

University Of Greenwich Suicide Prevention, Intervention and Postvention Strategy

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Document owner:	Associate Director Student and Academic Services (Student Services)
Principal Contact:	Sara Ragab Associate Director Student and Academic Services (Student Services)
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This document outlines the University commitment to working on Suicide Prevention, Intervention and Postvention	

University Of Greenwich Suicide Prevention, Intervention and Postvention Strategy

Statement of Purpose

We are committed to ensuring that students and staff at our university are as suicide-safe as possible and our strategy has been informed using the 2018 UUK (Universities UK) guidance "[Suicide-Safer Universities](#)" [1]. This starts with a strategic, whole university approach to wellbeing and mental health, which means that students and staff need to understand its importance and the role it plays.

The Health and Wellbeing Strategic Action Plan sets out the approach that the University of Greenwich, in partnership with Greenwich Students' Union, takes towards proactively supporting and improving the health and wellbeing of our staff and students. This strategy forms part of that commitment and will be used to inform our work in this area.

Context

Suicide is the leading cause of death in adolescents and young people in the UK [2]. As well as being devastating for friends and family, a death by suicide may also have profound impacts on the wider community of students and staff.

We recognise that universities play a key role in helping to prevent suicides and that this requires a whole university approach and the need to work in close partnership with students, staff, parents/carers, and external agencies.

Nearly one in four young people will experience suicidal feelings at least once in their lives and 1 in 20 will try and take their own life. Each suicide will affect a much wider circle of people, about 135. Suicide is the biggest cause of death in young adults and only 1 in 3 people who die by suicide are known to mental health services. [3]

Several factors can be seen to increase distress, such as: finances; life transitions; media reporting; academic concerns; and broader national and international issues. There are also factors which can be seen to increase risk, for example health and psychological factors, alcohol misuse and contagion (for example suicide clusters). Some groups can also be seen to be at a higher risk, for example being male, identifying as LGBTQ+.

Therefore, it is important that we look to the whole of our community to build awareness and demonstrate a considered and considerate approach. This also needs to be situational, consider wellbeing determinants broadly and that those in our community feel confident that they can ask for help.

The work done by [Suicide safer universities](#) advises that universities should develop a separate strategy distinct from others in place at the University, with senior ownership, that sets out clear ambitions and objectives created in partnership with students, staff, families, and external stakeholders. Which in turn is developed into an action plan that clearly details when this will be implemented and by whom, and that it is regularly reviewed.

We recognise that:

- suicidal thoughts should always be taken seriously.
- talking about suicide is difficult and that we are committed to training staff so that they are able to identify and respond to suicide risk.
- everyone will experience challenges with their wellbeing at some point in their life and we aspire to creating an inclusive culture of openness and support.
- the effect of a suicide can be far reaching, having significant impact on family, friends, students, and staff across the University.
- suicide prevention is something we all need to be involved with and we will use a university wide approach to facilitate awareness, prevention, and intervention.

We also know that central to an effective response is an understanding of the facts about suicide, how we talk about suicide and addressing common myths.

Important definitions

Suicide	Deliberate act of taking of one's life.
Suicidal ideation (passive and active)	<p>Thoughts, ideas, or ruminations about the possibility of ending one's life.</p> <p>Passive suicidal ideation is thinking about not wanting to live or imagining being dead.</p> <p>Active suicidal ideation involves formulation of elaborate plans to end one's life.</p>
Suicide attempt	A suicide attempt is a deliberate action undertaken with at least some wish to die as a result of the act. Although, the degree of suicidal 'intent' varies and may not be related to the lethality of the attempt.
Suicidal feelings	Suicidal feelings can range from being preoccupied by abstract thoughts about ending one's own life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life.
Suicidal behaviour	A range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thinking, deliberate recklessness and risk-taking, self-harming not aimed at causing death and suicide attempts. Around 20% of young people have self-harmed (non-suicidal) by the age of 20, far fewer (around 2-3%) make suicide attempts.
Contagion	In this context is an increased awareness of particular methods of suicide following reporting of a method after a death either in national and local news or through social media networks and the potential for further imitative deaths or suicide attempts

Use of Language

How we talk about suicide is important, we should use words that do not stigmatise or criminalise. 'We can't always anticipate what language people will be most comfortable with, but we can ensure that our words are considered and sensitive.' [4]

Phrases to use	Phrases to avoid	Why?
Died by suicide/taken one's own life	Commit suicide	To avoid the implication that suicide is criminal.
Suicide attempt	Unsuccessful suicide	To avoid presenting suicide as a desired outcome.
Express suicidal feelings/ideation	Cry for help	To avoid the implication that experiencing suicidal ideation is 'weak.'

Common misconceptions

Talking about suicide can create or worsen risk.	Suicide can be a topic in society that we do not talk about and/or find hard to talk about. Often, people feeling suicidal do not want to worry or burden anyone with how they feel and so they do not discuss it. Asking directly about suicide can give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it is to be able to talk about what they are experiencing. Once someone starts talking, they have also got a better chance of discovering other options than suicide.
People who talk about suicide are not serious and will not go through with it.	People who die by suicide have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. While it is possible that someone might talk about suicide as a way of getting the attention they need, it is vitally important to take anybody who talks about feeling suicidal seriously.
Most suicides happen suddenly without warning.	The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Evidence shows that young people often tell their peers of their thoughts and plans. Of course, there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them.
Someone who is suicidal is determined to die.	The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious, or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.
You have to be 'mentally ill' to think about suicide	Most people that have thought of suicide from time to time and not all people who die by suicide have difficulties with their mental health at the time of death. However, many people who die by suicide do have

	mental health challenges, typically to a serious degree. Sometimes it is known about before the person's death and sometimes not.
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Strategy

The university strategy, 'This is our Time 2030', sets the expectation that university should be a place that promotes mental health and wellbeing, enabling all students and all staff to thrive and succeed. Our strategic priority of Student Success is underpinned by a Student Success Sub-Strategy which focuses on enhancing the university community's wellbeing. This aligns with our 'People Strategy' where we aim to be a leader in equality, diversity and inclusion and employee mental health and wellbeing.

We strive to be a community that embraces all facets of wellbeing, promotes positive actions that can be taken to enhance our own wellbeing, encourages an inclusive culture of support and discussion that acknowledges that wellbeing is dynamic and changing and has a clear strategy to deal with the challenges and impacts of working and studying in higher education.

We believe that wellbeing comprises a person's mental health, physical health, financial sustainability, mood, family circumstances, workload, social life, and many other aspects that impact everyday life.

Action:

The University's Prevention, Intervention and Postvention Steering Group will bring together the University's work in this area, including the production of related framework and strategy documents and consider associated communication planning using the Suicide Safer Universities guidance as a basis for our work in this area. This Steering Group will report directly to the Health and Wellbeing Committee.

Prevention

1. The University is committed to a whole university approach to mental health and wellbeing and through our Health and Wellbeing Strategy we will look to provide access to appropriate support and services to every member of our community. We will create compassionate communities that encourage disclosure of difficulties and distress; and services that manage transitions into university and throughout a student's journey.

Action:

In support of the Student Success Sub Strategy, by 2025 we will:

- Ensure the whole university community takes a holistic approach to health and wellbeing.

- Enhance our Student Services to meet the demand for appointments and make proactive interventions for students.
- Ensure a smooth transition to the university for all our students.
- Embed wellbeing within the curriculum.
- Enhance support for staff wellbeing.
- Ensure we are engaged with appropriate external bodies in the sector and beyond.
- Improve awareness of, and access to, services and support, through appropriate communication and tools.

This will look at a range of initiatives and developments including how we develop peer support in conjunction with Greenwich Students' Union, with the aim of creating a compassionate university environment that supports good mental health.

2. We are committed to supporting students and staff who report experiencing unacceptable behaviour, including, sexual misconduct, bullying, discrimination, hate incident/crime, harassment and/or non-academic misconduct so that they have access to appropriate support, information, and guidance.

Action:

- Ensure that those who are experiencing bullying, harassment and all types of discrimination have access to reporting methods and support.
 - Provision of information and training using a variety of delivery methods, as well as publicising the support and methods of reporting available.
3. Reducing access to high lethality means of suicide is regarded as one of the most effective suicide prevention strategies [5]. In the university setting, key issues are access to laboratories and chemicals and local high-risk locations for jumping both within the university estate and close to the university campuses.

Action

- Ensure that those who are experiencing poor mental health are aware of reporting options and support services.
- Conduct and regularly review the University stress risk assessment.
- Conduct a mental health first aid needs analysis and provide information and training.
- Ensure supervision within all lab settings.
- Maintain roaming security presence in all areas.
- Adopt a safe by design approach; wherever possible, eliminating the risk of falling / jumping during the design stage.

4. A more generalised concern is contagion i.e., increased awareness of particular methods of suicide following reporting of a method after a death either in national and local news or through social media networks and the potential for further imitative deaths or suicide attempts [6]. Please also see section on postvention and managing the press and social media

Action

- Provision of tools that actively intercept and provide a visual prompt to sources of support on our University PC's when a person searches for harmful keywords or phrases relating to the topic of self-harm or suicide.
5. We recognise that seeking help can be difficult and that we also need to reduce the stigma that can be associated with seeking help. We will promote a collective understanding of wellbeing that is mindful of intersectional identities and how as individuals we can deal with periods of difficulty and ensure the provision of a diverse accessible and comprehensive range of supportive services.

Action

- Through the Health and Wellbeing Strategy and the Health and Wellbeing Committee we will actively monitor and develop our strategic priorities so that we:
 - Raise awareness and understanding.
 - Provide a range of services that are culturally competent.
 - Build links with external service providers and bodies.
 - Provide information and training to all colleagues across the institution appropriate to role.

Action

- Review and revise our collection and use of named and trusted contacts through the University online registration system and related systems and processes.
- Audit our current practice for working with trusted contacts using the [Suicide Safer Universities Sharing information with trusted contacts, guidance](#) and developing our practices as appropriate.

Intervention

1. Identifying and responding to those in distress. It is paramount that the university community understand how to identify and support someone who may be at risk through appropriate training and awareness raising.

Action

- Development of a classification of training needs depending on the role that members of the university community can be expected to play in suicide prevention and how they will benefit from different forms of training.
 - A suicide prevention training schedule and register will document who should receive what training, through what method and how often. This will be monitored by the Health and Wellbeing Committee.
 - We will continue to review Student Services' internal risk assessment protocols to enhance the means through which we identify vulnerable students.
 - Further development of the Mental Health First Aid (MHFA) training for staff by Health and Safety Services.
2. Developing and implementing a care pathway for those in distress. A clear and simple care pathway is essential in the management of support for a student in distress. Development and implementation of care pathways requires multiagency collaboration involving student services, GPs, secondary care, NHS mental health providers, local authority and third sector organisations.

Action

- Enhance the connectivity of student support services available at the university.
- Promote and monitor engagement with assistance programmes available to students and staff at the university.
- Continue to liaise and improve strategic working relationships between NHS services and other agencies with university support services.
- Continue to develop the work of the Wellbeing Network for staff.
- Liaison and work with Local Authorities' public health departments working in suicide prevention.

Postvention

The term postvention is used to refer to actions taken following a suicide with the aim of providing support to those bereaved, to reduce the risk of contagion and ensure lessons are learnt to reduce future risk.

1. A death by suicide in the university community can have wide reaching effects. Furthermore, in some circumstances, through the process of social contagion, the death of someone by suicide may trigger suicidal thoughts and behaviours in others, particularly those who are already vulnerable. It is therefore essential that the response to a death in these circumstances is managed in a planned way in order to minimise further harm.

Action

- [Procedures Following the Death of a Student](#) outlines actions that should be taken immediately and in the longer term and sets out clear roles and responsibilities including initial reporting arrangements, immediate actions to consider, notification of staff, students, managing press enquiries and internal communications and liaison with the Greenwich Students' Union as appropriate. This will be reviewed to consider how we can further develop this considering sector good practice and from our own learning.
 - Student Wellbeing Services will also develop further guidance on good practice for postvention including examples of complex case reviews.
2. Managing press and social media. The media often report suicide deaths, and there is a strong body of research highlighting the negative impacts of irresponsible media reporting, including the risk of contagion or imitative behaviour. Press intrusion may also exacerbate the grief of families and communities at a very difficult time in their lives and therefore needs to be managed appropriately through communication with the media and support and forewarning to families.

Action

- A lead person will be identified from our Communications Team through which all communication with the local, regional, national and international press should be managed, following good practice guidelines i.e., Samaritans [Media Guidelines for the Reporting of Suicide](#).
 - Providing support as appropriate to families and friends including press liaison.
 - Develop and maintain close links with local authority public health and the local authority Communications Teams to provide support and direction when dealing with concerns relating to media and press.
 - The University's Communications Team will monitor all coverage and reporting of a student suicide on both traditional media and social media platforms and advise whether a response is required (and best method of engaging) in line with existing procedures
 - The University regularly receives Freedom of Information requests and we will work with colleagues across the university to ensure our response via any route is consistent.
 - We have 24/7 Communications services so there will always be a member of the Communications Team available to provide the support outlined above.
3. Identifying and responding to suicide clusters. Suicide clusters can be difficult to identify and define. Their impact can be widespread, and an effective response therefore requires good preparation and multiagency collaboration. [Public Health England Identifying and responding to suicide clusters and contagion: a practice resource](#) provides clear guidance on the steps that need to be taken to prepare for a suicide cluster, including how to identify a

potential cluster early on, and suggests responses to reduce the risk of contagion.

Action

- In the event of an emerging cluster the Chair or their nominee of the Prevention, Intervention and Postvention Steering Group will establish an Incident Response Team in collaboration with external agencies as appropriate. The Incident Response Team will meet regularly to monitor the situation and respond appropriately in terms of media liaison, internal and external communications, provision of support to those affected and identification and support for those considered vulnerable. Consideration will be given to whether the event is an emergency requiring the Emergency Response Group to be convened under the Emergency Response Plan.
4. Learning from deaths and suicide attempts. An essential aspect of suicide prevention is to learn from any deaths and suicide attempts. Through learning we can understand if there is anything that could be done differently or indeed where good practice has been demonstrated.

Action

- Members of the University Prevention, Intervention and Postvention Steering Group and other appropriate colleagues will carry out a serious incident review for every death by suicide. This will capture essential information which will be added to the ongoing audit of student deaths by suicide in order to identify any wider themes and used to develop recommendations to reduce future risk.
5. Supporting university staff who are known to the deceased. Prediction of suicide is notoriously difficult, with most people who die by suicide having been assessed as at low risk at their final NHS service contact, even when this has occurred shortly before death [7]. The unpredictability of suicide is one of the factors that makes such deaths so challenging for all those involved in supporting an individual.

Action

- Managerial support will be provided to those staff colleagues who are affected by the student death.

References

- [1] UUK & Papyrus, "Suicide-Safer Universities," Sept 2018. [Online]. Available: <https://www.universitiesuk.ac.uk/policy-andanalysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventingstudent-suicides.PDF>.
- [2] [Office for National Statistics, "Deaths registered in England and Wales \(series DR\): 2016," 2017.](#)
- [3] <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF>
- [4] <https://imhblog.wordpress.com/2016/01/22/emma-nielsen-mind-your-cs-and-ss-the-language-of-self-harm-and-suicide-and-why-it-matters/>
- [5] <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF>
- [6] UWE Bristol Suicide prevention and response strategy.
- [7] If a patient dies by suicide: A resource for Mental Health Professionals