## Suicide Safer Strategy

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**REVISION HISTORY**

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Document: Suicide Safer Strategy
Implementation from: Dec 2021
Review date: Jan 2023
Owner: Director of Student Life
1. Aims and Commitments

University Academy 92 (UA92) understands that suicides are unlike other sudden deaths. We fully support the Suicide Safer Universities framework led by Universities UK and Papyrus and have developed this strategy to effectively inform how we plan to prevent suicides and support students and families after the death of a student.

At UA92 mental health and the well-being of our community is a strategic priority and has been at the heart of all we do from our inception. We are committed to a whole-institution approach to create a supportive environment that encourages social connectedness, reduces stigma, promotes help-seeking behaviour and helps students to develop vital life skills and emotional resilience.

UA92 was opened in 2019 to provide a higher education environment that does things deliberately differently. There was a recognition that we cannot expect students to manage the complexities and challenges of life in Higher Education and beyond without equipping them. Teaching our students key character and personal development skills to enable them to stay well has formed a core part of our prevention activity. All UA92 students study a character and personal development alongside their academic discipline, which is mandatory and embedded into the curriculum. The module focuses on areas such as health and well-being, resilience, financial literacy, digital literacy as well as many others.

To understand the risk factors among our student population, we need to understand our student profile. Knowledge of key community groups and demographic data from Admissions, Student Recruitment, Marketing and UCAS helps us to build a picture of our student profile, enabling us to support students effectively. We are aware, however, that a number of suicides are attempted by people who do not fall into high-risk groups. As such, it is imperative for us to focus on our whole population and build a community at UA92 that is aware and compassionate, both on and off campus.

2. Context

It is essential that we work closely across the Higher Education sector and with our health colleagues to improve practice in this important area to ensure that students are better supported and that we take every possible step to prevent suicide in our student population.

Considering relevant research and formulating our actions around this, has been imperative to our strategic plan (see appendix 1 for more information).
Preventing suicide is everybody’s business, involving multi-agency teams across multiple settings (World Health Organization (WHO), 2014).

UA92 commits to fostering a culture in which preventing suicide is everyone’s responsibility. Regular and mandatory training for staff and students is key to this and has been prioritised as part of our preventative activity.

Only 1 in 3 people who die by suicide are known to mental health services (Mental Health Act Statistics, Annual Figures 2017-18: Summary Report (digital.nhs.uk))

UA92 commits to talking about mental health openly and frequently, raising awareness and encouraging access of support, to normalise the conversation and reduce stigma. In 2019/20, 49% of the UA92 student population accessed the well-being service, which we are committed to making as accessible as possible.

This research is particularly significant since the UA92 student population is majority male. We recently set up a men’s social group, to promote peer to peer support. We also have plans to work with Greater Manchester Mental Health Trust to conduct research amongst our student population, to provide insight into the risks and benefits of gender-specific support for males with a view to look at improving accessibility of services for males more widely across Greater Manchester.

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).

UA92 commits to providing substantial support for those directly or indirectly affected by suicide. This has been considered in our Student Bereavement Policy in relation to aftercare for the community if a death in this tragic way was to occur within our population.
3. Prevention, Intervention and Postvention

UA92 commits to undertake a range of prevention activity, proactively intervene to support students at risk and to deal sensitively when a tragedy occurs.

To outline our approach, we have set out our priorities for prevention, intervention and postvention in relation to current activity and goals for the next year.

3.1 Prevention

Many people experience suicidal thoughts and feelings. Prevention aims to catch people before they start planning or attempt a suicide attempt.

UA92 has a clear approach and multiple initiatives across the institution aiming to create a culture of openness and encouraging access of in-house and external services:

Raising awareness

- Mental health first aid and champion training for all staff prior to Sept 2019 launch
- Annual suicide prevention, safeguarding and Prevent training mandatory for all staff – focus on difficult conversations, destigmatising suicide, and whole-institution approach
- Applied Suicide Intervention Skills Training (ASIST) for all members of the Student Well-being Service
- Campaigns and awareness days – activities on campus for days such as Suicide Awareness Day, World Mental Health Day and University Mental Health Day
- Guest speakers invited to discuss lived experiences e.g. Jonny Benjamin MBE
- Inviting external organisations to campus for regular drop in sessions e.g. Greater Manchester Police, Trafford Domestic Abuse Service, Trafford Rape Crisis, Money Advice

Pre-enrolment

- Well-being service visible at recruitment events such as open days, parent/guardian talks
- Presence of well-being service at all student inductions, encouraging disclosures of difficulties and distress and use of well-being service
- Promotion of well-being within UA92 prospectus e.g. quotes from students who have benefited from accessing well-being support
Well-being Support

- Regular well-being drop-ins and appointments
- Student counselling service: access to free time-limited counselling sessions in-house
- Signposting to external and specialist support providers
- Liaising with GPs and NHS services to manage risk and ensure follow up

Disability Support

- Reasonable adjustments for students with a diagnosed mental health condition
- Support to apply for Disabled Students’ Allowances to access additional relevant support

Resources

We are acutely aware that accessing support services at UA92 may not suit everyone, so we have made a wealth of information available without having to contact the service directly:

- Help sheets & resources available via our Virtual Learning Environment (VLE) with specific information, for example, suicide, depression, eating disorders and relevant support services
- Crisis support numbers readily available on VLE and at campus helpdesk
- Provision of Student Assistance Programme: app and 24/7 helpline to accredited counsellors (accessible via phone, chat, WhatsApp, email) directly referring into well-being service for students at substantial or critical risk to allow for follow up support

Academic & Environmental

- Universal design of all courses based on our Inclusive Curriculum – embedding reasonable adjustments into the curricula as standard
- Small classroom sizes (no lectures) to allow students to feel seen and known
- Contemplation room available to all students as a quiet space (access on all student cards)

Educational

- Delivery of well-being workshops e.g. Coping with Change, Stress Management etc.
• Character and Personal Development modules such as Resilience, Health and Well-being, Communication, Financial Literacy etc.

Specific Initiatives

• Access to an anonymous and non-anonymous reporting tool to prevent and act against bullying and all type of discrimination and harassment
• Data collection re common presenting issues in counselling sessions, to inform workshops and other preventative work
• Where there are any organised activities on campus, UA92 will ensure that a risk assessment is carried out in order to promote the safety of vulnerable groups at risk (as per section 3.6.1 of the UA92 Safeguarding and Prevent Policy).

Stakeholder Engagement – membership of:

• Trafford Suicide Prevention Partnership Board
• Greater Manchester Universities Learning and Networking Group
• AMOSSHE Student Services
• National Association of Disability Practitioners

Policies and Procedures

• Student Bereavement Policy
• Fitness/Support to Study Policy & Procedure
• Safeguarding and Prevent Policy
• Student Well-being Policy
• Disability Policy

Our focus for the coming year:

• Continue to review and improve preventative measures

• Establishment of a Student’s Union, to enable students to create groups/societies raising awareness of mental health and suicide prevention via student-led activities

• Work more closely with local schools and colleges to ensure a smooth transition between educational settings

• Developing a better understanding of the data and trends underpinning suicide in the HE student population, including looking at current and future reporting from the Office for Students and Public Health England
### 3.2 Intervention

Intervention refers to the development of a clear and robust care pathway for those feeling suicidal. The ways in which we currently do this are:

- **All staff receive suicide awareness and prevention, safeguarding and Prevent training** to help them notice warning signs and equip them with the skills required to determine whether a student is ‘safe for now’ or at immediate risk and refer to appropriate person/service

- **Same-day well-being appointments** offered to students who express suicidal ideation or are deemed to be ‘high risk’

- **Follow up action** taken dependent on risk, which could include, but is not limited to:
  - Liaising with relevant NHS services e.g. GP, A&E, crisis teams, single point of access
  - Completion of Suicide Safety Plan with student and arranging follow up well-being check ins

- **Safeguarding risk assessments** completed for students who are considered at high risk

- **Relieving academic pressure** as much as possible through:
  - Maintaining good communication and relationships between Registry and Well-being
  - Supporting students with Exceptional and Mitigating Circumstances applications
  - Offering all students the option of intercalating their studies and returning when ready (our block structure and multiple entry points makes it easier to ‘take a break’ from studies, without having to wait for extended periods before being able to return)

- Initiation of **Fitness/Support to Study** policy and procedure – panel and student discuss and agree ways to keep the student well first and foremost

- In line with UA92’s **Safeguarding Policy**, any safeguarding concerns will be immediately reported to the UA92 Designated Safeguarding Officer, the Director of Student Affairs, who will take appropriate action. The DSO will also be supported by the designated Deputy DSO (DDSO), the Head of Registry and Quality, who should be contacted
in the DSO’s absence (as per section 3.4.1 of the UA92 Safeguarding and Prevent policy).

- The Designated Safeguarding Officers will follow Trafford Borough Council’s procedure and record the appropriate details on the **Safeguarding Referral Form** (as per section 3.5.1 of the UA92 Safeguarding and Prevent policy).

Our focus for the coming year is:

- Continuing to **build relationships** with local NHS and third-party organisations, to improve knowledge of relevant services and improve ease and speed of referrals at the intervention stage

- Expand the UA92 Student Well-being Service to **increase capacity** for providing urgent support in crises situations

- Continuing to review and update the **Fitness/Support to Study Policy** after each case, to ensure it is fit for purpose

- Continuing to **raise awareness** of mental health and the importance of seeking support through events, campaigns and guest speakers to encourage disclosure to allow intervention to be provided

### 3.3 Postvention

Postvention refers to aftercare following a suicide death to support the bereaved and reduce the risk of other deaths.

Although we have not had a suicide within the UA92 community until now, we recognise the importance of being as prepared as possible so we can effectively support those affected should this happen in the future.

We have highlighted our postvention actions to ensure continuous improvement and sharing of lessons learned across the sector to prevent further deaths:

- **Student Bereavement Policy** – identifies actions to be taken by individuals within UA92 in the event of a student death, by suicide or other means. UA92 appreciates that such situations are highly distressing and emotive and so has developed a checklist of actions for relevant individuals to complete to manage the situation as sensitively and comprehensively as possible.

- Exploring ‘**lessons learned**’ - we will work with the UA92 community as well as the bereaved families to ensure relevant
information is captured and that it informs reviews and updates to the relevant policies and prevention and intervention stages. We will also remain aware of suicides in the wider HE population to ensure we are reviewing our processes considering lessons learned by other organisations.

- **Critical Incident Debrief sessions** will be provided for staff and students for suicides, attempted suicides or any other incident that may have had a significant impact on the UA92 community.

- UA92 will monitor deaths of students studying at UA92, including *undertaking rigorous investigations* into deaths by suicide or suspected suicide. We recognise that there is much 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. As such, in the event of a suicide, we will work closely with our local Public Health team, Suicide Prevention Board and other HE providers across Manchester to gather this data and share relevant information.

4. **Next Steps and Plan for Review**

This strategy sets out our current approach to creating a Suicide Safer Higher Education Institution and how we will continue to develop, embed and refine our approach. We recognise that enacting our Student Suicide Prevention Strategy requires an ongoing institutional commitment and development of whole institutional approaches. We will work with our staff and students to embed the developments and commitments set out in this strategy and to develop and refine appropriate policy and guidance to formalise and embed our approach.
Appendix 1

FACTORS THAT MAY INCREASE MENTAL DISTRESS:

**BROADER ISSUES**
National and international geopolitical uncertainty, climate change and other insecurities and concerns.

**MEDIA REPORTING**
Media bias towards reporting suicides in students.

**ACADEMIC DRIVERS**
Curriculum design, repeating a year, workload and assessment.

**FINANCE**
Debt, gambling and worrying about money (Money and Mental Health Policy Institute, 2017).

**LIFE TRANSITIONS**
Moving from home, new peer groups, new identities, worries about employability.

**SOCIAL AND CULTURAL PRESSURE**
Gender, relationship issues, family issues, sexual orientation, race, identity and appearance.

**THE INTERNET AND SOCIAL MEDIA**
Availability of information and time it takes to spread; however, these can also present opportunities for suicide prevention.
RISKS:

SERVICE TRANSITION
Moving from child and adolescent mental health services to adult services can create difficulties and risks for young people.

SERIOUS (SUICIDAL) SELF-HARM
The most important single indicator of increased risk: age 15–24 is the peak age for self-harming (Da Cruz, Pearson, Scini, 2021).

ALCOHOL AND/OR DRUG MISUSE
54% of mental health patient suicides between 2003 and 2013 had a history of alcohol and/or drug misuse (Stanley, Mallon, Bell et al. 2009).

CONTAGION
Exposure to suicide and serious self-harm, clustering of suicidal behaviour.

HEALTH AND PSYCHOLOGICAL FACTORS
Perfectionism, sleep disturbance, mood instability, physical illness.

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.