

# Collective responsibility, collective action to prevent student suicide

Guidance for the higher education  
sector to reduce risk and restrict  
access to means of suicide



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# Content Warning

This guidance contains details on potential means of serious harm, based on direct knowledge and relevant research literature relating to student deaths by suicide.

It is designed to support all Higher Education (HE) staff, including senior leadership teams, student health and support services, student unions, accommodation services, laboratories, estates, security and procurement colleagues as they work in partnership with external stakeholders, to anticipate and reduce risk and restrict access to potential means as a part of HE student suicide prevention.

It is possible that this document could provide information about means that may not have been considered by students who may be struggling

with suicidal ideation. Higher Education Institutions (HEIs) may wish to consider carefully how this guidance is distributed.

If you are a journalist reporting on this guidance, please follow the *Samaritans' media guidelines on the reporting of suicide*. There can be damaging consequences of irresponsible reporting around means, potential means and suicide itself.

*If you are affected in any way, by reading this material please call Samaritans for free on 116 123 (UK and the Republic of Ireland) or PAPYRUS HOPELINE247 for free on 0800 068 4141 (UK). An alternative option to telephoning for support is to use the SHOUT crisis texting service by texting SHOUT to 85258 which offers free, confidential mental health support to anyone in crisis. Support from all these services is available 24/7, every day of the year, for anyone who may be struggling to cope.*

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# Foreword

I accepted the invitation to chair the Steering Group that has produced this important guidance in large part because of the track record of the Editorial Board who approached me to do so.

Only at my first meeting did I appreciate not only the breadth of experience and expertise that had been assembled, encompassing crucial perspectives from well beyond higher education, but also the commitment of those involved to being active participants, in particular drafting the sections on which this final version is based. I want to thank them all for their contributions.

This engagement has delivered the four essential messages that are rippled through what follows. The first is that reducing access to means of suicide saves lives. The second is that this reduction requires higher education providers to look at a wide range of areas. The third is that they need to draw from what has been learnt in other sectors and settings in reviewing their approaches. The fourth, and perhaps the most significant, is that being aware of the potential risks and being able to have them addressed is a task that needs to engage most colleagues who work within universities and colleges.

This project builds on the work that has been undertaken to date by a range of higher education agencies, such as the *postvention guidance published by UUK* in December 2022. More recently, the first report of the Ministerial *Higher Education Mental Health Implementation Taskforce* that I chair outlined seven strands of focus that, when completed, will mark a major improvement in mental health support for students in England. Whilst effective prevention of and intervention in student mental distress are central to these strands, the Taskforce is not addressing explicitly the topics that are dealt with here.

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**In conclusion, I commend this guidance to universities and colleges. The right people taking the right decisions at the right time will, in some circumstances, stop students taking their own lives. I cannot think of a document that could have more call on our time and attention.**

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**Professor Edward Peck**

*CBE, DL, FAcSS, PhD,  
Higher Education Student Support Champion  
for England and Chair of the Higher Education  
Mental Health Implementation Taskforce*

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# Supporting statements

When thinking about young lives lost to suicide it is often difficult to find the words to express our feelings. Working in student accommodation is a privilege but it is also a great responsibility. Our teams see students throughout the academic year, day and night, at their most joyful and at their most vulnerable. We are conscious that what we do, and how we do it, can make a significant difference to their lives. For us, and for everyone who works in or with the higher education sector, this report is a strong call to action. More than that, it is a guide to effective and evidence-based action that will save lives. I can think of no better way of expressing our feelings than working as a sector to commit to these actions.

When designing the environments that allow students to flourish in higher education while remaining safe, happy and well, we are faced with many difficult choices. Finding the balance is an immeasurably important undertaking – arguably more so than any other. The amount of progress over the last decade in relation to student health and wellbeing has been tremendous. It is a privilege to contribute to this as a technology partner. It goes without saying, however, that there is still a long way to go. For those embarking on continuing such meaningful change in their institutions, the following pages will be a guiding light. They set out clear and realistic steps for restricting access to means of suicide – whether you are an educator, professional services staff, policy maker, health worker, or third-party provider. Each of us has such a crucial role to play in fostering safer learning communities. By working more closely together as described in this guidance, we can reassure ourselves, even in the toughest moments, that we can achieve this goal.

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**Joe Lister**  
*CEO, Unite Students*

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**Matt Small**  
*President & CEO, Symplicity*

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# Reflection from Canterbury Christ Church University on Restricting Access to Means

A few years ago, over the course of 15 months, two of our students died by suspected suicide, and there was a further near-fatality (our security-caretakers intervened just in time) in our accommodation. Each incident involved the same method. As a community we responded as best we could to the needs of the family, friends, flatmates and staff, offering support and care to those impacted. It was an extremely sad and challenging time. Once we realised that those deaths and near-fatality might be linked - that they formed a cluster, and may have involved imitative behaviour - we urgently reflected on what we could do to prevent further incidents.



Through Universities UK, we sought advice from national suicide prevention experts. We thought students in our accommodation were at elevated risk of suicide given the clustering, the availability of knowledge of the previous incidents in terms of method and place, and the continued availability of the means. The experts agreed that restricting access to means through adapting the en-suite bathrooms in our accommodation was something to consider. This was not a situation anyone in the senior management team had encountered before, and it was a challenge to understand the extent and limits of our responsibilities and scope for acting. We agreed that the accommodation would be adapted, and the work was completed within the academic year. We believe this action significantly reduced the risk of further incidents and may have saved lives.

Reflecting on our experiences, there were several lessons learnt:

- we needed to become more alert to the ways in which suspected deaths by suicide and 'near-misses' might be linked, particularly in relation to means / methods, and location and the importance of serious incident review processes
- we had to be aware of the possibility of subsequent imitative behaviour
- wider lessons emerged about the importance of sensitive postvention and bereavement support for families, friends, student peers and staff
- we needed to be clearer about our responsibilities to act to restrict access to means where this had been identified as a factor in any death or 'near-miss', and to ensure we had processes in place so that we could quickly address any concerns or issues
- getting external expert advice was invaluable in terms of facilitating clarity of thought and galvanising plans for action
- published guidance, such as Public Health England's *'Identifying and responding to suicide clusters: A practice resource'* and Universities UK's *'How to Respond to a Student Suicide'*, can also provide valuable advice.

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**Professor Rama Thirunamachandran**  
*Vice Chancellor, Canterbury Christ Church University*

*and*

**Dr Ian Marsh**  
*Suicide-Safe Lead, Canterbury Christ Church University*

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# Editors' note

It has been a privilege working with families and colleagues across education, the NHS, public and private sector who have generously given their expertise and experience to help us create this resource for everyone working and studying in Higher Education Institutions (HEIs).



We are grateful for the many constructive discussions about the challenges of balancing our desire to minimise risks, whilst allowing students the opportunities that HEIs can give them to grow intellectually and personally. This work would not have been possible without our reference group which included bereaved families from the LEARN Network, Higher Education staff from a large number of HEIs drawn from across the four nations, senior leaders, student health and support services, student unions, accommodation services, laboratories, estates, security and procurement, suicide prevention researchers, relevant professional, statutory and regulatory bodies, third sector organisations as well as key external stakeholders including from British Transport Police, Network Rail, Transport for London and the City of London Corporation.

Our work is part of the suite of HEI guidance around mental health, suicide prevention and postvention, which includes *[Suicide-safer Universities](#)*, *[How to Respond to a Student Suicide](#)* and *[Stepchange: Mentally Healthy Universities](#)*. It aligns with Department for Education (2023) policy and the work of the *[Higher Education Mental Health Implementation Taskforce](#)*. It also aligns with national suicide prevention strategies across all four nations, which all prioritise actions to reduce access to means and methods of suicide.<sup>1</sup>

There have been many debates about the best available evidence and how it could apply in the varied settings and types of HEI. The guidance that has emerged is based on consensus. Although it includes relevant policy and legislation, it does not constitute sector wide regulatory policy. HEIs are autonomous institutions, and their local context, not least between the four nations, is important to overlay against each of the sections. It is for individual institutions to consider which actions may be appropriate and reasonable to take forward to ensure that policies, practices and decisions in relation to restricting access to means are fair, meet the needs of their staff and students and that they are not inadvertently discriminating against any protected group.

Our aim is to offer the evidence and guidance as HEIs decide what would work for their community, and that their communities become happier and safer places in which to study, live and work.

We also hope that this document will act as a call to action from relevant sector professional and regulatory bodies in supporting local action by individual institutions.

But, more than anything else, we hope that this contributes to saving lives.

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**Professor Jo Smith**  
**Dr. Simon Merrywest**  
**David Malpas**

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<sup>1</sup> *Department of Health and Social Care 2023: [England](#); [Wales](#); [Scotland](#); [Northern Ireland](#)*

# What is this guidance for?

The focus of this guidance is prevention of suicide and near-fatal self-harm. It aims to help HEIs consider how to reduce risk and physical access to means to do harm, and to improve the psychological and emotional environment in which students and staff live, study and work.

## **Achieving these aims involves:**

- senior leadership commitment to drive a whole community approach to forestall and reduce suicide through sustained alteration of environments and the means to do harm
- understanding how different roles within the organisation can contribute to student suicide prevention
- looking at the organisation's infrastructure, processes and role responsibilities through a suicide prevention 'lens'
- every aspect of HEI life, from removal of or restricting access to a potentially fatal substance or compound (e.g., laboratory chemicals, cleaning fluids), impeding or interfering with access to high risk locations (e.g., barriers to climbing and jumping, restricting access to chemical stores), removing potential means (e.g. ligature points, access to rope and scaffolding) to promotion of educational and social interventions to enhance safety (e.g., access to support for substance misuse, online safety and safer prescribing to reduce overdose risk)
- unlocking the opportunities for human intervention that are key to successful suicide prevention
- learning from other organisations and from past suicides or incidents of serious self-harm and being open to new technology and solutions outside the HEI sector.

The guidance is organised into 5 priorities with 16 discrete areas for action. It includes questions and checklists for individuals with direct responsibility for specific elements and individual departments to action, plan and deliver change



# Who is this guidance for?

All members of a Higher Education Institution's (HEI's) community can play a role in the prevention of suicide. Whilst institutions vary in how they are organised, areas for action by specific groups and teams are shown in the table on the next page.



	HEI Leaders	Student Support (e.g. finance and housing)	Student physical and mental health services	Estates	Security	Comms and Social Media	Residences Staff	Academic staff	Student Peers
1. Procurement processes	*			*	*	*	*		
2. Building design/planning	*			*	*		*		
3. Estate planning and routine safety checks	*			*	*		*		
4. Site surveillance and emergency equipment				*	*		*		
5. Signage/info/apps to emergency support		*	*		*	*	*	*	*
6. Restricting access to high-risk means		*		*	*		*		
7. First aid/emergency response training		*	*		*	*	*	*	*
8. Support for first responders	*	*	*		*	*	*		
9. Online safety/social media		*	*			*		*	*
10. Tackling drug/alcohol use and other risk factors	*	*	*		*	*	*		*
11. Risk assessment/case management technology		*		*	*		*		
12. Safer prescribing		*	*				*		
13. Information sharing and safety planning	*	*	*			*	*	*	*
14. Responsible media reporting/communications						*			
15. Discouraging memorials/ changing image of a site		*		*		*	*	*	*
16. Serious incident review/ local partnerships	*	*	*			*			

# Reducing potential lethality and risks on HEI sites





In many cases suicide is a relatively spontaneous decision.<sup>2,3</sup> Internationally, restrictions of access to common means of suicide, including firearms, toxic gas, pesticides, barriers at jumping sites, changes in prescribing and drug pack size, have reduced suicide rates.<sup>4,5,6,7</sup> Restriction to means of suicide is likely to be more effective where the method is frequently used, highly lethal and widely available.

Although it is not possible to provide a completely risk-free environment for students, this guidance considers how HEIs might put in place a mix of 'hard' measures to adapt the physical environment to deter, delay and increase potential opportunities for intervention to help save individual lives.<sup>8</sup> There is robust evidence about the effectiveness of means restriction including in young people.<sup>9</sup>

Interventions to restrict access to means must be balanced against the need for access and enjoyment of locations by non-suicidal students and members of the HEI's community. Safety measures should

not detract from or interfere with the everyday functioning of the HEI. It might be appropriate, for example, to consider temporary arrangements for restricting access to a particular means when relevant concerns have been identified, such as limiting access to a balcony in student accommodation when a stated risk or intention has been shared by a vulnerable individual. HEIs might also reflect on potential unintended consequences that suicide prevention initiatives can have in terms of increasing signposting and referral of non-suicidal students to specialist services driven by anxiety from staff about missing potential suicide risk.

Restricting access to means is an important core element of a whole institution strategy for suicide prevention.<sup>10</sup> It can also be a focus for local serious incident reviews of all unexpected student deaths to identify and mitigate potential risk factors as well as means and methods used (see Section 16).

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- <sup>2</sup> Marzano L, Mackenzie J-M, Kruger I, Borrill J, Fields B. Factors deterring and prompting the decision to attempt suicide on the railway networks: findings from 353 online surveys and 34 semi-structured interviews. *British Journal of Psychiatry*. 2019;215(4):582-587. <https://doi.org/10.1192/bjp.2018.303>
- <sup>3</sup> Norman H, Marzano L, Winter R, Crivatu I, Mackenzie J-M, Marsh I. Factors prompting and deterring suicides on the roads. *BJPsych Open*. 2023;9(3):e81. <https://doi.org/10.1192/bjo.2023.52>
- <sup>4</sup> Sarchiapone M, Mandelli L, Iosue M, Andrisano C, Roy A. Controlling access to suicide means. *Int J Environ Res Public Health*. 2011 Dec;8(12):4550-62. <https://doi.org/10.3390/ijerph8124550>
- <sup>5</sup> Yip PSF, Yousuf S, Chang S-S, Caine E, Wu K C-C, Chen Y-Y. Means restriction for suicide prevention. *Lancet*. 2012 Jun 23; 379(9834): 2393-2399. [https://doi.org/10.1016%2FS0140-6736\(12\)60521-2](https://doi.org/10.1016%2FS0140-6736(12)60521-2)
- <sup>6</sup> Okolie C, Wood S, Hawton K, Kandalama U, Glendenning AC, Dennis M, Price SF, Lloyd K, John A. Means restriction for the prevention of suicide by jumping. *Cochrane Database of Systematic Reviews* 2020, Issue 2. Art. No.: CD013543. DOI: 10.1002/14651858.CD013543. <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013543/full>
- <sup>7</sup> Marzano M, Katsampa D, Mackenzie J-M, Kruger I, El-Gharbawi N, Ffolkes-St-Helene DS, Mohiddin H, Fields B. Patterns and motivations for method choices in suicidal thoughts and behaviour: qualitative content analysis of a large online survey. *BJPsych Open*. 2021 Mar; 7(2): e60. <https://doi.org/10.1192/bjo.2021.15>
- <sup>8</sup> Owens, C, Hardwick, R/L, Charles, N et al. (2015) Preventing suicides in public places: A practice resource. *Public Health England*. [https://assets.publishing.service.gov.uk/media/5c2f6f8b40f0b66cf8298a70/Preventing\\_suicides\\_in\\_public\\_places.pdf](https://assets.publishing.service.gov.uk/media/5c2f6f8b40f0b66cf8298a70/Preventing_suicides_in_public_places.pdf)
- <sup>9</sup> NICE NG105, 2018. <https://www.nice.org.uk/guidance/ng105>
- <sup>10</sup> Universities UK/Papyrus (2018) <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities>

# 1 Procurement processes

Does your current procurement policy reflect suicide prevention priorities around restricting/reducing access to potential lethal means or methods?

An institution's commissioning, procurement and contract management can directly contribute to a safer physical and psychological environment if suicide prevention is routinely included in budgeting, contracting and monitoring processes. Building in reduction/restriction of access to potentially lethal high-risk methods and means of suicide can be accomplished with planning and thought.

## Whose job is it to drive change?

HEIs may wish to identify a member of the procurement team as a named lead who acts as or nominates a contact for policy, advice, training on suicide prevention procurement matters, managing contracts and undertaking supplier relationship management. For some HEIs, this may be championed by their HEI Procurement Group, providing policy notes, guidance and tools to support local HEI procurement. Procurement practitioners' job descriptions, objectives and performance agreements could include demonstrating an understanding of, and capacity to include, suicide prevention in their day-to-day work.

## Procurement priorities

Procurement priorities can be developed in conjunction with internal stakeholders (including heads of service, potential contract and supplier managers and with local suicide prevention experts). Collaboration and sharing of ideas and lessons through procurement networks may assist in determining local priorities, relevant requirements and criteria for award and contract management. For some HEIs, where procurement requirements and guidance may be centrally or nationally determined e.g. Scotland, the HEI Procurement Group could champion incorporate suicide prevention as a routine procurement standard.

## Example procurement requirements

- An HEI wishing to limit exposure to potentially lethal or toxic means/methods such as access to a construction site/equipment, removal where possible of hazardous materials, use of toxic chemicals or hazardous substances could include the mitigation of suicide in business cases, and in turn for contractors, through developing scoring criteria for tenders alongside other considerations such as 'sustainability' and 'value for money'. Sample criteria and questions that make it clear whether a supplier demonstrates an understanding of how to achieve the required outcomes, could read:

*'The organisation specifically wishes to support the enhancement of the health and wellbeing of its users through restricting/reducing access to potentially lethal methods or means of suicide such as access to potential jumping points, ligatures, or toxic chemicals. Please describe how you will contribute to this aim identifying how you can reduce these risks within this contract.'*

*'Please identify any health risks, e.g. access to the construction site/equipment, hazardous materials, use of toxic chemicals or hazardous substances required and describe how these will be managed, and please describe what protections you can put in place during the performance of this contract through changes to equipment, products or working methods, to restrict potential access to these by students or staff.'*

- Procurement for nominated student accommodation could include suicide prevention measures in a scored 'quality' question
- New and existing suppliers can be educated about the importance of reducing suicide risk to ensure they recognise and understand their role in supporting these suicide prevention objectives
- It may be helpful to routinely track and audit a record of suicide prevention benefits delivered, and report this to the senior leadership team to recognise progress and success in working towards reducing risk and preventing suicide.

## Actions to consider:

- Brief finance and procurement colleagues on the role procurement can play in suicide prevention as part of a whole institution approach
- Identify colleagues within procurement teams who will champion suicide prevention approaches and include suicide prevention in all relevant job descriptions and objectives
- Consider incorporating suicide prevention as a routine procurement standard as part of external procurement networks and guidelines
- Establish relevant requirements and criteria to include in business cases, tenders, contracts and contract management
- Provide information for suppliers about suicide prevention objectives and why these are a priority for the institution
- Routinely track and audit suicide prevention benefits delivered and present to senior management.





# 2 Building design and planning

## How does suicide safety feature in your plans for development or refurbishment of buildings?

### What does the evidence say?

There is evidence that the methods of suicide used by students differ compared to the general population of similar age, but the magnitude of the difference, except in relation to jumping, was small. For example, amongst students 49.9% used hanging (vs. 59.8% in general population), but 8.2% used jumping (vs. 4.2% in the general population).<sup>11</sup> Mitigations related to height are therefore particularly important in an HEI setting.

This relates to all new buildings, including multistorey car parks, bridges and other infrastructure projects including internal atria, open stairwells, balconies, and rooftop terraces.<sup>12</sup>

In addition, the routes to these places can be considered, such as the use of signage (see Section 5) that prompts reflection and disrupts the train of thought and intended action.

Any investment in the built environment, whether a new building or refurbishment, presents an opportunity to reduce suicide risk as well as improve community wellbeing through creating attractive areas and a sense of shared ownership.

Even relatively small changes to a building or its environs can positively affect its safety. Reducing suicide risk can be incorporated into the design brief and project scope, and a suicide risk assessment can be undertaken for new build and refurbishments. Estates teams can maintain a design guide which prescribes the standards and specifications required of designers and contractors when making changes to the built environment and can include a requirement to consider suicide prevention.

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*'I'm still very sure of that place, but I'm not much of a climber, and there's a fence, so that stops me. So, I do think I consciously choose that place, that if I really want to, I'll climb the fence, you know. But apparently, when I arrive at this spot, doubt creeps in, and I often decide to remain where I am ... You have to take off your shoes to climb the fence and really make an effort.'*

**Suicide survivor** <sup>13</sup>

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*Preventing Suicides in Public Places: A Practice Resource*, developed to support delivery of the national suicide prevention strategy for England, sets out the following four principles:

- **Restrict access to the site and the means of suicide:** e.g. use of designed-in features like glass balustrading to prevent access to an atrium space
- **Increase the opportunity and capacity for human intervention:** e.g. use of monitored CCTV or pressure sensors on roof spaces, two-person swipe access only which requires two people to swipe their cards before they can access the area
- **Increase opportunities for help seeking by the suicidal individual:** e.g. support signage or emergency telephones placed near and on route to higher risk locations
- **Change the public image of the location:** e.g. reconfiguring or renaming a site after a death.

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<sup>11</sup> Gunnell D, Caul S, Appleby L, John A & Hawton, K (2020) The incidence of suicide in university students in England and Wales 2000/2001-2016/2017: Record linkage study. *J Affect Disord.* 261:113-120. <https://doi.org/10.1016/j.jad.2019.09.079>

<sup>12</sup> City of London Corporation Environment Department and Public Health Team (2022) [https://democracy.cityoflondon.gov.uk/documents/s168370/Preventing suicides in high rise buildings and structures PT 26.04.22.pdf](https://democracy.cityoflondon.gov.uk/documents/s168370/Preventing%20suicides%20in%20high%20rise%20buildings%20and%20structures%20PT%2026.04.22.pdf)

<sup>13</sup> Heesen K, Mérelle S, van den Brand I, van Bergen D, Baden D, Slotema K, Gilissen R, van Veen S, (2024). *The forever decision: a qualitative study among survivors of a suicide attempt*, *eClinicalMedicine*, Volume 69,102449, <https://doi.org/10.1016/j.eclinm.2024.102449>

## The Protect duty – Martyn's Law

The duties will set two tiers - standard and enhanced - based on maximum capacity (100+ and 800+ respectively). *Martyn's Law* results in campuses being risk assessed from a security perspective and so presents an opportunity to consider suicide risk as part of the same exercise.

## Public spaces

Identifying potential high-risk locations (e.g. that are 2 storeys high or more, hidden from view, dark or give access to potentially lethal means) and taking practical pre-emptive steps to prevent these being used for suicide attempts can act as a deterrent, delay or interrupt a suicidal intention and improve the chances of someone spotting the person, providing the opportunity for human intervention.

### For example:

- minimise hidden spaces with lighting and CCTV to maximise opportunities for human intervention but also consider that quieter places and opportunities for personal space and 'privacy' can encourage more anxious or neurodiverse students to feel comfortable and confident
- the use of window restrictors that prevent access to the outside of a building or spaces such as roofs and atria
- hostile planting, such as strategically placed thorny or prickly plants, can delay and deter an individual trying to gain access to a dangerous location
- some HEIs have large areas of water on campus, which require additional considerations such as lifesaving equipment, CCTV monitoring and support signage.





## Private spaces

The privacy of a student bedroom reduces the ability for human intervention, but attention can be given to designing out risk as far as possible. Clever design can reduce opportunities to use fixtures, fittings and furniture. Potential ligature points or anchors include exposed pipework and trunking, exposed automatic door closers. Estates teams can consider using lower weight bearing fixtures in wardrobes, coat hooks and curtain rails or low-lying ligature points. In bathrooms, a wet-room approach removes shower curtains and in individual rooms or shared facilities consider shower head design.

Some interventions are relatively low cost on an individual room basis (for example, boxing in trunking and pipework) but can add up across a scheme. It is more cost effective for suicide prevention interventions to be priced into the original budget estimate rather than added as an afterthought.



**QUEEN'S  
UNIVERSITY  
BELFAST**

## Case Example:

Designed as a multi-purpose building, One Elmwood incorporates Queen's University student support services, shops, study and social spaces, a bar and the Students' Union. The University worked closely with the architects to ensure that the principles of suicide safe practice were embedded throughout and were mindful of the range of users.

The Student Kitchen is on the top floor with an outdoor balcony area for unsupervised student use throughout the day and into the evening. The balcony is enclosed by an anti-climb glass wall which surpasses the minimum regulatory height. This deliberate elevation, coupled with the strategic placement of the glass wall set back from the building's standard height perimeter wall, reinforces the overall safety of the space.

The glass barrier serves a dual purpose. Beyond its anti-climb properties, the transparent nature of glass ensures unobstructed views, contributing to a positive and open environment. The area is also covered by CCTV and has a 'talking bench' for students to connect with others.

The building has elevated balustrades in stairwells and balconies, restricted student access to areas where there is a drop and CCTV in isolated locations. These features have enabled the University to foster an environment that seamlessly blends safety with architectural excellence, demonstrating a commitment to holistic student welfare within the built environment.

## Actions to consider:

- Brief estates colleagues on the role building design and planning can play in suicide prevention as part of a whole institution approach
- Identify colleagues within estates teams who will champion suicide prevention approaches and include suicide prevention in all relevant job descriptions and objectives
- Include means reduction as a consideration in the HEIs standard estates design specifications and explicitly so in design requirements when developing any new space
- Establish relevant requirements and criteria and include in business cases, tenders, contracts and contract management
- Consider undertaking a suicide risk assessment for new builds and refurbishments, which will include consideration of factors such as potential jumping points, use of window restrictors and positioning of signage
- Ensure the HEI is ready for any changes that are required as a result of the Martyn's Law (Protect Duty) and consider whether any changes to the estate could also incorporate further suicide prevention measures
- Review whether additional safety measures and equipment might be appropriate for any large areas of water
- Consider the role of external landscaping, lighting, planting and in suicide prevention
- Consider the design of student bedrooms and bathrooms to minimise access to potential means, particularly ligature points.





# 3 Estate management and routine safety and security checks

Do security and estates teams continually review access to means for suicide?

## Estate management

Although Health and Safety are integral to estate management, staff may benefit from more specific training around suicide prevention and awareness that is routinely refreshed (see Section 7).

### **An Estate Review may:**

- provide opportunities for other interventions, like ensuring appropriate information about accessing support is in place
- consider spaces on and off campus, as well as at nearby and 'in-between'/journey locations (e.g. for campuses surrounded by secluded, wooded areas), or with easy access to high lethality means (e.g. rivers and railway lines)
- support quick decision-making if specific concerns come to light (e.g. a death or non-fatal attempt by a particular means, or a person with a specific plan) and access to a specific area may be required.

Institutions can also consider a partnership approach for reviewing risks, drawing on local expertise from multi-agency suicide prevention teams, and in building design. However, it is important when consulting partner organisations about risk assessment audits or checklists, to ensure that the approach to risk assessment adopted is suited to the HEI environment and does not result in an exceptionally onerous or impractical approach.

## Routine Safety Reviews

Including suicide awareness and risk in all Health and Safety policies, audits, procedures and standardising checks and risk assessments minimises additional burden to staff. Staff will already be inspecting spaces or conducting risk assessments in response to legal frameworks such as *The Health and Safety at Work Act* and potential access to means could be included within this. Reviews could consider:

- is there any data from previous serious incident reviews to show has this site been used previously?
- what methods of suicide could be used at the site e.g. jumping, drowning and/or hanging?
- how large is the site? If it is an extensive area, where exactly are acts likely to take place? In a particular spot or scattered across the site?
- are there any specific days or times at which suicidal acts are likely to occur at the site? It may be possible to increase surveillance and/or staffing at key times?

### For example:

- maintenance staff can check that secure access to spaces such as plant rooms, lift shafts, risers and roof spaces is maintained
- technical managers will have responsibility for higher risk areas such as laboratories and are already focused on harm prevention. Training can be extended to include the potential for the deliberate use of chemicals or equipment under their control
- external contractors already have obligations for the safety of their working site, but staff from the HEI can work with them to consider access to means (e.g. access to tower cranes).





## Case example:

The UCL suicide prevention strategy has identified several actions in relation to restricting access to means on campus including:

- regular checks of window restrictors and access to roof space on all UCL buildings
- removal of hooks and rings from student bedroom accommodation (in older buildings)
- reviewing security access and inventory control in high-risk locations
- improving awareness and understanding of everyone's responsibility across the HEI in relation to restricting access to means and the need for and importance of access control.



## Case example:

The University of Bolton health and safety manager, in collaboration with the head of security are both members of the University of Bolton's Suicide Prevention and Response Working Group.<sup>14</sup> They are working together to review potentially high-risk areas in and around the campus buildings, with a view of ensuring restricted access to these areas, including any automatic doors that may prevent return access. University security will also monitor areas identified as high risk. The University is also liaising with providers of student accommodation/estates, with a view of reviewing high risk locations within and around Halls of Residence buildings.

<sup>14</sup> *The University of Bolton Suicide Prevention and Response Strategy 2021-2026 (2021): <https://www.bolton.ac.uk/assets/Uploads/Suicide-Prevention-and-Response-Strategy-2021-2026.pdf>*



## Ensuring all settings are reviewed

HEIs with several locations rather than a single campus will have additional suicide prevention considerations.

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*'We tend to think of restricting access as being about public locations - it's hard to intervene in people's homes, even though most suicides happen there. However, in the case of students, their homes may be university property or at least approved, so there is an opportunity for universities to address ligature points, how far windows open, peer support, etc.'*

**Prof Louis Appleby, Director of the National Confidential Inquiry into Suicide and Safety in Mental Health**

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Off campus settings might include students' union buildings, sports facilities (e.g. rifle range or boat house) and residential accommodation. This can include nominated residential beds offered by private accommodation providers where risk mitigation and training could be achieved by working collaboratively with external partners.

Where teaching is delivered through a formal franchise arrangement, HEIs can encourage adoption of this guidance by the partner organisation and consideration of the general risks presented by their setting, for example including explicit risk mitigation as a contractual requirement (see Section 1).

Placement opportunities are likely to be offsite and as well as offering possible options to means of harm such as in a laboratory there may be disruptions to usual support. Where a tutor has concerns about a student at risk, they may wish to seek advice from the student support teams at the placement, consider how the placement should be included into the safety plan and how to share the plan with the placement.

Where students are remote and distance learners it may not be possible to influence online learners' physical space, but an HEI can ensure regular and clear signposting to local and national support services including emergency crisis support through the online learning environment.

Be aware of situations that might have unintended consequences. On occasion, normal campus operations can lead to situations where harm could be caused, so estates teams need to be aware of risk of serious harm or suicide at all times.

### **For example:**

- in the event of a fire, window locks may become disabled with windows opening automatically, becoming smoke vents. Unlocked windows may also give access to windowsills and ledges at height. How controlled access to restricted areas is maintained following fire alarm activation is a consideration, such as the use of features such as automatically closing fire doors or CCTV monitoring of egress points when an alarm is activated
- temporary buildings and structures erected for special events may present additional risk (e.g. tiered seating erected for graduation of a scaffold type structure, giving access to height)
- skips are used on site to support building works and disposal of obsolete or unsafe equipment. There is a risk that contents can also be used by students looking for materials.





## Case example:

Canterbury Christ Church University (CCCU) conducted an initial audit of the University estates as part of their Suicide Safer project. Possible sites of suicide were checked by the Assistant Director of Estates & Facilities and the Suicide-Safer Project Lead. CCCU prioritised:

- availability of methods, in particular ligature points, and accessibility of areas with potential for a lethal jump from height (e.g. roofs of buildings, balconies, staircases, high windows opening fully)
- privacy of locations in relation to the likelihood of being observed and stopped.

Actions were taken to address some of the identified risks, such as adding height to the balustrades of a staircase and adding 'pigeon spikes' to a balcony wall. These were undertaken in a way that didn't draw attention to their 'suicide prevention' aspects.

Since that initial review, CCCU maintains a 'live' document which is updated annually to include:

- reviews of any new additions to the CCCU estate, or when there have been significant modifications to existing buildings
- reviews undertaken if they become aware a student has indicated a particular CCCU location as part of their plans for suicide, where CCCU premises have been reviewed following any suicide-related incidents, or if there is evidence of emerging new methods/locations/clusters which may affect CCCU students.

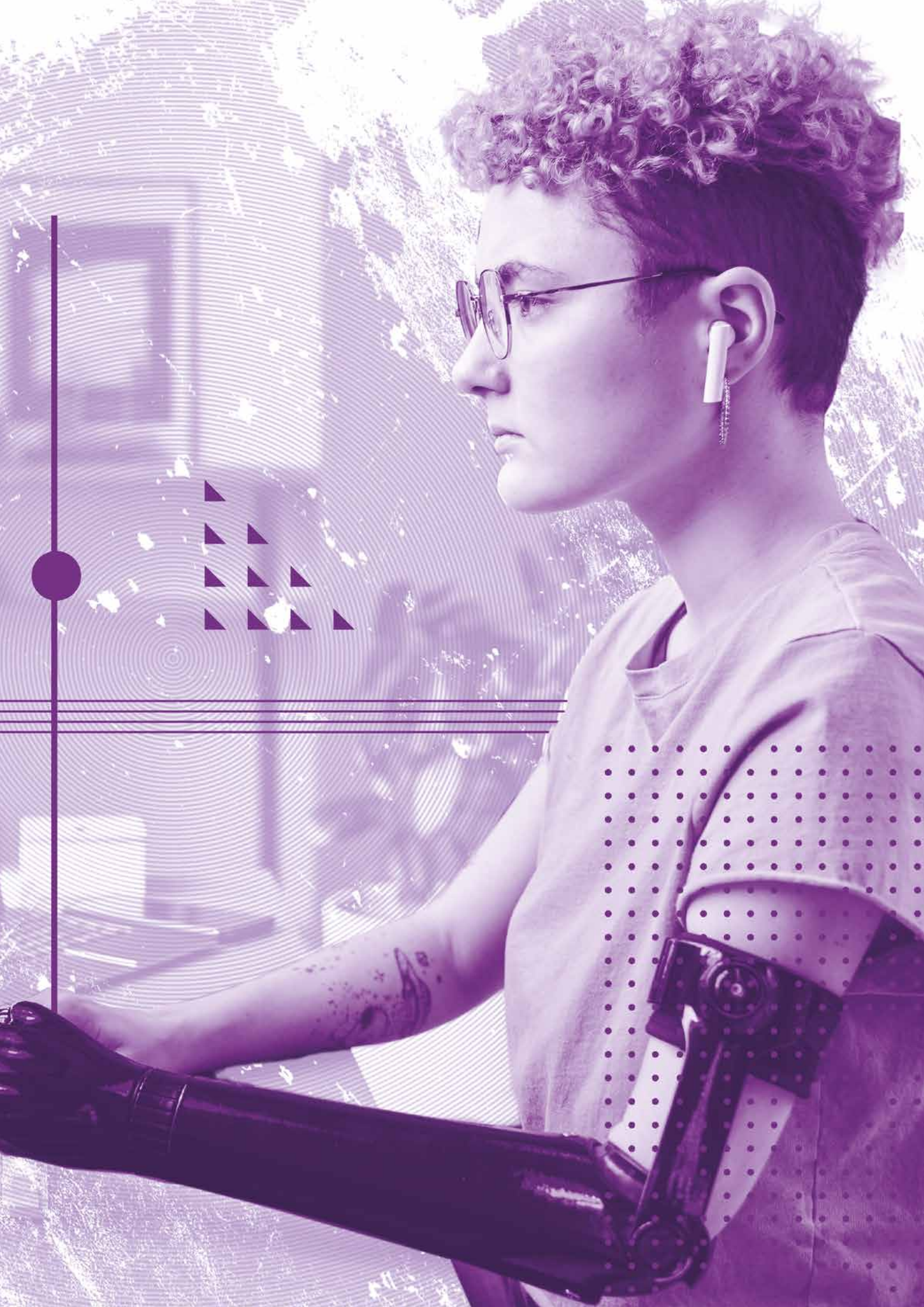
The report provides preliminary information to support decision-making if specific concerns come to light and where action might be indicated to restrict access to particular means. Actions are undertaken by estates and facilities through their normal processes (e.g. completion of risk assessment forms and action sheets).



## Actions to consider:

- Ensure relevant staff have specific training around suicide prevention and awareness appropriate to their role
- Maintain an estates suicide means risk assessment checklist which can be used to review some or all of the estate through a prevention lens
- Buddy with another HEI or local third party for their perspective on the plans
- Incorporate suicide awareness and risk into existing routine safety reviews across the HEI
- Consider risks presented by the estate or living environment at a student's placement provider
- Assess risks from short term changes to the estate e.g. temporary structures
- Include remote settings, including those managed by partners, in reviews of risk
- Ensure all relevant staff members input into the development of safety planning for students with an elevated risk of self-harm.





# 4

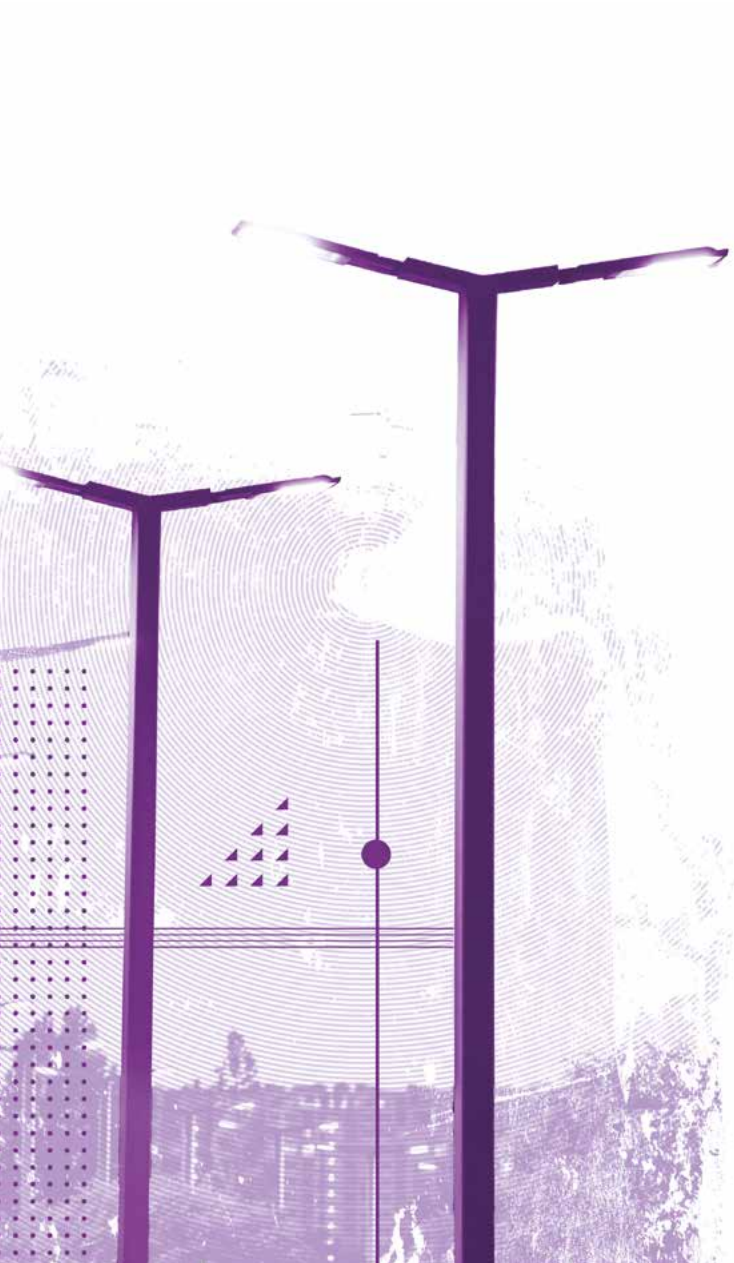
## Site surveillance and emergency equipment

What site surveillance and emergency equipment do you have on location?

Many HEIs will already be using several surveillance tools to support site security. Examples of pre-emptive actions that can be implemented in high-risk locations include:

**Technological interventions** deploying a surveillance system such as CCTV, illuminating dark areas using lighting which is either constant or motion-activated automatic lighting or infra-red break beams, alarming of doors that give access to rooftops, can help in suicide prevention if they include a system for real time monitoring and the capacity and skills for intervention when activated. For example, Network Rail is currently pioneering the use of motion-activated messaging devices at known danger spots on the rail network.

**Increasing out of hours foot or vehicle security staff patrols** around the campus estate can identify individuals in distress, alerting emergency services, and interceding directly. To do so effectively, they need to be equipped with appropriate knowledge, skills and confidence.



# What does the future hold? Can 'Smart' surveillance technologies be used to restrict access to means in Higher Education?

There is increasing interest and investment in intelligent or 'smart' surveillance technologies to prevent suicide at a variety of 'high risk' locations. Although these have not been tested in HEI settings and the evidence is still emergent<sup>15,16</sup> estates teams would benefit from regular review of new research as it evolves, and consideration of how new technology could be used.

## Approaches include:

- advanced analytics systems to detect, deter and disrupt suicide attempts e.g. automated camera systems at metro stations to alert staff when human movement is detected on the tracks<sup>17</sup>
- 'virtual alarmed fencing' in the CCTV scene at coastal locations<sup>18</sup>
- monitoring systems to detect when someone has jumped from a bridge<sup>19</sup>, or to identify behaviours that might precede a suicide.

These technologies, which are sometimes being used to prevent a wider range of behaviours that could result in injury or death (including trespass, crime or accidents), may then initiate a human response

(e.g. by automatically sending alerts to the police) and/or operate as standalone interventions (e.g. triggering sensor-activated alarms, sound or light warnings, or even sending a message to the individual on a personal device encouraging them to seek help).

The emerging evidence suggests promising results for accurate surveillance and detection of suicidal behaviour via automated CCTV monitoring and/or minimal staff training.<sup>20,21,22</sup> However, there is currently insufficient evidence to conclude that these technologies can safely and effectively reduce suicides. For instance, some of these systems may only identify a suicide attempt immediately before, or after, it occurs, limiting possible intervention.

Also, some technologies are controversial, for example, those that could be used to track people's movements on campus locations<sup>23</sup> and other educational settings.<sup>24</sup> So acceptability and ethics are important considerations, as is the potential to cause adverse effects such as the possibility of an unexpected auditory alarm exacerbating or hastening suicidal behaviour, and the legal and financial viability of these systems.

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<sup>15</sup> Joyner L, Cliffe B, Mackenzie J-M, Marzano L, Mahmood A. *The effectiveness of surveillance technology for the prevention of suicides in public spaces: a living systematic review*. PROSPERO. 2024 CRD42024495308. [https://www.crd.york.ac.uk/prospero/display\\_record.php?RecordID=495308](https://www.crd.york.ac.uk/prospero/display_record.php?RecordID=495308)

<sup>16</sup> *Effectiveness of Surveillance Technologies to Prevent Suicides at High-Risk Locations - NIHR Funding and Awards*; <https://fundingawards.nihr.ac.uk/award/NIHR151521>

<sup>17</sup> Mukherjee A, Ghosh B, editors. *An Automated Approach to Prevent Suicide in Metro Stations. Proceedings of the 5th International Conference on Frontiers in Intelligent Computing: Theory and Applications Advances in Intelligent Systems and Computing*; 2017; Singapore. [https://doi.org/10.1007/978-981-10-3153-3\\_75](https://doi.org/10.1007/978-981-10-3153-3_75)

<sup>18</sup> Onie S, Li X, Liang M, Sowmya A, Larsen ME. *The Use of Closed-Circuit Television and Video in Suicide Prevention: Narrative Review and Future Directions*. *JMIR Ment Health*. 2021;8(5):e27663. <https://doi.org/10.2196/27663>

<sup>19</sup> Lee J, Lee C-M, Park N-K. *Application of sensor network system to prevent suicide from the bridge*. *Multimedia Tools and Applications*. 2016;75(22):14557-68 <https://doi.org/10.1007/s11042-015-3134-z>

<sup>20</sup> Mishara BL, Bardou C, Dupont S. *Can CCTV identify people in public transit stations who are at risk of attempting suicide? An analysis of CCTV video recordings of attempters and a comparative investigation*. *BMC Public Health*. 2016;16(1):1245. <https://doi.org/10.1186/s12889-016-3888-x>

<sup>21</sup> Li X, Onie S, Liang M, Larsen M, Sowmya A. *Towards Building a Visual Behaviour Analysis Pipeline for Suicide Detection and Prevention*. *Sensors*. 2022;22(12):4488. <https://doi.org/10.3390/s22124488>

<sup>22</sup> Liang M, Li X, Onie S, Larsen M, Sowmya A, editors. *Improved Spatio-temporal Action Localization for Surveillance Videos*. 2021 *International Conference on Digital, Image Computing: Technologies and Applications (DICTA)*; 2021; Gold Coast, Australia. <https://doi.org/10.1109/DICTA52665.2021.9647106>

<sup>23</sup> *Campus surveillance: students and professors decry sensors in buildings (nature.com)* <https://www.nature.com/articles/d41586-023-03287-w>

<sup>24</sup> *School surveillance tech does more harm than good, ACLU report finds | Technology | The Guardian* <https://www.theguardian.com/technology/2023/oct/04/school-surveillance-tech-aclu-report>

## Case example:

Where there is a significant concern about the risk associated with a given student, their details, including their photograph are shared with the Campus Support and Security Team. The Senior Supervisor will share this information during the start of shift briefing, whilst the team's reporting system can be set to alert them if the person of interest comes to their attention in any way (e.g. by being spoken to by a member of the team or through concerns being passed by a caller). The team can also review the most recent use of swipe card activity and will coordinate additional discrete welfare checks with residential life staff if the student lives in a university hall.

## First Aid and Rescue Equipment

In addition to suicide prevention training for security staff (See Section 7), it may be helpful to provide their team with 'rescue kits'. Staff will need to be trained to use all the equipment safely which could include basic first-aid equipment, naloxone for overdoses, a throwline that can be used to pull someone out of water and ligature cutters and a defibrillator (or access to one), to enable them to carry out cardiopulmonary resuscitation (CPR). Consideration can also be given to the placement of First Aid/Rescue Response and defibrillator equipment which is readily accessible at various locations on site.





## Case example:

The University of Worcester has ensured all members of their security staff team have supporting student wellbeing included in their job description and have received training in Mental Health First Aid and ASIST suicide prevention training. As part of the general approach to community and university wellbeing at Worcester, the university's security is accredited by the Community Accreditation Scheme. Authorised by the Chief Constable, the University's Security Guards are empowered to support concerns within the community, which may include callouts related to mental health difficulties. The accreditation gives staff confidence to go into the community and support students. Police Community Support Officers (PCSOs) work closely with security to support the Students' Union with student welfare campaigns.<sup>25</sup>

## Actions to consider:

- Consider how existing surveillance systems are used to support suicide prevention as well as wider safety and security
- Keep abreast of new developments in technology and consider how these might augment existing approaches
- Ensure appropriately trained staff patrol areas of concern regularly
- Ensure security staff have immediate access to safety equipment and know how to use it
- Regularly review security and incident reports to identify any individuals or locations which may benefit from additional interventions.

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<sup>25</sup> Student Minds (2017) Student living: collaborating to support mental health in university accommodation  
[http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/student\\_living\\_collaborating\\_to\\_support\\_mental\\_health\\_in\\_university\\_accommodation.pdf](http://www.studentminds.org.uk/uploads/3/7/8/4/3784584/student_living_collaborating_to_support_mental_health_in_university_accommodation.pdf)

# 5 Signage, information, mobile apps and emergency support

How are you ensuring people know about available help and emergency support across your HEI?

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*'Signage in high-risk areas .... needs to rely on the individual in crisis to be able to process the information on offer, but if it can affect just one individual's decision at that critical moment then it has achieved its goal.'*

*Paul and Sharon O'Gara, Mary O'Gara Foundation*





## What does the evidence say?

There are differing opinions among suicide prevention experts about the value of signage. Current evidence does not support placing emergency signage everywhere. Installing signage in high-risk locations is relatively low cost and low maintenance and may potentially be helpful in delaying or stopping a suicide act. However, it is also only likely to be successful if it is included in conjunction with other measures as one component in a broader student suicide prevention strategy.<sup>26</sup>

*Preventing suicides in public places* recommends increasing opportunities for help-seeking through official signage. Systematic reviews concluded that although there is some evidence to suggest that crisis-line signs (and phones) may have reduced the likelihood of suicidal behaviour at some locations, evidence is mixed and limited.<sup>27,28</sup> Equally, some studies have suggested that signage promoting help-seeking can be associated with increases in suicidal behaviour, possibly by drawing attention to suicides at that location.<sup>29</sup>

### **Walk around the campus and imagine you are a vulnerable person, and consider using this as an exercise to guide the placement of signs.**

Placing signage that promotes crisis hotlines, intervention services, and/or sources of counselling in high-risk and high-rise locations e.g. car parks and residential blocks can perform two functions:

- increase the opportunities for an individual with suicidal intent to seek emergency help and support by calling a national or local emergency support number. This relies on an individual in acute distress and contemplating suicide to process the information, decide within themselves to act on it, and then to make a call to request support

- increase the opportunity for a concerned third party to summon help and support in an emergency. Signage may direct individuals to call a local emergency telephone number to ask for support if a third party is concerned about the behaviour or intent of an individual. However, this does rely on an appropriate and timely response from the support they contact.

### **Other ideas for signposting:**

- in isolated locations where mobile phone signals may not be reliable, consider installing a free emergency telephone that connects the caller directly with *PAPYRUS* or *Samaritans' 24-hour* national helplines or, ideally, local security staff support. Having access to a phone which directly connects to a helpline has been used successfully elsewhere and there is some evidence for their effectiveness.<sup>30</sup> Installing free emergency telephones can bypass the issue of an individual running out of credit or battery when seeking help. It also enables someone without a phone to seek help, as well as those intervening to easily call for support from local emergency services
- some public organisations have also distributed posters, leaflets and messages on the back of tickets at high-risk places such as stations, car parks, bridges and waterfront locations and universities have similarly printed emergency contact information on the back of staff and student ID badges where a QR code or telephone number could be added. Several universities are also using the *Safezone app* as a means of summoning help quickly to specific locations and this can be adapted with specific wellbeing buttons
- Samaritans can advise on the design and message content of signs as well as suitable placement and number of signs required to ensure the messaging is evidence based and appropriately framed.

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<sup>26</sup> Scottish Government (2018) *Every Life Matters: Scotland's suicide prevention action plan* <https://hub.careinspectorate.com/media/1369/suicide-prevention-action-plan-every-life-matters.pdf>

<sup>27</sup> Pirkis, J., SanToo, L., Spittal, M.J., Kryszynska, K., Robinson, J. and Cheung, Y.T.D. (2015) *Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis*. *Lancet Psychiatry*, Nov;2(11):994-1001. [https://doi.org/10.1016/s2215-0366\(15\)00266-7](https://doi.org/10.1016/s2215-0366(15)00266-7)

<sup>28</sup> O'Neill, S., Potts, C., Bond, R., Mulvenna, M., Ennis, E., McFeeters, D., Boyda, D., Morrissey, J., Scowcroft, E., Isaksen, M. and Turkington, R. (2021), *An analysis of the impact of suicide prevention messages and memorials on motorway bridges*. *Suicide Life Threat Behav*, 51: 657-664. <https://doi.org/10.1111/sltb.12736>

<sup>29</sup> Torok M, Calear A, Shand F, Christensen H. (2017) *A systematic review of mass media campaigns for suicide prevention: understanding their efficacy and the mechanisms needed for successful behavioral and literacy change*. *Suicide and Life-Threatening Behavior*. 47(6):672-87. <https://doi.org/10.1111/sltb.12324>

<sup>30</sup> Pirkis, J., SanToo, L., Spittal, M.J., Kryszynska, K., Robinson, J. and Cheung, Y.T.D. (2015) *Interventions to reduce suicides at suicide hotspots: a systematic review and meta-analysis*. *Lancet Psychiatry*, Nov;2(11):994-1001. [https://doi.org/10.1016/s2215-0366\(15\)00266-7](https://doi.org/10.1016/s2215-0366(15)00266-7)



## Case example:

Middlesex University has launched an Emergency Response Line to accelerate and prioritise assistance for critical and emergency situations requiring urgent intervention. Lines are staffed 24/7 by highly experienced security colleagues who are trained in emergency response. The line ensures the fastest, most appropriate response to urgent issues involving the welfare of students and staff, including if someone at risk of harming themselves. Based upon the details of the situation, security colleagues will then take the appropriate action to contact other teams and where necessary, emergency services, to help support the incident as quickly and safely as possible.



## Case example:

The University of Nebraska Medical Center, USA, in July 2023, installed new emergency signage which included the message 'Feeling hopeless, depressed or suicidal? You are not alone, there is help, there is hope' and directs individuals to call or text the national 988 suicide and crisis lifeline. There are signs in parking structures on their medical centre campus, inside stairwells on every level and staggered across the top parking level. Their decision to install signage was based on research prior to implementation that had shown that similar signs in other locations were successful in reducing the number of suicides. They commented that if introducing signs can support one person to call or text and get the help they need, the relatively modest cost of installing signage would be worthwhile.

## Actions to consider:

- Walk through the sites imagining you are accessing them as a vulnerable person and consider placement where they can easily be seen. Consider asking students (e.g. students' union officers) to do the walk with you as they may see the space in a different way
- Consider the balance of, on the one hand, introducing signage and/or emergency telephones to prevent suicide, and the other, inadvertently alerting others to the idea of suicide and advertising the location as providing the means or opportunity for suicide
- Consider the role that printed materials can still play, even in an increasingly online world; consider the use of a QR code on the back of every student card with access to support information
- Be cautious in any media messaging to staff and students about introducing new emergency signage at key locations on the campus as this may have the unintended effect of 'advertising' these locations as a potential means by which an individual can end their life
- Always use approved and evidenced-based messaging, as inappropriate imaging or messaging could be counterproductive. Samaritans can advise on the design and message content of signs as well as suitable placement and number of signs required.

## Emergency support options

It is important to consider a range of options for help given that not all students will be on campus. For example, some universities offer:

- bespoke local 24-hour emergency response line for crisis reporting and support
- face-to-face crisis drop-in support, sometimes open in evenings and weekends
- daily reporting system for domestic and security staff when they have concerns about the wellbeing of an individual student which triggers a 'safe and well check' follow up by student support services
- a triage counselling and mental health services, keeping daily available appointment slots for emergencies and urgent consultations for individuals in distress, as well as to respond to concerns about the wellbeing of another student raised by peers or staff.



## Case example:

In 2023, the three Bournemouth universities in collaboration with Dorset HealthCare University NHS Foundation Trust, Dorset Mental Health Forum and BCHA (Bournemouth Churches Housing Association) opened a shared '*University Retreat*' based on a Community Front Room (CFR) model that was successfully piloted elsewhere in Dorset.<sup>31</sup> This provides a drop-in service for students from all three Bournemouth universities six days a week, providing a welcoming, safe space offering face-to-face confidential support, without need for an appointment, to any student struggling with their mental health and potentially approaching a point of crisis. The drop-in is staffed by peer specialists and mental health professionals who offer support and promote self-management, with an option to escalate to further clinical support if required.<sup>32</sup> The service extends into the evenings and for part of the weekend, when other university services are typically not available.

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<sup>31</sup> Bournemouth University. *The 3 University Suicide Prevention strategy*

<sup>32</sup> Bournemouth University. *University Retreat and Write up about the Retreat*



**UNIVERSITY of  
WORCESTER**

## Case example:

University of Worcester Counselling and Mental Health Service offers a STAR (Support, Triage, Advice, Referral) triage model which allows daily triage appointments providing crisis assessment and immediate support for students and concerned staff members. Specific guidance was produced for staff on supporting and signposting students who were struggling and a dedicated 24/7 crisis texting service #TALKWORC, linked to the national SHOUT crisis text line service, was established.

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*'The triage system is SO, SO valuable and helpful, I get nothing but good feedback about it from my students.'*

*Academic staff member, University of Worcester*

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## Use of mobile apps

### What does the evidence say?

There is preliminary evidence of the effectiveness of online or mobile apps for self-management in reducing the risk of suicide and improving adaptive skills, but HEIs should be cautious about their use as the evidence is limited.<sup>33 34 35</sup>

Mobile apps can aid suicide prevention efforts by interrupting, distracting, or allaying suicidal thoughts and behaviour while also providing helpful information and encouraging help-seeking. Some apps can be used to share location and details to alert a local response team and summon help quickly to an emergency on site. Mobile suicide prevention apps ideally should follow evidence-based international clinical guideline content recommendations and include:<sup>36</sup>

- mood and suicidal thought tracking
- safety plan development
- recommendation of activities to deter suicidal thoughts
- information and education
- access to support networks and emergency counselling

- motivational elements to encourage the user to call or text national 24/7 helplines (e.g. *PAPYRUS* and *Samaritans*) or to seek support via a national crisis texting service (e.g. *SHOUT* crisis text line). Some apps list mental health or emergency services available in the user's vicinity using Global Positioning System data to locate nearby services. Some apps allow an HEI to customise the app to signpost to onsite support as well as local support services giving users more choice about where to get help.

Currently, safety plan apps are the most comprehensive and evidence-informed.<sup>37</sup> There is not yet sufficient research to support the prescribing of stand-alone apps for suicide prevention and they are likely to be most beneficial for individuals at risk of suicide, particularly those with decreased help-seeking behaviours, when delivered as an adjunct to other suicide-specific interventions.<sup>38</sup> HEIs can consider app use in conjunction with other initiatives rather than in isolation, and when considering recommending suicide prevention apps to students or staff, it is important to examine the app features, content and evidence base first before recommending them for use by individuals.

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<sup>33</sup> Witt K, Spittal MJ, Carter G, et al (2017) Effectiveness of online and mobile telephone applications ('apps') for the self-management of suicidal ideation and self-harm: a systematic review and meta-analysis. *BMC Psychiatry*. 17:297. <https://doi.org/10.1186/s12888-017-1458-0>

<sup>34</sup> Melia R, Francis K, Hickey E, Bogue J, Duggan J, O'Sullivan M, Young K. (2020) Mobile health technology interventions for suicide prevention: systematic review. *JMIR Mhealth Uhealth*. 8 (1). <https://doi.org/10.2196/2F12516>

<sup>35</sup> Malakouti SK, Rasouli N, Rezaeian M, Nojomi M, Ghanbari B, Shahraki Mohammadi A. (2020) Effectiveness of self-help mobile telephone applications (apps) for suicide prevention: a systematic review. *Med J Islam Repub Iran*. 34:85. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7711050/>

<sup>36</sup> Martinengo, L., Van Galen, L., Lum, E. et al. (2019) Suicide prevention and depression apps' suicide risk assessment and management: a systematic assessment of adherence to clinical guidelines. *BMC Med* 17, 231. <https://doi.org/10.1186/s12916-019-1461-z>

<sup>37</sup> Larsen ME, Nicholas J, Christensen H. (2016) A Systematic Assessment of Smartphone Tools for Suicide Prevention. *PLoS One*. Apr 13;11(4). <https://doi.org/10.1371/journal.pone.0152285>

<sup>38</sup> Melia R, Francis K, Hickey E, Bogue J, Duggan J, O'Sullivan M, Young K. (2020) Mobile health technology interventions for suicide prevention: systematic review. *JMIR Mhealth Uhealth*. 8 (1). <https://doi.org/10.2196/2F12516>

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*Mobile apps could represent a helpful supplement to traditional prevention tactics, providing real-time monitoring of at-risk persons, personalized tools to cope with suicidal crises, and immediate access to specific support.<sup>39</sup>*

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Technology and app development is constantly evolving so it is important that HEIs do their own due diligence before recommending an app. Consider how it fits into existing support – for example do you want an app that can include your own local support, and whether an app is recommended by recognised bodies. For example, *distrACT app - Expert Self Care* is included in Bristol's NHS service pathways.

## Actions to consider:

- Consider offering a range of options that include face-to-face, telephone and virtual access including for students not on campus
- Explore partnerships with suicide prevention mobile app providers that can support your local suicide prevention strategy

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<sup>39</sup> Sarubbi S, Rogante E, Erbuto D, Cifrodelli M, Sarli G, Polidori L, Lester D, Berardelli I, Pompili M. (2022) *The Effectiveness of Mobile Apps for Monitoring and Management of Suicide Crisis: A Systematic Review of the Literature*. *J Clin Med*. Sep 23;11(19):5616. <https://doi.org/10.3390/jcm11195616>

# 6 Restricting access to toxic chemicals and potentially lethal equipment

A risk assessment can also include other potentially high-risk places on campus where an individual might have access to toxic substances such as laboratory chemicals and potentially dangerous equipment in workshops and laboratories.

There is a balance to be struck where some students (e.g. postgraduates) may require unsupervised access to a laboratory, chemicals and equipment for their research studies. Equally, a decision to restrict or block unsupervised access when safety planning to support a vulnerable individual may impact on their ability to progress academically and in turn, might increase their suicidality. It may be helpful to institute a process which tracks, monitors and controls access to toxic substances found in laboratories and workshops and other relevant departments where toxic chemicals may be stored and used that are accessible to students.

It is important to consider access to equipment storage and activities that may offer access to potentially lethal means through membership of student clubs and societies e.g. rifle clubs for access to firearms, climbing and sailing/rowing clubs with access to rope. There can be clear policies about ensuring locked storage for potentially lethal equipment and a process which tracks, monitors and controls access to where such equipment is stored and when it is used by students. Responsible storage of potentially lethal means can also serve to increase the length of time between the potential impulse of a student to harm themselves, and the opportunity to access an identified means to attempt suicide. Individual safety planning can also explore membership of clubs and societies and consider how the individual can keep themselves safe from impulses to harm themselves.



## Case example:

The University of Bolton currently implements a general Health and Safety Policy which incorporates risk assessments in relation to management/ storage of hazardous substances, potential or actual exposure to sharp objects, alongside objects where there is a risk of ingestion. All staff working with hazardous materials, objects and substances receive appropriate training in relation to management and potential risks associated which is reviewed on an annual basis.<sup>40</sup>

## Actions to consider:

- Track, monitor and control access to toxic substances and dangerous equipment
- Consider access to equipment storage and activities that may offer access to potentially lethal means through membership of student Clubs and Societies
- Ensure these wider considerations about a student's course and extra-curricular activities are considered in any individual safety plans.

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<sup>40</sup> The University of Bolton Suicide Prevention and Response Strategy 2021-2026 (2021): <https://www.bolton.ac.uk/assets/Uploads/Suicide-Prevention-and-Response-Strategy-2021-2026.pdf>



## Organisational Capacity

### Increase opportunities skills and capacity for human intervention

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*'A broader cultural issue that is critical is the importance of an entire community of academic, support staff and students being alert to what they hear. While all the risk factors of alcohol, gambling debt etc. are valid, in our experience the potentially most important harm reduction agent is having a community that is confident enough to hear clues to risk: 'I have had enough', 'I don't think I can carry on', 'What is the point ' and having the self-assurance to ask 'are you having suicidal thoughts'. In our experience the majority of people are insufficiently good at listening deeply enough, and often too anxious to calmly ask the question.'*

**Rusty Livock, Olly's Future**

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HEIs could use the same approach to suicide prevention that they have adopted to deliver their responsibilities to spotting and preventing other risks such as terrorism, discrimination or abuse.

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*'Discuss it openly. Please, communicate. Sometimes, people wonder, 'What should I ask?' I suggest being straightforward and asking, 'Why do you feel this way? What's the underlying reason?' Then, explore together to understand if that's genuinely the core issue, examining the shades of grey. Be supportive and don't leave that person alone; it's crucial.'*

**Suicide survivor**<sup>41</sup>

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<sup>41</sup> Heesen K, Mérelle S, van den Brand I, van Bergen D, Baden D, Slotema K, Gilissen R, van Veen S, (2024). The forever decision: a qualitative study among survivors of a suicide attempt, *eClinicalMedicine*, Volume 69,102449, <https://doi.org/10.1016/j.eclinm.2024.102449>.



# 7

## Suicide prevention, first aid, awareness raising and emergency response training to increase intervention skills and capacity

What steps have you taken to raise awareness in the wider community and to deliver capacity building and emergency response training to appropriate staff across your institution?

Human intervention is the most important element in suicide prevention. Everyone in the HEI community needs to be equipped with appropriate knowledge, skills and confidence to know what to do if they suspect someone is at risk of serious harm.

For some staff and other members of the HEI community, such as student groups, it may be most appropriate to improve their awareness of suicide and what to do if they are concerned about someone. As well as fighting the stigma of mental health difficulties and suicide, and helping people be less scared of conversations about suicide, this can give people the confidence to intervene verbally until someone with more training - be it campus security staff or the blue light services - arrive, and to know that should their intervention fail, it is not their fault. Suicide awareness raising resources to increase whole community awareness and preparedness are available for free online.

There are other staff groups who would benefit from training that is appropriate to their role – for example individuals involved in procurement, estate management and risk assessment reviews. These groups are likely to need more than awareness raising to understand the importance of restricting access to means and their contribution to the suicide prevention strategy. For example, although specialist suicide patrols are unlikely to be warranted on HEI sites where the potential for suicide risk is low and infrequent, security teams can play an important role where an individual student is in distress, alerting emergency services and, where safe to do so, intervening directly themselves including providing first aid.

Some HEIs offer suicide awareness training to staff and within the student curriculum. (e.g. University of Cork, Ireland launched a Suicide Prevention Module for Undergraduate Health and Social Care Students in January 2024).<sup>42</sup>

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<sup>42</sup> University of Cork, Ireland.  
<https://www.ucc.ie/en/publichealth/news/preparing-our-healthcare-students-to-support-individuals-at-risk-of-suicide.html>

In a teaching and learning context, consider the wellbeing of staff and students. Suicide awareness raising sessions and prevention training sessions may be potentially personally emotive and triggering. It is important to include standardised universally designed slides which include a content warning at the start of a session and a guide to further resources and sources of support at the end of each session.

HEIs may also wish to reflect that, for some, a little training might do more harm - people may need a lot of training to build confidence and understand nuances, particularly so for non-clinical staff who may feel anxious.

When they get anxious, they may do two things that are not helpful:

- They stop engaging with students. They focus more tightly on their job description and avoid the kind of personal mentoring of students that is valuable. They avoid getting into casual conversations with students because they are anxious of where these might go
- They report every possible sign or indication of risk to specialist services, overwhelming services and making it harder for them to respond where they are really needed.

## Case example:

Cardiff Metropolitan University have a 'Cause for Concern' Referral form which can be used in any circumstance where concerns about a student's behaviour, safety or situation gives any staff member or fellow student cause for concern. Concerns about how their behaviour is impacting on others can also be reported. The form is submitted anonymously, and the student is then contacted with an offer of support.



Cardiff  
Metropolitan  
University

Prifysgol  
Metropolitan  
Caerdydd

## Resources

The list below offers examples of bespoke and general suicide prevention and awareness raising online and face-to-face training available. It is recommended that HEIs carry out their own checks that the training meets the needs of their communities before including them as part of their suicide prevention strategy. HEIs may want to consider auditing community confidence and awareness of suicide prevention before and after awareness raising sessions or training are delivered.

- **Applied Suicide Intervention Skills Training** (ASIST), and **Mental Health First Aid** (MHFA), have been implemented widely throughout England and Wales. ASIST is a two-day workshop focused solely on suicide prevention). MHFA deals with mental health in general, a small component of the training specifically addressing suicide prevention
- **The Zero Suicide Alliance** (ZSA) hosted by Merseycare NHS Foundation Trust has developed a 20 minute online suicide awareness training specifically for university students
- **Charlie Waller Trust** has produced free online training for University/College staff on managing risk and crises to identify signs of a mental health crisis, understand self-harm behaviours, and ask about suicide and how to respond appropriately
- **We need to talk about suicide** awareness e-training resource developed by Health Education England (HEE) and Public Health England (PHE)
- **RWorld.org.uk** provides funding to schools, universities and colleges to train teachers in First Aid for Mental Health so that they are qualified to teach students
- **Olly's Future** offers suicide prevention training, including ASIST training and 'Dr SAMS' suicide Awareness training for medical school students that is being rolled out in several universities to first-year medical students
- **The Ollie Foundation** also offers suicide awareness, intervention, and prevention face-to-face and online training, with bursaries available to Universities and Colleges for costs
- **PAPYRUS offer a range of suicide prevention training** for individuals and organisations across the UK. This includes a free 30-minute introductory suicide prevention training (face-to-face and online) as well as two-day ASIST suicide prevention skills training courses
- **SAMARITANS** offer a range of STEP suicide prevention and education training courses Trauma-Informed Practice training - pre-recorded trauma-informed practice training to support individuals and organisations
- **SafeTALK** half day suicide alertness training course which prepares participants to activate a suicide alert and connect an individual to appropriate suicide intervention help.

## Children and young people's specific resource:

- **Healthy Teens Minds Crisis tools** for front line workers supporting young people in crisis. Free 15 minute learning guides delivered by young people with lived experience and co-produced by Healthy Teen Minds and Health Education England.

## Case example:

The University of Wolverhampton offers an award-winning 'Three Minutes to Save a Life' programme, specifically designed to tackle the issues of suicide and self-harm to provide support to members of the university community who may experience suicidal thoughts. More than 800 staff and students, including security, caretaking and academic staff that have regular contact with students, have been trained to recognise early warning signs in at-risk students and how they can escalate concerns proportionately and compassionately. The strategy includes training students enrolled on nursing and other health courses at Wolverhampton as part of their curriculum, to improve their confidence and clinical intervention skills, while looking after their own wellbeing.

## Case example: Taxi Watch, Derry, Northern Ireland

'Taxi Watch' is a proactive suicide prevention initiative, supported by lottery funding, set up by taxi drivers in Northern Ireland.<sup>43</sup> The scheme provides ASIST and safeTALK training to taxi drivers to equip them with the skills and confidence to engage with someone who may be suicidal and to keep them safe, as well as first aid and lifesaving skills training. Trained individuals are provided with rescue kits which include basic first-aid equipment, a throwline to pull someone out of water and defibrillators that can be kept in the taxicab.<sup>44</sup>

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<sup>43</sup> *BBC News: Taxi Watch*

<sup>44</sup> *The Guardian (2007) [Against the Tide](#) Case study of an innovative mental health initiative involving taxi drivers in Northern Ireland.*



University of  
Central Lancashire  
UCLan

## Case example:

The Mary O’Gara Foundation has funded the delivery of the SP-EAK (Suicide Prevention Explore, Ask, Keep-Safe) suicide prevention skills introductory training course delivered by POPYRUS across all organisations in the Lancashire area who work with or support young people up to the age of 24, including UCLan who have had over 60 members of staff trained, including their security staff team. Evaluation findings have shown the effectiveness of this training and the shift in mindset from before and after the session. All attendees said they would now have the confidence to ask if someone is having thoughts of suicide and the skill set to support them if they are.

## Actions to consider:

- Identify which groups in the HEI community would benefit from awareness raising and which staff require more formal training
- Identify resources that may be used for each category and where relevant add to individual staff training plans
- Consider the wellbeing of students and staff in the context of teaching and learning, particularly around topics that may be potentially personally emotive and triggering
- Audit participants awareness of suicide and confidence in knowing what to do if the suspect a student may be considering suicide before and after they complete training.





# 8

## Postvention support for first responders and other staff

Do you have robust postvention support in place for staff who may be 'first responders' or otherwise directly affected?

It is important to build into your plans how to support staff who may be 'First Responders' or otherwise connected to a student at risk. *'How to respond to a student suicide'* gives comprehensive advice to help HEIs respond to a student suicide. This includes ensuring that staff members involved are fully supported after the incident. Implementing a postvention support plan will encourage all staff that they can and should actively play a part in suicide prevention and help prevent compassion fatigue and burnout.

### Actions to consider:

→ Implement the guidance set out in *'How to respond to a student suicide'*.



# 9 Online safety and social media

## Does your institution have online safety tools in place?

With HEIs using the internet to aid in education, it important to consider how to safeguard students online.

The *Online Safety Act 2023* and the new regulatory framework to make internet use safer applies to HEIs and it may be helpful to appoint a member of the management team to investigate how to deliver the new responsibilities.

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**26%** of deaths by suicide in under 20-year-olds and **13%** of deaths by suicide in 20-24 year olds involved researching harmful content on the internet prior to their death.<sup>45</sup>

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With students spending a considerable amount of their time within education settings, some students may be using the education providers managed services to research harmful content.

Many education providers will use content filters that block access to harmful sites relating to suicide. This can safeguard an individual in the moment, but the individual may be able to bypass the filter or decide to search for the content on a personal device that does not have the filter present. It is important that education providers' consider all methods of online safeguarding where appropriate.

*Ripple Suicide Prevention Charity* offers a free service to reduce exposure to harmful online content relating to self-harm and suicide. The Ripple Tool does not filter or block content, it intercepts harmful searches and redirects the individual to a message of hope and signposts them to support services. This tool works very well for education providers who cannot use filters to block content due to academic purposes. It also overcomes the issue of individuals finding a different device to search blocked content. Ripple can also be customized to provide support information and messaging specific to their HEI, so that it is complementary to the wider support offer already in place.

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<sup>45</sup> Rodway C, Tham SG, Richards N, Ibrahim S, Turnbull P, Kapur N, Appleby L. (2023) Online harms? Suicide-related online experience: a UK-wide case series study of young people who die by suicide. *Psychol Med. Jul; 53(10): 4434-4445.* <https://doi.org/10.1017/s0033291722001258>



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**BATH**

## Case example:

University of Bath has implemented the Ripple add-on to internet browsers on all University of Bath devices, so that when anyone using a University of Bath device searches for words associated with suicide, a pop-up appears to signpost that person to local and national support services.

## Actions to consider:

- As far as possible, safeguard individuals from access to harmful websites and other online content
- Redirect harmful browsing to information about local support services
- Appoint a member of the team with responsibility for investigating the new online safety legal duties and how to deliver them
- Inform students and staff about how to report harmful online content to service providers.

# 10

## Tackling risk factors including drug and alcohol use

Have you defined how you are reducing individual and organisational risk factors?



## Individual risk factors

There are complex social, economic, political and relational factors that increase suicide risk, for example, economic hardship, relationship breakdown, social isolation, a history of mental health issues particularly self-harm, adverse childhood experiences and substance misuse.

Students may have additional risk factors to the above including:

- poor academic progress
- feeling overwhelmed and not able to keep up with studies
- perfectionism in their studies and never feeling on top of things
- feelings of isolation having made the transition to university
- being involved in university processes such as conduct investigations
- cultural changes having moved from a different country
- previous experience of suicide in their peer group
- where they are living, on campus or away from campus.

Improving mental health requires a whole university approach involving the student support services, the student's union, administrative, academic and support staff and students themselves. It involves support from relevant health and social care partners.<sup>46</sup>

## Have you defined how you are reducing individual risk factors?

There are some specific individual risk factors where a focus on harm reduction and restricting access to means are particularly relevant to an HEI.

## Self-Harm

A history of self-harm (intentional self-injury or self-poisoning irrespective of the apparent purpose of the act) is one of the strongest risk factors associated with suicide.<sup>47</sup> Exam period can be a time of particular stress. There are also groups of students who have been identified as at higher risk of suicide including international, LGBTQ+, neurodivergent and postgraduate students as well as individuals with mental health and physical health conditions.<sup>48</sup>

When a student who has self-harmed tells a non-health professional e.g. a member of staff, it is important that staff members know how to action the self-harm care pathway. This includes that advice is sought from a healthcare professional or social care practitioner, it includes referral to a healthcare or mental health service and a psychosocial assessment.<sup>49</sup>

## Reducing drug taking and harm from drugs

Recreational drug use, or inappropriate use of prescription drugs, can cause harm both for the individual taking the drugs and for those around them. Drug use can relate to mental health challenges and mental ill-health in complex ways. Some students take drugs to cope with mental ill-health, loneliness, anxiety and other stressors and drug taking can also impact negatively on mental wellbeing. Feelings of hopelessness can increase isolation and distance both from peers and from the university and this can produce a negative cycle that may increase drug taking. Students who take drugs encounter criminal activity in drug supply and may experience a range of harmful impacts including financial, educational and social problems. Enabling more students to ask for help, earlier and without stigma, is important for helping to reduce harm and enable this group to stay safe.<sup>50 51 52</sup>

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<sup>46</sup> McLafferty, M. & O'Neill, S. (2021, Ch 3.) *Student Suicide Risk: Factors Affecting Suicidal Behaviour in Students in Northern Ireland*. In Mallon, S. & Smith, J. *Preventing and Responding to Student Suicide. A Practical Guide for FE and HE Settings*. London, Jessica Kingsley Publishers. <https://uk.jkp.com/products/preventing-and-responding-to-student-suicideFootnote>

<sup>47</sup> National Institute for Health and Care Excellence (2022) *Self-harm: assessment, management and preventing recurrence*. NICE guideline [NG225]

<sup>48</sup> Department of Health and Social Care (2023) *National suicide prevention strategies for England*

<sup>49</sup> Department of Health *Ibid.*

<sup>50</sup> *Enabling student health and success: tackling supply and demand for drugs and improving harm reduction*, UUK, (2024). <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/enabling-student-health-and-success>

<sup>51</sup> Carole Black (2021) *From Harm to Hope A 10-year drugs plan to cut crime and save lives Independent review of drugs*

<sup>52</sup> *Release and the National Union of Students (2018) Taking the Hit. Student drug use and how Institutions respond*

## Alcohol Use

HEIs and Students' Unions can consider 'designing out' excessive alcohol consumption during social and sporting events. The social drinking cultures of some sports societies could unintentionally contribute to impulsive actions among students (particularly vulnerable individuals at elevated risk for suicide). Students' Unions can consider their role in restricting access to potentially lethal means, proactively encouraging student club and society policies around alcohol use and discouraging drinking cultures/initiations and in supporting individual welfare and safety planning.

There is evidence of a link between regular and excessive drinking and suicidality, and yet heavy drinking or alcohol dependency can still be stigmatised. HEIs can consider a harm reduction approach to all drugs and alcohol that focuses on awareness of the facts, impartial non-judgemental access to support and sanctions only in instances where their use leads to significant unacceptable behaviours.<sup>53 54</sup>



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## Case example:

Suicide in the veterinary profession in the UK and worldwide has emerged as a significant concern. Research indicates that that veterinary surgeons in the UK are 3-4 times more likely to die by suicide than the general population (Platt et al., 2010 ) and further research shows veterinary students struggle with higher levels of stress and depression than their peers on other courses.

At the University of Central Lancashire the School of Veterinary Medicine, which only opened in September 2023, aimed from the outset to create and embed a community where wellbeing is prioritised, ensuring students have clarity on how they can support themselves and each other, and where to access support.

Led by the school's Coaching and Mentoring team, with a named Mental Health and Wellbeing Advisor linked directly to the school, How to Thrive (HTT) is a theme within the year-long module that all first year Bachelor

of Veterinary Medicine and Surgery students study, that embeds mental wellbeing into the curriculum.

The theme helps students thrive during their studies and when on placement and is delivered weekly through interactive workshops. A number of these are delivered by the school's Mental Health and Wellbeing Advisor with a focus on topics such as stress, anxiety, allyship and resilience. Suicide prevention forms a core part of HTT, with a workshop focusing on recognising the signs and symptoms, initiating conversations with peers and highlighting where to access support. In addition, all students are encouraged to complete the Zero Suicide Alliance training.

Further initiatives are being developed to help reduce stigma around mental health and encourage students to access support, such as a 'positive disclosures' campaign, and a talk and podcast with veterinary professionals who have lived experience of suicide.

<sup>53</sup> *Students Organising for Sustainability (2023) Drug and Alcohol Impact Report*

<sup>54</sup> *Universities UK and The Office for Students (2021) The intersection of sexual violence, alcohol and drugs at universities and colleges*



## Case example:

The University of Manchester adopted a Harm Reduction approach to drugs and alcohol misuse in 2022. This approach described how the University did not condone the use of illegal drugs, the misuse of so-called 'legal highs' or the misuse of prescription drugs or alcohol, but that it understood that some students may choose to use drugs or alcohol during their time at university. To encourage and maximise safety, the University seeks to ensure that students have the resources, support and knowledge needed to make informed choices and reduce harm. This approach was driven through a position statement and subsequent policy;

extensive communications work (including alerts about bad batches of drugs in local supply); the creation of a working group with cross-university, student and Student's Union representation; the adoption of an engaging Harm Reduction training module; access to drug testing kits and a shift away from fines and towards an educational approach to substance issues. This stance was widely welcomed by the University community and has given staff and students alike greater confidence to discuss where usage is becoming problematic and access appropriate support.

## Gambling and financial hardship

Stress caused by financial hardship linked to cost of living, gambling, extortion and falling for financial scams can lead an individual to see suicide as an escape option from mounting debts and financial worries. International students pay higher fees and are often under greater financial pressures and may be more vulnerable to scams, such as those purporting to be someone from the UK government.<sup>55</sup>

A review of gambling-related suicides and suicidality has found that suicidality amongst those who gamble at harmful or problematic levels is notably higher than in the general population.<sup>56</sup> In 2024 a survey of 2000 students showed:

- 60% had gambled in the previous 12 months, with nearly half stating they had gambled more than they can afford
- 28% of student gamblers were classified as being at 'moderate risk'

- 46% of the students who gambled reported that gambling had impacted their university experience, this included missing study deadlines and social activities, as well as adding pressure to cover basic expenses such as food
- 21% were classified as 'problem gamblers'.<sup>57</sup>

Students need to be encouraged to seek support related to financial worries, debt and gambling through awareness raising campaigns providing information about available support via student support services, local and national debt advice and gambling support organisations and charities.

**Resource:** *Ygam* provide free Gaming and Gambling Awareness and Harm Prevention training for university staff, alongside campus visits (stalls and lectures) to raise awareness of gaming and gambling harms amongst students.

<sup>55</sup> *Guidance on avoiding scam communications for international students.*: <https://www.gov.uk/government/publications/frauds-tricks-and-scams>

<sup>56</sup> *Marionneau, V, Nikkinen, J. (2022) Gambling-related suicides and suicidality: A systematic review of qualitative evidence. Front Psychiatry. 13: 980303. <https://doi.org/10.3389%2Ffpsy.2022.980303>*

<sup>57</sup> *Ygam/Gamstop (2024) Student Gambling Survey: <https://www.ygam.org/wp-content/uploads/2024/03/Annual-Student-Gambling-Survey-2024.pdf>*

## Gender-based violence

Research evidence show that individuals who have experienced gender-based violence have higher levels of dissociation and are younger at onset of suicidal thoughts, are more likely to self-harm, more likely to attempt suicide; and to make more suicide attempts.<sup>58</sup> At the same time, students are more likely to have experienced sexual assault than any other group.<sup>59</sup>

The Office for Students have published a *Statement of expectations for preventing and addressing harassment and sexual misconduct affecting students in higher education* which sets out a consistent recommendation to support higher education providers in England to develop and implement effective systems, policies and processes to prevent and respond to incidents of harassment and sexual misconduct. This includes the need for HEIs to clearly communicate, and embed across the whole organisation, their approach to preventing and responding to all forms of harassment and sexual misconduct affecting students. HEIs can also set out clearly the expectations that they have of students, staff and visitors and have adequate and effective policies and processes in place for all students to report and disclose incidents of harassment and sexual misconduct.

## Students involved with the criminal justice system or internal disciplinary actions

Students involved in criminal or university processes are at a higher risk of self-harm or suicide. HEIs can check whether they have robust, coordinated processes with external agencies and resources to ensure that individuals are supported, and that risk is continually assessed and managed. This is as true for students who may be the victims of crime or under investigation for criminal activity as it is for academic malpractice cases.

Particular attention should be paid for cases involving gender-based violence (GBV) whether they are the reporting or responding student. For the latter, there is often an element of shame which will further contribute to their risk.

It is important that HEIs consider tailored support and responses to students involved in such processes. These include considerations of cultural background, age, gender and sexual orientation. Be mindful of specific events and milestones (e.g. misconduct hearing or court appearances), responding with compassion to all students impacted to ensure the right support at the right time.

## Case example:

To support their suicide prevention approach, University of Essex gathers and uses information about students to support them with individual needs. The university encourages disclosures and maintains records of relevant information prior to arrival and throughout a student's time at university. This information is used to identify individuals at heightened risk and to ensure responses are both appropriate and timely. This includes information regarding mental illness, university or course transfers, suspensions and withdrawals, lecture attendance, substance misuse, any of which will inform appropriate referral and support plans from the Student Wellbeing and Inclusivity Service and external providers.



<sup>58</sup> Brokke SS, Bertlesen TB, Landro NL, Haaland VO (2022) The effect of sexual abuse and dissociation on suicide attempt. *BMC Psychiatry*. 22 (29). <https://doi.org/10.1186/s12888-021-03662-9>

<sup>59</sup> Office for National Statistics (2023) *Sexual offences victim characteristics, England and Wales: year ending March 2022*.

## Actions to consider:

- Alert the HEI community to common risk factors of suicidality and sources of support
- Ensure that these indicators are reflected in decision making through the whole organisation (e.g. considering design solutions to reduce the risk of gender-based violence)
- Ensure that all students and staff are aware of the local self-harm support pathway
- Consider taking a harm reduction approach to alcohol, drugs, gambling and other harmful behaviours
- Promote support related to financial worries, debt and gambling through awareness raising campaigns
- Be aware of specific milestones for students involved in internal disciplinary processes or the criminal justice system (for whatever reason) and ensure robust support plans are in place.



# 11

## Risk assessment and case management technology to identify potentially vulnerable individuals

### Do you routinely review and audit your student case management solution?

Case management software can ensure crisis teams and decision makers have the required context about past and current incidents at their fingertips. Information needs to be layered on top of live and constantly updating key student data including personal information, course, timetable, term-time address and trusted contacts. This delivers contextual detail about how to design safety planning and effectively restrict access to means.

Case management can include sophisticated user group and permissions functionality to house multiple information including:

- mental health & wellbeing
- student support
- disability & inclusion
- financial advice
- conduct & complaints
- residential life and campus security

and may also include those responsible for mitigating circumstances:

- academic integrity
- personal tutoring
- learning support
- concerns raised by family/trusted contacts.

Making an intervention at the critical moment requires accurate and easily accessible information, correlating data between the student record system, case management solution and learning and engagement analytics platform. As well as generating clear flags for students at risk, this can inform practical steps to take which restrict access to means at an individual level or across target student cohorts.

Building an integrated technology system between core products is achievable, although older systems are a challenge in some HEIs.

There is a tension in the governance about how best to manage data sharing while balancing the need to protect sensitive information. Nimble technology can act as an enabler to this challenge, but clear principles and policies can set the foundation. It is therefore important to develop clear guidelines in relation to GDPR issues and protecting student confidentiality. Data sharing agreements can take a considerable time to put in place, requiring planning to ensure agreements are in place for use when they are required.

## Case example:

UWE is using IT systems to collect data and triangulate information to help identify students in difficulty and those who might therefore benefit from early support. The University has invested in market leading learner analytics software to measure engagement with specific academic activities, such as lecture attendance, engagement with the virtual learning environment and coursework submission data to enable them to offer earlier interventions to those who may be at risk.





## Case example:

At University of Winchester, students who are identified as being a serious risk to themselves, to others or from others are discussed at a fortnightly At-Risk meeting, chaired by the Director of Student Support and Success and includes colleagues from across the institution. This meeting reviews students holistically, considering as much information as possible, including health, living and academic information. Staff may be approached by members of the At-Risk meeting for information about a student to enable the group to make appropriate, timely decisions. Staff who feel a student might be classified as At-Risk are advised to flag concerns directly to the Head of Mental Wellbeing, the Deputy Director of Student Support and Success or the Director of Student Support and Success.

## Actions to consider:

- Include teams across the whole institution to scope out and put in place processes and systems to identify potentially vulnerable individuals
- Consider integration of existing data to generate a complete picture of all students and their engagement ('Knowing what you already know')
- Involve relevant colleagues, including student representatives, in setting governance and information sharing protocols.



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*of* HULL

## Case example:

We know that some groups are at greater risk of suicide, including those who have been bereaved by suicide and people with experience of trauma. We are committed, wherever possible, to ensuring our processes and ways of working enable proactive, targeted and meaningful support to students who may experience challenges which increase their vulnerability to suicide.

Our digital systems will be used to maximum effect to ensure that awareness and ease of access to support for students and staff supporting students, is a central consideration. We will seek to use data analytics and metrics proportionately to help us better identify and respond early where there is evidence that students may be struggling.



# 12 Safer prescribing and access to prescription drugs

## What links do you have with healthcare services for safer prescribing?

Healthcare professionals are essential to your suicide prevention plan. They will be aware of the issues that relate to prescribing, stockpiling medication, overdose and safer custody of medication options. Individual prescribing clinicians will be aware of the risk of prescribing to individuals with a history of suicidal behaviour, the toxicity of prescribed medicines, interactions between medications (including herbal remedies), recreational drug and alcohol consumption, and given the mobility of students between home and university the need for effective communication among multiple prescribers.<sup>60 61 62 63</sup>

Community pharmacy staff can be vigilant for warning signs, such as large or repeated purchases of over-the-counter medicines, and healthcare professionals are encouraged to use consultations and medication reviews to assess self-harm risk. University welfare teams could link with local pharmacists to develop allies with the shared aim of reducing access to means and self-harm or suicide risk. It could be helpful to place regular reminders in student accommodation to encourage the handing in of unused medication to local pharmacies.

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<sup>60</sup> Chew-Graham, CA, Morgan, C, Webb, RT, Emery, A, Carr, MJ, Kontopantelis, E, Yung, AR and Ashcroft, DM. (2019) Reducing risk following self-harm: the need for careful prescribing. *British Journal of General Practice*; 69 (682): 224-225. <https://doi.org/10.3399%2Fbjgp19X702317>

<sup>61</sup> Lim, M, Lee, S and Park, J-I. (2016) Differences between Impulsive and Non-Impulsive Suicide Attempts among Individuals Treated in Emergency Rooms of South Korea. *Psychiatry Investigations*. Jul; 13(4): 389-396. <https://doi.org/10.4306/pi.2016.13.4.389>

<sup>62</sup> Royal College of Psychiatrists (2020) *Self-harm and suicide in adults. Final report of the Patient Safety Group, CR299*

<sup>63</sup> Cleare, A, Pariante, CM, and Young AH (2015) Evidence-based guidelines for treating depressive disorders with antidepressants: A revision of the 2008 British Association for Psychopharmacology guidelines *Journal of Psychopharmacology*, Vol. 29(5) 459 -525. <https://doi.org/10.1177/0269881115581093>



The effectiveness of Safety Plans, which include strategies for removing or mitigating means of suicide, is supported by emerging evidence.<sup>62</sup> Informal agreements between clinicians and patients on safety measures are also common. Discussions can take place to consider the safe storage of medications such as antidepressants or anxiolytics and ways to reduce the likelihood of impulsive overdose (which is more common in young people). Some students ask their peers to look after their medication (which is not recommended), but options may be limited. It may therefore be worth discussing lockable medication containers, which a student can open, but which are a potential barrier to impulsivity.

Campus wide education campaigns, co-designed with students, to raise awareness of the risks of mixing alcohol and prescription medication, or to reduce the stigma of taking medication, are also worth considering.

**Resource:**

The Ollie Foundation provide a [\*safe plan template specifically relating to Prescription safety\*](#) and offers 'Safer Prescribing' training for educators and parents.

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*'I did not drink alcohol next to the medication. However, doctors consistently inquire about alcohol intake. Therefore, in my latest attempt, I contemplated that doing it 'right' involved combining alcohol with the pills.'*

**Suicide survivor<sup>65</sup>**

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## Actions to consider:

- Review overall medication safety planning with your healthcare providers including local pharmacies
- Encourage students to engage with medication safety plans.

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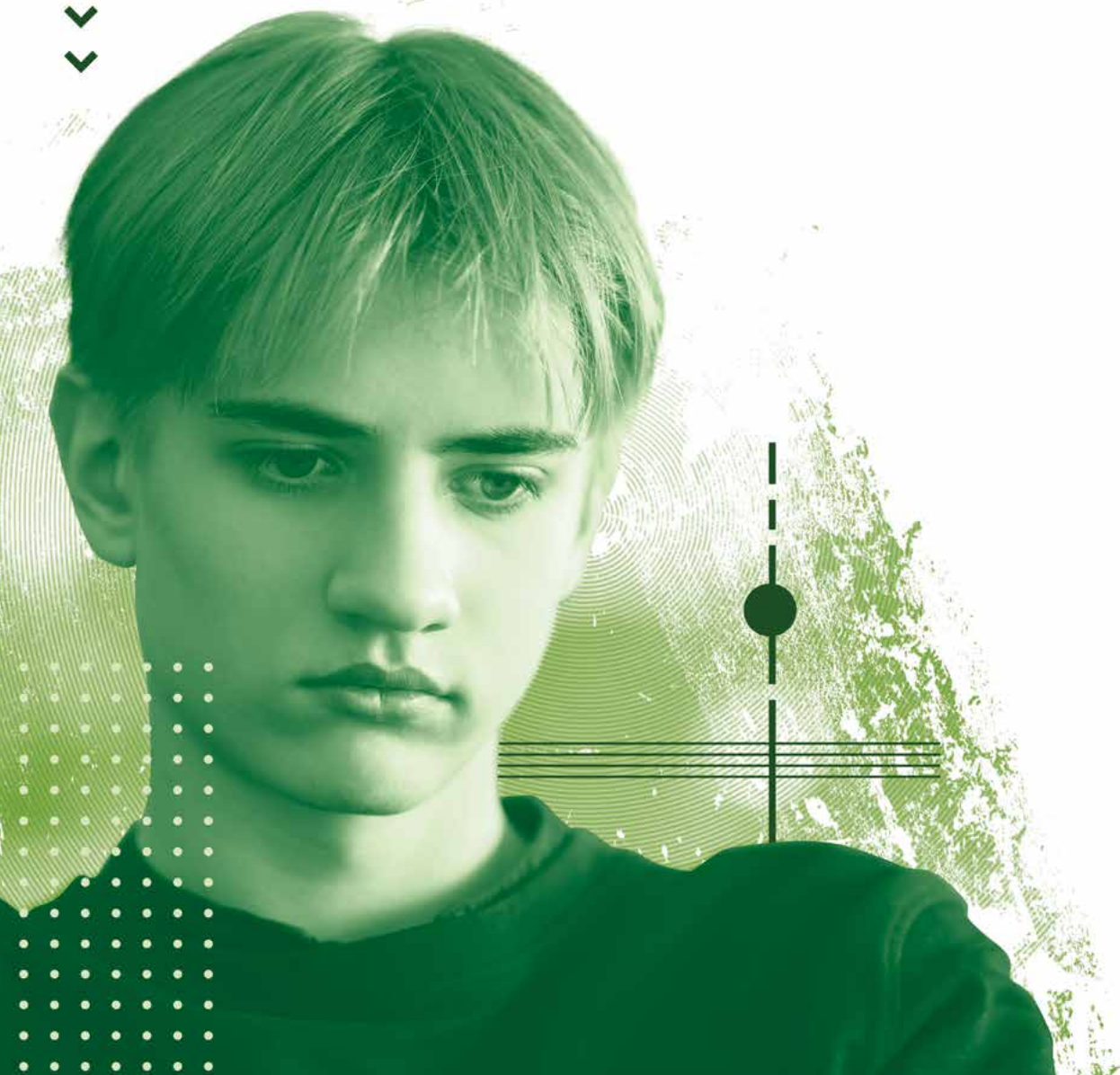
<sup>64</sup> Gamarra JM, Luciano MT, Gradus JL, Wiltsey Stirman, S. (2015) Assessing variability and implementation fidelity of suicide prevention safety planning in a regional VA healthcare system. *Crisis*, 36, pp. 433–439. <https://doi.org/10.1027/0227-5910/a000345>

<sup>65</sup> Heesen K, Mérelle S, van den Brand I, van Bergen D, Baden D, Slotema K, Gilissen R, van Veen S, (2024). *The forever decision: a qualitative study among survivors of a suicide attempt*, *eClinicalMedicine*, Volume 69, 102449, <https://doi.org/10.1016/j.eclinm.2024.102449>.

# 13

## Safety planning and information sharing for students identified to be at risk of suicide

Do you have clear responsibilities and structures regarding safety planning and information sharing for students identified to be at risk of suicide?  
Do all staff understand their role?



## Safety planning

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*'Safety planning does not close the door to suicide, rather, it distracts us, prompts us to contact someone else, or do something else, instead of walking through it.'*<sup>66</sup>

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Safety planning is best practice for the management of suicidal distress and behaviour<sup>67</sup> because it must be shared to create a suicide safer, compassionate and more aware HEI community.<sup>68</sup> However, the quality and specificity of a safety plan can determine its effectiveness.<sup>69</sup> Safety planning is usually led by health professionals working with students, but it is important that all staff understand the role and complexity of safety planning and how they might play a part in enacting the plan, for example estates staff supporting plans to change a student's living accommodation to make it safer. A Safety Plan can be reviewed and modified to suit the individual's changing needs and circumstances over time.

For some students to have suicidal ideation is at times their 'normal'. Planning will therefore need to take place in the context of the HEI's wider case management protocols including what level of support is reasonably possible day to day. Some students can be reticent to be involved in safety planning, thinking that a mental health crisis could threaten their time at the HEI. Students will need to be assured that safety plans are primarily there to support their mental health 'in the moment', to give them hope and help them feel supported.

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<sup>66</sup> O'Connor, R (2021) *When It Is Darkest: Why people die by suicide and what we can do to prevent it*. Random House <https://www.penguin.co.uk/books/442218/when-it-is-darkest-by-professor-rory-oconnor/9781785043437>

<sup>67</sup> National Institute for Health and Care Excellence (2011) *Self-harm in over 8s: long-term management*. Available at: <https://www.nice.org.uk/guidance/cg133>

<sup>68</sup> Dickens, C, Green, L. (2023). *Developing a Life Safety Plan: Who Will Help You and When?* In *Workplace Wellness: From Resiliency to Suicide Prevention and Grief Management: A Practical Guide to Supporting Healthcare Professionals* (pp. 141-151). Cham: Springer International Publishing. <https://link.springer.com/book/10.1007/978-3-031-16983-0>

<sup>69</sup> Gamarra JM, Luciano MT, Gradus JL, Wiltsey Stirman, S. (2015) *Assessing variability and implementation fidelity of suicide prevention safety planning in a regional VA healthcare system*. *Crisis*, 36, pp. 433-439. <https://doi.org/10.1027/0227-5910/a000345>

## What should a safety plan include?

A safety plan should include a co-created personalised set of strategies, actions, and contacts for support which would assist the individual in help seeking and to ensure they are able to access timely support in a range of appropriate spaces. Co-creation is crucial to ensure the individual can commit to applying the plan with an absolute belief that they matter, and that suicidal pain can and will pass.

Restricting access to means of self-harm or suicide is a significant aspect of a personal safety plan and requires making a personal environment safer at a micro individual level.

Questions to consider when developing a personal safety plan include:

- Are there any specific situations or people that the individual finds stressful or triggering, or that contribute to their suicidal thoughts?
- What means or methods does the individual have access to that may be used in a suicide attempt and how can access be reduced?
- How can the individual develop a plan to limit their access to these means and methods and to avoid these situations?

Examples of individual actions to reduce access to such means could include:

- locking medication in a box
- placing a photograph of people the individual loves on top of that medication storage box
- asking someone else to look after their medication for a while
- employing a strategy that means they are not on their own when they are feeling overwhelmed
- avoiding or reducing the consumption of drugs and alcohol.

Other important elements of safety planning include:

- reasons for living - encourage the individual to write down their reasons for living, for example: family, friends, pets, hopes, and aims for the future
- helplines - identify local and national helplines/text lines and sources of support that the individual can contact if they are struggling with suicidal thoughts; encourage the individual to save these numbers in their phone and consider practice calling them in a non-distressed space
- distractions - try to encourage the individual to focus on other things to allow suicidal thoughts to pass e.g. crosswords, wordsearches, watching TV, writing a 'worry list' or 'to do' list, breathing exercises or to revisit their personal list of 'reasons for living'
- their living arrangements – are they in HEI accommodation or Purpose-Built Student Accommodation (PBSA) rooms with which the HEI has a partnership, in the community living with or without other students, or are they in a family home
- other environmental factors, such as any caring responsibilities they may have, or where students are living with other students, including support from the wider group of students and input from academic staff
- international students may also have limited access support in the UK and therefore ensuring there are adequate support networks in a crisis may be challenging.



## Case example:

Reducing access to means is one strand of the University of York suicide safer Community Delivery Plan. Actions identified include ensuring that conversations with students who have suicidal ideation include discussions about plans and means of suicide and efforts are made to reduce or restrict their access to identified means.

## Resources

These resources may be of help to HEIs when working with their local health providers to support the creation of safety plans with students

- Creating a 'safety plan' | Samaritans: <https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/supporting-someone-suicidal-thoughts/creating-safety-plan/>
- Safety Planning - Every Life Matters ([every-life-matters.org.uk](http://every-life-matters.org.uk)): <https://www.every-life-matters.org.uk/safety-planning/>
- Patient Safety Plan Template <https://www.stayingsafe.net/aboutplate> | Zero Suicide ([edc.org](http://edc.org)): <https://zerosuicide.edc.org/resources/resource-database/patient-safety-plan-template>
- Staying Safe: <https://www.stayingsafe.net/about>
- Using Safety Plans | Suicide Safety Plan | Papyrus UK ([papyrus-uk.org](http://papyrus-uk.org)): <https://www.papyrus-uk.org/suicide-safety-plan/>

## Information sharing with trusted others and third parties

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*'Put simply, university and college staff should do whatever is necessary and proportionate to protect someone's life. Data protection law allows organisations to share personal data in an urgent or emergency situation, including to help them prevent loss of life or serious physical, emotional or mental harm.'*

**Information Commissioner's Office<sup>70</sup>**

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Including families, carers and trusted contacts is an important part of proactive suicide prevention by HEIs. Family members may have knowledge of previous attempted suicides hitherto unknown to the HEI. Families, peers or other third parties may on occasion contact HEIs with concerns about the risk to a student, presenting an opportunity to explore knowledge of potential access to means or risky behaviours. If the student is planning to return home for a period, being collected by their trusted contact presents a lower risk than allowing them to use public transport alone.

UUK *information sharing guidance* helps universities decide when and how to involve families, trusted contacts or other third parties when there are serious concerns about a student's safety or mental health. The independent *SHARE report* developed by the Zero Suicide Alliance in the UK, also provides guidance on information sharing with families and friends.

Information sharing approaches cannot preclude the ability to contact another third party without the student's consent. For example, where a student is believed to be stockpiling prescription drugs, it may be appropriate to bring this to the attention of their GP. Peers may be particularly concerned about the impact of sharing what they know (e.g. whether there might be consequences for them), so reassurance and explanation of how the information will be used are important.

Any information received from a shared party needs to be rapidly assessed in the context of what is already known about the student and resulting actions completed as quickly as possible. The assessment of this information will inform a risk-based decision about whether to make contact.

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<sup>70</sup> Information Commissioner's Office Guidance on Information Sharing in an Emergency. <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-sharing/sharing-personal-data-in-an-emergency-a-guide-for-universities-and-colleges/>

## Case example:

A new approach to encourage the help of family and friends of students who are at risk of suicide has been adopted by Lancaster University's Student and Education Services. Students who seek mental health help will now be asked whether they have confided in family and friends - and, if not, asked what is stopping them from getting this support. This step, which has been welcomed by students, allows our specialist support staff to engage with students about their specific situation while encouraging them to think about who forms part of their network of support. In high-risk cases, staff will notify the next of kin, and work with them to ensure the student's safety.

## Actions to consider:

- Ensure that all relevant staff are actively involved in identifying specific risks for any given individual which inform safety plan
- Be aware of specific milestones that might increase pressures on an individual student and change the extent of their risk
- Develop partnership working with private accommodation providers to support information sharing about risk and safety planning
- Establish a defined process for involving trusted contacts or others when there are serious concerns about a student's safety or mental health
- Remember to record and justify decision making and review these when considering further actions to support a given student.

# Suicide location: safety and image of high-risk locations

## 14 Responsible media reporting and communications

Does your communications team have a protocol in place for crisis communication and how to manage media reporting?

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*'Once a student suicide has occurred, especially on campus, it should be treated as a potential cluster, with all necessary measures taken at the site, including not letting the location become widely known.'*

**Professor Sir Louis Appleby, National Confidential Inquiry into Suicide and Safety in Mental Health**

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Comms teams can also work with appropriate heads of departments to ensure that those impacted by suicide know when specific milestones such as an inquest will occur, making sure that they are not informed for the first time by the media. It may be helpful to draw up a comms plan regarding suicide or self-harm in advance in case such an event happens as the speed with which social and other media will spread information could put a communications team on the back foot. Although there is a public interest in covering the topic of suicide, this needs to be balanced given that young people are a particularly vulnerable audience in relation to suicide reporting and are more likely to be influenced by media coverage than other age groups.<sup>71</sup>

Certain types of media coverage can lead to a rise in emulation suicides – also known as the ‘Werther effect’.<sup>72</sup> These include explicit details of suicide methods, sensationalising suicide, prominent or excessive coverage or describing a particular location as an effective means of suicide.

Safe and responsible coverage can help to raise awareness of the issues relating to mental health and suicide. This can prompt helpful discussion and create opportunities to remind student communities that suicide is preventable and highlight the range of support services available to encourage those who are struggling to reach out for help.

Staff, including media and communications teams, should always communicate about these issues with great care and refer to [Samaritans’ Media Guidelines for Reporting Suicide](#) and [Guidance for reporting on youth suicides](#).

It is important to encourage reporters and editors of student publications to refer to this best practice guidance.

Samaritans also provides an advisory service to journalists and organisations with interest in communicating about suicide, including HEIs. Samaritans’ team can offer support and advice on cases of concern in terms of press coverage, for example a potential cluster situation.

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<sup>71</sup> Gould M, Jamieson P, Romer D. (2003) *Media Contagion and Suicide Among the Young*. *American Behavioral Scientist*, 46(9), 1269-1284. <https://doi.org/10.1177/0002764202250670>

<sup>72</sup> Pirkis J, Blood W, Sutherland G, Currier D. (2018) *Suicide and the news and information media*. *Suicide*. Feb 13. <https://sprc.org/wp-content/uploads/2022/12/PirkisCritical-Review-Suicide-and-the-news-and-information-media2018.pdf>

## Actions to consider:

- Ensure that people who need to know about specific events such as the inquest are informed in a timely and sensitive way
- Discourage speculation about what has happened, particularly in the immediate aftermath of a death
- Monitor social media for rumours about locations or means to intervene if necessary
- Encourage sensitive media reporting about locations and means and challenge any poor practice
- Work with local and national press regarding coverage and promote following guidance from Samaritans
- Remind the student community that suicide is preventable and highlight support services.



# 15

Memorials and vigils at a specific site, and influencing the public image and reputation of a site

How are you addressing the association of specific sites with suicide?



## Personal memorials and floral tributes at a suicide location

The desire to come together, to honour and remember and to express sadness, is a natural communal response to the tragedy of suicide. Although there is no strong evidence that leaving floral tributes, holding vigils, and erecting personal memorials at a suicide location encourages further suicides, they all draw attention to a site as a suicide location and make it psychologically available to vulnerable individuals. It can also romanticise the death for vulnerable students. Floral tributes can be removed as quickly and sensitively as possible to prevent them building up. Universities can consider discouraging floral tributes, vigils and personal memorials at a specific location. This needs to be managed sensitively to avoid students and staff perceiving that a student death is being hidden or not publicly acknowledged in the same way as other student deaths. Universities are advised to talk with students and staff about the unintended risk of further suicides at the location and to suggest alternative forms of remembrance instead e.g. memorial books or services in a neutral location. HEIs may like to consider limiting physical memorials for example to around two weeks to avoid any potential to inadvertently glamourise the death. Samaritans have produced guidance on memorials (including online memorials) for universities.

### Resources:

- **Memorials at universities:**  
<https://www.samaritans.org/how-we-can-help/schools/universities/memorials-information/>
- **Social media and online memorials:**  
<https://www.samaritans.org/how-we-can-help/schools/universities/memorials-information/social-media-and-online-memorials/>

Consider re-naming or re-marketing a location to change the perception of the place and remove its association with suicide. This can include improvements to landscaping and furnishing or introducing new amenities or recreational opportunities. The case examples show how this has been considered in several places but evidence for a beneficial impact on outcomes is unclear.

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*'Advice I was given in the past about 20 years ago was to furnish the area in question with soft furnishings - make it a social space where students could gather - 30 years on it was used again recently, so I am not sure as to the effectiveness.'*

**Deirdre Flynn, Director of Student Counselling Services. Trinity College, Dublin**

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## Case example: Seoul, South Korea

*Seoul, Korea Mapo Bridge Project*, authorities tried to transform a notorious bridge site to deter people from attempting suicide. The guardrails were adorned with LED lighting, messages, and pictures of happy families, with hopeful slogans, for example: 'A difficult moment will eventually flow like the river below'. There were also several sculptures erected, including one of a man comforting a friend, to remind people that there is always someone they can lean on.

In the year after the transformation was completed, 93 tragedies occurred at the bridge, more than six times as many as in the previous year. It was widely believed that the messages unintentionally strengthened the association between the bridge and suicide. In 2019, these were removed and replaced with CCTV cameras, emergency bells to alert rescuers, high railings and a pressure sensor that detected when people gripped the guardrails harder than usual. Suicide attempts at the bridge fell significantly after the high railings were introduced.<sup>73</sup>

## Case example: Our Future Foyle, Derry, Northern Ireland

A project in Derry - Our Future Foyle - looked to reduce suicides around the River Foyle by increasing activity and footfall around the river, in the hope that the increased presence of the public in the area would reduce suicides at the river. This initiative has not yet been implemented as funding is pending.<sup>74</sup>

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<sup>73</sup> *The Sun: Seoul's Mapo Bridge*

<sup>74</sup> *Royal College of Art: Improving the Experience of the River*

## Case example: East Sussex Council

East Sussex Council have tried to change the public image of a site on the Sussex Coast through limiting media reporting about suicides at the site, discouraging the installation of private memorials and remarketing the site locally through several re-branding initiatives including an artist in residence, tour operators & language schools telling positive stories about the site.<sup>75</sup>

## Actions to consider:

- Discourage or limit personal memorials at suicide locations in a sensitive manner
- Consider re-naming or remodelling a location to change the perception of the place and remove its association with suicide.

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<sup>75</sup> Local Government Association: [Access to Means: A Design-led Approach](#)

# 16 Learning from the past: serious incident review and local suicide audit

## How are you using all available information and data to conduct reviews and local audits of incidents and patterns?

Studying previous incidents, whether amongst the HEI community, locally or nationally can help HEIs with suicide prevention strategies and action.

HEIs are encouraged to actively link with their Local Authority Public Health team, their Public Health multi-agency suicide prevention groups (MSPG) and the elected local suicide prevention lead. These can support an HEI to mitigate imitative behaviour and prevent suicide clusters, supply information about new resources and services, training opportunities,

gathering and sharing intelligence around trends, clusters and other patterns including high risk locations and emerging means.<sup>76</sup> These local real-time suicide partnerships monitor the method of suicide across a locality and work in partnership with organisations (e.g. British Transport Police) to highlight locations or emerging methods. There may also be scope for co-operation across universities in the same city to share intelligence data and deliver a shared suicide prevention strategy.

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<sup>76</sup> [Public Health England \(2019\) \*Identifying and responding to suicide clusters: A practice resource\*](#)



## Case example: Pan-Dorset universities unite to combat suicide

Bournemouth's three universities, Bournemouth University (BU), Arts University Bournemouth (AUB), and AECC University College, have launched a joint Pan-Dorset Universities Suicide Prevention Strategy focused on their university communities. The Strategy encompasses six workstreams in areas of Surveillance, Bereavement Support, Communications and Media, Skills and Training, Lived-Experience Champions and a Community and Partnership Group, and includes specific reference to reducing access to information around means of suicide. The three institutions also sit on the Pan-Dorset Multi Agency Suicide Prevention Strategy Steering Group. AECC, BU and AUB meet quarterly to share intelligence around trends, experiences, and demographics captured by the Pan-Dorset Suicide Prevention Real Time Surveillance and High-Risk working groups.<sup>77 78 79</sup>



University of  
St Andrews

## Case example:

The University of St. Andrews is involved with local partners and with the multiagency approach to suicide prevention across Fife. They participate in a wide range of formal arrangements. These include the Fife Suicide Prevention Core Multiagency Group; Suicide Prevention Young People's Delivery Group; and Suicide Prevention Communications Delivery Group (a group responsible for campaigns across Fife). Student Services also have strong links with Nightline, and links have been made with Fife Alcohol Service. In addition, they have co-created a suicide awareness and support signposting module, which is now available to all students.

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<sup>77</sup> Bournemouth University. [The 3 University Suicide Prevention strategy](#)

<sup>78</sup> Bournemouth University. [Write up about the 3 University Suicide prevention strategy.](#)

<sup>79</sup> Bournemouth Churches Housing Association: [University Retreat Opening](#)

## Serious Incident Reviews

A student suicide (or instance of serious self-harm) will have far-reaching impact and there will always be points of reflection and learning which can be identified and shared through a thorough post incident review to guide future preventative action. [UUK/Papyrus carrying out a serious incident review](#) and ['How to Respond to a Student Suicide'](#) set out the actions required.

An incident of serious self-harm, suspected or definite suicide provides a driver for immediate action as set out in previous sections. However, there is a risk that this impetus can be lost, for example if removal of ligature points in student accommodation or institutional infrastructure takes time or is perceived to be a high cost operationally. Research on Serious Incident Review recommendations following a patient suicide in mental health services showed many recommendations were not operationalised thus losing their capacity for future prevention.<sup>80 81</sup>



UNIVERSITY OF  
**BATH**

## Case example:

In 2023, University of Bath created a Serious Incident Review protocol, [following guidance for the sector](#) from December 2022, to help support students affected by serious self-harm and suicide, as well as identifying any learnings within the university community that may prevent future harm. In 2024, the University plans to evaluate the first year of this new Serious Incident Review Protocol.

<sup>80</sup> Ramsey L, McHugh S, Simms-Ellis R, Perfetto K, O'Hara JK. (2022) Patient and Family Involvement in Serious Incident Investigations From the Perspectives of Key Stakeholders: A Review of the Qualitative Evidence. *J Patient Saf.* Dec 1;18(8):e1203-e1210. <https://doi.org/10.1097/pts.0000000000001054>

<sup>81</sup> Donaldson LJ, Panesar SS, Darzi A (2014) Patient-Safety-Related Hospital Deaths in England: Thematic Analysis of Incidents Reported to a National Database, 2010–2012. *PLoS Med* 11(6): e1001667. <https://doi.org/10.1371/journal.pmed.1001667>

## Actions to consider:

- Work with local authority and university partners to build integrated approaches to auditing and monitoring
- Use best practice approaches when undertaking serious incident reviews
- Ensure any identified actions have clear ownership, are completed or remain tracked
- Consider inclusion of learning points on the organisational risk register to ensure management oversight and scrutiny.



# Checklist

## Procurement

- Brief finance and procurement colleagues on the role procurement can play in suicide prevention as part of a whole institution approach
- Identify colleagues within procurement teams who will champion suicide prevention approaches and include suicide prevention in all job descriptions and objectives
- Consider championing incorporating suicide prevention as a routine procurement standard by external procurement networks and in procurement guidelines
- Establish relevant requirements and criteria and include in business cases, tenders, contracts and contract management
- Provide information for suppliers about suicide prevention objectives and why these are a priority for the institution
- Routinely track and audit suicide prevention benefits delivered and present to senior management



## Building design and planning

- Brief estates colleagues on the role building design and planning can play in suicide prevention as part of a whole institution approach
- Identify colleagues within estates teams who will champion suicide prevention approaches and include suicide prevention in all relevant job descriptions and objectives
- Include means reduction as a consideration in the HEI's standard estates design specifications and explicitly so in design requirements when developing any new space
- Establish relevant requirements and criteria and include in business cases, tenders, contracts and contract management
- Consider undertaking a suicide risk assessment for new builds and refurbishments, which will include consideration of factors such as potential jumping points, use of window restrictors and positioning of signage
- Ensure the HEI is ready for any changes that are required as a result of the Protect Duty and consider whether any changes to the estate could also incorporate further suicide prevention measures
- Review whether additional safety measures and equipment might be appropriate for any large areas of water
- Consider the role of external landscaping, lighting, planting and other public realm suicide prevention measures

## Estate management and routine safety and security checks

- Ensure relevant staff have specific training around suicide prevention and awareness appropriate to their role
- Maintain an estates suicide means risk assessment checklist which can be used to review some or all of the estate through a prevention lens
- Buddy with another HEI or local third party for their perspective on the plans
- Incorporate suicide awareness and risk into existing routine safety reviews across the HEI
- Consider risks presented by the estate or living environment at a student's placement provider
- Assess risks from short term changes to the estate e.g. temporary structures
- Include remote settings, including those managed by partners, in reviews of risk
- Ensure all relevant staff members input into the development of safety planning for students with an elevated risk of self-harm

## Site surveillance and emergency equipment

- Consider how existing surveillance systems are used to support suicide prevention as well as wider safety and security
- Keep abreast of new developments in technology and consider how these might augment existing approaches
- Ensure appropriately trained staff patrol areas of concern regularly
- Ensure security staff have immediate access to safety equipment and know how to use it
- Regularly review security and incident reports to identify any individuals or locations which may benefit from additional interventions

## Signage, information, mobile apps and emergency support

- Walk through the sites imagining you are accessing them as a vulnerable person and consider placement of signs where they can easily be seen. Consider asking students (e.g. students' union officers) to do the walk with you as they may see the space in a different way
- Consider the balance of introducing signage and/or emergency telephones to prevent inadvertently alerting others to the idea of suicide and advertising the location as providing the means or opportunity for suicide
- Consider the role that printed materials can still play, even in an increasingly online world; consider the use of a QR code on the back of every student card with access to support information
- Be cautious in any media messaging to staff and students about introducing new emergency signage at key locations on the campus as this may have the unintended effect of 'advertising' these locations as a potential means by which an individual can end their life
- Always use approved and evidenced-based messaging, as inappropriate imaging or messaging could be counterproductive. Samaritans can advise on the design and message content of signs as well as suitable placement and number of signs required
- Consider offering a range of options that include face to face and telephone and virtual access including for students not on campus
- Explore partnerships with suicide prevention mobile app providers that can support your local suicide prevention strategy

## Restricting access to toxic chemicals and potentially lethal equipment

- Track, monitor and control access to toxic substances and dangerous equipment
- Consider access to equipment storage and activities that may offer access to potentially lethal means through membership of student clubs and societies
- Ensure these wider considerations about a student's course and extra-curricular activities are considered in any individual safety plans

## Suicide prevention, first aid, awareness raising and emergency response training to increase intervention skills and capacity

- Identify which groups in the HEI community would benefit from awareness raising and which staff require more formal training
- Identify resources that may be used for each category and where relevant add to individual staff training plans
- Consider the wellbeing of students and staff in the context of teaching and learning, particularly around topics that may be potentially personally emotive and triggering
- Audit participants' awareness of suicide and confidence in knowing what to do if they suspect a student may be considering suicide before and after they complete training

## Postvention support for first responders and other staff

- Implement the guidance set out in 'How to respond to a student suicide'

## Online safety and social media

- As far as possible, safeguard individuals from access to harmful websites and other online content
- Redirect harmful browsing to information about local support services
- Appoint a member of the team with responsibility for investigating the new online safety legal duties and how to deliver them
- Inform students and staff about how to report harmful online content to service providers



## Tackling risk factors including substance misuse

- Ensure that these indicators are reflected in decision making through the whole organisation
- Ensure that all students and staff are aware of the local self-harm support pathway
- Consider taking a harm reduction approach to alcohol, drugs, gambling and other harmful behaviours
- Promote support related to financial worries, debt and gambling through awareness raising campaigns
- Be aware of specific milestones for students involved in internal disciplinary or criminal justice system processes for whatever reason and ensure robust support plans are in place

## Risk assessment case management technology to identify potentially vulnerable individuals

- Consider integration of existing data to generate a complete picture of all students and their engagement ('knowing what you already know')
- Involve relevant colleagues, including student representatives, in setting governance and information sharing protocols

## Safer prescribing and access to prescription drugs

- Review overall medication safety planning with your health care providers including local pharmacies
- Encourage students to engage with medication safety plans

## Safety planning and information sharing for students identified to be at risk of suicide

- Ensure that all relevant staff are actively involved in identifying specific risks for any given individual which can inform their personal safety plan
- Be aware of specific milestones that might increase pressures on an individual student and change the extent of their risk
- Develop partnerships, working with private accommodation providers to support information sharing about risk and safety planning
- Establish a defined process for involving trusted contacts or others when there are serious concerns about a student's safety or mental health
- Remember to record and justify decision making and review these when considering further actions to support a given student

## Responsible media reporting and communications

- Ensure that people who need to know about specific events such as the inquest are informed in a timely and sensitive way
- Discourage speculation about what has happened, particularly in the immediate aftermath of a death
- Monitor social media for rumours about locations or means and intervene if necessary
- Encourage sensitive media reporting about locations and means and challenge any poor practice
- Work with local and national press regarding coverage to promote following guidance from Samaritans
- Remind the student community that suicide is preventable and highlight support services

## Memorials and vigils at a specific site, and influencing the public image and reputation of a site

- Discourage or limit personal memorials at suicide locations in a sensitive manner
- Consider re-naming or remodelling a location to change the perception of the place and remove its association with suicide

## Learning from past serious incident and suicide reviews and audits

- Work with local authority and university partners to build integrated approaches to auditing and monitoring
- Use best practice approaches when undertaking serious incident reviews
- Ensure any identified actions have clear ownership, are completed or remain tracked
- Consider inclusion of learning points on the organisational risk register to ensure management oversight and scrutiny

# Further reading

- Owens, C, Hardwick, RJL, Charles, N et al. (2015) Preventing suicides in public places: A practice resource. Public Health England: [https://assets.publishing.service.gov.uk/media/5c2f6f8b40f0b66cf8298a70/Preventing suicides in public places.pdf](https://assets.publishing.service.gov.uk/media/5c2f6f8b40f0b66cf8298a70/Preventing_suicides_in_public_places.pdf)
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- Samaritans media reporting guidelines <https://www.samaritans.org/about-samaritans/media-guidelines/>  
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<https://www.gov.scot/publications/outcomes-framework-creating-hope-together-scotlands-suicide-prevention-strategy-action-plan-june-2023/>
- Department for Health, Northern Ireland (2019) Suicide Prevention Strategy:  
<https://www.health-ni.gov.uk/protectlife2>

- The Welsh Government is developing a new national mental health strategy and are currently consulting on a number of vision statements. Vision statement number 5: Suicide and self-harm reduce, and timely access to appropriate support is provided for those affected by suicide. Currently the vision includes targeted support for those most at risk; tackling drivers and methods of suicide / self-harm; improving bereavement support; improving data (e.g. through Real Time Suicide Surveillance etc):  
<https://www.gov.wales/draft-suicide-and-self-harm-prevention-strategy>
- Online Safety Bill 2023:  
<https://www.gov.uk/government/publications/online-safety-act-explainer/online-safety-act-explainer>
- Department for Education (2024) First report of the Ministerial Higher Education Mental Health Implementation Taskforce: [https://assets.publishing.service.gov.uk/media/65ba1fb7ee7d490013984a12/HE\\_Mental\\_Health\\_Implementation\\_Taskforce\\_first\\_stage\\_report\\_Jan\\_2023.pdf](https://assets.publishing.service.gov.uk/media/65ba1fb7ee7d490013984a12/HE_Mental_Health_Implementation_Taskforce_first_stage_report_Jan_2023.pdf)



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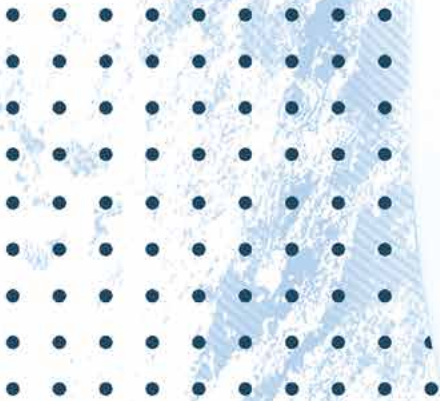
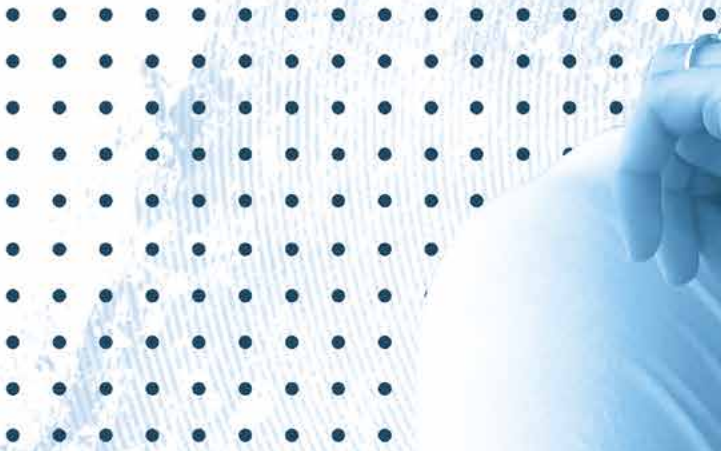
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## Further copies

AMOSSHE is the Student Services Organisation and, as such, promotes the development and sharing of good practice within Student Services in the UK higher education sector at a national level. AMOSSHE hosts a wealth of resources, for both members and the wider community; and thus, AMOSSHE is the natural partner to host this guidance.

This guidance is available to download on the AMOSSHE website:  
[www.amosshes.org.uk/resource/collective-responsibility-collective-action-to-prevent-student-suicide-1.html](http://www.amosshes.org.uk/resource/collective-responsibility-collective-action-to-prevent-student-suicide-1.html)

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