Suicide Prevention Strategy

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Purpose	This strategy details the responsibilities, roles and processes through which we seek to prevent suicide and address the consequences when, despite best practice and sustained support, a tragic death of this kind does occur.

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1.0	New Policy	Published	Ruth Unsworth EDI	7/12/2020

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1. Introduction

1.1 This strategy aligns with the guidance of Suicide-Safer Universities (Universities UK and Papyrus, 2018). It details the responsibilities, roles and processes through which we seek to prevent suicide and address the consequences when, despite best practice and sustained support, a tragic death of this kind does occur. Our suicide prevention approach forms part of the University's overall [Mental Health Strategy](). It addresses staff and students as a single community, while recognising differences in cohort needs, activities, support arrangements and risks. Careful consideration of these differences show that risks are most significant for the student population and the suicide prevention approach outlined in this strategy reflects that. Nevertheless, our 'whole University' approach to suicide prevention emphasises a process that builds aware and compassionate communities across our educational, residential, social and support settings.

1.2 In addition to the framework offered by Universities UK, the strategy has been informed by research studies and local guidance, including consideration of the mental health effects of the coronavirus pandemic and quarantine measures. Key sources considered include: [The University Mental Health Charter]() (Hughes & Spanner, 2019); the [NHS Fife Suicide Prevention Plan: Every Life Matters](); research on suicidal motivation models (O'Connor and Kirtley, 2018); and a Lancet review of the mental health effects of quarantine (Brooks et al., 2020).

1.3 Guidance and oversight of the implementation of this strategy is provided by the Mental Health Taskforce. The strategy has been developed collaboratively with participation from Student Services, Organisational and Staff Development Services (OSDS), Occupational Health and Human Resources (HR). In addition, stakeholder consultations with local NHS Suicide Prevention and Mental Health teams and the Students' Association (via the Director of Wellbeing) have contributed to the final document.

1.4 Two of the key elements of the Universities UK framework are *'making suicide safety an institutional priority'* and *'developing a suicide-safer strategy and action plan'*. The existence of this document, in conjunction with the University's overall Mental Health Strategy (which has Principal's Office sponsorship and dedicated resources), addresses those elements of the framework. In the following sections of the strategy (2-10), we detail our delivery of the remaining elements.

2. Identification of responsible senior management team members

2.1 Overall responsibility for this strategy rests with the Vice-Principal Education and the Assistant Vice Principal Equality and Diversity. They provide strategic guidance to a cross-institutional University Mental Health Taskforce responsible for its formulation and implementation.

3. Identification, training and publicising of prevention / intervention teams

3.1 The Prevention and Intervention teams report to the University Mental Health Taskforce. Responsibilities of individual team members are aligned with areas of professional expertise and / or stakeholder insights.

3.2   Prevention team

3.2.1   The Prevention team is chaired by the Head of Wellbeing and Mediation. The Prevention team involves a core of:

- Student Services
- Students' Association
- Nightline
- Occupational Health
- Chaplaincy
- Corporate Communications
- Environmental, Health and Safety Services
- Human Resources
- Head of Special Projects
- A specialist NHS representative
- A third sector agency representative

3.2.2   The Prevention team meets once per semester and aims to influence behaviour before individuals start planning a suicide or attempt it. It undertakes this through: direct support of individuals (via student services or occupational health and in conjunction with NHS support, where available); a wide range of publicity and information campaigns; and the development and maintenance of awareness and supportive capacity across our community. Appendix 1 provides details of recent and current actions. The prevention team reviews actions planned for the coming academic year at the final meeting of the academic year.

3.2.3   The team is identified on the University website.

3.2.4   Individual team members have regular, committed continuing professional development which feeds into the work of the team. In addition, the team undertakes annual thematic training provided by Student Services; this provides a means to develop best practices and shape future prevention actions.

3.3   Intervention team

3.3.1   The Intervention team is chaired by the Director of Student Services. The Intervention team involves a core of:

- Student Services
- Occupational Health
- Head of Wellbeing and Mediation
- Chaplaincy
- Corporate Communications
- Environmental, Health and Safety Services
- Security Services
- A specialist NHS representative
- A third sector agency representative

3.3.2   The Intervention team manages crisis interactions at the point where individuals are seriously planning suicide or have made an attempt. In most but not all cases, such

individuals will already be monitored and arrangements for crisis intervention will be in place. However, in all circumstances the team ensures that there is a rapid response and that internal and external resources (including NHS emergency care and mental health services, where available) are mobilised. The team's actions include offering support interventions for those in the residential and social sphere of the focal individual. Subject to consent permissions and the safety of the home environment, either Student Services (in the case of students) or Occupational Health (in the case of staff) will act on behalf of the team to involve and support close family members in the intervention process. The intervention team meets once per semester for planning and monitoring purposes but is also assembled whenever circumstances require it (based on the judgment of the Chair).

3.3.3   The team is identified on the University website.

3.3.4   As for the prevention team, individual team members have regular, committed continuing professional development which feeds into the work of the team. In addition, the team undertakes annual case-based training provided by Student Services; this provides a means to share best practices and maintain mutual role and responsibility awareness.

4.   Identification, training and publicising of a postvention team

4.1   The suicide Postvention team is chaired by the University Chaplain. The Postvention team involves a core of:

- Chaplaincy
- Student Services
- Students Association (Director of Wellbeing)
- Occupational Health
- Corporate Communications

4.2   The team reports to the University Mental Health Taskforce. The remit of the team is to support members of the University community and their families in the event of a suicide. This work is further specified in University Protocols that guide compassionate responses to the death of a member of our community in any circumstances. Each member of the team has a defined responsibility, covering areas such as leadership, family liaison, contagion and communication, internally and with external agencies, including the media. This group meets on an as needed basis in response to a suicide in our community.

4.3   As for the other teams, individual team members have regular, committed continuing professional development which feeds into the work of the team. Joint team training is conducted annually and takes an anonymised case-based scenario approach informed by our local contexts and response frameworks.

5.   Training of all student-facing staff in suicide awareness

5.1   A comprehensive training programme (The MHAP) in Mental Health Awareness, which incorporates suicide prevention training for the whole university population, has been designed and piloted by the University's Head of Special Projects.

5.2   Cognisant of training expectations of suicide prevention agencies, governmental programmes and the NHS Fife Suicide Prevention Group which details four tiers of training for whole populations, the MHAP has adapted and applied these tiers to all staff and students. The expectation is that: everyone needs to be informed; some need additional information in order to be proficient in their roles; others need an enhanced level of training

due to more central involvement; and a small number of professional staff develop a specialist level of expertise, by virtue of their professional training and continuing professional development.

5.3   The baseline training for every member of our community will comprise an online module lasting 15-20 minutes developed and designed with Zero Suicide Alliance, with a bespoke St Andrews focus. This compulsory online course for suicide awareness and prevention is now being made available to all. It will: enable everyone in the community to recognise if people may be indicating suicidal feelings; offer guidance about how to ask about suicide; and help to signpost affected individuals to services and the support available for them.

5.4   At the next level of focus, for those who need to be more informed, a further module embedded in the MHAP programme will encourage academics and professional services colleagues to be alert to the issues of wellbeing and suicide prevention in academic processes and curriculum delivery. This module will be available by the end of semester 1 of 2020/21 academic year.

5.5   For those at a higher level of focus, who are involved in building our capacity in suicide prevention, The MHAP includes arrangement to train some staff and students in Applied Suicide Intervention Skills Training (ASIST) so that they can deliver SuicideTALK, a 90 minute facilitated discussion that explores issues related to suicide including myths, raises awareness of suicide prevention, reduces stigma and encourages open dialogue. SuicideTALK can be delivered by anyone who has completed the ASIST course and we foresee a role for this in residential communities, staff meetings and other development contexts. ASIST is delivered by an external provider and is scheduled to be available (subject to current circumstances) by the end of Semester 1 of the 2020/21 academic year.

5.6   Training under MHAP will be reviewed, maintained and updated. After the first year, our intention is to incorporate key messages from the Zero Suicide Alliance training into our own, broader, Mental Health Awareness Programme (MHAP) while continuing to offer the option to be trained in ASIST. In addition, OSDS will review existing internal training to identify opportunities to promote suicide awareness.

5.7   Training identified as mandatory will be logged via the PDMS system by OSDS. Higher level training provided by the University will also be recorded on individual training records.

6.   Review and update of suicide-safer policies and procedures

6.1   Established policies and procedures addressing mental health support, risk, and action in response to a death are regularly reviewed. The Chairs of the Prevention, Intervention and Postvention teams will lead a discussion on new information and evolving best practice at the last meeting of the Mental Health Taskforce (or its successor body) in each academic year and identify any policies and procedures that should be updated in the following year. In any case, all University policies and procedures are formally reviewed no less frequently than once every five years. The same process and review cycle shall apply to this strategy document, which shall be assimilated as a component of the University's Mental Health Strategy.

7.   Review of policies and practices on student early alert and follow up

7.1   The University's Academic Alert policy was reviewed and updated in September 2019. This policy provides oversight of student engagement issues across our community, and electronic alerts are issued to students. The Academic Alert student monitoring and

student absence self-certification systems are screened by Student Services, and they follow up whenever attendance issues suggest a student has disengaged or where the student's own disclosure requires follow up.

7.2   The Student Services Operational Risk Policy is reviewed in each calendar year, most recently in January 2019. It includes procedures for intensive engagement with high-risk students experiencing suicidal ideation. The situation of these students is reviewed weekly during the semester by Risk Review Group, led by the managers of Counselling and Mental Health and involving input from staff directly involved in their care. Details of the areas of risk monitored under this framework, which may trigger an increased level of intervention, are detailed in Appendix 2.

7.3   Where students fail to engage, or where there is difficulty in reducing a high-level of risk, there are additional reviews by the Student Services Directorate that may lead to a review under the Fitness to Study policy. The policy is current and next due for review in 2023. The policy provides for a panel assessment, chaired by the Vice-Principal for Education, to ensure students with serious health issues are well enough to continue living independently and manage the rigours of academic life. The principal purpose of the policy is to determine if it is in a student's best interests to direct their focus to their health instead of their studies.

7.4   Student Services' good working relationship with other professional units and academic schools helps to inform and support staff working with vulnerable students and to provide Student Services with early alerts of students' difficulties. The Mental Health Taskforce will continue to ensure collaborative engagement, in the context of the broader awareness-raising actions.

8.   Review of policies and practice on disclosure and consent

8.1   The University aligns its policy and practice with the Scottish Government Suicide Prevention plan.[1] Student Services and Human Resources encourage the disclosure of problems, concerns and distress. The University ensures that services to both students and staff are delivered by competent and skilled practitioners, and the Intervention team ensures that practice is up-to-date and integrated collaboratively across the institution.

8.2   The University is aware of the worries of families and relatives, who would like the University to communicate with them when a student becomes ill or is a cause for concern, so that they can help. We affirm that mobilising all support is good practice when someone becomes ill. The student's independence and legal right to privacy remains, however.

8.3   As adults, most students have the legal right to decide whether details of their mental health can be shared with others. This is as an important and complex issue that is regularly discussed, reviewed and assessed by Student Services. In situations where Student Services does share information with emergency contacts/families and with medical professionals, it is intended to be for the urgent support of the student. These situations are carefully considered and whenever possible the consent of the student is sought, if it has not already been obtained at an earlier stage. When the decision is taken to share information without consent, this decision is made in conjunction with another qualified colleague and with the agreement of a Student Services manager, when it is considered essential to reduce risk.

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[1] https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/

9.   Engagement with the evidence base and research on suicide

9.1   Student Services and Occupational Health staff include trained counsellors, trainee psychological therapists, cognitive behavioural psychotherapists, occupational therapists, mental health nurses and clinical supervisors. In addition to their professional training, staff seek out the latest research as part of their continuing professional development, most recently the Integrated Motivational-Volitional Model of Suicidal Behaviour (O'Connor and Kirtley, 2018) which helps to better identify not only who will develop suicidal thoughts, but who will act on these thoughts and when. Staff have consequently adapted safety plans and use the supplementary [safety planning material provided by Professor O'Connor](#).[2] Student Services also utilised the work of Jobes (2016) on suicidal risk to shape internal training (for staff in Student Services, Occupational Health and The Chaplaincy) and enhance risk assessment processes.

9.2   More generally Student Services provides a two-way link to the latest research and best practice through participation in in AMOSSHE (Association of Managers of Student Services in Higher Education) and HUCS (Heads of University Counselling Services) networks. These organizations provide access and signposting to the latest research and resources as well as engaging in research related to mental health and wellbeing. Membership of UMHAN, The University Mental Health Advisers Network is also under consideration.

9.3   To provide a connection to the wider wellbeing agenda, OSDS are engaged with relevant regional and national practitioner networks such as Healthy Universities Scotland and Organisational Development in Higher Education.

10.   Links with local and national partners, including local suicide partnerships

10.1   The University is comprehensively engaged with relevant mental health partnership bodies, including the [Scottish Government Working Group Student Mental Health and Well-Being Working Group.](#) This group provides collaborative shaping and delivery of the Scottish Funding Council mandated mental health strategies and agreements at a local level, as well as seeking to identify and address gaps in provision. The University also participates in the Universities Scotland Mental Health Group. This group has also worked to establish effective liaison to support young people's mental health and wellbeing by tackling the challenges of referral pathways, information sharing, and supporting transitions.

10.2   The University is also involved with local partners and with the multiagency approach to suicide prevention across Fife. We participate in a wide range of formal arrangements. These include the Fife Suicide Prevention Core Multiagency Group; Suicide Prevention Young People's Delivery Group; and Suicide Prevention Communications Delivery Group (which is the group responsible for campaigns across Fife). Student Services also have strong links with Nightline, and given the role of alcohol in increasing risk, links have been made with Fife Alcohol Service.

10.3   On a case-by-case basis, Student Services liaise with local NHS contacts. When concerned for a student's safety, GPs will ask for the student to be added to the monitoring risk list. Similarly, we have a psychiatry liaison.

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[2] http://www.suicideresearch.info/the-imv

10.4   Ensuring smooth transitions between educational settings

10.4.1 The university engages in sector organisations and is involved in the development of regional partnerships. NHS Fife Suicide Core Prevention Group, Fife College, Elmwood College, Dundee University and The University of St Andrews have established an intention to collaborate in the area of suicide prevention and will enact this once workarounds for CV-19 disruptions are in place.

10.4.2 Collaborative work with secondary schools, given the wide geographical spread and multiple languages involved, is focussed on the exchange of specialist reports. Given our highly international cohort that crosses multiple regulatory regimes across many nations, the potential for intensive and standardised action in this area is limited. Student Services staff attend events run by Admissions to ensure that applicants and entrants receive clear messages about the support available from the University and within the local area. We also continue to focus on social engagement within the context of orientation activities and student residence programmes.

11.   Conclusion and looking forward

11.1   The University has responded comprehensively to the UUK report, and our move towards the 'whole population' approach advocated in the report is taking shape. Dedicated resources and senior management commitment are ensuring it remains a high priority, as we complete implementation – and in particular, universal training – in the 2020/21 academic year.

12.   References

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1.0	New strategy document	Published	Ruth Unsworth	07/12/2020

Appendix 1: Recent, current and ongoing prevention and intervention actions

Actions include effective publicity highlighting support services and emergency contacts, alongside University-wide campaign work that destigmatises mental health problems, ensures effective liaison with external stakeholders and services to support areas including community engagement and locations of concern. The University's comprehensive awareness and frontline intervention training plan (see section 5 is a key plank of this approach. In addition, the Prevention team works to coordinate campaigns to promote services and to reduce stigma. For example, In semester 1 of 2019/20, The Student Mental Health Agreement included a plan to run a campaign entitled, 'ask twice' to encourage people to be alert to those who were feeling distressed or suicidal. This was paused in response to the Coronavirus and will run again next year.

The elements detailed below comprise the ongoing provision on which awareness and prevention campaigns build.

Immediate crisis connections
Student Services hosts an "In Crisis now?" section within its Advice and Support pages for Undergraduates and Postgraduates. This site details the 24-hour support offered by the university as well as providing information about external support. The information is also located on a high-profile Wellbeing webpage for CV-19, where staff also have information about emergency contacts. IT have amended search functions within the university webpages so that In Crisis information is retrieved when searches are made for the words suicide, help or death.

University out-of-hours and external helpline numbers are placed in student rooms in Halls of Residence and advertised to residents via established residence communication routes. They are also visible in webpages and are contained within the University Orientation App as well as on the Students' Association webpage. *Nightline* details are also fastened on the inside of public toilet doors, janitors' offices, school administration offices, and other public spaces.

Identifying physical locations of concern
The NHS Fife multidisciplinary Locations of Concern Group is a multi-agency group which works in partnership to reduce the risk of suicides at identified locations of concern by implementing the actions outlined in the National Guidance on action to reduce suicides at locations of concern in Scotland (2018). The Locations of Concern Group reports to the Core Suicide Prevention Group, of which Student Services is a member. The Prevention Group have identified locations of concern in St Andrews and will continue to link with NHS Fife's Locations of Concern Group once the group resumes after a pause as a result of CV-19.

University Mental health Development workers collaborate with the Students' Association Wellbeing committee, Nightline, the University Estates unit and Fife Council to consider such locations for positive messages, for example "You are not alone", "Even though things are difficult, your life matters…just hold on" with appropriate contact numbers.

Monitoring at-risk students
Risk assessment and management is undertaken within a matched care model and has been reviewed in light of CV-19. A self-assessment outcome measure, CORE 34, is routinely used to provide a consistent context when measuring the intensity of distress/mental health problems, the

nature of risk and progress. If risk of suicide is identified additional assessment is available using evidence-based material (Jobes, 2016; O'Connor and Kirtley, 2018). Review meetings considering students at high risk take place regularly, led by Assistant Directors responsible for Mental Health and Counselling.

Student Services will also reach out to individual students or to groups, when they know they are likely to be affected by a distressing situation involving another's suicidal intentions or behaviours.

Supporting at-risk staff

Services for staff are delivered in the first instance through line management who can offer signposting or direct referral to Occupational Health, who can support adjustments to working arrangements, special leave, and links to therapeutic services. Staff can also self-refer to Occupational Health when experiencing concerns, without the need for management intervention. The University is also in the process of developing Wellbeing Officer roles in all Schools and Units, who will be able to offer signposting advice to staff (and, where appropriate, students). Wellbeing Officers will be trained and take up their roles during academic year 2020/21. In addition, HR have developed policies for supporting staff with problems that are affecting their ability to attend work and for those with difficulties in relation to alcohol and drugs, which are clear risk factors (see Appendix 2).

As well as taking steps to prevent suicide or suicide attempts, the University is aware that when someone completes suicide or engages in high-risk suicidal behaviour, then it is likely to impact upon others. The appointment of Clinical Supervisors has provided additional support to any staff who are affected by distressing student situations.

Appendix 2: Key areas of risk monitored and managed by student services

Transitions *from child to adult mental health services, and between locations*
Student Services engage with prospective students who declare a Mental Health disability in order to consider best routes to access appropriate services. Student services also work with students struggling with a range of other transitions.

Liaison to improve student experience of the NHS is challenging and is the subject of local and national reflection. Universities Scotland and the Scottish Government Working Groups have representation from St Andrews, and they continue to explore options for developing a better-connected transition from child to adult mental health services and from another NHS service to Fife NHS. Connecting students arriving from international locations with mental health services is also a focus of University advocacy. Student Services Mental Health Coordinators and Disability Advisers assist individual students with formalising mental health diagnoses before they arrive where these have been declared by the student.

Serious self-harm
This is the most important indicator of increased risk, with 15-24 the peak age range for self-harming. Student Services provide tailored interventions to those most at risk and link to third sector providers of care and the National Health Service when appropriate.

Alcohol and or drug misuse
54% of mental health patients who die by suicide have a history of alcohol/drug misuse (Universities UK and Papyrus, 2018, p. 10). Several Student Services Counsellors are trained in alcohol and drug interventions. A brief alcohol intervention training package has also been introduced for other Counselling, Wellbeing, and Residence Life staff.

Perfectionism, sleep disorders, mood instability, and physical illness
Student Services offers a range of appointments, some of which can be booked online, for students struggling with issues of perfectionism, sleep disorders, mood instability and other forms of emotional difficulty. Self-help material in the form of books, eBooks and Silvercloud (Cognitive Behavioural Therapy) is available and publicised on the web for both staff and students.

Contagion *- exposure to suicide and serious self-harm, related to clusters*
Student Services reach out to students who they know have been adversely impacted by the suicidal or risky behaviour of peers. In the event of a suicide, Student Services work with the Postvention team to manage the immediate risks and then ensure comprehensive monitoring and support.