 2015
		Suicide prevention: suicides in public places	December 2015
		Support after a suicide: a guide to providing local services	January 2017
	Policy	Suicide prevention strategy for England	September 2012
		Suicide prevention: third annual report	January 2017
		Transforming Children and Young People's Mental Health Provision: a Green Paper	December 2017
Scotland		Scottish government suicide prevention strategy 2013–16*	December 2013
		Stronger suicide prevention plan. Draft	March 2018
Wales		Talk to me 2 – suicide and self-harm prevention strategy for Wales 2015– 2020	2015
		Talk to me 2 – annexes – suicide and self-harm prevention strategy and action plan for Wales 2015–2020	
		Talk to me 2 – objectives – suicide and self-harm prevention action plan for Wales 2015–2020	
Northern Ireland		Protect Life 2 (draft) suicide prevention strategy for Northern Ireland	September 2016

*In 2017 the Scottish Government will engage with stakeholders to inform the development of a new suicide prevention strategy or action plan, for publication in late 2017 or early 2018.

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Designed by Effusion

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For questions or comments from our members or stakeholders, please contact John de Pury, Assistant Director of Policy, or Gedminte Mikulenaite, Policy Researcher.

For media enquiries, please contact our press office: **pressoffice@universitiesuk.ac.uk** or call **020 7419 5407**

PAPYRUS CONTACTS

For questions or comments concerning this guide or to discuss suicide prevention training please contact PAPYRUS.

For media enquiries, please contact our press office: **pressoffice@papyrus-uk.org**

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 **HOPELinkUK** on **080 0068 4141**, text **077 8620 9697** or email **pat@papyrus-uk.org**