

**Suicide Safety Policy**

<b>Operational Owner:</b>	Chief Student Officer
<b>Executive Owner:</b>	Chief Student Officer
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<b>Related documents:</b>	Student Death Policy Health and Safety Policy Dignity at Work and Study Policy

**Approval History**

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1	Wellbeing and Welfare Equality, Diversity and Inclusion Health and safety Student Experience Students Union Human Resources Secretariat	Update	Chief Student Officer	June 2023

## **1 Introduction**

### **1.1 Purpose and Context**

- 1.1.1 Suicide is the leading cause of death in young people under the age of 35 in the UK. In 2015, 1,659 young people were lost to suicide.
- 1.1.2 Suicidal thoughts are common among young people, with as many as one in four reporting that they had thought about taking their own life and an estimated one in ten having made a suicide attempt.
- 1.1.3 Between 2013 and 2016, higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages. Nevertheless there were 95 student suicides in 2017 which is an increase compared to previous years. Further, research shows that the number of students disclosing a mental health problem in their first year has increased 5 fold in the past 10 years.
- 1.1.4 Students are vulnerable because not only is this a time of significant change but also it is the peak age of onset for many mental disorders. Other contributory factors include contagion – exposure to suicide and self-harm - as well as a known tendency for clustering of suicidal behaviour in young people. There is a media bias towards reporting of suicides in students which may lead to a risk of normalisation of suicidal behaviour
- 1.1.5 The highest at risk age group is 40-45, and men are 3 times more likely to die from suicide than women across all age groups. Between 2006-2016, the rate of suicide in men aged 45-64 years increased by 17%. Suicide occurs across all demographics including age, gender, ethnic background, sexuality, profession etc. Therefore, although this policy focuses in particular on students, it also takes account of the needs of all members of the University community.
- 1.1.6 Suicide causes a ripple effect with up to 124 people connected with the deceased, including spouses, parents, siblings, friends and acquaintances, co-workers, and healthcare providers.
- 1.1.7 This policy is intended to help suicide prevention by encouraging a culture of hope, compassion and connectedness, enhancing confidence in dealing with the subject of suicide, and reducing stigma around suicidality and its contributing factors.
- 1.1.8 The University of Surrey is aware that suicide is the leading cause of death in young people in the UK, leading cause of death in men under 50 in the UK, and occurs across all demographics.
- 1.1.9 We recognise that we play a vital role in helping to prevent suicide, and particularly young suicide, want to make sure that our students and staff are as suicide safe as possible and ensure that all our staff including directors, academics, support staff, the students themselves and other key stake holders are aware of our commitment to be a suicide-safer University.

### **1.2 Scope**

- 1.2.1 This policy sets out the University's policy in helping to create a suicide safer community. The policy cannot cover all eventualities and it is recognised that not all suicide is preventable. The policy aims to minimise suicide and attempted suicide in so far as is possible.
- 1.2.2 This policy applies to students and staff.

## 1.3 Definitions

1.3.1 **Suicide** is the act of intentionally ending one's own life.

1.3.2 **Suicidal thoughts**, also known as **suicidal ideation**, can range from being preoccupied by abstract thoughts about ending one's life, to thinking about methods of suicide, or making clear plans to take one's life.

1.3.3 **Suicidal behaviours** mean behaving in a way that puts one's life in danger

1.3.4 **Means** of suicide refers to the method used by an individual to end their own life.

1.3.5 **Postvention** means interventions taking place after a suicide has occurred to address the care of bereaved survivors, caregivers, and health care providers; to destigmatize the tragedy of suicide and to assist with the recovering process; and to serve as a secondary prevention effort to minimize the risk of subsequent suicides due to psychological responses including contagion. Postvention efforts also enhance suicide prevention by providing support to the survivors.

1.3.6 **Suicide Cluster** The term "suicide cluster" describes a situation in which more suicides than expected occur in terms of time, place, or both. It is difficult to precisely define a cluster. A suicide cluster usually includes 3 or more deaths; however, 2 suicides occurring in a specific community or setting (such as a university) in a short time period should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected), particularly in the case of young people.

## 2 Policy Principles

### 2.1 The University's beliefs about suicide and its aims at prevention

A. **The University of Surrey believes that every suicide is a tragedy.**

#### B. **Suicide is Complex**

We acknowledge that thoughts of suicide are common among young people and also that that suicide is complex. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person.

However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.

#### C. **Stigma**

The University of Surrey recognises that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. The University of Surrey is committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish. We know that unhelpful myths and misconceptions surrounding suicide can inhibit people in seeking and finding appropriate help when it is most needed. Information about language to use around suicide is set out in Appendix A.

#### **D. Compassionate Community**

As a University we recognise that students and staff may seek out someone whom they trust with their concerns. We want to play our part in supporting anyone who may have thoughts of suicide.

We aim to have a compassionate community of students and staff which encourages disclosure of distress and which identifies, signposts and follows up those who are getting into difficulty.

#### **E. The Importance of Safety**

We know that people who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours). People experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also clearly at risk of death or harm. University of Surrey wants to work with our students and staff who may be thinking about suicide, or acting on their thoughts of suicide. We want to support them, sometimes working in partnership with other professionals where this may enhance suicide safety.

#### **F. Talking about suicide does not in itself create or worsen risk**

We will provide our students and staff with opportunities to speak openly about their concerns with people who are ready, willing and able to support them. We want to ensure it is possible for everyone to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops anyone from seeking the help they need when they are struggling with thoughts of suicide.

#### **G. Support**

We will provide a range of support for our staff and students which is accessible and culturally appropriate for those who are experiencing difficulties. This supplements, but does not replace statutory support available.

We will keep our support services under regular review to ensure that they remain relevant and appropriate.

#### **H. Communication**

We recognise the importance of openness and will encourage students to involve parents, guardians and others whom they trust early if they are feeling distressed.

We encourage good communication between all parts of the University who are involved with student welfare.

We will ensure that we signpost all the available support available to staff and students in all relevant areas of the University such as halls of residence, faculties, departments, managers, personal tutors, Student Services and Centre for Wellbeing. This includes both support provided by the University and that available externally.

#### **I. Smooth Transitions**

We recognise that transition into the University can be hard for students and the University of Surrey will work together with school, college and universities in our area to help enable a smooth transition between educational settings.

## **J. Misconduct, Hate Crime, Bullying and Harassment**

We aim to prevent all forms of misconduct, hate crime, bullying and harassment. We will take action to educate and inform students and staff on these matters so that we promote open, inclusive, accessible communities Our Dignity at Work and Study Policy reflects the University's commitment to the importance of mutual respect and dignity of all staff, students, visitors and members of the University community in their work and interactions with others. We will undertake appropriate campaigns and review our reporting and recording systems to ensure they are fit for purpose.

## **K. Reduced Access to Means**

The University of Surrey is aware that evidence shows that suicide risk is lower when there is reduced access to means. Our Health and Safety Policy endeavors to ensure that our campus is as safe as possible whilst at the same time maintaining individual autonomy.

## **2.2 Intervention**

### **A. Alert**

We aim to be alert to signs and vulnerabilities and have systems in place to ensure that patterns of difficulty are noticed where possible.

### **B. Awareness**

We will ensure that all staff have access to training which increases awareness around suicide and enables them to signpost students and colleagues appropriately and we will provide support mechanisms for staff at intervention and postvention level.

We will raise awareness around openness, spotting the signs, appropriate language and similar throughout the University community.

We will ensure that our wellbeing and student support staff receive help to develop their skills in recognising when a person may be close to suicide and working in such a way as to enhance safety at all times, whether suicidal thoughts are disclosed or not.

### **C. Information sharing**

We will keep our policies around consent and information sharing under review in order to balance the safety of those and risk against individual autonomy

### **D. Support pathways**

We will ensure that we have clear and collaborative pathways to support distressed students both within the university and externally to local NHS services and that these pathways are kept under review.

## **2.3 Postvention**

Our leadership team will be clear about how we will respond in the event of a suicide. Each member of our response team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.

The University will be aware of the importance of the most appropriate way to communicate regarding a suicide. It will take into account the Samaritans' Media Guidelines for Reporting Suicide.

Our Leadership Team will understand what a suicide cluster is and know when to be concerned that one may be emerging. It will be aware of and pay heed to the guidance issued by Public Health England 'Identifying and responding to suicide clusters: A practice resource'.

Our Student Death Policy further reflects the University's postvention intentions and procedures.

### **3 Governance Requirements**

#### **3.1 Implementation / Communication Plan**

3.1.1 This policy and procedure, together with the associated supporting documentation will be disseminated to all staff via a communications piece on SurreyNet, Leadership Alert and published online on the University of Surrey Policies Webpage.

#### **3.2 Exceptions to this Policy**

3.2.1 None.

#### **3.4 Review and Update**

3.4.1 Amendments to this policy will be made in accordance with the Policy of Policies and associated guidance and will be disseminated through the same process identified above.

#### **3.5 Supporting Documentation**

3.5.1 The following links provide relevant information.

***Estimating suicide among higher education students, England and Wales: Experimental Statistics***  
<https://www.gov.uk/government/statistics/estimating-suicide-among-higher-education-students-england-and-wales>

*Office for National Statistics 25<sup>th</sup> June 2018*

***Suicides in the UK: 2017 registrations***

***Registered deaths in the UK from suicide analysed by sex, age, area of usual residence of the deceased and suicide method.***

<https://www.gov.uk/government/statistics/suicides-in-the-uk-2017-registrations>

*Office for National Statistics 4<sup>th</sup> September 2018*

***Suicide prevention: developing a local action plan***

<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

25 October 2016 Guidance

***Preventing suicide: lesbian, gay, bisexual and trans young people***

<https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people>

13 March 2015 Guidance

**Identifying and responding to suicide clusters: A practice resource**

<https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

October 2019 Guidance

**Suicide prevention: suicides in public places**

<https://www.gov.uk/government/publications/suicide-prevention-suicides-in-public-places>

1 December 2015 Guidance

**Support after a suicide: a guide to providing local services**

<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>

9 January 2017 Guidance

**Suicide prevention strategy for England**

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

10 September 2012 Policy paper

**Suicide prevention: third annual report**

<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

9 January 2017 Policy paper England

**Suicide prevention: cross-government plan**

22 January 2019 Policy Paper

<https://www.gov.uk/government/publications/suicide-prevention-cross-government-plan>

**BMJ Best Practice: Suicide Risk Management**

<https://bestpractice.bmj.com/topics/en-gb/1016>

May 2019 Guidance

**Why We Need to Enhance Suicide Postvention**

Erich, Matthew D., et al. "Why we need to enhance suicide postvention: evaluating a survey of psychiatrists' behaviors after the suicide of a patient." *The Journal of nervous and mental disease* 205.7 (2017): 507.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5962958/>

**Samaritans Media Guidelines**

[https://media.samaritans.org/documents/Samaritans\\_Media\\_Guidelines\\_UK\\_Apr17\\_Final\\_web.pdf](https://media.samaritans.org/documents/Samaritans_Media_Guidelines_UK_Apr17_Final_web.pdf)

April 2017

**Mind Mental Health Charity**

<https://www.mind.org.uk/>

**Papyrus Prevention of Young Suicide Charity**

<https://papyrus-uk.org/>

### 3.6 Stakeholder Statements

3.6.1 Equality:

Consideration is given to the protected characteristics of all people groups identified in the Equality Act 2010. The protected characteristics are gender, age, race, disability, sexual orientation, religion/belief, pregnancy and maternity, and marriage/civil partnership. The University recognises the need for specific measures to ensure the safety of each of these groups.

3.6.2 Health & Safety

Health and safety implications have been considered during the drafting of this policy and are incorporated (where necessary) into the policy.

3.6.3 Human Resources

Impact on staff has been considered during the drafting of this policy.

3.6.4 Welfare and Wellbeing

Welfare and Wellbeing have drafted this policy.



## **The Language around Suicide**

Language helps as well as harms. Using sensitive and appropriate language can help build awareness and understanding to increase empathy and support.

### **Helpful language to use after a suicide**

You could say

Ended their life  
Killed themselves  
Died by suicide  
Took their own life

### **Unhelpful language to use after a suicide**

Successful suicide

Talking about suicide in terms of success is not helpful. If a person dies by suicide it cannot ever be a success. We don't talk about any other death in terms of success: we would never talk about a 'successful heart attack'.

Committed Suicide

Suicide hasn't been a crime since 1961. Using the word 'commit' suggests that it is still a crime (we 'commit' crimes), which perpetuates stigma or the sense that it is a 'sin'. Stigma shuts people up – young people will be less likely to talk about their suicidal feelings if they feel judged.

### **Helpful language to use when talking about an attempted suicide**

Attempted to take their life  
Attempted suicide  
Engaged in suicide behaviours

### **Unhelpful language to use when talking about an attempted suicide**

*Unsuccessful or failed suicide:* People who have attempted suicide often feel, "I couldn't even do that right... I was unsuccessful, I failed". In part this comes from unhelpful language around their suicide behaviour. Any attempt at suicide is serious. People should not be further burdened by whether their attempt was a failure, which in turn suggests they are a failure.

*It's not that serious:* Every suicide attempt is serious. By definition: they wanted to take their own life. All suicide attempts must be taken seriously as there is a risk to life. An attempt tells us that the person was in so much pain they no longer wanted to live. This is serious.

*Attention seeking:* This phrase assumes that the person's behaviour is not serious, and that they are being dramatic to gain attention from others. However suicide behaviour *is* serious. People who attempt suicide need attention, support, understanding and help.

*It was just a cry for help:* This dismissive phrase belittles the person's need for help. They do indeed need you to help: they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous.

### **Unhelpful language to use when asking about suicide**

*You're not thinking of doing something stupid /silly are you?* This judgemental language suggests that the person's thoughts of suicide are stupid or silly, and furthermore, that they are stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.

Adapted from Papyrus Suicide Toolkit