

Suicide Safety Strategy

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Trigger warning

This document includes references to suicide, suicide attempt, death and serious mental ill-health. We're warning you about this because if you feel your mental health could be affected by reading this, or that reading the document might remind you about a time when you were struggling, we'd suggest you read this with a friend or colleague. Or, if after reading the document you would like to talk to someone, please contact:

- If you are a student – email studentservices@plymouth.ac.uk
- If you're an employee of the University – speak to your line manager or email hr@plymouth.ac.uk for information about the Employee Assistance Programme
- If you're an employee of the Students' Union – speak to your line manager or the Director of Central Services

Alternatively, anyone can sign on to Big White Wall for advice and peer support:

www.bigwhitewall.com

Emergency support

If you believe someone is in immediate danger of harming themselves or attempting to take their own life:

- Ensure they are escorted directly to the local Emergency Department, or
- If they cannot reach the hospital themselves, dial 999 to request an ambulance

1. Purpose of this strategy

To raise awareness of suicide, including suicide prevention and mental health, resulting in fewer incidents of suicide attempt and death by suicide.

Entirely preventing death by suicide is not possible, but this strategy articulates our combined efforts to reduce the likelihood of people within our community experiencing suicidal thoughts, making suicide attempts, and dying due to suicide.

2. Introduction

This Suicide Safety Strategy supports the University of Plymouth (UoP) and University of Plymouth Student's Union's (UPSU) strategic prioritisation of mental health and commitment to joint working, for the benefit of students and staff.

It is thought that 25% of young people will experience suicidal feelings at least once in their life. Whilst the suicide rate amongst students is statistically lower than the general population, in England and Wales in 2016-17, 95 students died due to suicide (Universities UK, 2018¹).

Nationally, of those people who die due to suicide, only around a third are known to mental health services and not everyone who dies this way has a diagnosed mental health problem. Because of this, having a strategy dedicated to suicide prevention is essential, as a separate but related component of our overarching mental health and wellbeing work.

Every time a person dies due to suicide, it is estimated that around 135 people are affected. Within the city of Plymouth, on average there are 1-2 deaths per month due to suicide or undetermined injury (this relates to the local population of the city). As a large University and employer within the region, we work closely with the Plymouth Suicide Prevention Strategic Partnership on this important agenda.

In addition, there are lots of organisations within the UK and around the world who exist to raise awareness of, and prevent, suicide. This strategy is directly informed by the research and advice available from these organisations, for instance Universities UK¹ and 'Project Semicolon'².

The strategy's objectives, agreed by the University and Students' Union are:

1. To contribute to the **prevention** of suicide
2. To enable **intervention** and support for people experiencing suicidal thoughts
3. To facilitate **postvention** (post-suicide response, support and review)

¹ <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Pages/guidance-for-universities-on-preventing-student-suicides.aspx>

² <https://projectsemicolon.com/about-project-semicolon/>

Or, as Project Semicolon³ describe: “*hope, help and healing*”³.

The strategy is written in such a way that every member of the UoP and UPSU community who reads it should be able to understand how some or all of it relates to them and their role. The strategy begins by outlining the strategic principles we apply around suicide safety, before outlining the actions we have put into place and guidance for staff and students.

We want to ensure that in every case of someone experiencing suicidal thoughts there is an opportunity to receive support, with a view to recovering their mental health to protect their life.

3. Prevention of suicide

By far, our overriding objective is to ensure everyone’s university experience is happy and fulfilling and that students and staff are well, mentally and physically. Part of staying well is:

- a. Promoting good health
- b. Recognising risks to health and wellbeing, including groups who may be at higher risk, in order to tailor promotion activities to these risks/groups

Dealing with suicide prevention and encouraging good health, we adopt the following principles:

- Working strategically with NHS commissioners and other statutory bodies to represent the needs of our students and influence decisions about funding and service provision
- Take a whole-institution approach to promoting good health and identifying and supporting at-risk groups
- Promote awareness-raising campaigns as a key part of prevention, aspiring to catch the attention of individuals before they start planning a suicide or make an attempt
- Align campaigns with key points of the academic year including transition points, e.g. induction, exam periods or after the Christmas break, when students might be feeling stressed or low, although recognising that suicidal feelings are not predictable and awareness-raising is a priority for the whole year
- Regularly and repeatedly publicise information about where to access support, and commit to creating ‘one point of access’ to this support
- Recognise that external organisations have expertise and specialism not within the remit of a university, ensuring we know which organisations should

³ <https://projectsemicolon.com/what-is-suicide/>

- be engaged to support students' mental health and actively signpost to them
- We do not tolerate bullying, discrimination or harassment; we take action and provide support where allegations arise
- As appropriate, encourage students to involve their parents and supporters in their university life, in particular if they experience mental health difficulty

4. Intervention and support for people experiencing suicidal thoughts

We endeavour to create a culture in both organisations where 1) we notice someone who is vulnerable but who hasn't told us and we know what to do to support them, and 2) we provide a rapid, sensitive response when someone tells us they are feeling suicidal.

In order to achieve this culture, our overriding principles are:

- We publish guidance about what someone should do when they are worried about someone's mental health and we promote this across both workforces and the student body
- We endeavour for all staff to be alert to the signs that someone might be vulnerable, such as subtle changes in behaviour or not engaging e.g. in academic work, clubs or societies, with academic staff or other students, and we will do this through training staff in suicide awareness, risk factors and how to talk about suicide
- There are clear referral routes, where staff are able to quickly hand over to someone who is appropriate to intervene, be that members of staff within UoP or UPSU, the NHS, or another organisation
- Making information sharing guidance readily available to staff, complying with GDPR and enabling appropriate sharing of data (internally and externally) where there is a risk to the safety of a person or group of people
- Building partnerships with external organisations, allowing rapid referral for support and bringing services to students (geographically), where possible

5. Postvention (post-suicide response and support)

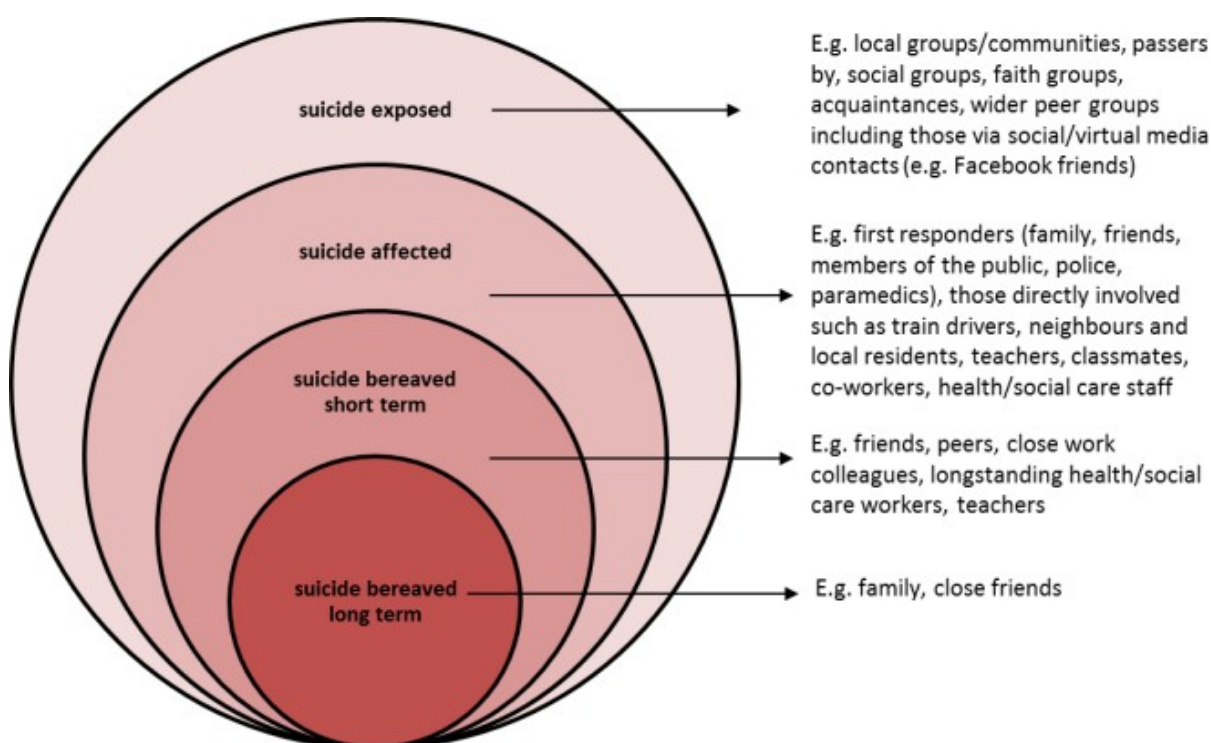
How we support people after any death has some common elements, however the aftermath of a death by suspected suicide brings unique considerations, for instance managing the risk of another or multiple suicides, which research has shown can happen when one person dies by suicide due to others being exposed to it.

In any case, emotions will be high and many people may be traumatised, stressed and confused. There are immediate and longer-term actions for both organisations, and our overriding principles are:

- Identifying the primary coordinators within UoP and UPSU, who will immediately identify the people who need to know about the death and notify them accordingly, in confidence, as well as liaise with the family and statutory

- agencies such as the police/NHS (following the Death of a Student Procedure)
- Identifying those who may be affected by the suspected suicide and those who may be at risk of suicide due to exposure to this suspected suicide (see Fig 1), which could include, staff, students or other people, and providing them with compassionate and timely support
 - Ensuring the support we provide achieves a blend between proactive and direct 'reaching out' to those people we may be worried about and providing 'drop-in' support to others, catering to different preferences
 - Recognising that many people will be affected by a death due to suspected suicide and in such instances, we remind a wide audience of students and staff about the general wellbeing and mental health support available and how to keep yourself safe
 - Always reviewing the facts of individual cases to support continuous improvement and learning about suicide prevention, including contributing to any investigation or enquiry by the police and/or Coroner's office

Fig. 1 – Identifying people who may be affected by suicide (Public Health England, 2015)



Appendix 1: UoP and UPSU Suicide Safety Actions for 2019/2020

In 2018/2019, Universities UK launched Suicide Safer Guidelines for universities. In time for the 2019/20 academic year, we are pleased to have implemented the following:

<p>Strategic sponsorship</p> <p>Gina Connelly (Chief Executive of UPSU) and Alice Ludgate (Head of Student Services) have produced this strategy, and commit to undertake an annual gap analysis in order to further build on the work from 19/20</p> <p>The Student Health Group has been set up (June 2019) to manage partnerships with external organisations, including the NHS and third-sector organisations, to ensure the right services are available to students. This group also facilitates information sharing between organisations about trends (mental health, suicidal ideation) to inform decisions about campaigns and partnerships.</p>
<p>Training and support for staff</p> <p>Staff in both organisations have access to mental health and suicide awareness training:</p> <ul style="list-style-type: none"> • University staff: click here to access the training available about mental health • UPSU staff: Contact the Director of Central Services for signposting to training • All staff can register for free to access suicide prevention training: https://www.e-lfh.org.uk/programmes/suicide-prevention/, or a free resource not requiring registration is here: https://www.zerosuicidealliance.com/training/ <p>Support is available to staff in both organisations:</p> <ul style="list-style-type: none"> • University staff: Visit the HR Community for support or log on to Big White Wall, a free, confidential and anonymous online platform to support your mental health (get advice, contribute to forum chat, take online courses). Employees can always speak to their line manager or email occupationalhealth@plymouth.ac.uk for further advice about their health and work. • UPSU staff: a free, confidential advice line is available for personal support: 0300 555 6006 or contact the Director of Central Services for access to Occupational Health <p>Student Services (including Student Wellbeing Services) have streamlined, providing a single point of access for students, staff, parents and other people wanting advice about student mental health:</p> <ul style="list-style-type: none"> • Visit us in the Student Services Hub • Phone 587676 • Email studentservices@plymouth.ac.uk <p>Semester 1 will see the University's annual staff 'Wellbeing Showcase', giving staff an update on the range of services they can signpost to, to help them in their</p>

support of students (to find out more email studentservices@plymouth.ac.uk)
Semester 2 will see the University's annual 'Suicide Awareness' event, giving staff and students information about what support is available, and to encourage (to find out more email studentservices@plymouth.ac.uk)
Campaigns and support for students
The Students' Union has planned a range of campaigns for 2019/20 including " <i>find your uni family</i> " which will be promoted particularly during November when we know students may experience more stress, feel homesick, be confused, and begin to struggle with their mental health
We've produced a new webpage for parents and supporters' welcome information: https://www.plymouth.ac.uk/students-and-family/parents-and-supporters
Student Services, in partnership with Student Minds, will deliver the 'Look after your Mate' course to students, helping them know what to do in supporting fellow students and friends
Specific roles to support after a death due to suspected suicide
Both the University and Students' Union have identified a 'postvention team', people who identify affected groups and reach out to them to offer listening and signposting to support (this may be a combination of 1-1 and open meetings). People at risk, following a death, are rapidly referred to these people for support. To contact the Postvention Team, email studentservices@plymouth.ac.uk .

If you have ideas about other work we can do, to raise awareness of suicide and mental health, contact one of the team for 19/20:

- **Alice Ludgate**, Head of Student Services, University of Plymouth (alice.ludgate@plymouth.ac.uk)
- **Gina Connelly**, Chief Executive, University of Plymouth Students' Union (gina.connelly@su.plymouth.ac.uk)
- **Anne Bentley**, Student Wellbeing Services Team Manager, University of Plymouth (anne.bentley@plymouth.ac.uk)
- **Bitty Walter Inyang**, VP Wellbeing and Diversity, University of Plymouth Students' Union (bitty.inyang@su.plymouth.ac.uk)

Appendix 2: Where to get help?

In an **urgent/emergency situation**, you should take this action:

Emergency support

If you believe someone is in immediate danger of harming themselves or attempting to take their own life:

- Ensure they are escorted directly to the local Emergency Department
- Or, if they cannot reach the hospital themselves, dial 999 to request an ambulance (please also let University Security know **after** you have done this, by phoning 3333 (or 01754 584400 externally))

In cases **where concerns are emerging** or more subtle, perhaps indicated by a change in behaviour, disengaging from work, research or study, or changes in mood, guidance is provided below for students and staff.

Guidance for **students** who are worried about another **student**

It will often be the case that fellow housemates, friends or people on the same course (if studying a taught programme) will be the first to notice that a student is struggling. The signs might not be obvious, but you could notice that another student is not behaving like they usually do, or they might tell you they are feeling suicidal.

Even if you are unsure, please let Student Services know by visiting the Student Services Hub, emailing us (studentservices@plymouth.ac.uk), or phoning (01752 587676). The Hub is staffed by trained advisors who are able to support you.

Once we know there's a concern, a trained Mental Health Advisor will be able to help you and the person you're worried about, allowing you to still be there for your friend and help them stay involved with studies and activities, with the knowledge that a trained professional is aware of the situation and will refer the student to further professional help.

Ways to support someone who is feeling suicidal

1. Encourage them to talk to someone about their feelings, that might be you or another person
2. Be direct and ask them if they are thinking about suicide
3. Remember that talking about suicide doesn't increase the risk of it
4. Be there for them, but remember your own limitations – signpost them to professional support

Guidance for students who live in halls of residence

If you are unsure what to do, you can ask your Hall Volunteer for advice and they will help you signpost the student to support and will help you in contacting Student Services.

Guidance for **staff** who are worried about a **student**

If you become aware of a student experiencing suicidal thoughts, Student Services are here to help and swiftly provide support and onward referral. Get in touch via:

- Email – studentservices@plymouth.ac.uk
- Phone – 01752 (5)87676
- Drop in to the Student Services Hub

For urgent concerns outside of these hours, contact Security on 3333. Out of hours, during term-time there is a Duty Manager from Student Services, available for advice via Security.

We recommend that you:

- Reassure the student that they are not alone, and ask them questions about how they are feeling (use open questions such as “are you thinking about ending your life now? Why are you thinking of ending your life?”)
- Explain to them that you care about them and that they will not feel this way forever, these feelings will pass, with a little help
- Contact Student Services, as described above, and let the student know that you are doing this, because you want to help them get professional help with how they are feeling

After contacting Student Services, a member of the team will talk to the student and help them access the most appropriate support to stay safe. You should also talk to the student about how you can continue to support them, if appropriate to your role (e.g. if you are their personal tutor).

You should refer to the Study and Wellbeing Review Policy for guidance about how their academic progress and engagement can be supported, either through an action plan being developed, a temporary interruption, or some other form of support.

Guidance for **staff** who are worried about another **colleague**

All staff (UOP and UPSU):

Becoming aware of a member of staff experiencing suicidal thoughts will be concerning, whether you are a colleague or the member of staff's line manager. Using the guidance in this document, reassure the member of staff that they are not alone and there is help available. You can signpost the person to more support.

As a manager it may also be appropriate to carry out a Stress Risk Assessment in order to help staff members identify and address potential stressors in the workplace.

UOP staff:

- You can signpost the person you're worried about to 'Care First' (Employee Assistance Programme). Care First offers support for all employees on a wide range of issues affecting work and personal lives. To log in, follow this link: [Employee Assistance Programme](#) (link for University of Plymouth staff members only). To speak to a consultant or counsellor call 0808 168 2143.
- In addition to this, let your line manager know. A line manager should talk to the employee about how they can support them and if necessary, make an occupational health referral by contacting occupationalhealth@plymouth.ac.uk to seek advice on how best to support the individual while at work.
- In addition to Occupational Health, you can contact Human Resources on 588180 and ask to speak to a member of the HR Partner team for advice. This may include advice about carrying out a Stress Risk Assessment.

UPSU:

- Students' Union staff who become aware of staff experiencing suicidal thoughts should speak to their line manager and can also contact the Director of Central Services to ask for advice (including Occupational Health)
- Employees can access individual, free and confidential support from the external advice line: 0300 555 6006

Appendix 3: Who is 'at risk' of suicide and what is it like to feel suicidal?

Risk factors

Suicide is complex, unique and impossible to predict. Whilst a specific single trigger might cause one person to consider suicide, another person is very unlikely to experience the same response.

The University recognises that there are factors which can increase mental distress and present suicide risks. Some of these are listed below (this is not an exhaustive list nor a checklist):

- **Increased mental distress** can be caused by debt, alcohol use, serious self-harm, transitions, academic pressures, social/cultural factors, stigma around help-seeking, social media and internet use
 - Time of year: the beginnings (August to October) and endings (August to October) of all academic years may constitute vulnerability for students already at risk; transitional periods appear to cause students to contemplate future demands and pressures at a time when established sources of support may be unavailable
- **Specific suicide risk factors** include transition from CAMHS to CMHT, serious (suicidal) self-harm, alcohol/drug misuse, diagnosed depression (linked to reduced serotonin activity in the brain, and feelings of hopelessness and helplessness), perfectionism and having been exposed to another recent suicide
- **High-risk groups** include: bereaved students, asylum seekers and refugees, people who identify as LGBTQ+, people with experience of trauma and victimisation, and male students

Understanding suicidal feelings

Whilst risk factors exist, suicide is complex and unpredictable, even for experienced professionals. It is often difficult for many people to discuss and understand, due to stigmatisation, stereotypes and fear. Ultimately it can affect anyone regardless of age, gender, background or whether risk factors are present in an individual's life.

Trying to understand another person's feelings and thoughts can be daunting, and suicidal thoughts can be overwhelming and very changeable. They will affect people differently, including how long they last and the intensity (which can be heightened if the person drinks alcohol, uses street drugs or has sleep problems).

By encouraging someone to talk you are giving them a way of accessing the right support. That doesn't mean you will take away their feelings or that you're responsible for their safety, but knowing about these feelings allows alternatives to suicide to be considered.

When having a conversation, remember to:

Ask open
questions

Give the
person time

Take them
seriously

Don't judge or
blame

Don't skirt
around the
subject

There is a myth that talking to someone about their suicidal feelings will encourage them to make a suicide plan and/or act upon an existing plan. This is not true. Suicide can be a taboo subject in society but by talking to someone about their suicidal feelings, it is often the case that they feel relieved and may discover support and alternative options to suicide.

Appropriate questions include:

- “Sometimes people who are going through similar things have thoughts of suicide, do you ever have thoughts of suicide?”
- “You’ve described some very painful problems, are you currently thinking about suicide?”
- “What is your suicide plan?”
- “Who else have you spoken to about your suicide thoughts?”

By finding out the answers to these questions you can signpost the student to support or trigger a referral to the University’s Wellbeing Services (Appendix 2).

In addition, the British Medical Journal recommend in addition to the above, asking questions about the present time, such as:

- What is important to you at the moment?
- What do you find makes you comfortable at the moment?

Appendix 4: Talking about student death by suicide

Thousands of students experience suicidal thoughts, throughout the country at all universities and colleges. In fact, suicidal feelings are probably more common than you'd expect.

Student deaths by suicide are infrequent but they do happen, and any postvention support will be sensitive, timely and appropriate to the circumstances of the death.

It is important to be aware that death by suicide can increase the risk of suicide among others who have been exposed to it, this is why postvention is an important component of what we do after a death.

Even if suicide is suspected, until this has been confirmed, the cause of death should be referred to as 'unconfirmed' or as 'suspected suicide'. Only a coroner could confirm the cause of death.

More generally, to avoid stigmatisation of suicide, sensitive and respectful language is important. These are all appropriate terms to use instead of referring to "committing suicide", which was used when suicide was listed as a criminal offence:

- They attempted to end their life
- They survived a suicide attempt
- They died by suicide
- They ended their life
- They took their life

Appendix 5: Recommended Do's and Do not's

Appendix 5 and 6, with kind permission from University of Cardiff

Do	Do not
<p>Ask directly about suicidal thoughts</p> <p>Asking someone directly if they are thinking about suicide is one of the most helpful things anybody can do. Without open discussions about suicide, those at risk may continue to feel isolated and are less likely to get the help they need. Asking someone if they are suicidal will not put the idea in their head.</p> <p><i>For example: "You have described a few very painful problems. Are you currently thinking about suicide?"</i></p> <p>Use appropriate terminology</p> <p>If we can use language that accurately, sensitively and respectfully describes suicide, we avoid stigmatizing those who die by attempted suicide, and we encourage suicidal people to feel safer asking for help</p> <p><i>For example: He/she/they attempted to end his/her/their life</i></p> <p><i>See Appendix 5 for more appropriate terminology</i></p>	<p>Attribute or speak of a death as being suicide or suspected suicide before it has been confirmed</p> <p>Even if strongly suspected, a conclusion of suicide can only be declared by the coroner. Use language such as "a student has died"</p> <p>Use stigmatizing terminology</p> <p>Using certain terms/phrases can perpetuate the stigma associated with suicide. This stigma, in turn, can deter people from seeking help from friends, family and professionals.</p> <p><i>For example:</i></p> <p><i>Using the phrase "committed suicide"</i></p> <p><i>The word 'commit' comes from a time when suicide was treated as a crime. To portray suicide as a crime stigmatizes those who have experienced suicidal thoughts or attempted suicide. Suicide is no longer a crime.</i></p> <p><i>Using the phrase "completed suicide"</i></p> <p><i>To complete something generally conveys success; to leave something incomplete generally conveys failure. However when thinking about suicide, 'success' is profoundly negative and 'failure' can be viewed positively</i></p> <p><i>Referring to 'successful' or 'unsuccessful' suicide attempts</i></p> <p><i>As above, this may lead somebody who survives a suicide attempt to feel like a failure.</i></p>

Appendix 6: Myths and Facts

Myths	Facts
Thinking about suicide is rare and unusual	Suicidal thoughts are very common for people experiencing emotional distress. Whilst the vast majority do not act on these thoughts, anyone has the potential to think about suicide. Suicidal thoughts are the brain's way of signalling for attention and should not be ignored.
People who are suicidal just want to die	Suicide is often not about wanting to die, but about wanting emotional pain to end. People who have survived suicide attempts often state that they didn't want to die but rather didn't want to keep living with the suffering they were feeling. After an attempt, many people clearly indicate that they want to live on, and most people who survive an attempt do not end up dying by suicide later.
Discussing suicide might encourage it.	There is no evidence that talking to someone about suicidal thoughts is harmful. In fact, the opposite is thought to be true: Asking someone directly if they are thinking about suicide is one of the most helpful things anybody can do. Without open discussions about suicide, those at risk may continue to feel isolated, and are less likely to get the help they need. Asking someone if they are suicidal will not put the idea in their head.
People who are suicidal have mental health conditions	Suicidal thoughts and actions indicate extreme distress and often hopelessness and unhappiness. While this may be part of a mental health condition, it isn't always. Many people with mental health problems never have suicidal thoughts or behaviour, and not all people who attempt, or die, by suicide have a mental health condition.
Suicidal thoughts never go away	Suicidal thoughts are not permanent. An increased risk is usually short-term, attached to a specific situation, and can come and go as situations and symptoms vary. Suicidal thoughts may return but are temporary and suicide is not inevitable. People can get help and go on to live long and healthy lives.
There is no warning for most suicides	There are often warning signs. A person who is thinking about suicide will usually show clues or signs of distress to those around them. These might include physical or behavioural changes. Some suicides may be impulsive and not planned, but other signs (e.g. depression, anxiety, or substance abuse) may have been present. It is important to understand what the warning signs are and look out for them.
Individuals who talk about suicide won't really do it	People who talk about suicide may be reaching out for help or support. Most people aren't comfortable talking about suicide, so they might bring it up in a joking or offhand way. However, any mention of suicide should be taken seriously and viewed as an opportunity to help.
Attempts are just a 'cry for help'	Suicide attempts, even 'minor' ones that don't require serious medical attention, are a sign of extreme distress. Suicide attempts should be taken seriously and are a reason to assess and treat any ongoing mental-health issues.
People who die by suicide were unwilling to seek help	Studies of suicide victims have shown that more than half had sought medical help in the six months prior to their deaths.