



**Suicide -
a Strategy to Make Durham University a Safer Place**



Foreword

I am pleased to share with you Durham University's first student suicide safer strategy and action plan. They have been co-produced with our students and staff, plus external partners and experts in the field. Following the Suicide-Safer Universities (Universities UK) model, our strategy covers suicide Prevention, Intervention and Postvention, with comprehensive, evidence-based actions in these three fields.

Suicide can affect anyone, and as a result we are taking both a universal whole university approach, as well as identifying more targeted interventions. Through this we aim to increase awareness of suicide, mental health and wellbeing, promote early help seeking, and in turn, reduce the incidence of suicidal ideation and action.

This strategy and action plan is just one component of our overarching Health and Wellbeing Strategy and is intertwined with the delivery of our Student Support Project. All three of these recognise and emphasise the benefits of taking a whole university approach, plus close liaison with our local NHS providers, Public Health and other external agencies. It is overseen by the Director of Student Support and Wellbeing, with strategic oversight from the Wider Student Experience Committee, Senate and Council. It will be reviewed and refined annually to reflect learning and new evidence of best practice.

We know this is an emotive subject that touches many of us, and there is still significant stigma in talking about it. Together we can understand and do all we can to prevent suicide, as well as support those who are deeply affected by cases of suicide. Learning about it, talking about it, and knowing what to do when someone needs support are key. The document contains signposting to support services, so please familiarise yourself with them.

Suicide is rare, but it has a devastating effect on those who knew the individual and across whole communities. Therefore, suicide is everyone's business, and all of us can play a key role in trying to prevent them. I would like to take this opportunity to strongly encourage you all to undertake the suicide awareness training available on Oracle. It only takes 20 minutes and could help save a life. The Training can be found [here](#) for staff and [here](#) for students.

Professor Karen O'Brien
Vice-Chancellor and Warden

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Content warning

This strategy contains references to serious mental ill-health and suicide, including ideation, intent, planning, attempt, and death. If you feel you could be negatively affected by reading this, we suggest you read it with a friend or colleague. Or, if after reading the document you would like to talk to someone:

Students at Durham University can contact their College Student Support Office www.dur.ac.uk/colleges.se.division/local/studentssupportdirect/college.contacts/, or call Nightline (number and opening hours on campus card).

Staff at Durham University can contact the Employee Assistant Programme (EAP) on 0800 028 0199 (open 24/7), or the University Mental Health First Aiders: [Lets talk - Staff Mental Health First Aiders \(sharepoint.com\)](#).

Or anyone can:

- Sign up to Qwell at www.qwell.io/ (24/7)
- Text SHOUT to 85258 (24/7)
- Call the Samaritans on 116 123 (24/7)
- Call Durham NHS Crisis Team for emotional support on 0800 0516 171 (24/7)

EMERGENCY SUPPORT

If you feel that someone poses an imminent risk of harm to themselves or others:

- Call the Durham NHS Crisis Team on **0800 0516 171** (24/7). Details available here: www.tewv.nhs.uk/services/crisis-advice/
- If you are not in Durham right now, you can find your local mental health crisis service here: www.nhs.uk/nhs-services/mental-health-services/where-to-get-urgent-help-for-mental-health/

If someone's life is at immediate risk, call the emergency services on 999

1. Statement of purpose

Suicide is the leading cause of death for young people in the UK and is devastating for friends, families and communities. While suicide is rare¹, universities can play a key role in trying to prevent them. This requires a 'whole university approach' where all aspects of university life promote and support student mental health and wellbeing. This approach is more important than ever following the COVID-19 pandemic.

The purpose of this strategy is to raise awareness of mental health and wellbeing in our student community, to prevent potential escalation to suicidal ideation, and reduce the incidence of suicide attempt and death by suicide. Our Action Plan to support this strategy is available in Appendix i.

We are committed to implementing an effective and comprehensive Strategy, which is informed by our Health and Wellbeing Strategy,² the Universities UK and Papyrus guidance document, *Suicide-Safer Universities*,³ plus examples of best practice from other universities. A whole university approach to mental health and wellbeing underpins *The University Mental Health Charter*,⁴ which we seek to achieve during the 2023-24 academic year. In our commitment to achieving Charter status, it is our aim that mental health and wellbeing permeate every aspect of culture and experience at Durham University, recognising our role in developing robust foundations for learning, academic and occupational achievement, ensuring the University is a positive place to live and learn.

While the primary target population of this strategy is our student community, the reality is that through suicide awareness and prevention training, Durham University will become safer for both students and staff. This is significant also for the cohorts who qualify as both (postgraduate research and PhD students with teaching and supervision responsibilities).

Co-creation and co-production are vital to developing and delivering effective, relevant strategies. The University and Durham Students' Union, plus external organisations will work together to implement evidence-based initiatives. To maintain this strategic priority and incorporate new evidence and examples of best practice, this document will be reviewed every two years.

After reading this, if you have any suggestions for additional work we can regarding mental health, wellbeing and suicide awareness, please get in touch by emailing studentwellbeing.office@durham.ac.uk.

2. Context

The Office for National Statistics indicate that there were 319 suicide deaths among full-time higher education students in England and Wales between the academic years 2016-17 and 2019-20.⁵ The male suicide rate for higher education students was significantly higher (5.6 deaths per 100,000 students; 202 suicide deaths) compared with female students at 2.5 deaths per 100,000 students (117 suicide deaths). This disparity corresponds with trends in the general population where suicide rates are higher among males, although higher education students have a significantly lower suicide rate compared with the general population of similar ages. It is likely therefore, that attending university can act as a protective factor for young people. However, suicides of students are particularly impactful in higher education communities and may be more likely to be reported by the media.

Also, between academic years 2016-17 and 2019-20, first year undergraduate males had a significantly higher suicide rate at 7.8 deaths per 100,000 students compared with those studying in other years (4.3 deaths per 100,000).

Approximately 75% of adults with a mental illness first experience symptoms before the age of 25, with the peak age of onset for most conditions falling between the age of 18 and 25.⁶ Suicidal thoughts, suicide attempts and self-harm are all significant issues with nearly 25% of young people experiencing suicidal feelings at least once in their lives, with one in twenty young people attempting to take their own life.⁷ There have been sustained increases in the prevalence of suicidal thoughts and self-harm across both sexes since 2000, with significant increases in demand for support services at universities as a consequence.⁸

Numerous research studies ^{9 10 11} assert that factors specific to university students may increase the risk of suicide, such as leaving home, disruption to studies, poor course attendance, financial pressures, alcohol and substance misuse and stresses related to periods of transition. Such factors may reflect the academic and social demands of university life,

including difficulties accessing support. They may also reflect the impact of pre-existing mental illness, often undiagnosed or undisclosed, on course performance and social integration. It is important to recognise the complexity and individualistic nature of deaths by suicide.

Furthermore, young people may be particularly vulnerable to suicide contagion, where exposure to a death by suicide often through media reporting, may trigger suicidal thoughts and behaviours in others, particularly those who are already vulnerable. Whilst suicide clusters arising from contagion are very rare, they may account for up to 1-2% of suicide deaths in young people and have been reported in universities and secondary schools.^{12 13}

While the impact of the COVID-19 pandemic has so far not shown any increase in rates of suicide,¹⁴ there has been a significant rise in demand for mental health services across all ages.¹⁵ Over one-third of higher education students in England report that their wellbeing and mental health has worsened since the start of the Autumn 2021 term. Loneliness is also a considerable feature in students' lives with 17% reporting feeling lonely often or always, compared with just 7% of the overall adult population.¹⁶ The medium and long-term negative effects on mental health from COVID-19 may well be considerable, and therefore we must be consistent in our efforts to prevent suicide.

Durham Context

Durham University is mindful that mental health and wellbeing have risen sharply up the public health and higher education agenda in recent years, with an increasing media focus on the challenges facing university students. For our students, there has been an increase in the incidence, complexity and risk associated with mental health issues. In response, Student Support has been identified as a key strategic priority at Durham and is now included as a core element of the University's Wider Student Experience strategy. The University has also started to implement their first Health and Wellbeing Strategy, beginning in February 2021.

In addition, a major Student Support Review Project is currently being delivered, focused on an enhanced model of support for our students.¹ Students at the University already benefit from support and wellbeing which is provided by a matrix model of Colleges, Departments and Professional Support Services.² Colleges are often the first port of call for students for any issue, and they provide a community and home for students which includes frontline welfare support via a Student Support Office, staffed primarily by an Assistant Principal, Assistant

¹ <https://durhamuniversity.sharepoint.com/teams/StudentSupportProjectUpdates?OR=Teams-HL&CT=1639415344301> (internal only link, sign in required)

² www.durham.ac.uk/colleges-and-student-experience/student-support-and-wellbeing/

Student Support Officers and administrative support, with out of hours support being delivered via a rota across Colleges.

Undergraduate students also have an Academic Adviser, responsible for providing academic support and guidance throughout their programme of study. Other academic and administrative staff actively involved in teaching delivery (e.g. Programme Directors, PGT Directors, L&T Managers etc.) also provide support. This approach will be enhanced as a result of the Student Support Project, through the introduction of dedicated Student Support Officers linked to every Department and managed through each Faculty.

Professional Support Services for students are clustered in the Student Support and Wellbeing Directorate, located in the Colleges Division. The Directorate plays a leadership role in developing the strategy and policy framework for student support including mental health, disability support, student conduct, proactive student wellbeing (including Chaplaincy and Faith) and learning and development. This will be enhanced through the Student Support Project through the introduction of Student Relationship Management Software (see Section 6 below) to record interventions with students and enhancement of support processes.

We also work closely with student representatives from College Common Rooms and Durham Students' Union, to ensure that open consultation, collaboration and coproduction are at the heart of all decisions that affect our students.

While the above provides a firm foundation for ensuring students' safety and support during their time at Durham, we acknowledge there is more that can be done. There is so much more to come, through our commitment to delivering our Health and Wellbeing Strategy, attaining University Mental Health Charter status, and through this Strategy, to make Durham University as safe as we can.

3. Beliefs and understanding of suicide

While the reasons for suicide are complex, the transition into university life and its associated stressors, including financial difficulties, social pressures, life transitions and academic challenges can all have a significant impact on the mental health of young people.

Durham University can play a key role in preventing student deaths. Promoting positive mental health and wellbeing are key to raising awareness of suicide and its prevention. We also recognise that:

- Suicidal thoughts are common and may be difficult to talk about but should always be taken seriously – we are committed to training staff and students in identifying and responding to suicidal ideation.
- Lack of understanding and stigma around suicide and mental illness may act as a barrier to seeking and offering help – we are committed to tackling this through awareness raising and training our staff and students.
- The effect of suicide can be far reaching with a significant impact on family, friends, and the wider university population – we are committed to ensuring postvention³ support services are an integral part of this strategy.
- Suicide prevention is everybody’s business – we are committed to a whole university approach that facilitates engagement and involvement of students and staff.

4. Evidence

There is a growing evidence base to support local authorities in the development of suicide safer strategies.¹⁷ While the evidence base for strategies in higher education is more limited, much can be learnt from other settings when developing our Strategy. The strongest available evidence for population-based suicide prevention supports:

- Promoting mental health and wellbeing and training to increase personal resilience.
- Training people likely to be in contact with suicidal individuals (‘gatekeepers’ e.g. lecturers, tutors, student administrators, College support staff, security staff, accommodation staff, residential service assistants, cleaners etc.) in recognising and responding to risk. This can improve knowledge and confidence to engage with someone who is suicidal and may help prevent suicide. Some studies have shown that gatekeeper training is linked with short-term declines in youth suicide in general population settings.^{18 19}
- Restricting access to lethal means can reduce overall rates of suicide.^{20 21}
- Reducing access to harmful content on the internet and social media can have a positive effect on rates of suicide.^{22 23}
- Inappropriate media reporting and portrayal of suicides can influence suicidal behaviour leading to an increase in the overall number of suicides and in the use of particular methods.^{24 25}
- Interventions aimed at reducing alcohol consumption in the overall population have been shown to reduce suicide rates.²⁶

³ The term *postvention* refers to the actions taken following a possible suicide, to provide support to those affected, reduce the risk of contagion, and ensure lessons are learned to reduce future risk.

Universities UK and Papyrus have designed an evidence-based approach to preventing student suicide in their *Suicide-Safer Universities* guidance document. Their framework recognises that a comprehensive strategy must address three domains; *Prevention*, *Intervention* and *Postvention*. These domains inform this strategy as detailed below.

5. Strategic Oversight

Overall strategic direction is provided by the Student Support and Wellbeing Directorate under the leadership of the Director of Student Support and Wellbeing.

Strategy development will be undertaken by the Strategy Task and Finish Group led by the Public Health Advanced Practitioner. Once the strategy is approved, its implementation will be assured by the Wider Student Experience Committee (WSEC) who will receive bi-annual updates.

6. PREVENTION

Many people experience suicidal thoughts and feelings. Prevention aims to catch people before they start planning a suicide or attempt it. It requires a clear approach, aiming to change the culture using a whole-university approach.²⁷

Our aim is to ensure that everyone's university experience is positive and fulfilling, with our students being supported to enjoy good mental health and wellbeing.

To achieve this, we will:

6.1 **Raise awareness and destigmatise talking about suicide**

We all need to talk about suicide, and we all have a role to play in reducing stigma. Awareness raising campaigns play a key role in suicide prevention, designed to catch the attention of individuals before they potentially start planning a suicide or make an attempt. The fact that only one-third of people who die by suicide have been in contact with specialist mental health services in the year before their death,²⁸ means it is vital that we take a broad whole population-based approach, with awareness campaigns to reach the whole university population. In addition, we know that transitioning into university, being a first-year undergraduate, and undertaking exams can be periods of higher risk, so we will also run more targeted campaigns to reach these audiences. We will also look to support specific campaigns designed to raise awareness amongst men as they are at higher risk. This will begin by

'piggybacking' national campaigns, as well as a pilot project within The College of St Hild and St Bede, produced and developed by their student body.

Furthermore, we know that international students are less likely to seek support or engage with mental health services compared with UK students.²⁹ For this reason, we will increase our information and promotion of student mental health, counselling and disabilities services for our prospective international students as part of their formal offer process, so they are aware of the services available at the earliest possible opportunity. We will also seek to engage with international student groups to promote our services to those already in Durham.

More specifically, research has shown that 46% of people who identified as transgender thought about taking their own life in the past year and 12% had made a suicide attempt. In addition, 41% of non-binary people and 35% of transgender people had self-harmed in the last year, with 67% of transgender people and 70% of non-binary people experiencing depression in the last year.³⁰

Because of the increased risk in these populations, we will seek to engage with DSU's LGBT+ Association's and Durham Trans Association to promote suicide awareness training for their representatives. As these groups provide representation and support to trans, non-binary, otherwise non-cis and questioning students at Durham University, this intervention aims to increase awareness of suicide and its prevention, promote early help-seeking, and provide practical signposting for those who may require additional services.

6.2 Adopt a whole university approach to promoting mental health and wellbeing

Suicide is everybody's business – by working to attain the University Mental Health Charter in the 2023-24 academic year, we will ensure that mental health and wellbeing are at the forefront of every strategy, policy and decision that affects our students.

6.3 Reduce access to means

Universities UK and Papyrus, plus the World Health Organisation,³¹ assert that reducing access to means of suicide is a key preventative and intervention measure to reduce potential suicide attempts.

We will scope installing specialist browser plug-ins to restrict access to harmful content and methods of suicide when using University devices. During the academic year 2023-24 we will consult with students, staff and CIS regarding these plug-ins. If there is support, we will take this and the evidence to UEC, Senate and Council, with a view to installing them, as well as encouraging students and staff to install the plug-ins on their own devices.

Our Estates and Facilities Directorate will ensure that new University buildings promote the guidance provided by Public Health England in their practice guide *Preventing Suicides in Public Places*,³² so that new University buildings and those being refurbished are ‘mentally healthy’, and ‘design out suicide’ as part of their planning and building processes. The Directorate will also keep abreast of the latest evidence, technologies and certification regarding designing and building mentally healthy buildings and spaces in order to optimise the health and wellbeing of those using these spaces, to further ensure that Durham University is a positive place to study, live and work.

6.4 *Develop a multi-layered approach to address issues related to the use of alcohol and other substances*

Alcohol and other substance misuse can negatively affect mental health conditions, and potentially result in impulsive or risk-taking behaviour. We will renew and refresh the University Code of Practice on Controlled Drugs and the University Alcohol Awareness and Use Policy to incorporate recent evidence of the impact of substances on mental health.

6.5 *Consider how to gather and use information about students in order to respond to individual needs*

Universities have a duty to take reasonable care of the wellbeing and health and safety of their students. This can be challenging when crucial information is either unknown or undisclosed. Concerns over confidentiality and information sharing also raise significant challenges for universities to address individuals’ needs in an appropriate and timely way. An evolving area of interest is the use of IT systems to collect data and triangulate information to help identify students who may be in difficulty and might therefore benefit from early support. The University will introduce new Student Relationship Management (SRM) software to underpin an enhanced student support model developed as a result of the recent Student Support Project. This will enable information about students at risk to be shared more effectively across the University.

By October 2023, SRM software will be introduced, with an initial focus on delivering an enhanced case management function to enable more effective sharing of information in relation to students at risk. This will help increase our awareness of, and the visibility of, those potentially requiring support, enabling more proactive, upstream interventions.

Following the introduction of this software, the University will work with the provider to determine what mental health analytics can be included. This will help increase our awareness of, and the visibility of, those potentially requiring support, enabling more proactive, earlier interventions for those who may be at risk.

6.6 Formal disclosure of mental health conditions

It is understood that suicides can be preventable and universities can help to save lives if they adopt a proactive approach. We strongly encourage formal disclosure of all mental illnesses and disabilities before, on arrival and throughout every student's time at Durham University. Colleges, Disability Support and Counselling and Mental Health staff also provide in-person advice for our open day attendees, often with their parents or trusted contacts in attendance.

6.7 Learning and Assessment

The Student Support Project will also ensure there is a review of key administrative and academic processes that may increase stress for students e.g. withdrawal, plagiarism, to identify opportunities to flag concerns over student wellbeing at the earliest possible stage, and to guarantee that communications throughout the processes are reviewed for content and tone, and involve face to face meetings wherever appropriate.

Stressors and subsequent necessary adjustments may be very different for each student. Appropriate staff from academic departments should be trained to spot early warning signs, flag their concerns and will receive training and guidance regarding when to involve Disability Support and the Counselling and Mental Health Team, to ensure the appropriate adjustments are made.

6.8 Local Suicide Prevention Partnerships

Suicide is a global, national and local problem, with the North East having some of the highest rates of suicide in England, and much work has been undertaken to reduce these figures regionally. *Suicide-Safer Universities* advocates higher education institutions forming strong links with local and regional suicide prevention organisations to embed learning and good practice in local systems. We are now represented on the County Durham Suicide Prevention Alliance and the North East and North Cumbria (NENC) Suicide Prevention Network. We will continue to be an active member of both these groups, to represent our students' needs and influence decision-making on service provision.

We also recognise that external organisations have expertise and specialism not within the remit of a university, we will engage with the relevant local organisations to support students' mental health and actively signpost to them.

7. INTERVENTION

A key tool of Intervention is promotion and encouragement of help-seeking behaviour. In order to do this, appropriate and accessible support services must be in place and our population must know about them. Specific training should also be provided within the University, so staff and students are better able to recognise signs and vulnerabilities of suicidal ideation, to prevent potential suicide attempts.

7.1 Promoting and encouraging help-seeking behaviour

Reducing stigma through education and awareness is an essential part of the solution towards encouraging early help-seeking behaviour, but we may need to go further to ensure there is sufficient provision and promotion of diverse and accessible supportive services. We will encourage formal disclosure of mental illness and / disability before, on arrival and throughout every student's time at Durham University.

Following implementation of the SRM Software, we should adopt and encourage new students to 'opt-in' to mental health analytics, to better identify those who may require support, at the earliest opportunity.

Our benchmarking exercise as part of our commitment to achieving the *University Mental Health Charter* will also enable us to identify any gaps in service provision, so we can take action to fill these. It will also aid us in identifying evidence of good practice already being achieved which we can further build on. Careful consideration will need to be given to ensure all services are culturally appropriate and easy to navigate.

7.2 Suicide awareness and prevention training

It is vital that the whole university community understand how to identify and support someone who may be at risk through awareness raising and relevant training. Our population can be divided into different categories depending on what role they would be expected to play in suicide prevention, with each category benefiting from different levels of training. We will develop a training matrix from a needs analysis of all staff roles, to document who should receive what training, through what method and how often, and include recommendations to senior management for required (mandatory) learning.

UUK also strongly advocate that senior management staff undertake training in suicide awareness, to provide clear strategic ownership and reinforce our whole population commitment to suicide prevention. We therefore request that all UEC and Senate members complete the suicide awareness training module (via Oracle ⁴) by the end of May 2023.

⁴https://ehjb.fa.em2.oraclecloud.com/hcmUI/faces/deeplink?objType=WLF_LEARN_LEARNING_ITEM&action=NONE&objKey=learningItemId%3D300000382108255

In addition, we propose that all student facing staff undertake Mental Health Awareness Training developed by our Mental Health Advice Team (as required learning), which includes sections on suicide awareness and prevention as well as staff concerns around confidentiality and permissions to share information for the purposes of support or where there may be risk to an individual. All training delivered will include an evaluation element to facilitate continuous improvement. As colleges are often the first port of call for students seeking support, we will target 100% of student support staff in colleges to have been trained by April 2024, and it is our aim that 100% of *all* student facing staff will have been trained by December 2024.

Due to large numbers of student facing staff and limited training capacity, we will promote and roll out brief online suicide awareness and prevention training for all staff and we will monitor numbers accessing the training through Oracle. We have set a target of 5% of other student facing staff (those who have not yet undertaken the full MHA training) to have accessed this training by March 2024.

While we cannot mandate student training, we will strongly encourage all JCR Presidents and College Welfare Representatives to undertake Mental Health Awareness Training. We will target 100% uptake of this training by April 2024. We will also promote online suicide awareness and prevention training for all students, with a target of 5% of the overall student population having accessed this training by June 2024.

7.3 *Responding to those at risk*

Knowing when, how and who to contact when someone may be having suicidal thoughts is essential. This is even more important in an ‘out of hours’ situation. All student facing staff should be familiar with the processes required to support those in distress or who may be experiencing suicidal thoughts (these are available in Appendix ii).

Every College has specific processes and reporting mechanisms to follow if a student is in distress, expressing suicidal thoughts or ideation. These processes will be reviewed and refreshed in the 2022-23 academic year, to ensure they are appropriate and minimise risk, with all student facing staff aware of, and know how to access and follow them. University Library Services have their own processes and reporting mechanisms, which will also be reviewed in the 2022-23 academic year.

7.4 *Development and implementation of clear pathways for those requiring support*

A clear care pathway is essential, both for those who require support and those providing it so the service user journey is transparent, open and replicable. The Mental Health Advice (MHA) Team centrally coordinate complex mental health casework within the University. Mental health risk assessment is a dynamic process and Mental Health Advisors (MHAs) can ensure

that cases are effectively managed in terms of complexity and priority. Information should be centralised in their information system and be overseen by qualified mental health professionals.

7.5 Escalating complex cases

It is also vital that all student facing staff know when and how to escalate any potential complex cases that give them cause for concern. Through mental health awareness training and familiarisation with our Student Mental Health Risk Management Guidance produced by our Mental Health Advice Team, student facing staff can learn to spot early warning signs and know when and how to involve Disability Support and the Counselling and Mental Health Team. Our Mental Health Advisors have developed a 'When and Where to Refer' document covering the most common issues as well as flowcharts for escalating complex cases, to provide clear guidelines for our staff to when, how and where to raise their concerns about a student. This guidance is available for all staff via the internal Staff Guidance Hub⁵, and they can also be found in Appendix ii. In addition, all colleges are linked to a Mental Health Advisor and have access to a weekly check-in where college staff can talk about any students of concern.

7.6 Sharing Information

Durham University's existing policy and guidance clearly outlines the situations in which information can be shared with or without consent under the Student Privacy Notice and the Statement on Information Sharing and Escalating Complex Cases Guidance. This information is also included within our mental health training courses. Our Counselling and Mental Health Service offers a same-day advice service for anyone concerned about a student, which is clearly signposted on our external website.⁶ The duty worker is always an experienced senior member of our Counselling and Mental Health Service, and is available to all staff, peers and third parties including parents, to give advice on urgent concerns about a student. While information cannot be shared about a student, all parties receive detailed information on support, usually emailed to the concerned party after the call, and are assured that we receive and promptly respond to third party concerns. All calls are followed up, usually by reaching out to the student of concern, or organising a rapid (often same-day) informal support meeting with college staff. Services take a compassionate, courteous approach at all times.

⁵<https://durhamuniversity.sharepoint.com/teams/TheCounsellingandMentalHealthService/SitePages/Concerned-about-someone-.aspx?csf=1&web=1&e=3HVM0k&cid=052a3654-1c5b-42aa-8e22-56d1bc18cf7b>

⁶ www.durham.ac.uk/colleges-and-student-experience/student-support-and-wellbeing/counselling/concerned-about-someone/

7.7 Involvement of Trusted Contacts⁷

Durham University operates a structured process for escalating concerns about contacts,³³ with or without a student's consent, where there are serious concerns about safety and welfare. Many students will consent to staff contacting their trusted contact where there are welfare, academic or mental health risk concerns.

It is appropriate that students' right to privacy as adults with mental capacity is maintained, and is only breached where it can be justified as a proportionate response to significant and imminent risk of harm to self or others. Staff in colleges, the Student Conduct Office, Disability Support and the Counselling and Mental Health Service always endeavour to gain agreement from a student, where there are serious concerns about their safety or mental health, to share information with a trusted contact. However, they may face the situation whereby a student does not give consent to share that information with a trusted contact. There are circumstances in which universities can reasonably decide to involve trusted contact without agreement from the student.

The Student Privacy Notice outlines the University's position on contacting third parties in order to protect the vital interests of the student or another person. The Notice outlines potential third party contacts such as medical professionals or trusted contacts, and grounds for making contact where staff believe it is reasonable and/or in the best interests of the student to do so. It notes that staff will attempt to gain prior consent from the student to do so but where consent cannot or will not be given they might act without consent.

Example situations where we consider contacting trusted contacts include:

- A student is taken seriously physically or mentally ill and admitted to hospital.
- A student's self-harming or suicidal behaviour suggests they are unable to maintain their own safety and where they will not engage with necessary treatment or support.
- A student is missing for a significant period and does not respond to repeat contacts.

The decision to contact a trusted contact without the student's consent will always be made in the student's best interests, be taken by appropriately qualified staff and supported by senior leadership. Decisions will also be based on a risk assessment establishing the grounds for serious concern as well as being properly governed and recorded. At Durham University the decision to make contact without consent, sometimes overriding a student's explicit wishes, is

⁷ New Universities UK guidance *Suicide Safer Universities: Sharing Information with Trusted Contacts*, introduces new terminology of 'Trusted Contacts' to the sector. Durham University has always used the term 'Emergency Contact', but it is likely that we will adopt the terminology of 'Trusted Contacts' to ensure consistency across the sector. Therefore, the term 'Trusted Contact' is used for the rest of this strategy and action plan.

always escalated to senior management within the Student Support and Wellbeing Directorate. Decisions are usually taken by more than one staff member, and we have not to date received any formal challenge or complaint around decisions to override student consent. While we feel Durham University's current approach is safe and effective, in light of UUK's recommendations, we have identified two priority actions – an opt in approach to students providing their trusted contact details on registration, and an annual requirement to update their trusted contact information.

7.8 Engagement with external services

We will also continue to be an active partner on the Durham Student Mental Health Group. This group meet on a quarterly basis to continue to discuss the student pathway, improve strategic working relationships between General Practice, local NHS Mental Health providers and University services. We will also be an active partner on the North East Integrated Care Student Mental Health Pathways Group, and will develop, expand and strengthen partnerships with the relevant statutory and third sector external organisations. Through these relationships we will learn and share experience and evidence of best practice, as well as continually represent the needs of our students and influence external service provision.

8. POSTVENTION

The immediate aftermath of a suspected suicide can be stressful, confusing and highly emotive. Having a plan in place, agreed templates for communications and a nominated lead ensures an effective, appropriate and timely response. Universities' senior leadership can set the tone for how the rest of the university responds to a suicide.³⁴

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

A suicide within the university community may have wide reaching effects. In some circumstances, through the process of social contagion, the death of one individual by potential suicide may trigger suicidal thoughts and behaviours in others, particularly those who may already be vulnerable (see section 8.3). It is essential that the response to a death by potential suicide is managed in a planned way to minimise potential further harm. The University Major Incident Response Plan (MIRP) details the actions that should be taken immediately following a potential suicide. It covers roles and responsibilities including initial reporting arrangements, immediate actions to consider, notification of staff, students and

external partners e.g. local authority, family liaison, managing press enquiries and how to appropriately remember a student or member of staff.

8.1 *Effective, accessible bereavement support services for those affected by suicide*

We recognise that many people will be affected by a death due to suspected suicide. It is therefore important that we identify those who may be affected and ensure those staff and students are provided with compassionate and timely support. Guidance on how to support staff following a death due to suspected suicide is included in the [Psychological Support Guidance for staff exposed to distressing work incidents and events.](#)

We will develop a list of appropriate and effective bereavement support services, both in-house and externally. We will seek to provide a blend between proactive and direct 'reaching out' and 'drop in' services, to cater for individuals' different needs. This will include our Counselling service (Students), Chaplains, Occupational Health (Staff), local NHS services, plus specialist third sector and charitable organisations. We will also ensure effective signposting for students and staff to these services.

8.2 *Postvention Team*

Suicide-Safer Universities recommends identifying, training and publicising a Postvention Team. Our Major Incident Response Process includes a suicide postvention team who will coordinate our response to a suspected suicide. Membership of this team will be reviewed and additional members will be included if and when necessary.

8.3 *Managing press and social media*

Suicide is often considered particularly newsworthy by various media outlets. There is a strong body of research highlighting the negative impacts of irresponsible media reporting, including the risk of contagion or imitative behaviour. Moreover, press intrusion may exacerbate the grief of families and communities during an extremely difficult time and therefore needs to be managed appropriately through communication with the media, plus support and forewarning for families.

We will ensure our University Marketing and Communications Team are aware of, and are trained to follow the guidance provided by The Samaritans in responding to potential suicides. We communicate effectively with Durham County Council Public Health Team to provide support and direction when dealing with concerns relating to the wider media. Communications Team leads will also monitor the reporting of a student suicide on widely used social media platforms and risk assess if a response is required.

8.4 Identifying and responding to suicide clusters

The impact of a suicide cluster can be widespread, and an effective response requires robust preparation and multiagency collaboration. The Office for Health Improvement and Disparities (OHID) provide clear guidance on early identification and responding to potential suicide clusters and how to reduce the risk of contagion. They also strongly emphasise the links that must be made with the local multiagency suicide prevention group led by the local authority public health team.

In the event of an emerging cluster we will establish an Incident Response Team in partnership with Durham County Council Public Health. This 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.

8.5 Learning from deaths and serious suicide attempts

An essential aspect of suicide prevention is to learn from any deaths from suicide as well as suicide attempts. Through ongoing learning we can identify areas for improvement or where good practice has been demonstrated. The University has piloted an internal Complex Case Review which can be used to review the University's actions and facilitate learning following a confirmed suicide. This will help us to capture essential information to be included in the ongoing audit of student deaths by suicide, to identify any wider themes and to develop recommendations to reduce future risk. We will also link with Durham County Council's Public Health Team when necessary, to support this.

8.6 Legacy and Anniversaries

Following a suicide, the family of the bereaved may wish to celebrate the life of their loved one with a specific memorial gesture at Durham University. This may include tree-planting, benches, special awards etc. The student's College (as part of the Postvention Team) will liaise with the affected family accordingly.

9. MONITORING AND REVIEW

This strategy and the achievement of its objectives will be reviewed bi-annually by the Wider Student Experience Committee. Next review date: June 2025.

10. APPENDICES

- i. Action plan to support our Strategy
- ii. Mental health escalation process flowcharts
- iii. Important definitions
- iv. Language around suicide
- v. Myths and facts
- vi. Training and resources for staff and students
- vii. Support organisations

Appendix i ACTION PLAN TO SUPPORT THE STRATEGY

This Action Plan supports our Strategy, to be approved through the University Executive Committee, Senate and Council. The Action Plan below includes review processes to support the ongoing review and updating of our Strategy and the broader University Health and Wellbeing Strategy.

Action Plan

Objective	Action	Goals / Milestones	Deadline	Responsibility
	PREVENTION			
6.1 <i>Raise awareness and destigmatise talking about suicide.</i>	1. To reduce stigma, participate in inter/national evidence-based campaigns and embed in central University annual health campaigns calendar.	Campaigns calendar complete and published.	Oct 2023 and Ongoing	Engagement, Comms and Activities sub-group; Comms Team; H&WI Group; SS&WB Group.
	2. Promote World Suicide Prevention (WSP) Day, and promote information and resources at times of transition or potential stress, e.g. induction, exam periods and before and after the Christmas break.	Promote World Suicide Prevention Day. Promote suicide prevention resources during induction, before / after Christmas plus exam period.	Sep 2023 May 2024	Engagement, Comms and Activities sub-group; Comms Team; H&WI Group; SS&WB Group.
	3. Develop College-specific awareness raising and signposting materials for their students, pre-induction and existing, on an annual basis.	Materials developed and disseminated to new inductees.	Sep 2023	Colleges; H&WI Group; SS&WB Group; Engagement, Comms

		Materials promoted during induction week.	Sep 2023	and Activities sub-group.
	4. DSU and College Common Rooms to run an annual suicide prevention awareness campaign.	Formal request Campaign	May 2024 Easter Term 2024	H&WI Group; SS&WB Group; Colleges; JCRs; SCRs; DSU; DSU Welfare & Liberation Officer; Engagement, Comms and Activities sub-group.
	5. College of St Hild and St Bede to produce and develop mental health and suicide awareness and prevention campaign, targeting 'at risk' communities. Project to include evaluation element, with potential to scale up and roll out to other colleges.	Initial discussions Campaign delivered Evaluation	Oct 2022 by Sep 2023 Oct 2023	College of St Hild and St Bede (Principal, Common Rooms).
	6. Increase promotion of student mental health, counselling and disabilities services for prospective and existing international students.	Prospective students to receive information as part of formal offer process. Engage with international student groups to promote	Sep 2023 Feb 2024	H&WI Group; Colleges; Admissions Office; International Office; MHA Team.

		services to existing students.		
	7. Engage with DSU's LGBT+ Association's and Durham Trans Association, to promote suicide awareness training for their representatives	Request that Association Reps undertake suicide awareness training	Feb 2024	DSU Welfare & Liberation Officer; DSU LGBT+ Association; Durham Trans Association; DSU; H&WI Group
6.2 A whole university approach to promoting good mental health and wellbeing	8. Attain University Mental Health Charter status, ensuring that mental health and wellbeing are at the forefront of every strategy, policy and decision that affects our staff and students.	Apply for membership	July 2022	PHAP
		Review benchmarking report	Nov 2022	PHAP; H&WI Group
		Establish Development Group and Action Plan for improvement	Mar 2023	MH Charter T&F Group; H&WI Group; SS&WB Group.
		Submit application	Feb 2024	"
		Achieve Charter status	Aug 2024	"
6.3 Reduce access to means	9. Scope software plug-in (R;ppl) to reduce access to harmful content and methods of suicide on University servers.	Consult with CIS, students, staff, if	Jan 2024	PHAP; CIS; H&WI Group; SS&WB Group; Colleges; Common

		approved, present to UEC		Rooms; DSU; Engagement, Comms and Activities sub-group.
	10. Promote software plug-in (R;pple) to all students and staff, to voluntarily install on own devices	Tie in with inter/national suicide prevention campaigns	Dec 2023	H&WI Group; SS&WB Group; Colleges; Common Rooms; DSU; Engagement, Comms and Activities sub-group.
	11. E&F Directorate will ensure that all new University buildings promote the guidance provided by Public Health England in their practice guide Preventing Suicides in Public Places, so that new University buildings and those being refurbished are 'mentally healthy', and 'design out' suicide as part of their planning and building processes. Retro-fitting of other safety measures will be undertaken should a risk assessment deem them necessary. The Directorate will also consider implementation of new technologies and specific certification regarding designing and building 'mentally healthy' buildings and spaces.	All new / refurbished buildings to adhere to the latest guidelines and regulations in building design, and Directorate to keep abreast of and consider implementation of new technologies and certification.	June 2023 and Ongoing	E&F Directorate.
6.4 Develop a multi-layered	12. Review and refresh the University Code of Practice on Drugs. This will involve co-production with student body, and	Whole student body surveyed.	May 2024	Drugs Code of Practice Development Group;

approach to address issues related to students' use of alcohol and other substances	will reflect recent national evidence of how substances can impact on mental health and suicide, in order to make Durham as safe a University as possible.	Code of Practice implemented.	Epiphany Term 2024-25	H&WI Group; SS&WB Group; WSEC. “
	13. Review and refresh University Alcohol Awareness and Use Policy, incorporating recent national evidence regarding the impact of alcohol on mental health and suicide.	Policy reviewed and implemented	May 2024	Alcohol Policy Working Group; H&WI Group; SS&WB Group; WSEC.
6.5 Consider how to gather and use information about students in order to respond to individual needs	14. University to introduce Student Relationship Management Software, including mental health analytics. This will help increase our awareness of, and the visibility of, those potentially requiring support, enabling more proactive, upstream interventions.	Initial focus to enhance case management function, to enable effective information sharing regarding students at risk.	Dec 2023	Student Support Project Team; CIS
6.6 Formal disclosure of mental health conditions	15. Promote formal disclosure of all mental illnesses and disabilities before, on arrival and throughout every student's time at Durham University.	Process reviewed	July 2023	MHA Team; Admissions Office
		Process communicated to prospective / current students	Aug 2023	

6.7 Learning and Assessment	16. The Student Support Project will evaluate key administrative and academic processes that may increase stress for students to identify opportunities for early alerts and flagging concerns over student wellbeing.	Review completion and implementation	Sep 2023	Student Support Project Team
	17. Appropriate staff from academic departments to be trained to spot early warning signs and when to involve Disability Support and the Counselling and Mental Health Team, to ensure the appropriate adjustments are made.	Staff identified and trained	Nov 2023	Student Support Project Team
6.7 Local suicide prevention partnerships	18. We will become an active member of the County Durham Suicide Prevention Alliance, and the North East and North Cumbria Suicide Prevention Network to collaborate with external colleagues, share best practice, represent the needs of our students, and influence service provision.	Meetings attended and developments and recommendations fed back to the University	Ongoing	PHAP
INTERVENTION				
7.1 Promoting and encouraging help-seeking behaviour	19. Encourage early help seeking, plus formal disclosure of mental illness before, on arrival and throughout university	Pre-arrival questionnaire, enhanced information for prospective students	Sept 2023	H&WI Group; MHA Team.
	20. Adopt and encourage new students to 'opt-in' to mental health analytics (as part of Student Relationship Management Software), to better identify and support those who may require support, at the earliest opportunity.	Mental health analytics data points identified and embedded following initial roll out of SRM software.	March 2024	Student Support Project Team.

7.2 Suicide awareness and prevention training	21. Request all senior management staff (UEC and Senate) undertake training in suicide awareness and prevention	Formal request	Oct 2023	PHAP; Director SS&WB
	22. Develop training matrix from a needs analysis of all staff roles, including recommendations to senior management for required (mandatory) learning.	Matrix developed	July 2023	MHA Team; HR&OD; Student Support Project Team.
	23. All student support staff in Colleges to undertake Mental Health Awareness Training (as required learning), which includes suicide awareness and prevention.	Target 100% of student support staff in Colleges	April 2024	MHA Team; Colleges
	24. All student facing staff to undertake Mental Health Awareness Training (as required learning), includes suicide awareness and prevention.	Training promoted and rolled out. Target 100% of all student facing staff trained by December 2024.	Throughout 22-23 and 23-24 academic years	MHA Team; Academic departments; Library Services
	25. Promote and roll out brief online suicide awareness and prevention training for all student facing staff, and monitor numbers accessing the training through Oracle.	Oracle module developed, training promoted.	June 2023 and Ongoing	MHA Team; Comms Team

		Target 5% of all student facing staff (who have not already undertaken MHA training).	Dec 2023	
	26. Strongly encourage all JCR Presidents and College Welfare Representatives to undertake Mental Health Awareness Training (which includes suicide awareness and prevention)	Training promoted to JCRs Target 100% uptake	April 2024 June 2024	MHA Team; College JCRs
	27. Promote online suicide awareness and prevention training for all students, monitor numbers accessing training.	Oracle module developed, training promoted. Target 5% of all students trained	June 2023 and Ongoing May 2024	MHA Team; Comms Team
	28. As part of All Staff Student Support Training, incorporate suicide awareness and prevention messages, to ensure that everybody sees this as their role.	Training and student support function 'red card' developed, promoted and rolled out	Jan 2024	Student Support Project Team; Learning and Development Officer
7.3 Responding to those at risk	29. Update web content to effectively inform and signpost students concerned about their peers, similar to UCL ⁸ .	Webpages updated and promoted	Dec 2023	PHAP; MHA Team; Colleges; Comms Team.

⁸ www.ucl.ac.uk/students/support-and-wellbeing/suicide-prevention/what-do-if-student-tells-you-they-may-be-suicidal

	30. Review whether to implement new 'student of concern' forms for students to report their peers to our Counselling and Mental Health Service for support, similar to UCL. ⁹	Implementation (if approved)	Feb 2024	MHA Team; Colleges; CIS; H&WI Group; Comms
	31. Review, refresh, document and publicise processes for when a student is at risk or in crisis, ensure those responsible are aware and appropriately trained.	Processes reviewed Updated processes publicised and staff trained	May 2023 Sep 2023	MHA Team; Student Support Project Team; Colleges; Library Services.
7.4 Development and implementation of clear pathways for those requiring support	32. Mental Health Advice Team to finalise their student support pathway and implement within the University setting, to ensure our internal processes are clear and easy to follow.	Completed and in place	Jan 2023	MHA Team; Colleges; Academic departments; Student Support Review Team.
7.5 Escalating complex cases	33. Ensure all student facing staff are familiar with our Student Mental Health Risk Management Guidance and Escalating Complex Cases Flowcharts produced by our Mental Health Advice Team.	Guidance promoted during training sessions, via Dialogue and other communication streams	Sep 2023	MHA Team; Communications Team
7.6 Sharing Information	34. Ensure staff are aware of our Student Privacy Notice and Statement on Information Sharing Guidance.	Guidance promoted during training	Sep 2023	MHA Team; Communications Team

⁹ www.ucl.ac.uk/students/support-and-wellbeing/if-you-are-concerned-about-student

		sessions, via Dialogue and other communication streams.		
	35. Implement new Student Records Management system, to facilitate seamless transfer of information and simplified referral routes.	Develop and implement SRM system	Dec 2023	Student Support Project Team; MHA Team
7.7 Involvement of Emergency / Trusted Contacts	36. Develop an 'opt-in' process on enrolment, for students to consent to us contacting their trusted contacts when necessary. Students to update trusted contact details annually.	Process developed and communicated	June 2023	MHA Team
		Process implemented	Sep 2023	
7.8 Engagement with external services	37. We will be an active partner on the Durham Student Mental Health Group, to maintain and improve strategic working relationships, identify any trends in mental health and share best practice and the latest evidence. We will also represent the needs of our students to influence external service provision.	Quarterly meetings attended, developments and recommendations fed back to University	Ongoing	PHAP; Director SS&W; Claypath & University Medical Practice; local NHS Mental Health providers; University Counselling & MH Service
		Quarterly meetings attended, developments and recommendations fed back to University	Ongoing	PHAP
	38. We will be an active partner on the NE Integrated Care Student Mental Health Pathways Group, to collaborate and share best practice with HEIs in our region.	Quarterly meetings attended, developments and recommendations fed back to University	Ongoing	PHAP

	39. Develop, expand and strengthen partnerships with external organisations – relevant statutory and third sector services.	Meet with and signpost to organisations affiliated with and commissioned by DCC (IfUCareShare etc.)	Oct 2023	PHAP; Counselling and MH Service; Chaplaincy.
POSTVENTION				
8.1 <i>Effective, accessible bereavement support services for those affected by suicide</i>	40. Formulate list of appropriate and effective bereavement support services, both in house and external who will be ready and on hand should their services be required.	Develop portfolio of appropriate services, and promote throughout University	Dec 2023	H&WI Group; SS&WB Group; Counselling and MH Service; Chaplaincy.
8.2 <i>Postvention Response Team</i>	41. Ensure our Major Incident Response Process (MIRP) is updated to include a suicide Postvention Team to coordinate our response to a suspected suicide.	Membership of Postvention Team decided.	Sep 2023	Director SS&W; Counselling and MH Team; Colleges; Chaplaincy; Communications Team; DCC PH Team

8.3 Managing press and social media	42. University Communications Team to be aware of and trained to follow the guidance provided by The Samaritans in responding to suspected suicides.	Aware of / trained in Samaritans guidelines	Oct 2023	H&WI Group; SS&WB Group; Communications Team
	43. Communications Team leads will monitor the reporting of a student suicide on widely used social media platforms and risk assess if a response is required.	If / when required	If / when required	Communications Team; Postvention Team
8.4 Identifying and responding to suicide clusters	44. In the event of an emerging cluster the University will establish an Incident Response Team with Durham County Council Public Health Team. 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.	If / when required	If / when required	Postvention Team
8.5 Support continuous improvement of suicide prevention	45. Complex Case Review can be used to review the University's actions and facilitate learning following a confirmed suicide. This will help us to capture essential information to be included in the ongoing audit of student deaths by suicide, to identify any wider themes and to develop recommendations to reduce future risk.	Complex Case Review established ready for use	If / when required	MHA Team
8.6 Legacy and Anniversaries	46. Celebrate the life of the deceased individual without glamorising suicide. Memorials / other events (tree-planting, benches, special awards), put in place in response to demand from those affected and in liaison with families.	College to liaise with family to decide on any action.	As / when needed, as appropriate	College; Chaplaincy; Postvention Team

STRATEGY REVIEW				
9.0 Review and update Strategy and Action Plan	47. This strategy and the achievement of its objectives will be reviewed bi-annually by the Wider Student Experience Committee.	Report to WSEC	Dec 2023, June 2024, Dec 2024	H&WI Group; SS&WB Group; WSEC
		Refresh Strategy	June 2025	

Mental Health Escalation Process

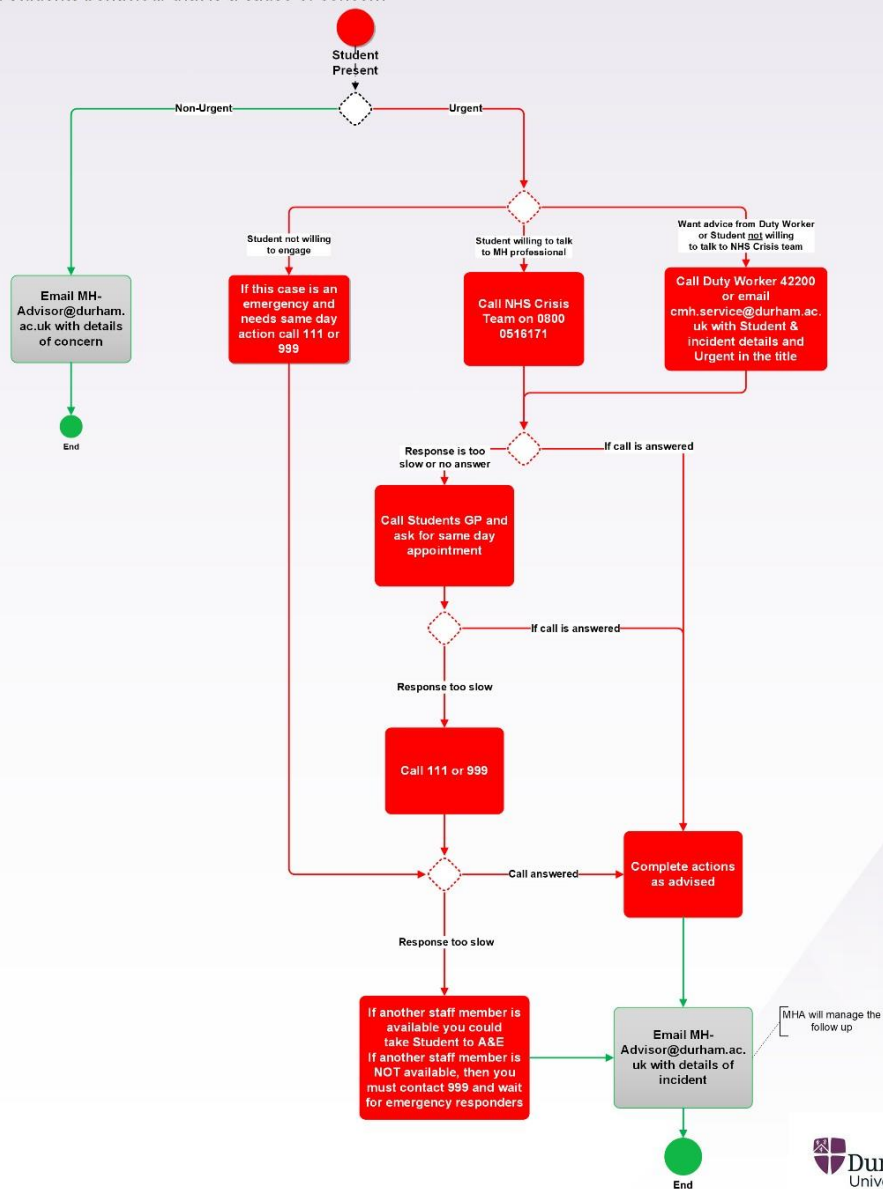
Student Present - In Hours

Urgent risk

- Any suicide attempt
- An episode of serious deliberate self-harm that led, or could led, to a serious injury or death
- Suicidal ideation - frequent suicidal thoughts, and/or research, planning or preparation
- Psychiatric hospital admission
- Any mental health incident brought to our attention, by a third party or requiring intervention by the police
- Any mental health incident requiring an urgent (same day) NHS appointment

Non Urgent

- Very thin appearance which might indicate potentially damaging low body weight
- Students repeat non-engagement with Support
- A change in students behaviour that is a cause of concern



Mental Health Escalation Process

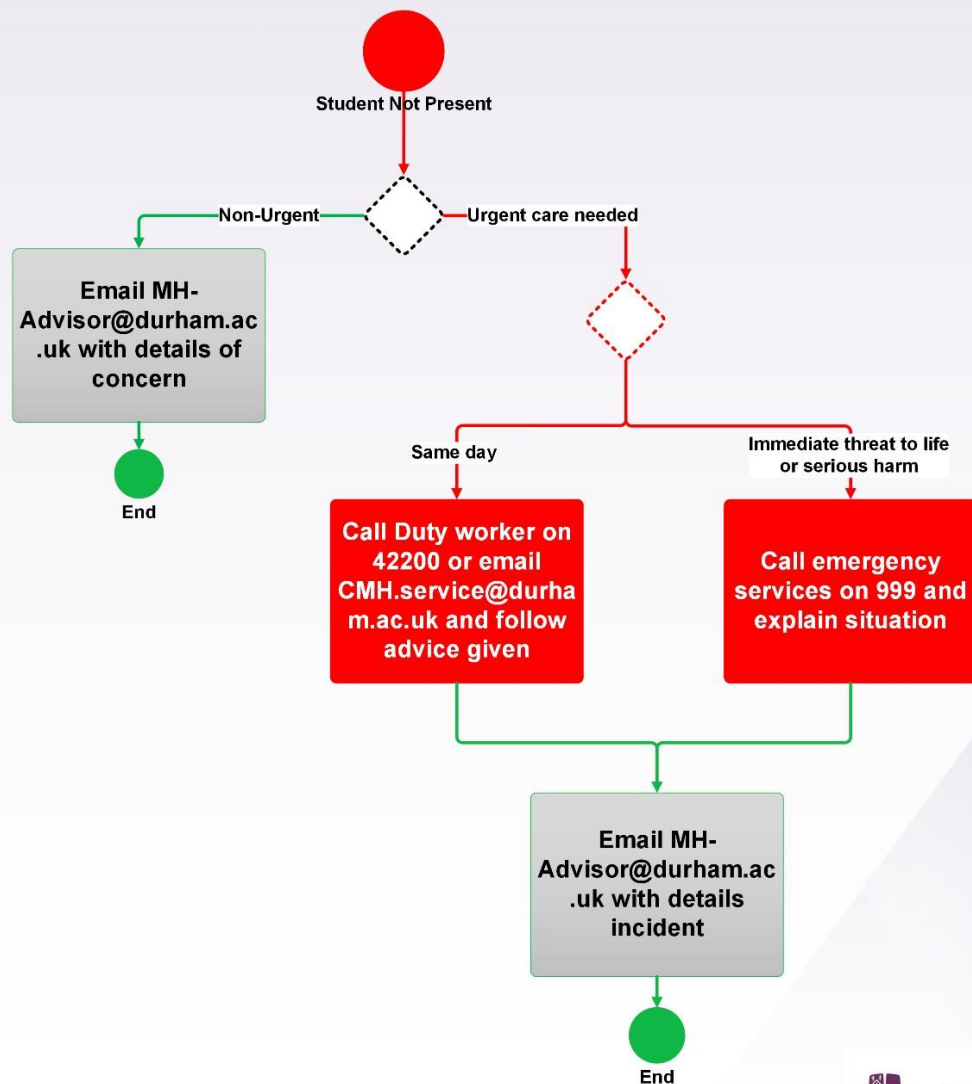
Student not Present - In Hours

Urgent risk

- Any suicide attempt
- An episode of serious deliberate self-harm that led, or could lead, to a serious injury or death
- Suicidal ideation - frequent suicidal thoughts, and/or research, planning or preparation
- Psychiatric hospital admission
- Any mental health incident brought to our attention, by a third party or requiring intervention by the police
- Any mental health incident requiring an urgent (same day) NHS appointment

Non Urgent

- Very thin appearance which might indicate potentially damaging low body weight
- Students repeat non-engagement with Support
- A change in students behaviour that is a cause of concern



Mental Health Escalation Process

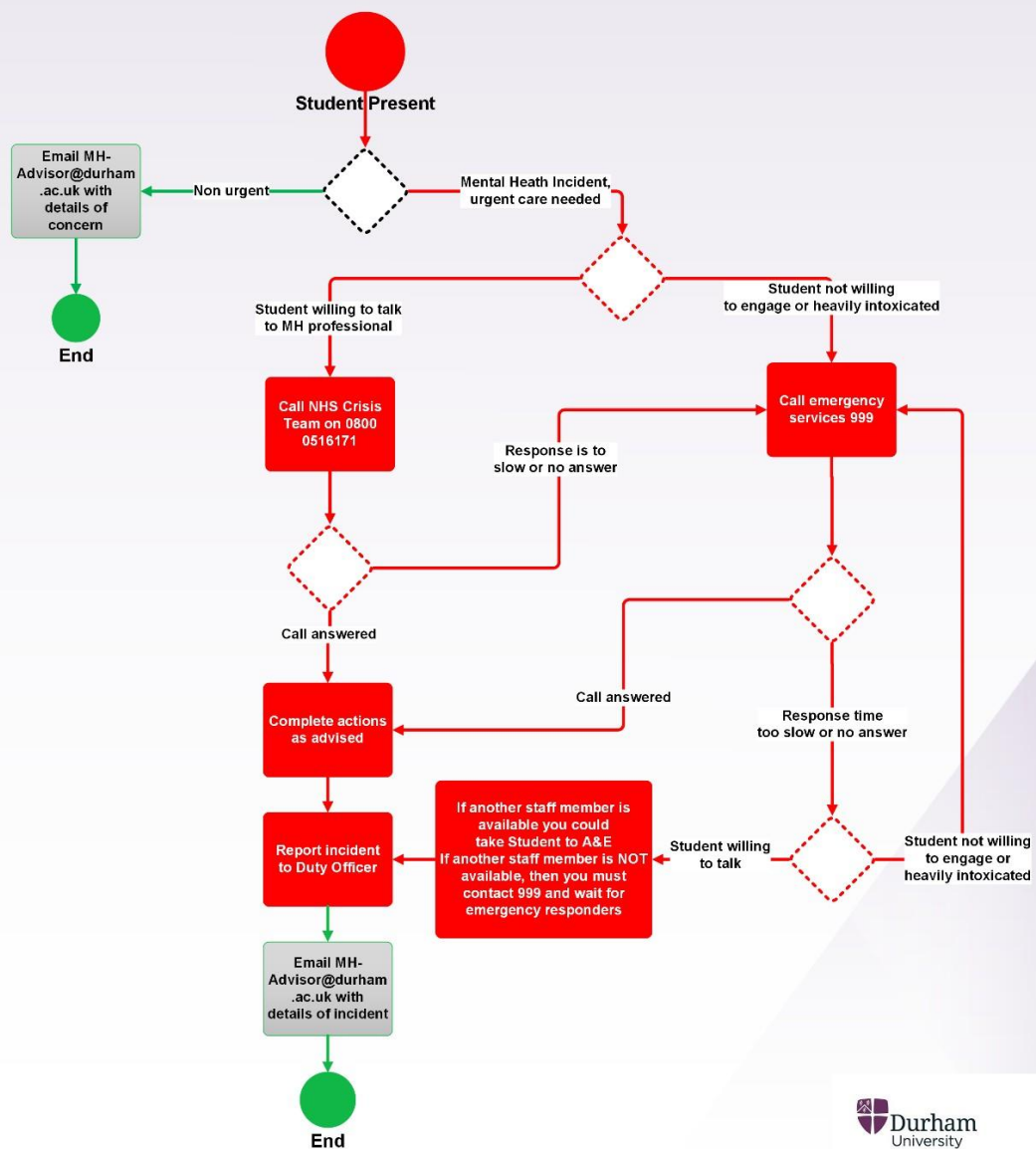
Student Present – Out of Hours

Urgent risk

- Any suicide attempt
- An episode of serious deliberate self-harm that led, or could lead, to a serious injury or death
- Suicidal ideation - frequent suicidal thoughts, and/or research, planning or preparation
- Psychiatric hospital admission
- Any mental health incident brought to our attention, by a third party or requiring intervention by the police
- Any mental health incident requiring an urgent (same day) NHS appointment

Non Urgent

- Very thin appearance which might indicate potentially damaging low body weight
- Students repeat non-engagement with Support
- A change in students behaviour that is a cause of concern



Mental Health Escalation Process

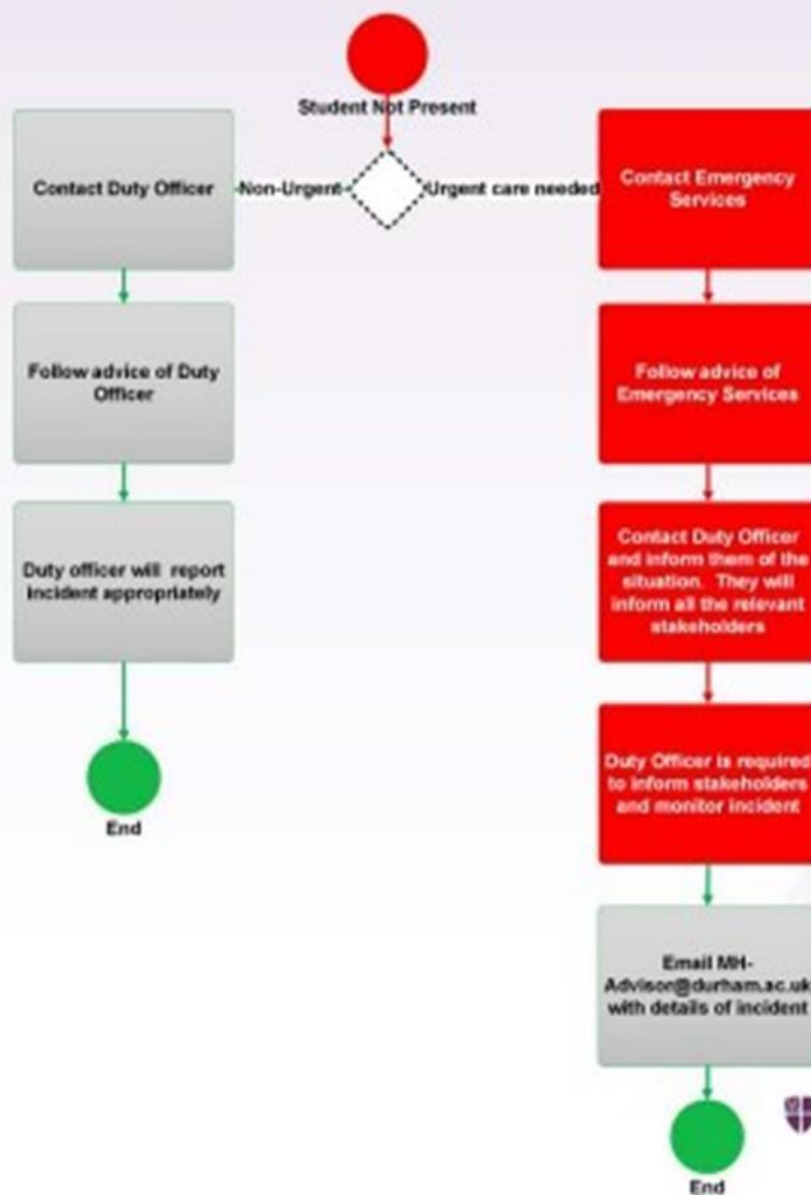
Student Not Present – Out of Hours

Urgent risk

- Any suicide attempt
- An episode of serious deliberate self-harm that led, or could lead, to a serious injury or death
- Suicidal ideation - frequent suicidal thoughts, and/or research, planning or preparation
- Psychiatric hospital admission
- Any mental health incident brought to our attention, by a third party or requiring intervention by the police
- Any mental health incident requiring an urgent (same day) NHS appointment

Non Urgent

- Very thin appearance which might indicate potentially damaging low body weight
- Students repeat non-engagement with Support
- A change in students behaviour that is a cause of concern



Appendix 3 IMPORTANT DEFINITIONS

Suicide Deliberate act of taking of one's life.

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.

Suicide cluster³⁵ The term "suicide cluster" describes a situation in which more suicides than expected occur in terms of time, place, or both...A suicide cluster usually includes 3 or more deaths; however, 2 suicides occurring in a specific community or setting...in a short timeperiod should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected), particularly in the case of young people. It is important to establish at a very early stage if there are connections between suicides.

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, intentional 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.

Non-suicidal self-harm An action that is deliberate but does not include an intention to die and often does not result in hospital care. It can be used for one or more reasons that relate to reducing distress and tension, inflicting self-punishment and/or signalling personal distress to important others. Non-suicidal self-harm is a signal of underlying mental health difficulties; people who self-harm may also make suicide attempts and be at risk of suicide. We also know that central to an effective response is an understanding of the facts about suicide and addressing common myths (see Appendix ii and iii).

Appendix iii LANGUAGE AROUND SUICIDE

What not to say	Why not?	What to say instead
“Commit suicide”	Suicide hasn’t been a crime since 1961. Using the word ‘commit’ suggests that it is still a crime (we ‘commit’ crimes), which perpetuates stigma or the sense that it is a ‘sin’. Stigma shuts people up – people will be less likely to talk about their suicidal feelings if they feel judged.	“Ended their life” “Took their own life” “Died by suicide” “Killed themselves”
“Successful suicide”	Talking about suicide in terms of success is not helpful. If a person dies by suicide, it cannot ever be a success. We don’t talk about any other death in terms of success: we would never talk about a ‘successful heart attack’.	
“Unsuccessful or failed suicide”	People who have attempted suicide often tell us, “I couldn’t even do that right... I was unsuccessful, I failed”. In part this comes from unhelpful language around their suicide behaviour. Any attempt at suicide is serious. People should not be further burdened by whether their attempt was a failure, which in turn suggests they are a failure.	“Attempted suicide” “Attempted to take his or her life”
“It’s not that serious”	Every suicide attempt is serious. By definition, they wanted to take their own life. All suicide attempts must be taken seriously as there is a risk to life. An attempt tells us that the person is in so much pain they no longer want to live. This is serious.	
“Attention seeking”	This phrase assumes that the person’s behaviour is not serious, and that they are being dramatic to gain attention from others. However, suicide behaviour is serious. People who attempt suicide need attention, support, understanding and help.	
“It was just a cry for help”	This dismissive phrase belittles the person’s need for help. They do indeed need you to help: they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous	
“Suicide epidemic”, “craze” or “hot spot”	This normalises and sensationalises suicide.	“Suicide cluster”
“She’s not the suicidal type”	There isn’t one.	
“You’re not thinking of doing something stupid/silly are you?”	This judgemental language suggests that the person’s thoughts of suicide are stupid or silly, and consequently that the person is stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.	

Appendix iv MYTHS AND FACTS

MYTH: *Someone who is suicidal is determined to die and will always remain suicidal.*

FACT: Heightened suicide risk is often short term and situation specific. While suicidal thoughts may return, they are not permanent. People who have previously had suicidal thoughts and attempts can go on to live a long life.

MYTH: *Only people with mental disorders are suicidal.*

FACT: Suicidal thoughts are common. Around one in five adults say they have thought about suicide at some point. Suicidal thoughts indicate deep unhappiness, but not necessarily a mental disorder.

MYTH: *People who threaten suicide are just seeking attention.*

FACT: People who kill themselves 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's possible that someone might talk about suicide as a way of getting the attention they need, it's vitally important to take anybody who talks about feeling suicidal seriously.

MYTH: *Once a person has made a suicide attempt, that person is unlikely to make another.*

FACT: A prior attempt is a key risk factor for suicide.

MYTH: *Talking about suicide is bad as it may give someone the idea to try it.*

FACT: Asking someone if they're feeling suicidal does not increase their risk or worsen the situation. It is a difficult topic to talk about, and due to stigma, people sometimes do not know whom to talk to.

MYTH: *If a person is seriously thinking about taking their own life, then there is nothing you can do.*

FACT: Suicide is preventable.

MYTH: *Most suicides happen suddenly without warning.*

FACT: It is important to understand what the warning signs of suicidal thoughts are and to look out for them. Even though there are some suicides that occur without warning, the majority have been preceded by verbal or behavioural warning signs.

Source: Universities UK / PAPYRUS, 2018

Appendix v TRAINING AND RESOURCES FOR STUDENTS AND STAFF

Training for staff:

Mental Health Awareness workshops are available for all staff, with specific sessions aimed at colleagues in academic departments, staff in student support roles and Residential Services Assistants.

Mental Health Awareness workshops support colleagues to:

- Recognise signs of mental health distress
- Initiate a wellbeing conversation
- Respond to students in distress or crisis
- Maintain appropriate boundaries
- Understand the limits of confidentiality and the importance of information sharing
- Signpost students in distress to appropriate services within the University and beyond

Staff can access all training and sign-up for in-person workshops via Oracle Learning through the [Staff Guidance Hub](#).

Complementary e-learning is available for those unable to attend in-person sessions:

[MHT: Mental Health in the University Context](#)

[MHT: Skills to Support Student Wellbeing](#)

[MHT: Responding to Individuals In Distress](#)

[MHT: Common Conditions](#)

[MHT: Fitness to Study](#)

Additional e-learning is available for colleagues involved in arranging and accompanying students on off-site activities.

Managing Student Mental Health Off-site

This 30-minute e-learning module is intended for colleagues involved in arranging and accompanying students on off-site activities. This includes field trips, site visits, conferences and residential activities. This module supports colleagues to:

- Identify students who may have additional needs and plan safely for off-site activities
- Understand how to respond to student mental health distress when off-site
- Understand the importance of debriefing and how to access follow-up support.

Access via Oracle Learning [HERE](#).

Training for students:

MHT: Mental Health Awareness for Student Leaders

This interactive session provides information and guidance on recognising and responding to student peers who are experiencing emotional distress or mental health difficulties. The session is intended for students in welfare and leadership positions. This workshop supports students to:

- Understand mental health difficulties in the University context
- Recognise and respond to peers experiencing mental health distress
- Initiate a wellbeing conversation
- Maintain appropriate boundaries
- Signpost peers to sources of support within the University and beyond
- Understand the limits of confidentiality and when to share information appropriately

Access via Oracle Learning [HERE](#).

Appendix vi SUPPORT ORGANISATIONS

Helplines

CALM 0800 585858 (5pm - midnight every day)
National Suicide Prevention Helpline UK. 0800 689 5652 (24/7).
Nightline ON BACK OF CAMPUS CARD (9pm – 7am term time, Durham student only)
Papyrus HOPELINEUK. 0800 068 4141 (weekdays 10am-10pm, weekends 2pm-10pm
and bank holidays 2pm–10pm, under 35s only)
Samaritans 116 123 (24/7)
SANEline. 0300 304 7000 (4.30pm – 10.30pm every day).
SOS Silence of Suicide. 0300 1020 505 (4pm – midnight every day).
The Mix 0808 808 4994 (3pm – midnight every day, under 25s only)

Text / WhatsApp services

Crisis Text Line Text HOME to 741741 to connect to a Crisis counsellor (24/7)
Give us a SHOUT Text SHOUT to 85258 (24/7)
Papyrus HOPELINEUK Text 07786 209 697 (weekdays 10am-10pm, weekends 2pm-
10pm and bank holidays 2pm–10pm, under 35s only)

Online Help

CALM www.thecalmzone.net/ (confidential webchat, 5pm-midnight every day)
CalmHarm <https://calmharm.co.uk/> (app designed to prevent self-harm)
Nightline <https://durhamnightline.com/> (9pm – 7am term time, online messaging)
QWELL www.qwell.io/ (free online counselling)
Samaritans <https://selfhelp.samaritans.org/> (self help app)
StayAlive www.stayalive.app/ (app to help you stay safe in a crisis)

Bereavement Support

Cruse www.cruse.org.uk/ 0808 808 1677
(Mon and Fri 9.30am – 5pm; Tue to Thur 9.30am – 8pm; weekends 10am – 2pm).
If U Care Share www.ifucareshare.co.uk/ 0191 387 5661
(9am – 5pm, Mon – Fri)
Survivors of Bereavement by Suicide <https://uksobs.org/> 0300 111 5065
(9am – 9pm, every day)
The Compassionate Friends. www.tcf.org.uk/ 0345 123 2304
(10am – 4pm and 7pm – 10pm every day, for bereaved parents and their families)

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