

# Suicide Safety and Prevention Strategy

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UNIVERSITY OF  
**WINCHESTER**

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<b>Summary:</b> This document sets out the insitutional responsibilities and pathways in the event of an unexpected death (confirmed or anticipated to be confirmed as suicide). The document applies to both staff and student unexpected death. The document also covers prevention and postvention	

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### Content Warning

This document includes references to suicide, death and mental ill health. If you feel that your mental health or wellbeing may be affected by reading this document, we would encourage you to read the document with a friend or colleague. If you feel negatively affected after reading the document, please do reach out to talk with someone. Available support at the University may be accessed via:

- If you are a student – email [studentadvice@winchester.ac.uk](mailto:studentadvice@winchester.ac.uk)
- If you are staff – speak with your line manager, contact the Staff Wellbeing Officer or reach out to the Employee Assistance Programme.
- Both staff and students may access Togetherall for advice and peer support. ([www.togetherall.com](http://www.togetherall.com))

### Emergency/Critical 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 Accident and Emergency Department
- If they cannot reach the hospital themselves, dial 999 to request an ambulance
- If they are on campus, please alert the Site Stewards on x 7666

## 1. Introduction

1.1 Unexpected, sudden death is enormously impactful on all involved. Student or staff death by suicide is devastating for family and friends and deeply affects the University community as a whole. Suicide and self-harm are not mental health problems in themselves; they are, however, linked with mental distress. At Winchester, we want all students, and staff, to feel able to reach out for support and help if they find themselves struggling with their mental health and wellbeing.

1.2 Suicide rates vary regionally. In 2020 in England, 4912 individuals took their own lives. This is lower than in 2019, but it is still a concerningly high number. The male suicide rate remains almost three times higher than the female suicide figures and males aged between 45 and 49 continue to have the highest suicide rates.<sup>1</sup>

1.3 Suicide rates across the student body in any one year are difficult to determine due to the complexities and timelines involved in determining cause of death. Additionally, this, and varying student numbers year on year mean that it is not possible to ascertain trends or in/decrease of risk across the years.

1.4 In 2019 the ONS advises that 174 students took their own lives. Of these 121 were male.<sup>2</sup>

1.5 This strategy aligns with the guidance provided by Universities UK and Papyrus in 2018 (Suicide-Safer Universities). It outlines the roles, responsibilities and processes through which we, as a community, seek to prevent suicide (prevention and intervention). It will also seek to consider the consequences, when, despite best practice, a sudden death, by suicide, does occur (postvention).

1.6 Our suicide prevention strategy forms part of our overarching Mental Wellbeing Strategy and for staff, our Wellbeing Policy, with its link Staff Wellbeing Action Plan. Guidance on the implementation of this strategy can be sourced from the Mental Wellbeing Team in Student Support and Success, or from colleagues in HR, including the Staff Wellbeing Officer.

1.7 As an institution we recognise that we play a key role in helping to prevent suicide, particularly young suicide, but also amongst our staff body. This document focusses primarily on students but acknowledges that our staff body may also be affected by suicide. Our Human Resources department lead on staff concerns and our Student Support and Success department lead on student concerns.

## 2. Senior sponsorship

2.1 Overall responsibility for this strategy is shared between the Executive Leadership team. They take leadership for and provide guidance on the whole-university approach to good mental health and wellbeing and the creation of compassionate communities amongst our staff and student bodies.

## 3. Prevention and Intervention

3.1 Suicide is complex, and we acknowledge that thoughts of suicide (suicidal ideation) are common across the population and do not necessarily mean an individual is at risk. Suicide is often the result of several contributing factors and the reasons are frequently complicated and personal to an individual; nonetheless, we believe that it is possible to learn lessons from each death that can help us, along with colleagues in the wider community, prevent future deaths.

3.2 As a values-driven institution we strive to encourage, develop and maintain a compassionate campus. One where our community encourages disclosures of distress. We aim to have a supportive, resilient community who can identify need and can signpost and follow-up those who require additional support.

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<sup>1</sup> [Latest suicide data | Suicide facts and figures | Samaritans](#)

<sup>2</sup> [Suicides in full-time students aged 18 years and above, by sex, registered in England and Wales between 2010 and 2019 - Office for National Statistics \(ons.gov.uk\)](#)

3.3 We provide our staff and students with opportunities to safely raise concerns with people who are qualified to offer support and guidance, or to refer onwards. We will always seek to act in a way that does not deter anyone from coming forward for help if they are living with suicidal ideation.

3.4 We provide opportunities for our staff and students to develop skills and confidence to support others who are experiencing mental distress.

3.5 Although no formal training is strictly necessary to support a person in distress, we will ensure identified staff across professional services and faculties are able to access appropriate formal Mental Health training, for example suicide first aid.

3.6 We offer a range of accessible and culturally appropriate on campus and online support for both staff and students experiencing mental distress. This support will not replace statutory support.

3.7 We continue to keep our support service offerings under regular review to ensure relevance and appropriateness.

3.8 We safeguard green spaces on campus that nurture positive mental wellbeing, actively maintaining our community's ability to connect with the environment.

3.9 We aim to model and nurture good communications across the whole institutional community. This means, as staff, we will ensure we signpost all available support to staff and students across the University. This would include both institutionally provided support and externally available support.

3.10 We value freedom of speech but we also acknowledge the power of words. We strive to prevent all forms of misconduct, bullying, harassment and hate crime.

3.11 We will continue to work closely in partnership with colleagues from, amongst others, Hampshire Public Health, Winchester Primary Care Network and the Community and Acute Mental Health teams.

## **4 Postvention**

4.1 In the event of an unexpected death we will follow the Death of a Student Procedures, or the Guidelines for Dealing with the Death of a Member of Staff, as appropriate. Our leadership team will be clear about what institutional action should be taken. An Incident Management Team meeting will be called and each team member will have defined responsibility, this will include staff and student support, communication with external agencies, including the media, family liaison and so on.

4.2 Our Executive Leadership Team will be confident in understanding what a suicide cluster<sup>3</sup> is, how to identify the emergence of a possible cluster and how best to respond should a cluster be identified.

4.3 The University is mindful of the need to appropriately communicate sudden deaths and it will take into account best practice guidelines such as the Samaritan's Media Guidelines for Reporting Suicide.

4.4 Our Death of a Student Procedures/ Guidelines for Dealing with the Death of a Member of Staff will guide the majority of our postvention activities, not least because of the delay that can take place in the formal confirmation of cause of death; however, we acknowledge that death by suspected suicide does carry specific considerations and the Incident Management Team will take these into account and act accordingly. This will include working closely with appropriate colleagues internally and externally, including Hampshire Public Health, as required to support colleagues and manage concerns around the impact of an unexpected death, including the potential for a cluster.

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<sup>3</sup> [Identifying and responding to suicide clusters \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/612222/Identifying_and_responding_to_suicide_clusters.pdf)

## Appendix 1: Suicide Myths and Facts

Suicide is an emotive and at times taboo topic and people are often concerned about how to engage in conversations with someone expressing suicidal ideation. Often people worry about making someone's situation worse. There are many myths around suicide and engaging with people who are suicidal. Below are a few of the main ones.

**Myth: If a person is serious about taking their own life there is nothing you can do.**

Fact: Feeling actively suicidal is often temporary. Reaching out to support someone is important as it can enable the right support and the right time.

**Myth: People who talk about suicide are unlikely to follow through with it.**

Fact: Often people who take their own lives have told someone they feel hopeless or that life is not worth living. Some do say they wish to die. It is possible that people raising these concerns are calling out for help. It is important to always take someone seriously if they tell you they feel suicidal. Helping them get appropriate support could save their life.

**Myth: Asking someone if they feel suicidal may make them think about taking their own life.**

Fact: Asking someone directly gives them permission to talk with you and opening up can be a positive experience for many. There is no evidence that enquiring if someone feels suicidal will cause them to take their own life, rather it can open the door to support.

**Myth: People who are suicidal want to die**

Fact: Not everyone who feels suicidal may want to die. It is thought that the majority of people who feel suicidal do not actually want to die; however, they do want to change the life they are living.

For more information about facts and myths around suicide, please see the Samaritan's or Papyrus guidance online<sup>4</sup>

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<sup>44</sup> [Myths about suicide \(samaritans.org\)](https://www.samaritans.org/); [Worried About Someone? - Papyrus UK | Suicide Prevention Charity \(papyrus-uk.org\)](https://www.papyrus-uk.org/)

## Appendix 2: Dos and Don'ts

**Do try and remain calm** if someone shares with you that they are feeling suicidal.

**Do be prepared to talk about suicide** – it is important to talk openly and honestly. This can decrease anxiety and highlight other options to the individual who is struggling.

**Do be prepared to act and support** the individual by assisting them (if possible) to reach out for professional help, or reaching out on their behalf if they are unable to do so.

**Don't try and solve everything yourself.** Acting and supporting is important, but you also have to look after yourself. Reach out for professional support as soon as possible.

**Don't put yourself in physical danger.**

**Don't promise confidentiality.** You may not be able to keep such a promise.

### **Appendix 3: Appropriate Language (how to talk about suicide)**

Language matters and is emotionally charged. It is important to be considerate in the language we use when speaking about suicide.

Suicide is no longer a criminal act and therefore it is not appropriate to use the phrase *committed suicide*.

Alternatives include: *took one's own life/ ended one's life/died by suicide* or, more recently *completed suicide* has come into usage.

Ask open questions to enable the person to open up more to you.

Give the other person time to speak – this might mean some long silences

Validate their emotions by taking what they say seriously.

Try to remain calm and respond in a non-judgmental fashion.

Be direct and clear when asking questions. Don't try and avoid the topic or speak in unclear terms.



## Appendix 4: Guidance for Staff (worried about a student or colleague)

We know that it can be challenging if you are worried about someone who is suicidal. It's important to remember that you are not alone and you don't have to support them on your own.

Do seek professional help or guidance. This might be from the Mental Wellbeing team in Student Support and Success or from the Staff Wellbeing Officer. Student Life Advice colleagues are also able to offer support and guidance.

If the situation is critical and you are concerned the person has acted upon suicidal thoughts, please contact 999. NHS colleagues may also be able to provide guidance, depending on the situation.

If the student is on campus (or within close proximity of campus) colleague can also reach out to site security (01962 827666) for additional support. Site security colleagues are available 24/7 and are trained in responding to students in distress, including suicidal students.

### Key contacts:

- 999: **for life threatening or critical health situations**
- 01962 827666: **Site Security: to advise of situation if 999 has been dialled and/or to receive additional emergency support**
- [mentalwellbeing@winchester.ac.uk](mailto:mentalwellbeing@winchester.ac.uk): **for general and bespoke, non-emergency, advice and guidance on mental health concerns**
- [Student.advice@winchester.ac.uk](mailto:Student.advice@winchester.ac.uk): **for general and bespoke, non-emergency, advice and guidance on general wellbeing and support**
- [Nikki.bellerby@winchester.ac.uk](mailto:Nikki.bellerby@winchester.ac.uk): **Staff Wellbeing Officer: for personal staff support and guidance**

Wherever possible seek consent from the individual to share information more widely; however if you believe there is risk to life consent, although preferred, is not required (as above, don't promise confidentiality).

## Appendix 5: At Risk Protocols and Procedures

Students who are identified as being *At Risk* (for the purposes of this document specifically as a serious risk to themselves) are discussed at a fortnightly *At Risk* meeting. This is chaired by the Deputy Director of Student Support and Success (Head of Operations) and includes colleagues from across the institution.

This meeting reviews students holistically, taking into account as much information as possible, including health, living and academic information. Colleagues may be approached by members of the *At Risk* meeting for information about a student to enable the group to make appropriate, timely decisions. Due to confidentiality, it may not be possible for At Risk group members to share detailed information.

Staff who feel a student might be classified as *At Risk* should contact [mentalwellbeing@winchester.ac.uk](mailto:mentalwellbeing@winchester.ac.uk) or flag directly to the Head of Mental Wellbeing, the Deputy Director of Student Support and Success (Head of Operations) or the Director of Student Support and Success.