



University of  
St Andrews

## Suicide prevention

<b>Document type</b>	<b>Strategy</b>
<b>Scope (applies to)</b>	Staff and students
<b>Applicability date</b>	27/07/2023
<b>Review / Expiry date</b>	30/07/2025
<b>Approved date</b>	04/08/2023
<b>Approver</b>	Professor
<b>Document owner</b>	Student Services Manager
<b>School / unit</b>	Student Services
<b>Document status</b>	Published
<b>Information classification</b>	Public
<b>EDI review/Equality impact assessment</b>	None
<b>Key terms</b>	Staff/Health and well-being
<b>Purpose</b>	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.

<b>Version number</b>	<b>Purpose / changes</b>	<b>Document status</b>	<b>Author of changes, role and school / unit</b>	<b>Date</b>
1.0	New strategy document	Published	Ruth Unsworth	07/12/2020
1.1	Change to review date	Published	Ruth Unsworth EDI	25/1/2022
1.2	Change to review date	Published	Ruth Unsworth EDI	18/08/2022
1.3	Change to review date	Published	Ruth Unsworth EDI	14/11/2022
1.4	Policy reviewed and updated	Published	Joely Nicol, Lara Meischke Student Services	26/05/2023

## Table of contents

Table of contents .....	2
1. Introduction .....	3
2. Identification of responsible senior management team members .....	3
3. Identification, training and publicising of prevention / intervention teams .....	3
4. Identification, training and publicising of a postvention team.....	5
5. Training of all student-facing staff in suicide awareness.....	5
6. Review and update of suicide-safer policies and procedures.....	6
7. Review of policies and practices on student early alert and follow up.....	6
8. Review of policies and practice on disclosure and consent.....	8
9. Engagement with the evidence base and research on suicide.....	9
10. Links with local and national partners, including local suicide partnerships.....	9
11. References .....	10
Appendix 1: Recent, current and ongoing prevention and intervention actions .....	11
Appendix 2: Key areas of risk monitored and managed by student services.....	13

## 1. Introduction

- 1.1 This strategy aligns with the guidance of Suicide-Safer Universities (Universities UK and Papyrus, 2018-2023). 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 Five Suicide Prevention Plan: Every Life Matters](#); research on suicidal motivation models (O'Connor and Kirtley, 2018); [Suicide among young people in Scotland](#); the [Scottish Government's Suicide Prevention Strategy: Creating Hope Together](#) alongside the [Suicide Prevention Plan 2022 to 2025 for Fife](#); 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 Network. 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) 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 Network 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 Network. 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 Director of Student Services. The Prevention team involves a core of:

- Chaplaincy
- Corporate Communications
- Environmental, Health and Safety Services
- Fife Health and Social Care Partnership
- Human Resources
- NHS
- Nightline
- Occupational Health
- Organisational and Staff Development Services
- Police
- Students' Association
- Student Services

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.

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 Assistant Director (Mental Health), Student Services. The Intervention team involves a core of:

- Chaplaincy
- Environmental, Health and Safety Services
- Fife Health and Social Care Partnership
- NHS
- Nightline
- Occupational Health
- Police
- Security Services
- Student Services

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 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
- Corporate Communications
- Occupational Health
- Security Services
- Student Services

4.2 The team reports to the University Mental Health Network. 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 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 a case-based scenario approach informed by our local contexts and response frameworks.

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

5.1 The university provides a comprehensive Mental Health Awareness Programme (MHAP), which incorporates suicide prevention training, and this has been designed and rolled-out to the university community, including academics and residence staff.

5.2 Cognisant of training expectations of suicide prevention agencies, governmental programmes and the NHS Fife Suicide Prevention Group, our training has different elements available to staff and students in particular roles. The expectation is that: everyone needs to be informed; some need additional information 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 available 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 online course for suicide awareness and prevention is 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 For those who need to be more informed, a further module embedded in MHAP outlines different scenarios which discuss suicide, self-harm and other mental health conditions and how to appropriately support students and staff.
- 5.5 For those at a higher level of focus, who are involved in building our capacity in suicide prevention, some Student Services staff are trained in Applied Suicide Intervention Skills Training (ASIST), delivered by an external provider.
- 5.6 Training under MHAP will be reviewed, maintained and updated. Our intention is to incorporate key messages from the Zero Suicide Alliance training into our own, broader MHAP training, 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 discussions on new information and evolving best practice at the Mental Health Network and identify any policies and procedures that should be updated. 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 2020. 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 February 2023. 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 [Support to study policy](#). The policy is current and next due for review in 2024. 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 and implement support to enable students to engage with their studies and University life safely and effectively.

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 Network 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's Suicide Prevention Strategy: Creating Hope Together](#), and [UUK Suicide-safer universities guidance](#). 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.

## **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 may develop suicidal thoughts, but who may be at a higher risk of acting on these thoughts and when. Staff have consequently adapted safety plans and use the supplementary [safety planning material provided by Professor O'Connor](#). 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 challenges such as referral pathways, information sharing, and supporting transitions.
- 10.2 The University is also involved with local partners and with the multi-agency approach to suicide prevention across Fife. We participate in a wide range of formal arrangements. These include the Fife Suicide Prevention Core Multi-agency 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 Support Service.
- 10.3 On a case-by-case basis, Student Services liaise with local NHS contacts. There are regular liaison meetings with local GPs and students who are assessed to be at risk of harm can be discussed. Similarly, we have a psychiatry liaison.
- 10.4 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.

---

<sup>2</sup> <http://www.suicideresearch.info/the-imv>



## 11. References

- Universities UK, (2018-2023), Suicide-safer universities, <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities>
- Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. *The Lancet*, 395, 912–920.
- Hughes, G. & Spanner, L. (2019). *The University Mental Health Charter*. Leeds: Student Minds.
- NHS Scotland (2022). *Creating Hope Together: suicide prevention strategy 2022 to 2032*.
- NHS Fife (2022). *Creating Hope for Fife: Fife's Suicide Prevention Action Plan*.
- Jobes, D. (2016) *Managing Suicidal Risk*, second edition. New York: Guilford Press.
- O'Connor, R. & Kirtley, O. (2018). The integrated motivational–volitional model of suicidal behaviour. *Phil. Trans. R. Soc. B*, 373: 20170268.

Version number	Purpose / changes	Document status	Author of changes, role and school / unit	Date
1.0	New strategy document	Published	Ruth Unsworth	07/12/2020
1.1	Change to review date	Published	Ruth Unsworth EDI	25/1/2022
1.2	Change to review date	Published	Ruth Unsworth EDI	18/08/2022
1.3	Change to review date	Published	Ruth Unsworth EDI	14/11/2022
1.4	Policy reviewed and updated	Published	Joely Nicol, Lara Meischke Student Services	26/05/2023

### Appendix 1: Prevention and intervention actions

Actions include effective publicity and training 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 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. 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 address suicides at locations of concern in Scotland (2022). The Locations of Concern Group reports to the Core Suicide Prevention Group, of which Student Services is a member.

### **Monitoring at-risk students**

Risk assessment and management is undertaken within a matched care model. 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 Wellbeing, Counselling and Mental Health.

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 has developed Wellbeing Officer roles in all Schools and Units, who will be able to offer signposting advice to staff (and, where appropriate, students). 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. In house Clinical Supervisors provides additional support to any staff who are affected by distressing student situations. [Cruse Bereavement](#) also provide ad hoc support sessions for staff affected by suicide in the workplace.

## **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 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 students with declared mental health diagnoses by discussing support needs prior to arrival.

### **Serious self-harm**

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. The Fife Alcohol Support Services are based in Eden Court one day a week for student appointments.

### **Perfectionism, sleep disorders, mood instability, and physical illness**

Student Services offers a range of appointments, including one-at-a-time, short-term counselling and group sessions, for students struggling with issues of perfectionism, anxiety, procrastination 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. The University will utilise guidance from Public Health Scotland on; [identifying and responding to a suicide cluster](#); and [managing the risks of public memorials after a probable suicide](#)