



University of Essex

Student Suicide Prevention and Response Plan 2021-24

Creating a suicide-safer university

University of Essex, Student Wellbeing and Inclusivity

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Statement of Purpose

1. The University of Essex recognises the tragic loss of any suicide, and its profound and lasting impact on family, friends, fellow students, and the wider University community. We recognise that universities play a key role in helping to prevent suicides and that this requires a whole and one University approach, with the need for the University community to work in close partnership with students, parents and guardians, local government, the NHS and other statutory services.
2. The document sets out our Student Suicide Prevention and Response Plan 2021-24 and forms part of a “one University” response to supporting our students’ wellbeing. It is intrinsically linked to our Education Strategy and People Supporting Strategy and underpins our commitment to supporting every student from every background to achieve outstanding outcomes and preparing them to thrive in their future lives. We want all students and staff to understand its importance, and the role it plays as a foundation for learning and academic achievement. We are committed to ensuring that students and staff at our University are as suicide-safe as possible, and our plan has been informed by best practice guidance contained in University UK’s [Suicide-Safer Universities](#).

Context

3. In 2018, the Office for National Statistics (ONS) published an analysis produced from a dataset linking information from individual Higher Education Statistics Agency (HESA) data on university students in England and Wales to the ONS mortality records. This is the most recent study published on suicide among higher education students by the ONS and the key findings from the data include:
 - The number of identified students in higher education who died by suicide between 2000-1 and 2016-17 was 1,330.
 - The rate of deaths by suicide in the higher education student population remained at 4.7 deaths per 100,000 students between the 12 months ending July 2015 and the 12 months ending July 2017. The number of

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- suicides in the higher education population in the 12 months ending July 2017 was 95.
- The rate of suicide for female students was significantly lower than the rate for male students. This was observed when looking at overall student suicides, as well as looking at the difference in studying part- or full-time, whether studying at undergraduate or postgraduate degree level, and the undergraduate year of study.
 - 83 per cent of deaths by suicide (1,109) were among undergraduates and the remaining 17 per cent (221) were among postgraduates.
4. The ONS data also analysed student death by suicide compared to the general population. For each age group the suicide rate was found to be significantly higher in the general population than in the student population.
5. UK research [1] [2] [3] indicates that student-specific factors that may increase the risk of suicide include disruption to studies, poor course attendance, financial pressures, alcohol and substance misuse, and stresses related to periods of transition. Other factors that may increase risk amongst students include a sense of failure, for example amongst those students who have come through clearing; suffering a loss; or having an underlying specific learning difficulty, disability or medical issue. Some of these factors may reflect the academic and social demands of university life, including difficulties accessing support. They may also reflect the impact of pre-existing mental health problems, often undiagnosed or undisclosed, on course performance and social integration. It is important to recognise the complexity and individual nature of death by suicide.
6. Whilst it is possible to identify some of the risk factors for death by suicide, it is important to be aware that only [28 per cent of suicides in the general population involved people who had been in contact with mental health services in the previous 12 months](#). Therefore, many of the students who may be at risk of suicide may not contact university wellbeing or mental health services.

Important definitions

Suicide – Deliberate act of taking of one's life.

Suicide attempt – A suicide attempt is a deliberate action undertaken with at least some wish to die as a result of the act. The degree of suicidal 'intent' may vary and may not be related to the lethality of the attempt.

Suicidal feelings – Suicidal ideation and suicidal thoughts can range from being preoccupied by having abstract thoughts or rumination about ending one's own life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take one's own life.

Suicidal behaviours – A range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thinking, deliberate recklessness and risk-taking, self-harming not aimed at causing death and suicide attempts. Around 20% of young people have self-harmed (non-suicidal) by the age of 20, far fewer (around 2-3%) make suicide attempts.

Self-harm non-suicidal intent – An action that is deliberate but does not include an intention to die and often does not result in hospital care. It can be used for one or more reasons that relate to reducing distress and tension, inflicting self-punishment and/or signalling personal distress to important others. Non-suicidal self-harm is a signal of underlying mental health difficulties; self-harm is a strong predictor of future suicide risk; people who self-harm may also make suicide attempts and be at risk of suicide.

Beliefs and understanding about suicide

7. The University of Essex believes that suicide is a substantial, and often preventable, public health problem, and we are committed to improving our understanding of the causes of student suicide.

8. We will seek to lead discussion and challenge common misconceptions about suicide, which can include:

- **“Talking about suicide encourages more people to consider it”**. Suicide is a complex subject but talking about it sensitively and offering support acknowledges challenging feelings and helps to reduce stigma. It does not encourage suicide.
- **“You have to be seriously mentally ill to be suicidal”**. Suicidal thoughts are more common than people think and are not always connected to long-term mental health problems or people who are feeling depressed.
- **“Suicides always happen without warning”**. The impact of suicide can be sudden and shocking, but there can be warning signs, which training can help to recognise.
- **“Once you’ve felt suicidal you will always be at risk of suicide”**. Suicidal thoughts are not permanent and can be addressed supportively.

9. The reasons for suicide are often complex and individual. However, we know that financial difficulties, social pressures, life transitions and academic challenges can all have a significant impact on the mental health of young people. Research indicates that a range of factors may be associated with an increased risk of suicide [4] [5] [3]. These include:

- A history of previous suicide attempts or self-harm
- Suffering with a mental health disorder or recovery from depression
- Alcohol and/or drug abuse
- Being male
- Relationship and/or family breakdown
- Identifying as LGBTQ+ **or** being unsure about sexual orientation and/or gender identity
- Being bereaved or affected by suicide in others
- Debt or financial worries
- Experiencing bullying including cyberbullying
- Perfectionism and the negative impacts of social media
- Suffering from a chronic physical health condition
- Previous brain injury e.g. concussion

Our University recognises that:

- Thoughts of suicide are common and should always be taken seriously
- Suicide is a difficult subject to talk about and we are therefore committed to training staff in identifying and responding to those who are a suicide risk
- Lack of understanding of and stigma around suicide and mental illness can be a barrier to seeking and offering help, and we are therefore committed to tackling this through training and educating our students and staff
- The effect of a student suicide can be far reaching with a significant impact on family and friends; students both on and off campus; and teaching and professional staff across the university
- Suicide prevention is the responsibility of the whole University community. We are committed to facilitating wide engagement and involvement of students, parents and staff.

10. We endeavour to visibly promote and prioritise good mental health and wellbeing for our students. This includes ensuring timely access to appropriate support and mental health care when required, through clear and accessible pathways. Student-facing staff should feel adequately trained and equipped to support students in accessing appropriate care if required.

11. Students may arrive at university with an expectation that this will be the “time of their life”. There is pressure to enjoy, to succeed, to make firm friendships. For some, the reality of finding things difficult – academically, socially or emotionally can be hard to cope with and to talk about. We commit to being an open and compassionate community, accepting and celebrating individual characteristics, talents and strengths and equipped to offer empathy, support and guidance when needed.

12. This policy focuses on the areas of **communication, prevention, intervention and postvention** which represent the component parts of an effective suicide prevention and response system.

Communication

13. [Office for Students guidance](#) outlines how Universities UK will soon release a consensus statement and guidance on when and how information should be shared with family and friends when students are at risk of serious self-harm or suicide. It will set out that where there is genuine concern for the safety of a student, it is good practice to involve family and friends in their support. This approach is already embedded at the University of Essex and reinforced in supporting policies such as the Study and Wellbeing Intervention Policy and Procedure.
14. The media often report suicide deaths. There is a strong body of research highlighting the negative impacts of irresponsible media reporting, including the risk of imitative behaviour. Furthermore, press intrusion may exacerbate the grief of families and communities at a very difficult time in their lives and therefore needs to be managed appropriately through communication with the media and support for and forewarning to families.
15. The Communications lead is responsible for managing all communications with the local and national press. This role is reviewed on an annual basis.
16. All communications with the media should follow national best practice guidelines and members of the media should be directed to these guidelines i.e. [Samaritans Media Guidelines for the Reporting of Suicide](#).
17. The Communications lead ensures that widely used social media platforms are fully monitored after the reporting of a student suicide. They risk assess if a response is required and meet with corporate channel owners once a year to provide advice and support.

Prevention

18. Adopting a one University approach to good mental health is a key part of creating a suicide safer University.
19. Many common mental health problems (e.g., depression, anxiety, Schizophrenia, and the effects of substance misuse) begin in adolescence/young adulthood. Attending university represents a major transition point in the lives of many young adults; many students face additional financial, academic, and social pressures. It is therefore appropriate that universities create an environment that is supportive of good mental health and emotional wellbeing and goes beyond the development of academic skills. Social support and connectedness are key protective factors against suicide and can help to buffer the effects of risk factors in people's lives. Improving understanding and tackling stigma surrounding mental health, including suicide and suicidal thoughts, and the appropriate use of language, is a vital part of this and will encourage help-seeking behaviours. There is recognition that suicide more generally needs to become part of an open conversation in universities in a way that is supportive and helps to reduce stigma.
20. Universities have a duty to take reasonable care for the wellbeing and health and safety of their students. This can be a challenge for universities where crucial information about individuals is either unknown or undisclosed. Concerns over confidentiality and information sharing also raise significant challenges for universities to address individuals' needs in an appropriate and timely way.
21. Our commitment to The Student Minds Mental Health Charter outlines how the University will build an environment where students and staff can thrive and where mental health and wellbeing are supported in all aspects of university life.
22. Our continued membership of the Southend, Essex and Thurrock (SET) Suicide Prevention Steering Board ensures closer partnership working on areas for action as identified in the national strategy. This includes reducing the risk of suicide in high-risk groups and reducing rates of self-harm as a key indicator of suicide risk.

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23. The university's student-facing services have a collective responsibility to focus on responding to the negative impact of bullying, harassment and hate crime on wellbeing and mental health. The University will continue to develop approaches that support an inclusive campus and effectively challenge and reduce divisive and discriminatory behaviours.
24. The university seeks to provide students with access to wellbeing education and information by working with internal and external providers to offer a variety of formats, including self-help resources, one-off events, ongoing skills-based workshops, and other proactive activities.
25. To support our preventative approach, the university 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 our response is both appropriate and timely. This will include 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.

Intervention

26. Reducing stigma through education and awareness raising and creating connected communities is part of an effective strategy to encourage a mentally healthy university and help-seeking behaviour.
27. To encourage and promote help-seeking behaviour, the university delivers through our Residence Life team and in collaboration with the Students Union, opportunities for students to gain wellbeing and mental health awareness and training to create a culture of acceptance and inclusivity; improve their own life-skills and how to better understand how to support a friend or colleague and improve their future employability.

28. As a university we provide a diverse, accessible, and comprehensive range of support services in conjunction with our partners to ensure that students are appropriately signposted when they are in a period of distress or need a listening ear.

29. All student-facing staff should have an awareness of how to respond to a student in distress and communicate effectively if there are concerns. Possible indicators that a student may be having difficulties may include:

- Poor attendance, poor engagement or reduced attainment in academic studies
- Self-isolation or lack of involvement in social activities, peer or parental concern
- Known issues within accommodation
- Disciplinary issues
- Change in behaviour or physical appearance

30. Parents, carers and friends may often be aware of early warning signs of a deterioration in a student's mental health. Academic or support staff may become aware of a change in a student's behaviour, presentation, or levels of engagement. The University has clear guidance and reporting mechanisms for how such concerns can be escalated to the Student Wellbeing and Inclusivity Service or as per the University's [Student Engagement Policy](#).

31. Where more intense support and intervention is required, our Study and Wellbeing Intervention policy provides a supportive, student-centred framework to support students during their studies which has structured stages to manage and mitigate identified risks. A student who had previously attempted suicide whilst at university would be considered under the Study and Wellbeing Intervention policy.

Postvention

32. The term postvention is the response offered to individuals who have been bereaved by suicide, to support their recovery and to prevent adverse outcomes, including suicide and suicidal ideation.

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33. How we support individuals after any death has some common elements, however the aftermath of a death by suspected suicide brings unique considerations.
34. A death by suicide in the University community can have wide reaching effects. Furthermore, in some circumstances, through the process of social contagion, the death of one student by suicide may trigger suicidal thoughts and behaviours in others, particularly those who are already vulnerable.
35. It is therefore essential that the response to a student death is managed in a planned way to minimise further harm.
36. The University of Essex places a strong emphasis on the provision of bereavement support for students, with multiple measures already in place, including counselling services and support from the faith centre.
37. We recognise that more focused support for those bereaved by suicide is valuable. We have strengthened our support and via the Student Wellbeing and Inclusivity Service, deliver bespoke training to academic departments to enable staff to better support their students who are bereaved following the death of a friend, peer or relative.
38. Our Health and Workplace Wellbeing department will support staff members who have been affected following the death of a student.

Suicide clusters

39. Suicide clusters can be difficult to identify and are defined widely as follows:

A series of three or more closely grouped deaths, which are linked by space or social relationships. In the absence of transparent social connectedness, evidence of space and time linkages are required to define a cluster. In the presence of a strong demonstrated social connection, only temporal significance is required.

40. Their impact can be widespread, and an effective response therefore requires good preparation and multiagency collaboration. The PHE toolkit, [suicide](#)

[prevention: identifying and responding to suicide clusters](#) is a practical resource which provides clear guidance on the steps that need to be taken to prevent a suicide cluster.

Governance

41. An essential aspect of suicide prevention is to learn from any deaths and known suicide attempts. Through learning, we can understand if there is anything that could be done differently or indeed, where good practice has been demonstrated. This requires the implementation of a robust monitoring and review system, overseen by the Head of Student Wellbeing and Inclusivity.

Appendix One - Areas for action

The university intends to deliver on the below list of actions by academic year 2023/24 to improve our practice and further support our student suicide prevention and response plan.

Communication	Action Owner	Deadline
1. Develop and maintain close links with local authority public health and police media teams to ensure consistency and provide support and direction to them if they are dealing with media queries or public concerns. Confirm key contacts on an annual basis.	Head of Corporate Communications	April 2022
Prevention		
2. Review of the University's Drug and Alcohol policy seeking to increase awareness and education amongst students and staff, promote a harm reduction approach and improve access to support a healthy environment.	Head of Student Wellbeing and Inclusivity	To be approved in readiness for start of Autumn term 2022/23
3. Review current and future training requirements to best equip student facing staff to recognise the signs of distress and take necessary safeguarding actions.	Director of Health and Wellbeing Head of Student Wellbeing and Inclusivity	Initial phase of training to be delivered in readiness for start of Autumn term 2022/23.

<p>4. The University will review procedures for obtaining emergency contact details for all students and early conversations about the need and benefits of information sharing within the University and with external partners, such as guardians and health professionals.</p>	<p>Head of Student Wellbeing and Inclusivity</p>	<p>Ready for start of Autumn term 2022/23</p>
<p>5. Review key academic and fee collection processes that may increase distress for students. This will identify opportunities to flag concerns over student wellbeing and ensure the communications throughout the processes are reviewed for content and involve face to face meetings wherever appropriate.</p>	<p>Student Wellbeing and Inclusivity Service, Student Progress Team and Accommodation team</p>	<p>Completed by start of Autumn term 2022/23</p>
<p>Intervention</p>		
<p>6. Mapping of current local services will be undertaken and used to inform the potential redesign and implementation of shared care pathways for students in distress. This will require multiagency involvement from internal and external stakeholders. A clear care pathway map will be published, visible and accessible throughout the University.</p>	<p>Student Wellbeing and Inclusivity Service in conjunction with internal and external partners</p>	<p>Ready for start of Academic year 2022/23</p>

Postvention		
<p>7. Review the University student death protocol which outlines actions that should be taken both immediately and in the longer term and sets out clear roles and responsibilities including initial reporting arrangements, immediate actions to consider, notification of staff, students and external partners e.g., local authority, family liaison, managing press enquiries and how to appropriately remember a student's memory.</p>	<p>Head of Student Wellbeing and Inclusivity</p>	<p>Ready for start of Academic year 2022/23</p>
<p>8. The University will develop an approach for engaging with parents/carers of students, who take their own life. This will ensure that they feel respected, supported and involved from the point of death. They will also be offered the opportunity to help the university learn lessons from the loss of a loved one. We will develop a consistent approach by identifying training for senior staff to engage with the bereaved.</p>	<p>Head of Student Wellbeing and Inclusivity</p>	<p>Ready for start of Academic year 2023/24</p>
<p>9. PHE guidance on how to identify and prioritise vulnerable people following a suicide</p>	<p>Student Wellbeing and Inclusivity Service</p>	<p>Review to be undertaken by start of</p>

should be adopted so that appropriate support can be provided to those who need it.		Academic year 2022/23
10. A list of additional resources e.g., Help is at Hand, The Support after Suicide Website, and other sources of support e.g., Samaritans Step by Step service, for both students and staff following a suicide will be developed.	Student Wellbeing and Inclusivity Service	Ready for start of Academic year 2022/23
Governance		
11. We will establish a University Suicide Prevention and Response Group which will oversee delivery of the student suicide prevention and response plan building in mechanisms for ongoing review and updates reporting to the Executive team.	Head of Student Wellbeing and Inclusivity	First meeting to be scheduled for Autumn term 2022/23

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