

## 1. Introduction

1.1 Newcastle University seeks to provide a safe and healthy environment for all our university community, this includes colleagues, students, and other key partner communities such as INTO and NUSU. We work hard to contribute to preventing suicides within our communities, while also providing support for those impacted by deaths.

1.2 There are many factors that can lead a person to experience suicidal thoughts or actions including social, psychological, and cultural factors. For many people, a suicide attempt may occur after an extended period of suicidal thoughts; while for others, it may be more impulsive<sup>1</sup>. Suicidal thoughts are often a symptom of an underlying issue.

1.3 Although higher education students have a significantly lower suicide rate compared with the general population, data shows that student suicide is becoming more prevalent (data from 2018)<sup>2</sup>. Students from minoritised groups are at a higher risk of attempting suicide – particularly Tran’s individuals and students who are refugees or asylum seekers<sup>3</sup>. There are several factors that may increase the risk of suicide. These can include transition (such as starting university), alcohol and drug use, financial pressures, underlying disability, or medical issues. For students this can also include the academic and social expectations of University life<sup>4 5</sup> and for mature students, postgraduates and colleagues there also may be the additional pressure of balancing research, family life and work commitments.

1.4 Suicide affects loved ones. Those bereaved by suicide are 65% more likely to attempt suicide and 80% are more likely to leave their work or education environment as a result of their loss. Some cultural taboos associated with bereavement from suicide, may make individuals feel isolated, stigmatised and even feel responsible for the death of their loved one<sup>6</sup>. These difficulties can be exacerbated if loved ones hold religious beliefs around help-seeking for mental health and suicidal thoughts<sup>7</sup>. The Zero Suicide Alliance estimate that each individual death from suicide can affect at least 20 other people<sup>8</sup>.

1.5 It is this knowledge that drives Newcastle University to better understand suicide amongst our community, including current and future trends, and to implement a robust framework and approach to creating a suicide safer community<sup>9</sup>.

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<sup>1</sup><https://www.mentalhealth.org.uk/a-to-z/s/suicide>

<sup>2</sup><https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimating-suicide-among-higher-education-students-england-and-wales-experimental-statistics/2018-06-25>

<sup>3</sup> [trans\\_stats.pdf \(stonewall.org.uk\)](#) and [BAME and mental health | Mental Health Foundation](#)

<sup>4</sup> <http://www.bristol.ac.uk/university/media/strategies/suicide-prevention-response-plan.pdf>

<sup>5</sup> <https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/suicide-prevention/>

<sup>6</sup> Pitman, A. L., Osborn, D. P. J., Rantell, K. et King, M. B.. (2016). Bereavement by suicide as a risk factor for suicide attempt: a cross-sectional national UK-wide study of 3432 young bereaved adults. *BMJ open*, 6(1), e009948. doi:10.1136/bmjopen-2015-009948

<sup>7</sup> Example – Islamic beliefs around Qadar - Development and Validation of the Muslims’ Perceptions and Attitudes to Mental Health (M-PAMH) Scale with a Sample of American Muslim Women (umich.edu)

<sup>8</sup> [https://www.relias.co.uk/hubfs/ZSA-FullTraining-10012020/story\\_html5.html](https://www.relias.co.uk/hubfs/ZSA-FullTraining-10012020/story_html5.html)

<sup>9</sup><https://www.officeforstudents.org.uk/news-blog-and-events/blog/working-together-on-suicide-prevention-in-higher-education/>

1.6 Our strategy has been developed by colleagues and students across the University and aims to provide a whole University approach aligned with Universities UK's Step Change<sup>10</sup>: Healthy Universities, and has been informed by the UUK guidance 'Suicide-Safer Universities'<sup>11</sup>.

## 2. Aim

2.1 We are committed to promoting a holistic understanding of the reality of suicide from awareness and prevention, through to support and postvention. This begins with identifying lived experiences which may lead to suicidal thoughts and early intervention, providing appropriate support to the whole university community, and understanding the impact of suicide on the individual and those around them.

2.2 Recognising that we can all support the reduction in suicide in our community, we will work in close collaboration with key internal and external partners to minimise suicide and its impact, with the aim of making Newcastle University a suicide-safer organisation.

## 3. Objectives

3.1 Overseen by the University's Health and Wellbeing Sub-Committee, and in line with the University Health and Wellbeing Strategic Plan, we will continually monitor and review the initiatives already in place for supporting our university community, while working to identify further opportunities to take proactive action to reduce suicide.

To support the aims, the University will do the following:

- **3.2. Awareness** – reduce any stigma around discussing and seeking support for mental ill-health and suicide prevention support. Develop a stronger understanding of how our diverse community view mental ill-health and suicide, to cultivate a culture of openness.
  - 3.2.1 University-wide suicide prevention and mental health awareness training for our whole community, in line with current research and relevant to the HE population<sup>12</sup>, along with additional role-specific training for key colleagues.
  - 3.2.2 Increase awareness about how structural and societal inequalities, alongside intersectional factors impact on the mental ill-health of our community, and potentially create barriers to seeking support, ensuring that we name these barriers as a first step to eliminating them (section 3.3.).
  - 3.2.3 Collaboration with key internal and external colleagues on shared projects and initiatives such as enhanced communications around access to support, including ensuring awareness of external agencies for those who may not feel comfortable accessing in-house support.
  - 3.2.4 Clear guidance for our whole community on responding to and facilitating support for those at risk<sup>13</sup>.

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<sup>10</sup> <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/stepchange-mentally-healthy-universities>

<sup>11</sup> <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF>

<sup>12</sup> [https://www.relias.co.uk/hubfs/ZSA-FullTraining-10012020/story\\_html5.html](https://www.relias.co.uk/hubfs/ZSA-FullTraining-10012020/story_html5.html)

<sup>13</sup> [Responding to Distressed student's guide](#)

- **3.3 Prevention and early identification** – ensure our community is equipped to identify indicators of suicide and the risk reduction support available.
  - 3.3.1 Continually monitor external data and information for any regional, national, or international, incidents or risk factors that could impact the mental health of our University community and take early action to raise awareness of support.
  - 3.3.2 Apply measures to identify members of our university community who may be experiencing difficulties through a range of methods and existing systems. This can include but is not limited to attendance data, sickness absence data, managerial 1:1s and review of Personal Extenuating Circumstances forms.
  - 3.3.3 Ensure our community is provided with the information and skills needed to signpost to support services or report their concerns, to facilitate a proactive intervention from appropriate services.
  - 3.3.4 Make available support to new members of our community to have a connected transition into local health services when arriving in Newcastle (e.g. GP), to enable them to be linked to specialist support.
  - 3.3.5 Continue to work with multi-agency groups to focus on suicide prevention, including liaison with other universities.
- **3.4 Intervention** – proactive interventions with clear and accessible pathways and appropriate safeguarding action.
  - 3.4.1 In collaboration with internal and external support services, monitor key information about our university community to help identify members who are at risk of suicide.
  - 3.4.2 Expedite appropriate safeguarding action, including escalation to emergency services, which may include but is not limited to General Practitioners, colleague or student’s named emergency contact or family members, or the emergency services.
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  - 3.4.3 Respond to those seeking support from internal support services, within agreed timeframes according to current KPI’s, and ensure that they are receiving necessary support. This may include referrals to external support services.
  - 3.4.4 Ensure that all wellbeing teams involved in assessing risk are using robust risk assessment methods which are clearly governed and this is defined in department policy and guidance where relevant.
  - 3.4.5 Ensure those identified as being at risk or in need of support are linked to appropriate channels of support. This may include EAP, Occupational Health or GP/health services or emergency contact when there is risk to life.
  - 3.4.6 Track and review referrals to ensure colleagues and students are receiving effective support.
  - 3.4.7 Provide additional support by utilising existing key university systems such as Support to Study Process and People Services policies. Specific support for both postgraduate taught and postgraduate research students will also be available.

- **3.5 Postvention:** Compassionate and robust postvention support both short and long term for the university community, along with clear communication and additional safeguarding.
  - 3.5.1 Where necessary, invite external agencies to lead on this work in collaboration with People Services and/or Student Health & Wellbeing Services.
  - 3.5.2 Offer support via the colleague and student Health and Wellbeing services and signpost to external statutory and charitable services when required.
  - 3.5.3 Ensure role-specific support is available for colleagues, this may include but is not limited to clinical supervision (for clinical staff), occupational health, EAP, peer and management support.
  - 3.5.4 Reach out to affected communities and loved ones e.g. family, students, colleagues, and external agencies.
  - 3.5.5 Implement learnings and findings that are identified following a death within our community.
  - 3.5.6 Ensure support is proactively offered to members of our community at key times e.g., anniversary dates, calls to inquest.
  - 3.5.7 Annually review support mechanisms, resources, procedures, and environmental factors to minimise the possibility of suicide amongst the Newcastle University community.

#### **4. Governance**

4.1 This strategy will remain a live document to ensure further opportunities to identify proactive action are taken, the most appropriate support agencies are up to date and risk factors are continually monitored. Further documents including an action plan, procedures and guidance will be created by a Working Group and owned by the University Health and Wellbeing Sub-Committee.

### Monitoring and reporting on compliance

What monitoring will be undertaken to determine how effectively the policy is implemented and where any results will be reported?

What will be monitored?	Frequency	Method	Who by	Reported to
Review and report on the effectiveness of the Suicide Safer University Strategy and associated action plan	Annual	Consultation	Action Group	Mental Health Steering Group and Health and Wellbeing Committee
Ensure join up with related strategies (Health and Wellbeing Strategy, Step Change – Mentally Healthy Universities/Mental Health Charter) and other Newcastle based NUSU, Faculty, School, Professional Services and student-led initiatives.	Annual	Consultation	Action Group	Mental Health Steering Group and Health and Wellbeing Committee
Keep updated on sector best practice, policy and strategy and apply these to any action plans.	Annual	Consultation	Action Group	Mental Health Steering Group and Health and Wellbeing Committee

Document control information			
<b>Does this replace another policy?</b> No			
<b>Approval</b>			
<b>Approved by:</b>	Executive Board	<b>Date:</b>	21/12/21
<b>Effective from:</b>	June 2022		
<b>Review due –</b>	<b>every five years or shorter period:</b> Annually		
<b>Responsibilities</b>			
<b>Executive sponsor:</b>	Colin Campbell		
<b>Policy owner:</b>	Student Health and Wellbeing and People Services		
<b>Person(s) responsible for compliance:</b>	Sally Ingram/Paul Britton		
<b>Consultation</b>			
<b>Version</b>	<b>Body consulted</b>	<b>Date</b>	
1.1	Separate Consultation Plan	07/12/21	
<b>Equality, Diversity and Inclusion Analysis:</b>			
<b>Does the policy have the potential to impact on people in a different way because of their protected characteristics? Yes</b>			
<b>Initial assessment by:</b>	Student Health and Wellbeing and People Services	<b>Date:</b>	07/12/21
<b>Key changes made as a result of Equality, Diversity and Inclusion Analysis</b>			
More detail added			
<b>Document location</b>			
<a href="https://www.ncl.ac.uk/wellbeing/supportservices/suicideprev/">https://www.ncl.ac.uk/wellbeing/supportservices/suicideprev/</a>			

### Related Regulations, Statutes, Policies and Procedures

[Health and Wellbeing Strategy](#)