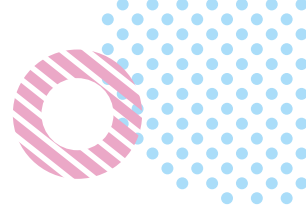


Student Suicide Prevention Strategy





Statement of purpose

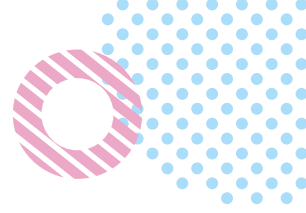
We know the profound effect that a student suicide can have on the whole University community. We are committed to taking a whole University approach to prevent it.

In response, we are sharing Birmingham City University's first suicide prevention strategy, a clear framework of prevention, intervention and postvention, that has been co-produced with staff, our Students' Union and NHS partners. Through our universal approach, we will now work closely in partnership with students, parents, local government and the NHS.

We want BCU to be a place where every student can thrive, and we will do everything we can to ensure this can happen.

Professor David Mba
Vice-Chancellor

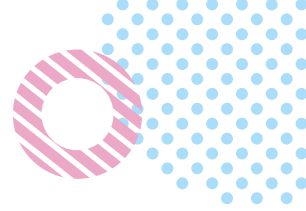




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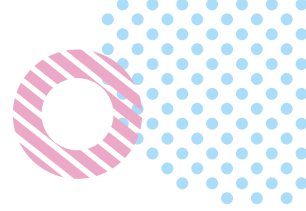




1. Introduction

- 1.1 Student suicides, as well as being devastating for friends and family, can also have profound impacts on the wider community of students and staff. We recognise that universities play a key role in helping to prevent suicides and that this requires a whole university approach and the need to work in close partnership with students, family, local government and the NHS. We are committed to ensuring that students and staff at our universities are as suicide-safe as possible. This starts with a strategic, whole university approach to wellbeing and mental health, which means that all students and staff understand its importance and the role it plays as the foundation for learning and academic achievement. We are committed to mental health support and awareness permeating every aspect of the university culture and experience and it being part of the language of education.
- 1.2 This Suicide Prevention Strategy sets out our approach to the prevention of student suicide, as well as details of actions we will take when a student takes or attempts to take their own life. The Strategy will be aligned with our wider Mental Health and Wellbeing Strategy (due to be approved in March 2025) and reflects our intention to develop and embed a whole-institution approach to mental health, in keeping with our commitment to the University Mental Health Charter.
- 1.3 This Strategy and supporting documents have been developed by Birmingham City University, working in partnership with Birmingham City University Students' Union ('BCUSU') and Birmingham & Solihull Mental Health Foundation Trust (BSMHFT) NHS Partners.
- 1.4 Appendix A provides explanations of the terminology and definitions used within this Strategy.

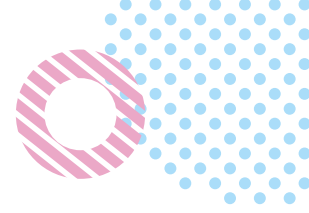




2. Aims and scope

- 2.1 The University aims to take a whole-institution approach to preventing student suicide, reducing risk through creating safer living and learning communities, establishing effective suicide interventions, and ensuring that students and staff who are affected by suicide or attempted suicide have access to appropriate support, working in partnership with stakeholders within the University and relevant local, regional and national agencies.
- 2.2 The primary aim of this strategy is to raise awareness and save lives by upskilling our community and ensuring that community members support each other and maintain professional curiosity wherever appropriate. By adopting a whole-university approach to mental health and wellbeing, we aim to reinforce the importance that all staff are committed to ensure that each student will safely make the transition through to achieving their academic ambitions.
- 2.3 This Strategy applies to all enrolled and registered students of the University, including those undertaking temporary breaks in study.
- 2.4 Anyone with concerns relating to the mental health or wellbeing of a staff member should contact [HR](#) and / or visit the [Staff Wellbeing Hub](#). Safeguarding concerns about staff should be logged via [Report and Support](#).





3. Beliefs and understanding of suicide

3.1 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 someone's mental health. Research indicates that a range of factors may be associated with an increased risk of suicide, including (but not limited to):^{1,2,3}

- Age
- A history of previous suicide attempts or self-harm
- Suffering with a mental health disorder
- Experience of trauma
- Substance misuse
- Being male
- Relationship and / or family breakdown
- Being neurodiverse
- Identifying as LGBTQ+, being unsure about sexual orientation or gender identity
- Being bereaved or affected by suicide in others
- Experiencing bullying including cyberbullying
- Perfectionism and the negative impacts of social media
- Physical illness
- Financial difficulty and economic adversity
- Harmful gambling
- Domestic abuse
- Social isolation and loneliness

3.2 The University recognises that:

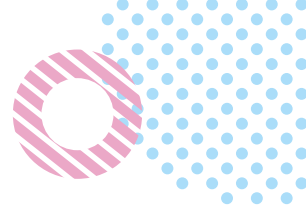
- Suicidal thoughts are common and should always be taken seriously
- Suicide is a difficult thing to talk about and we are therefore committed to training staff in identifying and responding to suicide risk
- Lack of understanding and stigma around suicide and mental health difficulties can be a barrier 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 support staff across the University
- Suicide prevention is everybody's business and we are committed to a whole-university approach that facilitates wide engagement and involvement of students, parents and staff

¹ National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH), "[Suicide by children and young people.](#)" University of Manchester, Manchester, 2017

² Department of Health, "[Suicide prevention in England: 5-year cross-sector strategy.](#)" London, 2023

³ G. Turecki and D. Brent, "[Suicide and suicidal behaviour.](#)" *Lancet*, vol. 387, p. 1227-39, 2016



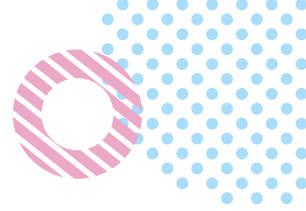


- 3.3 We also recognise that there can be misconceptions about suicide, with some myths about suicide and those who take their own lives being well-established. On occasion these myths and misconceptions can be amplified via social media and / or can be influential because of their prevalence on the internet. Appendix D sets out some of the most common misconceptions and seeks to correct them. The Mental Health and Wellbeing team also provides information on [staying safe online](#).

4. Context

- 4.1 Nationally, suicide prevention is recognised by UK Government as a strategic priority for the sector. One of the four main areas of work for the Government's [Higher Education Mental Health Implementation Taskforce](#) is to support sector engagement with the national review of student suicides in higher education and explore methods for achieving greater timeliness and transparency on suicide data. Suicide prevention is also recognised within the sector as an important area of activity and development for higher education institutions (HEI's).
- 4.2 Locally, the University participates in the Regional Suicide Prevention Advisory Group overseen by Birmingham City Council and works in collaboration with partners including Birmingham & Solihull Mental Health Foundation Trust and other HEI's to engage in dialogue relating to suicide prevention, share best practice, and identify areas for improvement and further collaborative working.
- 4.3 This Strategy has been developed with reference to the following national guidance:
- [Suicide Safer Universities – Guidance for university leaders](#) (2018), Universities UK and Papyrus
 - [Suicide Safer Universities – Guidance for practitioners](#) (2018), Universities UK and Papyrus
 - [How to respond to a student suicide](#) (2022), Universities UK, Samaritans, and Papyrus
 - [Suicide prevention strategy for England: 2023 to 2028](#) (2023), Department of Health and Social Care
 - [University Mental Health Charter Framework](#), Student Minds





5. Evidence

5.1 In 2022 the Office for National Statistics published an analysis relating to suicide among higher education students in England and Wales between the academic years 2016/17 and 2019/20.⁴ The key findings from the data include:

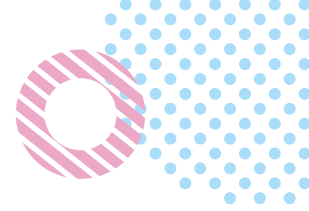
- The number of identified students in higher education who died by suicide between 2016/17 and 2019/20 was 319.
- The rate of deaths by suicide in the higher education student population was 3.9 deaths per 100,000 students between 2016/17 and 2019/20.
- The number of suicides in the higher education population in the 12 months ending July 2020 was 64. This is equivalent to a rate of 3.0 deaths per 100,000 students. This was the lowest rate seen over the preceding four years, although the small numbers per year make it difficult to identify statistically significant differences.
- 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.
- First year undergraduate males had a statistically significantly higher suicide rate at 7.8 deaths per 100,000 students compared with those studying in other years (4.3 deaths per 100,000).

5.2 The ONS also analysed student deaths by suicide compared with the general population (which includes higher education students) and found:

- The suicide rate was significantly higher in the general population than in the student population (12.5 deaths per 100,000 general population, compared with 3.9 deaths per 100,000 student population).
- The suicide rate for male students was 5.6 per 100,000 compared with 19.0 per 100,000 in the general male population. This is a greater difference than is seen in the female population, where the student rate was less than half that of the general population (2.5 per 100,000 compared with 6.0 per 100,000).
- Between 2016/17 and 2019/20, higher education student suicides made up approximately 12 per cent of all suicides in those aged 20 years and under, 7 per cent in those aged 21 to 24 years, 2 per cent in those aged 25 to 29 years and 1 per cent in those aged 30 years and over.

⁴ Office for National Statistics, "Estimating suicide among higher education students, England and Wales: Experimental Statistics," 2018





5.3 It is important to recognise the complexity and individualistic nature of deaths by suicide. Today's generation of young people, particularly young women, are more likely to experience mental health difficulties than previous generations with 4% of males and 15% of females aged 16-24 years experiencing symptoms of severe depression or anxiety in the previous week.⁵ Around three-quarters of adults with a mental illness first experience symptoms before the age of 25, with the peak age of onset for most conditions falling between the age of 18 and 25.⁶ Suicidal thoughts, suicide attempts and self-harm are all very real issues for young people. 40% of women aged 16-24 years reported having had suicidal thoughts and one in four have self-harmed at some point in their lives. There has been sustained increases in the prevalence of suicidal thoughts and self-harm across both sexes since 2000. In keeping with this there have been sharp increases in demand on support services at most HEIs.⁷ At Birmingham City University, the number of students registering to access the Mental Health and Wellbeing service increased by 32% between 2019/20 and 2021/22.

6. Oversight and management

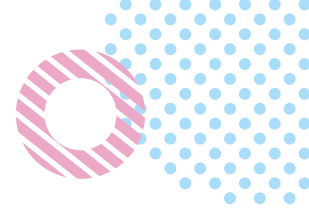
- 6.1 The University Executive Team ('UET') has overall responsibility for the delivery of this Strategy. The member of UET who acts as senior sponsor to the Strategy is the PVC Education. Operational responsibility for implementing the Strategy and ensuring identified actions are taken lies with the Assistant Director Student Services within the Directorate of Student and Academic Services.
- 6.2 Actions undertaken in support of this Strategy may involve the application of one or more other policies or procedures, including (but not limited to):
- [Safeguarding Policy](#)
 - [Student Disability and Mental Health Policy](#)
 - [University Privacy Notices, including the notice applicable to the Mental Health and Wellbeing service](#)
 - Mental Health and Wellbeing Strategy [due to be approved in March 2025]
- 6.3 The University Executive Team will receive an annual report on progress against this Strategy. The Strategy will be reviewed every three years, and will be subject to ad hoc review in light of any published national or international guidance, or as part of any serious incident review undertaken in response to the suicide of a student.

⁵ S. McManus, P. Bebbington, R. Jenks and T. Brugha, "[Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014](#)," NHS Digital, Leeds, 2016

⁶ R. Kessler and P. Wang, "[The descriptive epidemiology of commonly occurring mental disorders in the United States](#)," *Annual Review of Public Health*, vol. 29, pp. 115-29, 2008

⁷ C. Thorley, "[Not by degrees: Improving student mental health in the UK's universities](#)," IPPR, 2017





7. Our commitments

7.1 Our commitments under this Strategy are set out below under three distinct headings: Prevention, Intervention, and Postvention. Appendix E sets out details of specific actions we will take to meet these commitments, alongside timeframes for achieving our intended goals.

7.2 Prevention

7.2.1 Prevention is about preventing conditions of illness from arising, and within the context of this Strategy ultimately relates to the prevention of both attempted and completed suicides.

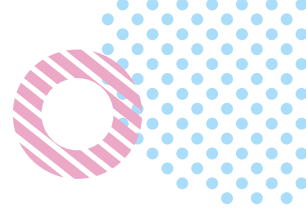
7.2.2 To help prevent suicide amongst the University community, we will:

- Take a whole-university approach to good mental health, in line with the University Mental Health Charter Framework
- Aim to create compassionate communities among staff and students
- Encourage disclosure of difficulties and distress
- Ensure that students getting into difficulties are identified, signposted to help, and followed up
- Work together with schools, colleges, and other universities in our locality to ensure smooth transitions between educational settings
- Raise suicide awareness and work to destigmatise suicide
- Encourage students to involve parents, guardians or other trusted advisers early if they run into mental health difficulties
- Make this everyone's business and provide specific training on suicide prevention awareness
- Provide a range of easily accessible and culturally appropriate support for those experiencing difficulties
- Signpost support available from the university, including in departments/ colleges, faculties, halls of residence, central support services, and others
- Signpost support available externally, which includes NHS, voluntary sector and others
- Prevent and act against bullying and all types of discrimination and harassment
- As far as is reasonably possible, restrict access to locations and materials that can be used for suicide
- Ensure good communication between all elements of the university involved with student welfare (i.e. if concerns are raised in halls of residence, ensure colleges / personal tutors are aware)

7.2.3 A guide to language around suicide is provided at Appendix B.

7.2.4 Details of support available from internal and external services are set out within Appendix C.





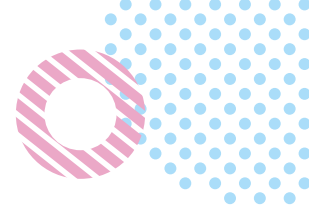
7.3 Intervention

- 7.3.1 Intervention is the action of providing support or services to produce a different outcome or change a situation. In the case of mental health difficulties and suicide, it is to work with a person experiencing suicidal thoughts to help them identify reasons why they might want to keep safe, to agree a plan for doing so and to engage further support as required. Intervention is therefore, in effect, a specific form of prevention, and is intended to prevent both attempted and completed suicides.
- 7.3.2 To provide support and services to our University community, we will:
- Seek to recognise signs and vulnerabilities: use alert systems to detect patterns of difficulty, such as not engaging with academic work, running into academic difficulties or dropping off the academic radar, not paying rent, fees or fines; disciplinary issues, not engaging with other students or staff or not being involved in community activities
 - Train all student-facing academic, professional services and operational staff across the organisation and provide refresher training in suicide awareness, how to have conversations and how to intervene
 - Provide and publicise resources such as ‘use of language’, ‘spot the signs’, ‘it’s safe to talk about suicide’, and others to the wider university community
 - Consider the University’s policy and practice on information sharing agreements, disclosure and consent
 - Develop, implement, and regularly review support pathways within the university for distressed students
 - Establish clear and collaborative local care pathways into statutory mental health services and NHS crisis intervention teams
- 7.3.3 Intervention activity within the context of this Strategy will usually be undertaken by the University’s Mental Health and Wellbeing team, in line with the University’s Safeguarding Policy and other relevant documents as applicable.
- 7.3.4 Any concerns relating to the welfare of a student of the University should be reported through Report and Support. Detailed guidance on reporting concerns is available at Appendix C of the Safeguarding Policy.

7.4 Postvention

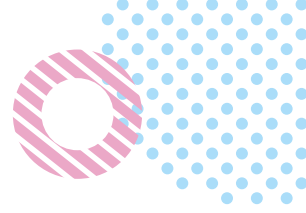
- 7.4.1 Postvention is a response to a suicide by providing support and assistance for those affected. We recognise that many individuals may be affected by the suicide of a student, whether or not they had any direct connection to the person.





- 7.4.2 To provide support to any individual affected by the suicide of a student, we will:
- Contact the bereaved, offering to meet and provide compassionate support
 - Support affected students and staff – ensure individual approaches for anyone identified as being at risk of harm, including rapid referral for community mental health support where and when needed
 - Agree internal communications, including staff and students, as appropriate
 - Find the best way to celebrate the life of the deceased
 - Alert local and public health services, as appropriate
 - Be prepared for external communications – support the media in delivering sensitive reporting of suicide and call out bad behaviour
 - Provide information of available support
 - Support continuous quality improvement of suicide prevention strategies and action plans – facilitate research, data collection and monitoring to get to the bottom of what has happened, and lessons learned through carrying out a serious incident review
 - Consider holding open meetings with affected communities e.g. students in a particular year group or accommodation setting
- 7.4.3 It should be noted that, while these postvention commitments relate in particular to actions the University will take in any case of completed suicide, postvention is important within the context of attempted suicide also. Several of the commitments above will therefore be carried out in cases of both attempted and completed suicides, to ensure that anyone affected has access to the information and support they need. Postvention activities are overseen by the Assistant Director Student Services using a multi-agency approach, including through liaison with external services as appropriate.
- 7.4.4 In all cases of student suicide, a serious incident review will be undertaken in order to establish the known facts relating to the deceased individual and identify learning for future application. The review process will be used to inform review of this Strategy on an ongoing basis. Note that it is not the purpose of the review to identify how an individual came by their death: that is the role of the Coroner.
- 7.4.5 The University’s policies and processes applicable to data sharing and confidentiality will be taken into account at all times in delivering postvention activities, including where those activities relate to incidents of attempted suicide.

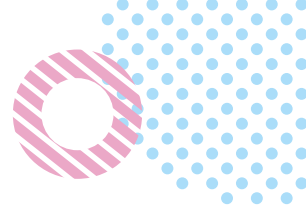




8. Appendices

- Appendix A: Terminology
- Appendix B: Language around suicide (do's and don'ts)
- Appendix C: Support and resources
- Appendix D: Myths and facts about suicide
- Appendix E: Action plan





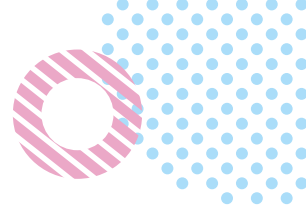
Appendix A – Terminology

It is important to note that not all the words and terms listed below appear in the University's Suicide Prevention Strategy. However, all are words and terms that are commonly used when talking about suicide.

Please note that details of support and other resources available in respect of suicide are set out in Appendix C and on the University's website.

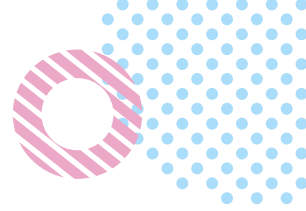
- Cluster** A cluster is usually three or more deaths that occur unexpectedly closely in terms of time, place, or both. In a university setting, two suicides occurring close to each other may indicate a cluster and should be taken very seriously.
- Contagion** Death by suicide may trigger suicidal thoughts and feelings in some other individuals and may increase their risk. This is also known as suicide contagion and may lead to a cluster. Likewise, reporting of suicide methods or locations may promote use of those methods by others.
- Coroner's Conclusion** In England and Wales, all suicides are certified by a Coroner following an inquest. The death cannot be registered until the inquest is completed. The Coroner's conclusion relates to who the deceased was and where, when and how they died. Conclusions were formerly known as 'verdicts' but that term is no longer used as it has associations with decisions made in the criminal justice system.
- Coroner's Inquest** An Inquest is an investigation into a death which appears to be due to unknown, violent or unnatural causes, designed to find out who the deceased was, and where, when and how the death occurred. Coroners are responsible for making enquiries where the cause is unknown and the investigations are done on their behalf by a Coroner's Officer.
- The Coroners' Court is different to other courts because there are no formal allegations or accusations and no power to blame anyone directly for the death. At the end of the Inquest, the Coroner will give their Conclusion and this will appear on the final Death Certificate. The death can then be officially registered.





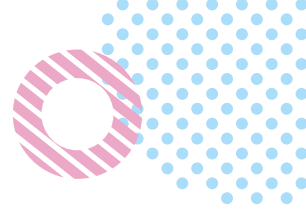
- Deliberate self-harm** Non-suicidal self-harm is an action that is deliberate but does not include an intention to die and often does not result in hospital care. It can be used for one or more reasons that relate to reducing distress and tension, inflicting self-punishment and / or signalling personal distress to important others. Deliberate self-harm is a signal of underlying mental health difficulties; people who self-harm may also make suicide attempts and be at risk of suicide.
- Disclosure** Many people with a mental illness choose not to reveal (disclose) their condition to their university, family, friends, employers and others. Non-disclosure can lead to people not accessing the support they need and those around them not being aware of the difficulties they are facing.
- Gatekeeper** A person who is strategically positioned to recognise and refer someone at risk of suicide (e.g. peers, personal tutors, wellbeing staff).
- Intervention** Intervention is the action of providing support or services to produce a different outcome or change a situation. In the case of mental illness and suicide, it is to work with a person experiencing suicidal thoughts to help them identify reasons why they might want to keep safe, to agree a plan for doing so and to engage further support as required.
- Mental health** Mental health is a state of wellbeing: we all have health and we all have mental health. Mental health is a continuum, demonstrating fluidity and the possibility of change over time. This can range from poor mental health to good mental health, from having a diagnosed mental health condition, to no diagnosis. Everyone exists somewhere on the continuum and individuals may need different support levels at different stages of their educational journey. This may include support via a GP or specialist NHS services, alongside support offered through university services.





Mental illness	This term is often used interchangeably with 'mental health issues/problems/difficulties', or mental 'ill health', 'distress' or 'condition'. However, these terms are broad and can mean something that everyone experiences as part of everyday life, for instance stress, worry or grief. Mental illness can also mean an acute, diagnosed condition, mental health crisis or suicidal depression. Examples of mental illness include (but are not limited to) eating disorders, depression, anxiety, bipolar affective disorder, and psychoses.
Parasuicide	A form of self-harm in which someone mimics the act of suicide without the intent to kill themselves.
Postvention	Postvention is a response to a suicide by providing support and assistance for those affected.
Prevention	Prevention is preventing conditions of illness from arising.
Stigma	Mental health is associated with stigma. The negative attitudes and behaviours sometimes associated with suicide and mental ill health can lead to people feeling judged and ashamed, which discourages individuals from seeking help and accessing support services.
Suicidal behaviour	Suicidal behaviour covers a range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thoughts, deliberate recklessness and risk-taking, self-harming not aimed at causing death, and suicide attempts.
Suicidal feelings / ideations / intentions	These are broad terms used to describe a range of thoughts, wishes, and preoccupations with death and suicide. Having suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be better off without you; or it can mean thinking about methods of suicide or making clear plans to take your own life.
Suicide	Suicide is the deliberate act of taking your own 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' varies and may not be related to the lethality of the attempt.





Transition

Transition points in life are particularly challenging and often expose people to emotional vulnerability and mental distress. Transition at university can include (but is not limited to) moving to a new area or country; experience of a range of different cultures; meeting unfamiliar models of learning, teaching and assessment; transition from home to university life; transition from home healthcare providers to university local healthcare providers and support services.

Wellbeing

Wellbeing is understood, in the broad sense, to mean a time when a person is feeling good and functioning positively, meaning that a person would be engaged in learning, feel socially connected, and have positive perspectives and autonomy. Wellbeing is expressed in feelings and in dimensions such as persistence, grit, sense of belonging, mindfulness, identity formation and flourishing. It is possible to have high levels of wellbeing while living with a diagnosed mental health condition.





Appendix B – Language around Suicide

Please note that details of support and other resources available in respect of suicide are set out in Appendix C and on the University’s website.

What not to say	Why not?	What to say instead
“Commit suicide”	Suicide hasn’t been a crime since 1961. Using the word ‘commit’ suggests that it is still a crime (we ‘commit’ crimes), which perpetuates stigma or the sense that it is a ‘sin’. Stigma shuts people up – people will be less likely to talk about their suicidal feelings if they feel judged.	“Ended their life” “Took their own life” “Died by suicide” “Killed themselves”
“Successful suicide”	Talking about suicide in terms of success is not helpful. If a person dies by suicide, it cannot ever be a success. We don’t talk about any other death in terms of success: we would never talk about a ‘successful heart attack’.	
“Unsuccessful or failed suicide”	People who have attempted suicide sometimes say “I couldn’t even do that right... I was unsuccessful, I failed”. In part this comes from unhelpful language around their suicidal behaviour. Any attempt at suicide is serious. People should not be further burdened by whether their attempt was a failure, which in turn suggests they are a failure.	“Attempted suicide” “Attempted to take their life”
“It’s not that serious”	Every suicide attempt is serious. By definition, an individual wanted to take their own life. All suicide attempts must be taken seriously as there is a risk to life. An attempt tells us that the person is in so much pain they no longer want to live. This is serious.	





What not to say	Why not?	What to say instead
“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, suicidal 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 need help: they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous.	
“Suicide epidemic”, “craze” or “hot spot”	This normalises and sensationalises suicide.	Suicide cluster
“They’re not the suicidal type”	There isn’t a “suicidal type”.	
“You’re not thinking of doing something stupid/silly are you?”	This judgemental language suggests that the person’s thoughts of suicide are stupid or silly, and consequently that the person is stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous because it suggests that you don’t take suicide seriously and that you are not safe to talk to about suicide.	
“Suicide is selfish”	Seeing suicide as selfish suggests that a person who takes their own life has had no regard for how their actions might impact others. This is rarely true. It can be the case that someone taking their own life thinks they are helping others by relieving them of a burden. Suicide and attempted suicide also tell us that someone is in so much pain that they no longer want to live.	





Appendix C – Support and Resources

If you are in crisis and need immediate support please phone the emergency services on 999.

Set out below are details of internal and external support services providing advice and support in relation to suicide and mental health.

Internal support services	
Service	Nature of support
Mental Health and Wellbeing team	Access to wellbeing advisers, mental health advisers, and counsellors; workshops; self-help resources; safeguarding support
Money and Childcare Advice	Advice on finance and childcare issues, including support in seeking additional funding
Disability Support	Support for students with a disability, Specific Learning Difficulty (such as dyslexia, dyspraxia or ADHD), a long-term health condition or a mental health difficulty.
Student Governance	Team overseeing the administration of the Extenuating Circumstances Procedure, for use where personal circumstances impact a student's ability to complete an assessment
Centre for Academic Success	Support to develop academic, technical, and numerical skills
BCU Wellbeing	Downloadable app to support student wellbeing and help students achieve balance, create healthy habits, and reach their potential.





Internal support services	
Service	Nature of support
Students' Union Advice Centre	Independent advisers can provide guidance on academic issues, financial issues, and housing
Security Services	Personal safety advice and support
Personal Tutors	You can seek academic support from your Personal Tutor, who can also signpost you to other sources of support

External support services – suicide prevention and bereavement	
Service	Nature of support
Samaritans	Confidential emotional support in the UK and Ireland day and night, 365 days a year for anyone who is struggling. Samaritans can be contacted by telephone, email, letter or face to face in many local branches.
Papyrus	Confidential support and advice service to young people, aged up to 35 years, who may be at risk of suicide and to those concerned about a vulnerable young person. Support can be accessed via their confidential helpline (HOPELINEUK), by email and text.
Cruse Bereavement Support	Free, confidential support, face to face, via email, web support and a nationwide bereavement support helpline for anyone who is bereaved. They also have services specifically for bereaved children and young people.
Winston's Wish	A charity for children and young people bereaved by the death of a parent or sibling providing practical support and guidance throughout the grieving process, including a national helpline.



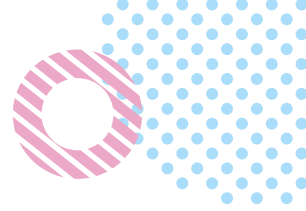


External support services – suicide prevention and bereavement	
Service	Nature of support
Child Bereavement UK	Supports bereaved children and young people aged up to 25yrs and anyone affected by the death of a child of any age. They provide confidential support including a national helpline, email responses and live chat via their website.
Survivors of Bereavement by Suicide	Free support to adults (aged 18yrs+) bereaved by suicide via a helpline, self-help groups and a peer support online forum.
Support After Suicide Partnership	Provides practical information and details of emotional support for anyone impacted by suicide
Tell Us Once	A service that lets you report a death to most government organisations in one go.

External support services – mental health	
Service	Nature of support
Mind	A free, confidential, anonymous text support service.
Shout	A free, confidential, anonymous text support service.
Student Minds – Student Space	Free, confidential support over webchat from a trained volunteer, from 4pm to 11pm every day.
StayAlive	A downloadable suicide prevention app providing useful information and tools to help you stay safe in a crisis.
Calm Harm	A downloadable app that helps you manage or resist the urge to self-harm
Birmingham and Solihull Mental Health NHS Foundation Trust	Comprehensive health care service to those people living in Birmingham and Solihull who are experiencing mental health problems.
Forward Thinking Birmingham	Mental health service offers support, care and treatment for all 0 – 25's
Pause Birmingham	A wellbeing drop-in service for anyone under the age of 25 with a Birmingham GP.

We know that other issues can impact individuals' mental health and may increase the risk of suicide, such as financial problems, substance abuse, and identifying as LGBTQ+. You can find additional information about support on these issues, and many others, on iCity.





Appendix D – Myths and facts

Please note that details of support and other resources available in respect of suicide are set out in **Appendix C** and on the University's website.

Suicide awareness is everybody's business. It is important that our community does not feed into the stigma by avoiding open discussions for fear of 'making someone suicidal'.

How we talk about suicide is important: use words that do not stigmatise or criminalise. Guidance on language to use around suicide is provided separately in **Appendix B**.

The following are some myths that require consideration and, in some cases, correction:

1. **Talking about suicide increases suicide risk**

People experiencing suicidal thoughts/feelings often report a sense of relief when given a safe space to disclose how they feel. There are a range of emotions such as guilt and fear, deep self-loathing and even disgust for feeling the way they do and therefore some individuals will avoid talking about it for fear of being judged. When an opportunity arises to discuss it offers hope and offers options for crisis intervention. Suicide is still regarded a taboo subject in some society, and it is paramount to respect and demonstrate sensitivity to cultural and religious, norms values and beliefs. Asking whether someone is feeling suicidal does not create or increase risk. It may have the opposite effect.

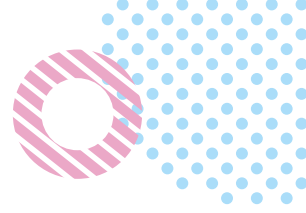
2. **Those who talk about suicide do not go on to take their own life**

People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. While it's possible that someone might talk about suicide in order to obtain the support they need, it's vitally important to take anybody who talks about feeling suicidal seriously.

3. **Most suicides happen suddenly without warning**

The majority of suicides have been preceded by warning signs, whether verbal or behavioural. Evidence shows that young people often tell their peers of their thoughts and plans. Of course, there are some suicides that occur without warning. But it is important to understand what the warning signs are and look out for them. This emphasises the importance of upskilling people to recognise signs or symptoms and to provide appropriate signposting.





4. **A suicidal person is determined to die and there's nothing anyone can do to prevent that**

The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

5. **You have to be mentally ill to think about suicide**

Most people have thought of suicide from time to time and not all people who die by suicide have mental health problems at the time of death. However, many people who kill themselves do suffer with their mental health, typically to a serious degree. Sometimes it's known about before the person's death and sometimes not. Approximately two thirds of people who die by suicide have not been in contact with mental health services.





Appendix E – Action Plan

Please note that details of support and other resources available in respect of suicide are set out in Appendix C and on the University's website.

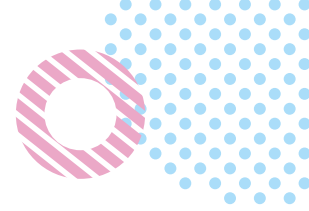
Prevention		
Commitment	Actions	Completion by
Provide a range of easily accessible and culturally appropriate support for those experiencing difficulties	Review MHWB service to identify opportunities for improved culturally sensitive support	Already taking place
Aim to create compassionate communities among staff and students	Establish group to review core University communications (group to meet twice yearly)	June 2024
Raise suicide awareness and work to destigmatise suicide	Design and deliver bespoke mental health communications plan, including information on suicide	September 2024 (note already taking place in part)
Encourage disclosure of difficulties and distress	Design and deliver bespoke mental health communications plan, including information on suicide	September 2024 (note already taking place in part)
Signpost support available from the university, including in departments/schools, faculties, halls of residence, central support services, and others	Design and deliver bespoke mental health communications plan, including information on suicide	September 2024 (note already taking place in part)
Signpost support available externally, which includes NHS, voluntary sector and others	Design and deliver bespoke mental health communications plan, including information on suicide	September 2024 (note already taking place in part)
Ensure good communication between all elements of the university involved with student welfare (i.e. if concerns are raised in halls of residence, ensure schools/personal tutors are aware)	Establish Mental Health Working Group to oversee delivery of Mental Health and Wellbeing Strategy and Suicide Prevention Strategy	September 2024





Prevention		
Commitment	Actions	Completion by
Make this everyone's business and provide specific training on suicide prevention awareness	Make suicide awareness training in ERP mandatory for staff. Note that training should include content warnings and there should be the option for staff to forgo the training if they have relevant extenuating circumstances (to be discussed with line manager and approved by HR)	October 2024
	Procure and launch suicide awareness training for students	October 2024
Work together with schools, colleges, and other universities in your locality to ensure smooth transitions between educational settings	Create outreach materials for use in engagement with schools and colleges	January 2025
	Participate in Mental Health Forum for Birmingham universities	Already taking place
Encourage students to involve parents, guardians or other trusted advisers early if they run into mental health difficulties	Review information sharing policy to capture sector guidance on 'trusted contacts' and revise enrolment process to reflect new policy	March 2025
Restrict access to locations and materials that can be used for suicide	Conduct review of locations and materials, with report to be presented to Mental Health Working Group for consideration of how access can be restricted	June 2025
Prevent and act against bullying and all types of discrimination and harassment	Continue to publicise Report and Support	Already taking place
	Create and launch Student Charter	September 2025
Ensure that students getting into difficulties are identified, signposted to help, and followed up	Identify methods for creating and using accurate, accessible analytics	January 2026
Take a whole-university approach to good mental health	Achieve Mental Health Charter Award	September 2026





Intervention		
Commitment	Actions	Completion by
Establish clear and collaborative local care pathways into statutory mental health services and NHS crisis intervention teams	Maintain clear pathways between MHWB and statutory mental health services / NHS crisis intervention teams	Already taking place
	Maintain positive relationships with NHS partners through engagement in collaborative projects and attendance at multi-agency meetings, conferences etc.	Already taking place
Train all student-facing academic, professional services and operational staff across the organisation and provide refresher training in suicide awareness, how to have conversations and how to intervene	Make suicide awareness training in ERP mandatory for staff. Note that training should include content warnings and there should be the option for staff to forgo the training if they have relevant extenuating circumstances (to be discussed with line manager and approved by HR)	October 2024
Provide and publicise resources such as 'use of language', 'spot the signs', 'it's safe to talk about suicide', and others to the wider university community	Approve, publish, and publicise Suicide Prevention Strategy	October 2024
	Design and deliver bespoke mental health communications plan, including information on suicide	September 2024 (note already taking place in part)
Develop, implement, and regularly review support pathways within the university for distressed students	Create and publish easy-to-use signposting resources for use by all staff in supporting students	October 2024





Intervention		
Commitment	Actions	Completion by
Recognise signs and vulnerabilities: use alert systems to detect patterns of difficulty, such as not engaging with academic work, running into academic difficulties or dropping off the academic radar, not paying rent, fees or fines; disciplinary issues, not engaging with other students or staff or not being involved in community activities	Raise staff awareness by making suicide awareness training in ERP mandatory. Note that training should include content warnings and there should be the option for staff to forgo the training if they have relevant extenuating circumstances (to be discussed with line manager and approved by HR)	October 2024
	Design and deliver bespoke mental health communications plan, including information on suicide	September 2024 (note already taking place in part)
	Identify methods for creating and using accurate, accessible analytics	January 2026
Consider your institution's policy and practice on information sharing agreements, disclosure and consent	Review information sharing policy to capture sector guidance on 'trusted contacts' and revise enrolment process to reflect new policy	March 2025

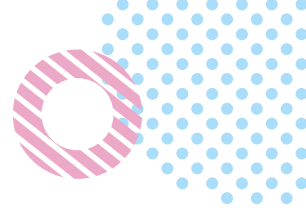
Postvention		
Commitment	Actions	Completion by
Support continuous quality improvement of suicide prevention strategies and action plans – facilitate research, data collection and monitoring to get to the bottom of what has happened, and lessons learned through carrying out a serious incident review	Secure approval of, and publish, Student Death Protocol	January 2025
	Note that incident reviews already take place in cases of known or suspected student suicide.	October 2024
	Formalise incident review template	
Contact the bereaved, offering to meet and provide compassionate support	Secure approval of, and publish, Student Death Protocol	January 2025
	Note that bereaved individuals are already contacted to offer support as part of response to all student deaths	





Postvention		
Commitment	Actions	Completion by
Support affected students and staff – ensure individual approaches for anyone identified as being at risk of contagion, including rapid referral for community mental health support where and when needed	Secure approval of, and publish, Student Death Protocol	January 2025
	Note that support is already offered to staff and students as part of response to all student deaths	
Agree internal communications, including staff and students, as appropriate	Secure approval of, and publish, Student Death Protocol	January 2025
	Note that communications are already agreed as part of response to all student deaths	
Legacy and anniversaries– find the best way to celebrate the life of the deceased, without glamorising suicide	Consider ways in which the lives of deceased students might be marked	January 2025
Alert local and public health services, as appropriate	Secure approval of, and publish, Student Death Protocol	January 2025
	<i>Note this step is already taken, where appropriate, as part of response to all student deaths</i>	
Be prepared for external communications – support the media in delivering sensitive reporting of suicide and call out bad behaviour	Secure approval of, and publish, Student Death Protocol	January 2025
	Note that preparation for external communications is already undertaken as part of response to all student deaths	
Provide information of available support	Secure approval of, and publish, Student Death Protocol	January 2025
	Note that communications are already agreed as part of response to all student deaths	
Consider holding open meetings with affected communities e.g. students in a particular university department’s year group or student halls	Secure approval of, and publish, Student Death Protocol	January 2025
	Note that cohort communications and support already form part of response to all student deaths	





9. Document Profile and Control

Policy owner	Chief Operating Officer
Policy author	Assistant Director Student and Academic Services – Student Services
Sponsor department	Student Services
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Date last approved	22 May 2024
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Date of publication	

Amendment History			
Date	Version	Author	Amendment details
21.01.2024	0.1	Assistant Director Student Services	First draft
19.02.2024	0.2	Assistant Director Student Services	Second draft; reflects feedback from initial socialisation
13.03.2024	0.3	Assistant Director Student Services	Third draft; reflects feedback from wider consultation
10.04.2024	0.4	Assistant Director Student Services	Fourth draft; reflects feedback from Student Advisory Group on Mental Health
07.05.2024	0.5	Assistant Director Student Services	Fifth draft; reflects feedback from Academic Board

