

Suicide Safer Strategy		
Implementation date:	September 2025	
Version number:	1.2	

Document Control:

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Effective Date:	01/09/2025
Approving Body:	Joint Academic Committee
Equality Impact Assessment Date:	TBC
Version Number:	V 1.2
Date of Next Review:	Academic Year 2026/27

Amendment History:

Version Number:	Effective Date:	Summary of Amendments:	Author:
V 1.0	December 2021	First version of strategy	Student Wellbeing and Disability Manager
V 1.1	August 2023	 'Well-being Service' updated to 'Student Support Service'. UA92 student support statistics updated. Prevention initiatives in raising awareness, pre-enrolment, wellbeing support, resources, educational & specific initiatives to reflect current work. Prevention & Intervention 'focus for the coming year' updated to reflect ongoing/future initiatives. 	Counselling and Mental Health Manager
V 1.2	May 2025	 Updates to the use of 'Student Wellbeing' and 'Student Support Services' to reflect distinct functions. UA92 student support statistics updated. Updates to suicide prevention and intervention points to include additional staff training, updated crisis processes, addition of Student Support Hub. Separation of Student Wellbeing and Counselling functions. 	Counselling and Mental Health Manager

1. Aims and Commitments

University Academy 92 (UA92) understands that suicides are unlike other sudden deaths. We fully support and are guided by the <u>Suicide Safer Universities</u> 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 wellbeing 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 module alongside their academic discipline, which is mandatory and embedded into the curriculum. The module focuses on areas such as health and wellbeing, 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, 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 2023/24, 21% of the UA92 student population accessed Student Support Services, which we are committed to making as accessible as possible.



This research is particularly significant as the UA92 student population is majority male. We are aware of the stigma that males face and the barriers this can create, as well as the personal, societal and cultural expectations on many males in relation to their mental health. We therefore aim to make support as accessible as possible to male students by considering alternative ways of engaging them in open and supportive conversations, such as through events which incorporate physical activities or social aspects, and through facilitation of sessions and workshops which encourage open and helpful discussion.

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 Death 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

- Annual suicide awareness, safeguarding and Prevent training mandatory for all staff, with a focus on difficult conversations, de-stigmatising suicide, and whole-institution approach.
- Additional tailored training delivered to individual departments such as reception, student
 experience and academic staff, who are more likely to receive a disclosure about suicidal
 thoughts and have the opportunity to initiate intervention.
- Commitment to continuing professional development in suicide prevention and intervention for all members of the Student Counselling & Wellbeing Teams.
- Activities on campus aimed at raising awareness and encouraging conversations about mental
 health and suicide in aid of the Month of Hope, as well as an annual mental health awareness
 event held on University Mental Health Day.
- Mental health difficulties discussed during induction talks for all new students. Students
 encouraged to disclose and seek support with mental health difficulties and thoughts of
 suicide or self-harm, and clear routes for accessing support outlined.

• Regular communications encourage staff to identify where students might be experiencing mental health difficulties and signpost or refer appropriately and effectively.

Pre-enrolment

- Student Support Services signposted to at recruitment events such as open days, parent/guardian talks.
- Information on how to access Student Support Services is included in all student inductions.
- Promotion of Student Support Services within UA92 prospectuses and other communications e.g. quotes from students who have benefited from accessing support.

Wellbeing Support

- An accessible Student Wellbeing Service which is continually working to reduce and remove barriers students may face when disclosing mental health difficulties and suicidal thoughts or feelings.
- Regular bookable triage appointments offered across both campuses during all teaching weeks.
- Wellbeing appointments offered throughout the year, including break weeks and summer period (with the exception of UA92 closure times).
- Risk assessment and safety planning for any students at risk.
- Signposting to external and specialist support providers, working closely with GPs and NHS services to manage risk and ensure follow-up.

Counselling

- Access to free in-house counselling.
- Short-term counselling or one-at-a-time therapy options available to suit student's individual therapeutic goals.
- Risk-assessment completed as appropriate at therapeutic assessment to determine whether any suicidal risk is present and support ongoing management of this as the student engages with therapy.

Disability Support

- Reasonable adjustments for students with a diagnosed mental health condition listed in an individual Learning Support Plan.
- Support to apply for Disabled Students' Allowances to access additional relevant support.

Student 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:

 Self-help information & resources covering a wide range of mental health issues and associated topics available to all students via our Student Support Hub SharePoint page. Topics include suicide, self-harm, depression and other issues linked to poor mental health and suicide, along with relevant support information and services

- Crisis support numbers readily available on the Student Support Hub and around campus, such as at reception desk, in toilet cubicles and on campus screens.
- Provision of Student Assistance Programme for all students including a wellbeing app and 24/7 counselling helpline (accessible via phone, chat, WhatsApp, email). Substantial risk cases reported to the Student Wellbeing Service by the SAP provider to allow for follow-up support.
- Implementation of the Ripple Suicide Prevention Tool as an additional measure to intervene and support students who may have thoughts or intention to end their life.

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 is available to all students as a quiet space (access on all student cards).
- Commitment to creating a supportive and empowering environment where every student can thrive.
- Open communication and strong relationships between academics and Student Support Services, working together with trust and understanding to ensure that students receive seamless support, and academics can maintain healthy boundaries.
- Commitment to collaborative approach across UA92 in creating a safe and supportive environment for students.

Educational

- Delivery of wellbeing workshops covering a range of topics related to student mental health & wellbeing.
- Wellbeing as a core pillar of character and personal development modules studied by all students.

Specific Initiatives

- Culture change initiatives and review of approaches in response to the E6 conditions on harassment and sexual misconduct.
- Data collection on common presenting issues in wellbeing and counselling sessions, to inform service offer, workshops and other preventative work.

Stakeholder Engagement – membership of:

- Trafford Suicide Prevention Partnership Board
- Greater Manchester Universities Learning and Networking Group
- AMOSSHE Student Services
- University Mental Health Advisers Network
- National Association of Disability Practitioners
- Greater Manchester Universities Student Mental Health Service

Policies and Procedures

- Student Death Policy
- Support to Study Policy & Procedure
- Safeguarding and Prevent Policy
- Student Wellbeing Policy
- Disability Policy

Our focus:

- Continue to review and improve preventative measures
- Implement and review our Student Mental Health Strategy
- Review our policies and ways of working in line with the "Collective responsibility, collective action to prevent student suicide" guidance, 2024.
- Develop 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
- Further review alert processes to identify students displaying possible indicators of distress, such as changes in attendance and/or engagement, missed fee payments, and disciplinary issues
- Continue to review staff communications to ensure a shared responsibility and a compassionate community which de-stigmatises mental health, encourages disclosure, and identifies need for support with efficient and effective follow-up.

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 to identify warning signs and equip them with the skills required to determine whether a student is at risk of acting on suicidal thoughts and take appropriate steps.
- Clear and efficient processes for all staff to follow when determining the immediacy of suicidal risk, and where appropriate ensuring that immediate support and/or emergency intervention is implemented as quickly as possible. This includes effective communication processes for alerting and passing supporting responsibilities to the Student Wellbeing Team.
- Same-day wellbeing appointments offered to students who express suicidal ideation or are deemed to be 'high risk'
- **Follow-up action** taken as appropriate 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

- o Completion of Suicide Safety Plan with student
- Arranging follow-up wellbeing support and/or check-ins
- **Safeguarding risk assessments** completed for students who are considered at high risk.
- Relieving academic pressure by considering options such as:
- 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)
- Maintaining good communication and relationships between Registry, teaching staff and Student Support Services
- Initiation of **Support to Study policy and procedure** if appropriate priority to be keeping 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 Lead who will take appropriate action.

We commit to:

- 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.
- Ongoing development of Student Support Services to increase capacity and improve efficiency in providing urgent support in crisis situations.

3.3 Postvention

Postvention refers to aftercare following a suicide death to support the bereaved and reduce the risk of other deaths. We recognise the importance of being as prepared as possible so we can effectively support those affected should this happen.

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

- **Student Death 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.
- We 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.

5. Appendices

Appendix 1 - Determinants and Risks (Suicide Safer Universities Guidance, Universities UK & Papyrus, 2018)

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, Saini, 2011).

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 Asylum-seekers and bereaved or affected by refugees have higher suicide in others may have a risk levels. higher risk of suicide. Lesbian, gay, bisexual, transgender and queer/ People with experience of Male students are more than abuse, trauma, conflict or twice as likely to take their own questioning (LGBTQ+) young people exhibit more suicidal disaster including bullying, cyberbullying, and peer lives than females. However, more women than men have behaviour than those who do victimisation are at higher been found to self-harm. not identify as LGBTQ+. risk of suicide.

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