Suicide Prevention Strategy for Staff and Students

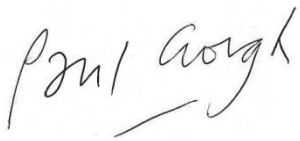
2024/25

Many of us find suicide difficult to talk about. And yet we should talk about it more. We want our universities to be safe places; places where students and staff can thrive and succeed, where everyone feels that they belong and are part of a supportive and caring community. But we have to recognise that, for some, for some of the time, that is not how they feel. Support is available, but those in need of support sometimes feel there are barriers to accessing the support available or are unable or unwilling to do so.

Suicide is preventable. That is why Dorset's three universities support the Dorset Suicide Prevention Strategy vision that "no one living in Dorset will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide".

We are committed to working with our partners in raising awareness around suicide prevention and taking action to achieve our shared vision. This strategy sets out the detailed actions that we will take, to ensure that our communities are the supportive and caring places we want them to be, for all members of our community, so that no-one feels that they are left without choices.

Our identified actions are reviewed every year by our strategy leads, to reflect our collective learning and ensure our strategy remains relevant. We publish this for the 2024/25 academic year, with our thanks to everyone who continues to contribute to supporting our communities.



Professor Paul Gough
Principal and Vice-Chancellor
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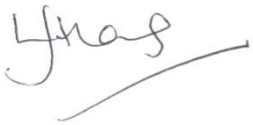

Lesley Haig
Vice-Chancellor Health Sciences University

Vice-Chancellor, Bournemouth University

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1. Introduction

The three universities of Dorset - Arts University Bournemouth, Bournemouth University, and Health Sciences University– have committed to take action to prevent any death of a staff member or student by suicide.

Following the launch in November 2021, this joint Universities of Bournemouth Suicide Prevention Strategy for Students and Staff, is now in its fourth year and has been reviewed collaboratively based on progress in the last 12 months, incorporating our learning, updated strategies and resources and the national and local context.

The aim of the strategy is to continue to align with the guidance of Suicide-Safer Universities (Universities UK and Papyrus, 2018) and recognise that it is possible for universities to make effective interventions to build supportive, compassionate cultures to reduce the risk of death by suicide.

Adopting a whole University approach to good mental health is a key part of creating a suicide safer University. The activities identified under the Suicide Prevention action plan in section 5, reflect the learning from internal and external reviews and will further embed an infrastructure that supports student and staff mental health.

Talking about suicide does not increase the risk of death, yet this myth persists in many communities. It is important that we continue to talk about suicide risk as part of wider student support conversations and training events and try to destigmatise the subject as much as we can on University campuses.

This strategy includes the latest data available from the Office for National Statistics (ONS) as well as University-specific data obtained from the national Cibyl survey of student mental health. These datasets, along with our real time surveillance data of students who self harm or are classed as having attempted suicide, inform our focus and actions for the coming 2024/25 academic year.

In addition, following the publication of the NCISH (2024) report, outlined in section 2, a key clinical recommendation from this study was that;

'Promotion of a "whole university" approach to mental health is important to prevention, especially as high risk in students may be difficult to identify by conventional risk factors. Support should be enhanced at key times of risk, such as the start of the academic year and in the lead up to exams…There needs to be a clear pathway to NHS mental health services'

Partnership is therefore the theme of the 2024/25 strategy and actions over the next 12 months

2. National Context

2.1 Data Overview

In March 2024, The National Confidential Inquiry into Suicide and Safety in Mental Health published its report, which presented findings from a longitudinal evaluation of suicide relating to people aged 10 and above who died by suicide between 2011 and 2021 across the UK.[1]

During this 10 year period, there were 69,420 suicides in the general population in the UK, which is an average of 6,311 deaths per year. The rate of suicide decreased by 4% in the UK in 2020 and 2021, the first years of the COVID-19 pandemic, compared to 2019. The decrease was particularly seen in men.

Students

In 2011-2021, there were 869 deaths in England and Wales by those aged between 18-21 who were identified as students, an average of 79 suicides per year.

Of students who were patients under the care of mental health services (so the following percentages are based on smaller numbers) -

- 96 (11%) were mental health patients, a significantly lower proportion than other young people in the general population who died by suicide (25%).
- The number increased between 2011 and 2020, which may reflect improved contact with health services, but fell in 2021.
- These deaths were most common in October and April, which may reflect arrival and exam times, and were less common in August/September.
- 60% of students who died by suicide were men and 23% were from an ethnic minority group.
- Over half (57%) lived at home with their parent(s) and 28% lived in shared accommodation.
- Students more often had depressive illness (36%) compared to other patients who died by suicide aged 18-21 (20%), while alcohol (27%) and drug misuse (31%) were less common.
- The majority (63, 72%) had a history of self-harm, and a third (27, 34%) had been seen at an emergency department for self-harm in the previous 3 months, similar to other patients (87, 29%).
- Seventeen (24%) students had been subject to a routine or urgent referral by their GP in the preceding 3 months, similar to other young patients (52, 19%).
- Short-term risk was viewed as low or not present in a similar proportion of students and non-students (70% and 76% respectively).

[1] NCISH / Reports / Annual report 2024: UK patient and general population data 2011-2021

Office for National Statistics data 2016 - 2020

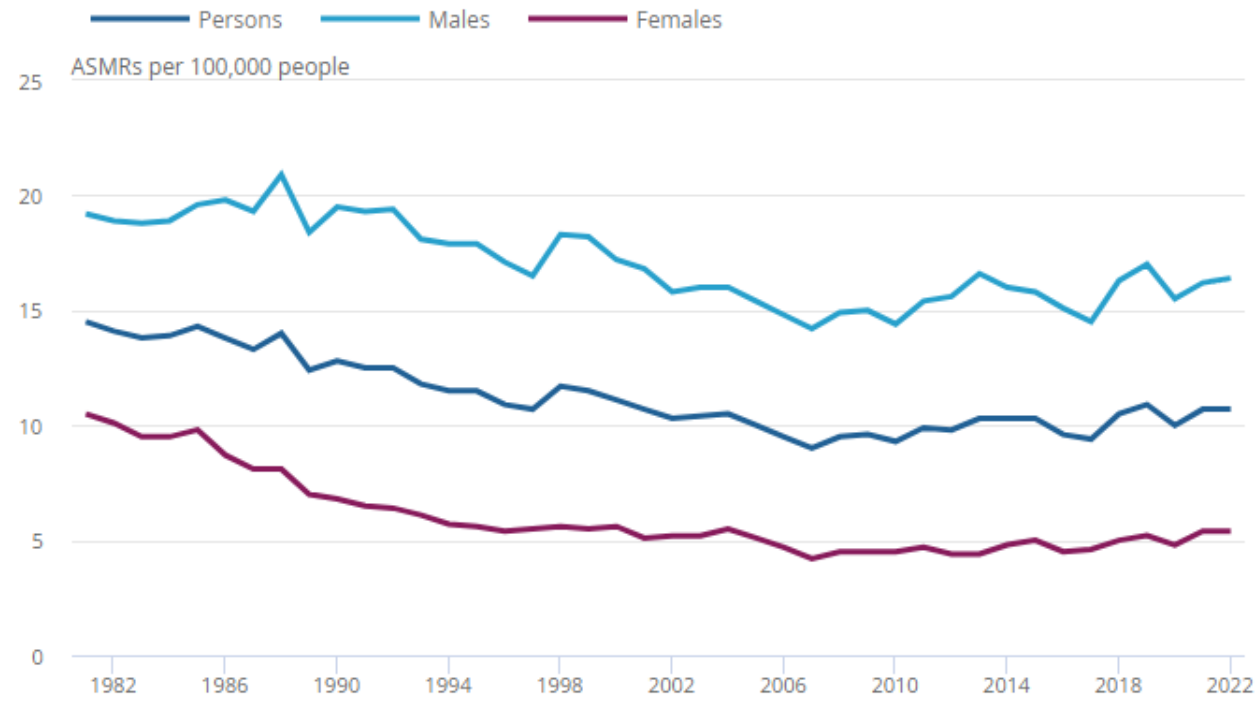
The latest dataset on the general population from the ONS can be summarised as follows:

In 2022, 5,642 suicides were registered in England and Wales, equivalent to a provisional rate of 10.7 suicide deaths per 100,000 people. This rate remains the same as 2021. Suicide rates decreased in 2020 and increased in 2021, likely because of both decreases in male suicides at the start of the coronavirus (COVID-19) pandemic and delays in death registrations because of the pandemic.

Males continued to account for three-quarters of suicide deaths registered in 2022 (4,179 male deaths; 1,463 female deaths), a trend seen since the mid-1990s.

In 2022, the suicide rates for males (16.4 deaths per 100,000) and females (5.4 per 100,000) were consistent with rates between 2018 and 2021.

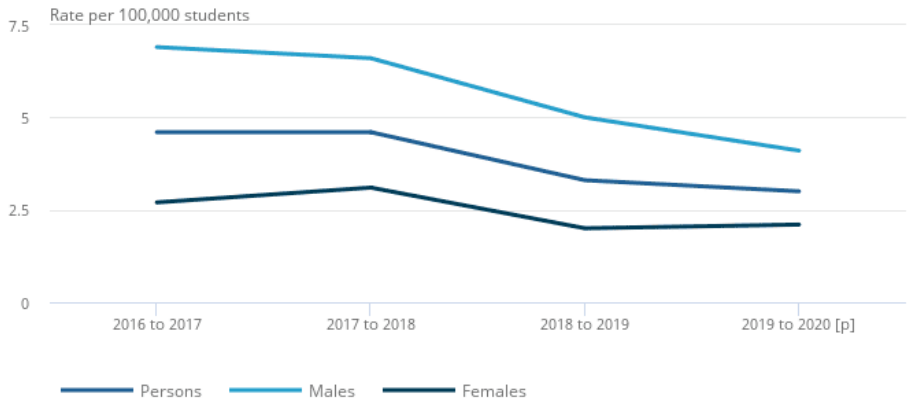
Age-standardised suicide rates by sex, England and Wales, registered between 1981 and 2022



The following graph shows the suicide rate for students from 2016/17 to 2019/20 – the most up to date data available from ONS:

Figure 1: The student suicide rate for persons in the academic year ending 2020 was the lowest seen over the last four years

Rate by sex in England and Wales, between the academic year ending 2017 and the academic year ending 2020



Source: Office for National Statistics – Estimating suicide among higher education students, England and Wales

The ONS reports that the rate for suicide in female students is significantly lower than the rate in males. This is observed when looking at overall student suicides as well as looking at those studying full-time, those doing an undergraduate degree, and those in their first year or other years.

The rate for males was 5.6 deaths per 100,000 students (202 suicide deaths between 2016/17 and 2019/20). First year undergraduate males had a statistically significantly higher suicide rate at 7.8 deaths per 100,000 students compared with those in other years (4.3 deaths per 100,000 students).

For females, the rate of suicide was 2.5 deaths per 100,000 students (117 suicide deaths), less than half that of males. There were no significant differences for first year undergraduate females.

The overall student suicide rate among those aged 20 years and under (3.1 deaths per 100,000 students) is lower than the other age groups between the 2016/17 and 2019/20 academic years.

The overall suicide rate in the general population (which includes higher education students) is statistically significantly higher (12.5 deaths per 100,000 general population) compared with students (3.9 deaths per 100,000 students) for the academic year ending 2017 to academic year ending 2020.

Among the general population, those aged 50 to 54 years had the highest suicide rate in 2022 (15.2 deaths per 100,000); consistent with 2021 (14.9 deaths per 100,000). Females aged 50 to 54 years also had the highest rate in 2022 (7.8 per 100,000). Males aged 90 years or over had the highest rate in 2022 (32.1 per 100,000; 58 deaths). In 2022, rates among younger people have levelled off, except for females aged 20 to 24 years.

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.

2.2 Higher Education Staff

In respect to suicide data specifically relating to staff working in Higher Education[2], the latest data available from the ONS is for the period between 2016/17 and 2019/20 academic years and is broken down as follows:

Year	Number of deaths
2012	5
2013	4
2014	6
2015	5
2016	4
2017	11

2.3 Suicide Prevention Strategy for England

In September 2023 the government published a Suicide Prevention Strategy for England: 2023 to 2028[3].

The government strategy states that all areas of the country now have local suicide prevention plans and suicide bereavement services, but notes that whilst the current suicide rate is not significantly higher than in 2012, the rate is not falling.

The aim of the cross-government strategy is to set out actions that can be taken to:

- reduce the suicide rate over the next 5 years
- improve support for people who have self-harmed
- improve support for people bereaved by suicide

The strategy notes that addressing risk factors linked to suicide is a central part of effective suicide prevention. Many risk factors are common across different individuals, groups and communities.

Links have been evidenced between suicide and social determinants of health such as housing, poverty, employment and education. There are some specific factors that have been identified as priority areas to address:

- physical illness

[2] Suicide data for Higher Education teaching professionals in England and Wales, aged 20-64. This relates to deaths registered as suicide in each year rather than occurring.

[3] https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy

- financial difficulty and economic adversity
- harmful gambling
- substance misuse
- domestic abuse
- social isolation and loneliness

It is imperative that individual needs and experiences are considered in the design and delivery of suicide and self-harm prevention activity. However, based on evidence and data (including numbers, rates and trends), stakeholder engagement and expert views, the following groups are identified for consideration for tailored or targeted action at a national level:

- children and young people
- middle-aged men
- people who have self-harmed
- people in contact with mental health services
- people in contact with the justice system
- autistic people
- pregnant women and new mothers

2.4 Suicide Prevention in Higher Education

In 2023 DfE set a target for all universities to join the University Mental Health Charter Programme by September 2024 so that they are taking a whole-university approach to mental health. By October 2023 96 universities had signed up across the UK

DfE is also supporting the higher education mental health implementation taskforce, which produced an initial report in January 2024, identifying the following areas of continued focus[4]:

4 https://assets.publishing.service.gov.uk/media/65ba1fb7ee7d490013984a12/HE_Mental_Health_Implementation_Taskforce_first_stage_report_Jan_2023.pdf

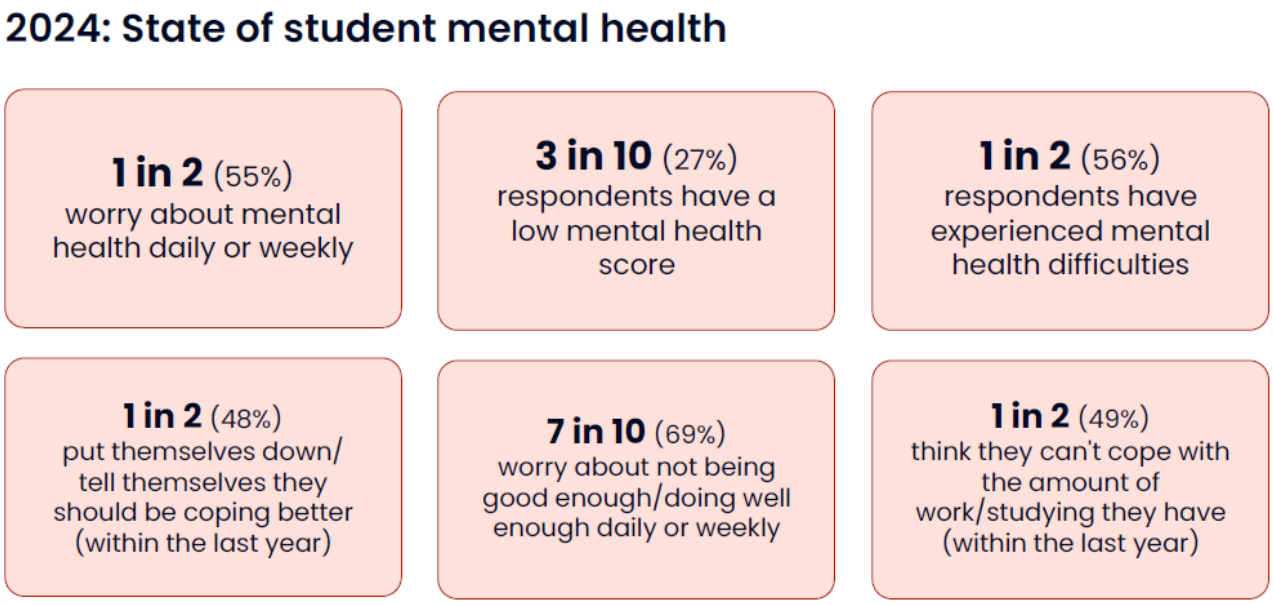
Many reports highlight the incidence of mental ill health in Higher Education, with levels of mental illness, mental distress and low wellbeing among students increasing:

- Reducing the Risk of Student Suicide: issues and responses for higher education institutions (Universities UK, 2016)
- Step Change in Mental Health (Universities UK, 2017)
- Suicide Safer Universities (Universities UK, 2018)
- Mental health of higher education students (Royal College of Psychiatrists, 2021)

In October 2022 UUK published Suicide-safer universities: sharing information with trusted contacts - a guide for universities on when and how to involve families, carers or trusted contacts when there are serious concerns about a student's safety or mental health.

2.5 Mental Health in Higher Education

The Cibyl Mental Health Survey conducted in 2024, with 12,644 responses from students from over 140 universities, reported:



The economic crisis is the biggest worry for students in 2024. This has led to students prioritising salaries and broadening their career interests. 7 in 10 (71%) respondents with mental health difficulties acknowledged cost-of-living at as a contributing factor.

Low socio-economic students are more likely to worry about money (than high socioeconomic students); these concerns are possibly amplified by the cost-of-living crisis and may also attribute to their higher rates of low mental health scores.

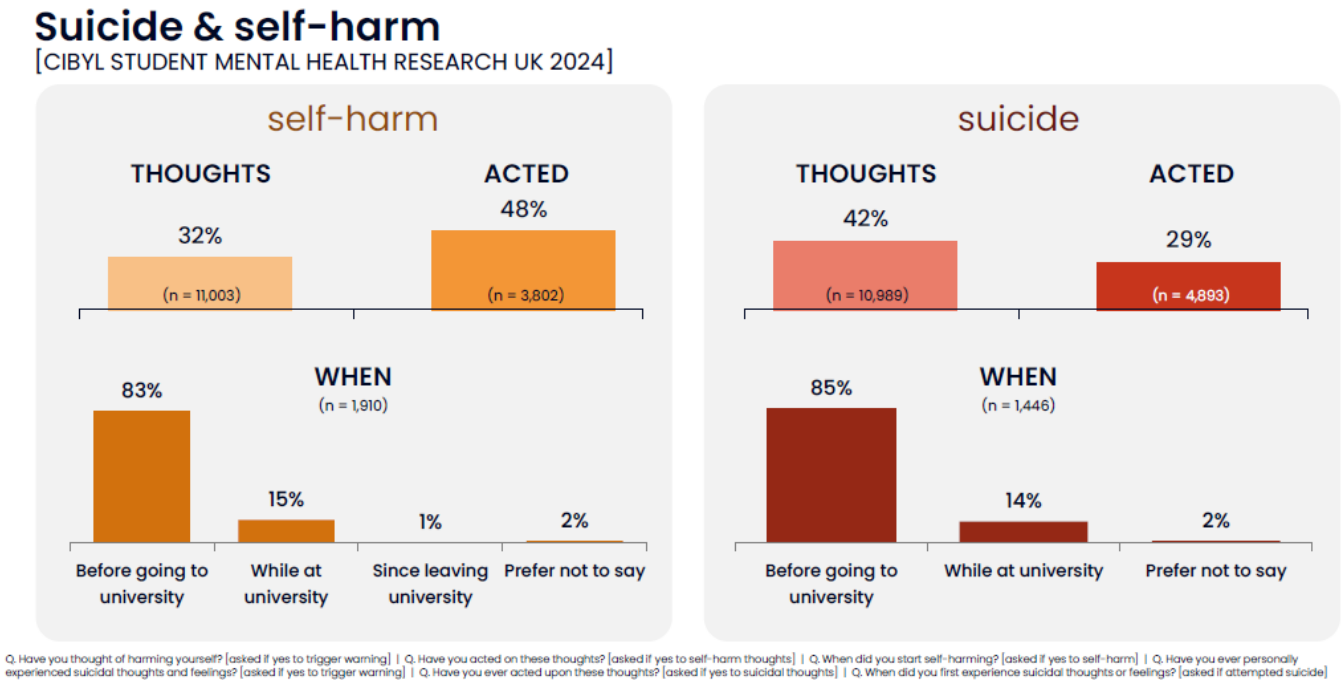
Less than 1 in 5 respondents with a mental health condition consider it to be a disability. And only 1 in 10 have claimed disability benefits, with awareness of funding and eligibility being the main barriers to claiming.

Asian and black respondents under-report mental health disabilities, when compared to rates low mental health scores. Respondents seeking work are also less likely to identify their low mental health as a disability.

Listening to music continues to be the main strategy respondents use for staying mentally healthy. Respondents with low mental health are proportionally more likely to not use any strategies to regulate their mental health when working under pressure.

Social anxiety is the top barrier for respondents with low mental health from using wellbeing coping strategies. Finances and course workload are also big reasons respondents can't look after their mental health.

Students with unhealthy eating habits are proportionally more likely to have a low mental health score; they are also more likely to have social anxiety and not use any mental health coping strategies.



3. Local Context

The three Universities in Dorset (Arts University Bournemouth, Bournemouth University and Health Sciences University) all sit on the Dorset Multi Agency Suicide Prevention Strategy Steering Group, which includes representatives from a wide range of primary and secondary health services, statutory services, third-sector, transport, and education.

It is the shared vision of all partners signed up to the Dorset Suicide Prevention Strategy that:

> *"no one of any age living in Dorset will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide*".

The overriding ambition of the strategy is to prevent any death by suicide.

The intention is to achieve zero-suicides – the group's motivation is that suicide is preventable. This will be achieved by compassionately and consistently providing information, advice and support based on the identified needs, trends and themes emerging from the Real Time Surveillance Data;

and from then on, work to ensure that people in Dorset have the right support to enable them to make different choices.

The Dorset Suicide Prevention strategy and implementation plan has six workstreams:

- Development of real time surveillance to include suspected suicide attempts and suspected suicides
- Bereavement Support
- Communications and Media
- Skills and Training in Suicide Prevention
- Develop lived experience champions
- Community and partnership group

More information on the detail of the strategy can be found at https://democracy.bcpcouncil.gov.uk/documents/s22820/Enc.%203%20for%20BCP%20Council%20Suicide%20Prevention%20Plan.pdf

4. Targeted groups within the University setting

In 2021, the identification of "Target Groups" by the three Universities took into consideration the target groups included in both the National and Local Suicide Prevention strategies, which were felt and observed to also reflect the vulnerabilities of staff and students in Higher Education.

Following the ONS data published in 2022, outlined in 2.1 above, and our internal data sources on suicide attempts and self-harm, we have reviewed the target groups and agreed to continue with their focus for the 2024-25 strategy.

We continue to recognise the additional vulnerability of students moving to a new area where established networks of support are yet to be defined and secured, especially following prior lived experiences.

- Young and middle-aged men - staff and students (*National, Local, University-level target)*
- Staff and students in the care of mental health services, including inpatients (*National, Local and University-level target)*
- Staff and students with a history of self-harm *(National, Local and University-level target)*
- Staff and students with a known history of low mood and depression (*National, Local and University-level target)*
- Staff and students who are neurodivergent *(National and University-level target)*
- First year students transitioning to university (*University-level target)*

The three Universities meet quarterly to share intelligence around trends, feedback on experiences of the impact of the strategy from staff and students and updates on local trends and demographics captured by the Dorset Suicide Prevention Real Time Surveillance and High-Risk working groups.

Analysis and updates are presented at the annual University Suicide Prevention 'Summit', held in September of each year to align with World Suicide Prevention Day. This strategy is a live document, and as such, we are committed to reflect our learning from interventions and postvention as part of our ongoing review of practice, impact and outcomes.

5. Suicide Prevention Action across the Universities

This strategy will incorporate the threads of Prevention, Intervention and Postvention throughout the document, rather than having separate sections on specific support available, which differs between the three Universities. Further information on the specific resources and support available as part of Prevention and Intervention will be published on each university's website, and specific postvention steps in the event of a reported suicide will be led by the Universities incident response lead in the first instance to ensure this can be personalised to each case.

We are mindful that staff and students may require further operational guidance to this strategy which provides detail on the management and escalation of concerns and each University will consider how best to provide this for their staff and student cohorts in line with their organisational practice.

The Government's Suicide Prevention Strategy key areas for action have been adopted by all three Universities within this strategy.

Over the next 5 years, priorities for action include:

a) Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
b) Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
c) Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
d) Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
e) Providing effective crisis support across sectors for those who reach crisis point.
f) Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
g) Providing effective bereavement support to those affected by suicide.
h) Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

The three Universities have embedded many areas of good practice since launching their joint Suicide Prevention strategy, and areas for development in the 2024-25 academic year will focus on securing pathways into community mental health services and working in partnership with local providers to support students.

6. Annual review of this strategy:

Each year, the Universities strategic leads for suicide prevention will undertake an annual review in the September, to outline any required changes to the strategy and highlight any learning identified during the preceding academic year.

To inform this review, data analysis from interventions and local Dorset real time surveillance outcomes will be considered to inform any change needed. Updates and any amendments will be presented at the annual suicide prevention summit and published on the webpages of each university under "Suicide Prevention".

Any learning published with the updated Suicide Prevention Strategy will be themed to ensure there are no identifiable factors. Where there are identifiable factors, this learning will be anonymised as appropriate and shared with the strategic leads only.

The strategic leads from each University will meet quarterly to review the action plan and cross reference implementation in each of the three Universities. Each University has committed to undertaking this peer review approach and to act as a critical friend.

The strategic leads from each university will also meet with the Pan-Dorset Suicide Prevention Strategy Group Leads to raise any operational issues and update on progress.

In addition, the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) was recently appointed to carry out a National Review of Higher Education Suicides.

All Universities have been asked to submit any serious incident review undertaken during the 2023/24 academic year to NCISH to contribute to their review.

This will ensure that valuable lessons from past tragedies can be learnt to help us better protect students in future. Its findings report will be published by Spring 2025 outlining good practice and areas for improvement around suicide prevention in higher education.

Findings from this review will inform our future suicide prevention strategy.

Further information and Feedback

For further information or to provide feedback regarding this strategy, please contact the following University leads;

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Next Annual Review due November 2025

Appendix 1 – Incident debrief and peer review

Incident debrief:

Initial debrief

Once it is appropriate to do so after a death where suicide has been reported as a factor, all involved in the case will be invited to participate in an incident debrief to provide an opportunity to reflect on the experience and identify any further support needed regarding the impact. Debriefing is not counselling, but a structured discussion on the event that took place to provide clarity and begin the process of recovery.

- The debrief session will be facilitated by a senior, appropriately trained staff member who is a different staff member from the lead professional involved, to enable them to fully participate and be supported by HR and the appropriate support leads from the institution.
- The debrief will not be a review of what happened and is not a forum to speculate or apportion blame.
- If it is felt to be more appropriate in the context of the incident, the debrief will be led by an independent facilitator from the Bournemouth Samaritans or regional Samaritans critical incident response team.

Attempted Suicides

Where a student or staff member has attempted suicide, which directly impacted other staff or students, escalation can be made to the University lead for suicide prevention (see Appendix 3) for consideration for an attempted suicide incident debrief. Where convened, this will follow the same process as above with the same ongoing support detailed below.

Ongoing debrief support

The psychological and physical impact of a traumatic experience can develop and occur over time. It is therefore important that participants of a debrief are provided with both immediate support and follow up resources and information about who to contact in the organisation for further support.

All participants will be given information on where to get further support and how to access it.

Debriefs held will be recorded as part of the data analysis of incidents and will monitor the provision of regular check-ins post incident to all participants. The frequency of these check-ins will be agreed at the initial debrief session and will be the responsibility of the lead facilitator or their nominated representative to arrange.

Peer review and lessons learned:

In order to ensure any loss from suicide informs our understanding, knowledge and support provision, the Universities have created an internal serious case review model. This process will be separate from any other formal process, e.g., Coroners or Adult Safeguarding Board case reviews and will be led by one of the other three Universities.

The peer review will be held in the context that cause-of-death has not yet been confirmed by the coroner, but that there are factors to indicate a suspected suicide.

The peer review will be facilitated between the three Universities as follows:

- The University strategic lead for suicide prevention, who is a member of the Pan-Dorset Suicide Prevention Strategy Steering Group and trained in suicide prevention, will be appointed as a lead peer reviewer, secured from a University not involved in the incident. This will be agreed amongst the strategic leads.
- Observer/assistant reviewer/s will be identified and secured from the remaining University (AUB, BU, HSU) to provide support and sense checking to the lead peer reviewer.
- Reviewers will look at a chronology of the University interventions, to identify any opportunities for learning/improvement and any gaps in processes or resources. The role of the reviewers is to focus solely on the University involvement and not that of any external organisations, friends or families.
- Where appropriate to do so, and agreed in advance with the affected University, the reviewers will speak to key staff involved. Any conversations will focus on process and not individuals' thoughts, feelings or behaviours.
- Students will not be involved in the peer review.

Once the peer review is completed, the review will be confidentially presented to an Independent representative from the Pan-Dorset Suicide Prevention Strategy Group Leadership, acting as a critical friend, and to provide appropriate challenge and comment.

The peer review report will be shared with the respective strategic leads from the affected University. Any outcomes will be anonymised to ensure there are no identifiable details and used as part of ongoing thematic feedback.