

## Suicide Safer University: Our strategic approach

### 1. Statement of purpose

Queen Mary University of London is committed to providing a supportive and compassionate environment for all of our students, in line with our overarching strategic objective of being the 'most inclusive university of its kind'. While suicide is significantly lower in the student population than in the equivalent age population outside higher education, and has decreased since 2020 [1], we remain committed to taking a whole university approach to ensure that the promotion of student wellbeing and the prevention of suicide become strategic priorities. We recognise that any suicide represents a devastating loss to family, friends and the wider university community and we acknowledge the importance of responding in a sensitive and appropriate manner in the event of a death by suicide.

This strategy is informed by the UUK guidance documents "Suicide-Safer Universities" [2] and "Responding to a suicide: advice for universities" [3] and the Tower Hamlets Suicide Prevention Strategy 2023-2026 [4]

It aims to reduce the risk of student suicide through the following approach:

- **Prevention-** Led by the Senior Executive Team, we will work to create a whole-university approach to the promotion of good mental health and to identifying and supporting at-risk groups. We will raise awareness of the issues that affect the mental health of our students and encourage the disclosure and open discussion of mental health difficulties. We will build on our relationships with a wide range of support services within and outside of Queen Mary. We will make suicide awareness and prevention training available to all staff.
- **Intervention-** We will work to improve our early alert system to allow staff to raise concerns about students who have dropped under the academic radar or who fall into financial or other difficulties. We will ensure that staff and students

receive training to increase awareness of the support available for students who may be of risk of suicide.

- **Postvention-** We will respond to suicide attempts and deaths by suicide sensitively and supportively. This strategy outlines the university's postvention approach to respond to a student's suicide or attempted suicide, providing support and guidance to those affected, minimising the risk of contagion, and ensuring the safety and wellbeing of all members of the university community.

## 2. Context

Queen Mary has invested significantly in its student wellbeing services; we have a range of complementary roles that have been recruited to support students experiencing difficulties with their mental health, as well as those with mental health diagnoses. In addition to a long-established and well-resourced counselling team, we have Mental Health Advisers, Student Wellbeing Advisers and Disability Advisers (Mental Health) based in the Advice and Counselling Service and the Disability and Dyslexia Service.

Suicide is the leading cause of death in adolescents and young people in the UK. The rate of deaths by suicide in the higher education student population was 3.9 deaths per 100,000 students between academic year ending 2017 and academic year ending 2020. This is slightly lower than previously observed in the 2018 ONS study, which reported 4.7 deaths per 100,000 students between the 12 months ending July 2015 and the 12 months ending July 2017. Suicide rates are twice as high among male than female students and slightly higher in undergraduates than post-graduates [\[1\]](#).

Suicides among students in higher education are significantly lower compared to people of similar age in the general population. It is thought that 25% of young people will experience suicidal feelings at least once in their life. Universities can play a vital role in the prevention of suicides by adopting a whole university approach to student wellbeing. This will also require working in close partnership with students, parents, local government, and the NHS.

### 3. Beliefs and understanding of suicide

The reasons for suicide are complex and rarely caused by one single issue. We know that certain groups and individuals are more at risk of suicide and that several factors can contribute to increasing the risk of suicidal behaviour. These can include [5]:

- Mental health problems
- Bullying, prejudice or stigma, such as relating to your race, gender, disability or sexual identity
- Different types of abuse, including domestic, sexual or physical abuse
- Bereavement, including losing a loved one to suicide
- The end of a relationship
- Long-term physical pain or illness
- Adjusting to a big change, such as retirement or redundancy
- Money problems
- Housing problems, including homelessness
- Isolation or loneliness
- Feeling inadequate or a failure
- Addiction or substance abuse
- Doubts about sexual or gender identity
- Society's expectations, for example to act a certain way or achieve certain things
- Other forms of trauma

An important part of any work around suicide prevention is to dispel some of the commonly held myths and misconceptions that are often held about suicide. Student wellbeing services will address these myths in the training that has developed for staff.

## Myths and facts about suicide [6]

**Myth:** People who talk about suicide aren't serious and won't go through with it.

**Fact:** 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. It's possible that someone might talk about suicide as a way of getting attention, in the sense of calling out for help. It is important to always take someone seriously if they talk about feeling suicidal. Helping them get the support they need could save their life. The majority of people who feel suicidal do not actually want to die - they do not want to live the life they have.

**Myth:** If a person is serious about killing themselves then there's nothing you can do.

**Fact:** 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.

**Myth:** You have to be mentally ill to think about suicide.

**Fact:** 1 in 5 people have thought about suicide at some time in their life. And not all people who die by suicide have mental health problems at the time they die.

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.

**Myth:** People who are suicidal want to die.

**Fact:** The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is so vital.

**Myth:** Talking about suicide is a bad idea as it may give someone the idea to try it.

**Fact:** Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it. But, by asking

someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing.

Once someone starts talking they've got a better chance of discovering options that aren't suicide.

Evidence shows asking someone if they're suicidal can protect them. They feel listened to, and hopefully less trapped. Their feelings are validated, and they know that somebody cares about them. Reaching out can save a life.

**Myth:** People who say they are going to take their own life are just attention seeking and shouldn't be taken seriously.

**Fact:** People who say they want to end their lives should always be taken seriously.

It may well be that they want attention in the sense of calling out for help, and helping them get support may save their life.

#### 4. Strategic oversight

The university's Wellbeing and Mental Health Steering Group, chaired by the Director of Student Experience, is guiding the university's work toward the attaining the Mental Health Charter. The Wellbeing and Mental Health Steering Group reports into the university's Equality, Diversity and Inclusion Steering Group.

The Wellbeing and Mental Health Steering Group is tasked with taking forward the recommendations made by the University Mental Health Charter Group following a piece of work completed in 2021/22 to ensure that Queen Mary is demonstrably supporting its students' mental health.

## 5. Prevention

Prevention should begin with a whole institution approach to mental health and wellbeing. Work is underway to review Queen Mary's approach to wellbeing using the Student Minds Mental Health and Wellbeing Charter [7] which will help us to identify and map out areas of existing good practice within our communities. It will also enable us to identify areas we can work to improve upon. Some of the work already undertaken around prevention includes:

- Queen Mary sits on the Tower Hamlets Suicide Prevention Strategy steering group and contributed to the work to create a coordinated approach to suicide prevention in the borough. This has included arranging suicide prevention training for Queen Mary staff and staff at known suicide sites such as Mile End station.
- Queen Mary hosts regular liaison meetings with specialist mental health teams from the East London Foundation Trust (ELFT) and a range of third sector services that support our students. This allows us to keep up to date with developments in the sector and to share emerging good practice amongst our services
- The creation of a Steering Group to implement the recommendations made in the University Mental Health Charter Enabling Plan
- We are working closely with colleagues from ELFT on the transformation of 18-25-year-old mental health services. This involves engaging with young people to hear about their experiences of using services and to gather their views about what should be included in future services
- Senior staff from our wellbeing services have worked closely with QM Academy to review and develop training for senior tutors and academic advisors across all our schools and institutes
- We have restructured our wellbeing services to ensure a more responsive level of support for students experiencing acute mental health emergencies
- We have invested heavily in our student wellbeing services and created 20 new posts in the Advice and Counselling team since 2020
- We have a well-established in-house Mental Health First Aid training programme that has to date delivered training to over 550 staff

This work is ongoing and there are areas that we can further improve upon, such as:

- Redouble our attempts to raise awareness about student suicide, tackle the stigma around mental health and signpost to available support through the expansion of our MHFA training and in-house mental health awareness training
- Make suicide awareness training available to student-facing staff. The training will be developed in-house and delivered by colleagues from Queen Mary student wellbeing services from the start of the 2023-24 academic year
- Encourage all staff to complete the 20-minute suicide prevention course available online from the Zero Suicide Alliance [\[8\]](#)

## 6. Intervention

Any work around intervention should focus on training that enables staff and students to spot the signs that someone may be experiencing mental health difficulties. It is paramount that staff know when and to whom they should report any concerns, particularly when there is a disclosure of suicidal thoughts and/or planning. Some common signs that someone's mental health is in decline can include:

- Poor attendance, lack of engagement or reduced attainment in academic studies
- Self-isolation or lack of involvement in social activities
- Peer or parental concern
- Problems within the accommodation including not paying rent
- Disciplinary issues
- Change in behaviour or physical appearance

As part of our commitment to ensuring that all staff are aware of how to support students in distress and know where to direct them to support we will:

- Develop in person and online training modules in time for the start of the 2023-24 academic year that highlights the existing mental health and wellbeing support and which will be based on A Guide for Staff Supporting Students in Urgent Situations [9] All student facing staff should be encouraged to complete this
- Make suicide prevention training available to all staff who have contact with students in their day-to-day work
- Promote discussions about mental health, particularly around key events such as World Mental Health Day, University Mental Health Day, and Suicide Awareness Week
- Continue to develop our close working relationships with ELFT. For example, we have worked with our local IAPT service, Tower Hamlets Talking Therapies to create bespoke webinars for Queen Mary students that can be accessed at a time of their choosing
- We also work closely with the Tower Hamlets Public Health Programme Manager for guidance on avoiding suicide clusters
- Liaise with colleagues at Faculty, School, and Institute level to investigate how we can interrogate existing student engagement data to make proactive interventions for students who are at risk of disengagement from the university

## 7. Postvention

The term postvention refers to the actions taken to support the community after someone dies by suicide with the specific aim to support the bereaved, to reduce the risk of contagion and ensure lessons are learnt to reduce future risk.

A key function of postvention planning is the creation of a postvention team (PVT) who will coordinate the response to a student death. We will take the three-stage approach to responding to a death by suicide as outlined in the UUK Postvention guidance [8]:

### Stage 1 – Preparation and planning

The postvention processes and planning should be agreed in advance of a student death and include the pre-nominated senior members of staff listed below. A PVT



Chair and nominated deputy should always be available on call and available to attend on campus if required.

The process for convening a postvention team at Queen Mary, and its composition, is the same as that for a co-ordinating group as per the Guidelines for Responding to Student Death, including:

- The Director of Student Experience (Chair)
- Administrator (Student Experience Executive Office)
- The Head of Student Wellbeing
- The Head of the student's School or Institute(s)
- The Head of Advice and Counselling
- The Head of Security
- Deputy Head of Student Registry
- The Head of the Principal's Office
- The Queen Mary Chaplain
- Head of External Communications and Campaigns
- Queen Mary Students' Union Chief Executive Officer, or Deputy
- Assistant Director Estates and Facilities (Security & Business Continuity)
- Occupational Health and/or G.P Service
- Assistant Director Estates & Facilities (Residential Services) [where relevant]

Any postvention response should be conducted in a timely manner, preferably within 24 hours of receiving notification of a student death. The following lead roles should be identified in advance:

- **Care for students lead**, which is usually the Head of Advice and Counselling or, in their absence, a named deputy who will advise on the communications that go out from Queen Mary and the academic school. This should include an offer for a one-off group counselling session for students and staff affected and clear signposting to services offering emotional support for all students who request individual support
- **Care for staff lead** who will take responsibility for caring for and communicating to staff who are affected including outsourced accommodation

providers and campus security. This is typically someone in a senior role with support from human resource services

- **Family liaison lead**, responsible solely for communicating with the family. Ideally, someone who knew the deceased. This member of staff will require bereavement support training as well as support for themselves, including a deputy to work with. A sensitive and compassionate manner is crucial to secure the confidence and trust of families
- **Communications lead** which is typically the Director of Communications. They are responsible for coordinating the internal and external communications about the incident

## Stage 2 – Responding to Student Suicides

Depending on the circumstances, emergency services should be informed as soon as the chair of the PVT receives notification of a student death and in advance of convening the PVT. This is to establish what has happened and the identity of the person who has died. Police are responsible for notifying the person's family but may require contact details from the university and a named contact to pass onto the family.

The PVT should seek to establish the facts by drawing together the information from all sources and make this available for the team in what is known as 'a single source of truth.'

If the student has died on campus, emotional and practical support should be made available to students and staff at the scene and emergency accommodation offered to flatmates.

A communication protocol should be agreed in advance to coordinate communication with family, friends, and the wider community. Staff who have had close working relations with the student are likely to be grieving and should not be asked to lead on this.

It is important that established guidelines about talking about suicide are followed. These guidelines are designed to reduce the likelihood of multiple suicides or imitative behaviours. These include:

- Do not shy away from talking about suicide but do so in a warm and compassionate manner, keeping in mind the specific relationship between the person who has died, and the person or groups being informed of the death
- Avoid sensationalising or normalising suicide
- Remain sensitive and factual in all conversations
- Never reference the method of suicide in any conversations or written communications
- Do not be afraid to use the term 'suspected suicide' and avoid euphuisms
- It is important to bear in mind any cultural or religious beliefs about suicide that should inform communications to family and friends

## Communicating with family members and partners

The assigned family liaison lead should contact the student's family as early as possible and explain that they will be the main contact at Queen Mary for as long as the family requires. They should offer to answer any questions the family may have and seek to describe the situation and what is known or not known in as compassionate a manner as possible. Emotional and practical support should be offered, including support to arrange travel to campus and accommodation on campus if requested.

## Communicating with friends, tutors and other key contacts

It may be necessary to go through a process of 'contact tracing' to identify who was close to the student. These communications should come from a named contact and include external sources of support in addition to the Advice and Counselling service.

Other key people and organisations that may be appropriate to contact are:

- Relevant third parties (e.g. private accommodation providers)

- Health Authority Suicide Prevention Lead
- The student's Embassy
- Placement Supervisor or work colleagues
- Faith groups or QMSU societies the student may have been a member of

## Communicating with the wider university community

News of a student death can spread quickly so it is important that any speculation is contained by providing timely communications to relevant student and staff groups informing them of what has happened and to signpost to sources of support from within Queen Mary as well as support from external organisations such as the Samaritans or Cruse.

## Support

Family may require emotional and practical support, including help to:

- navigate the student finance system
- manage the student's accommodation and belongings
- arrange accommodation on campus if available
- manage enquiries from the media
- contact local suicide liaison services
- secure support for siblings at other HEIs
- arrange a visit to university to speak with people who knew the student
- put in place arrangements for the funeral or a memorial service

Support, both practical and emotional, should also be offered to friends of the student and include housemates and classmates and students on shared work placements.

This can include:

- group and prioritised individual counselling and mental health support from the Advice and Counselling service
- support to move to alternative accommodation if the death took place in shared accommodation

- Help to apply for extenuating circumstances or compassionate leave from studies

Staff in the student's school and in professional services such as our libraries and security team should also be offered support. While the Advice and Counselling service is unable to offer counselling to staff, they will speak with any colleague who has been affected by the death and can advise about external support services such as the Employee Assistance Programme. Staff are also welcome to attend a group session facilitated by one of our senior counsellors.

### Stage 3 – Reflecting and Learning

Following on from a student suicide, a serious incident review should be carried out and a space created to learn from what has happened and to take action to prevent future suicides. The review should be led by a senior member of staff who has had no direct involvement with the student who has died. It should be guided by the and needs and wishes of the family, wherever this is possible.

If a coroner's inquest is convened, staff may be asked to provide witness statements. It may also be necessary for a senior representative of Queen Mary to attend the inquest to answer any questions the coroner or family may have. It is important to bear in mind that the purpose of the inquest is not to apportion blame but will seek to establish when, where and how the death took place.

Families should be asked if they welcome staff and student attendance at the funeral and may request a member of staff who knew the student to speak at the service. If the family wish to hold a private funeral a memorial service may be organised to allow students and staff to pay tribute to the person who has died. Some ways Queen Mary could support this is by:

- Offering to connect the family to members of staff who knew the student
- Setting up a tribute book
- Providing logistical support for events organised by friends and family
- Holding a memorial service on campus for friends and staff
- Providing academic recognition for the student

Families may not always want to be involved in tributes or memorial events organised by the university, so it is important that their wishes are considered and respected at all times. The privacy of the student who has died should also be considered as there may be aspects of their life that they did not want disclosed to family or the wider community.

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Simon Jarvis, Head of Student Wellbeing

Student Experience

November 2023

Associated policies, procedures and guidance

[Safeguarding Policy](#)

[Mental Health Support at Queen Mary](#)

[Supporting Students in Urgent Situations: A Guide for Staff](#)

[Report and Support](#)

- [1] Office for National Statistics: Estimating suicide among higher education students, England and Wales: Experimental Statistics: 2017 to 2020 [Online]. Available: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/estimating-suicide-among-higher-education-students-england-and-wales-experimental-statistics/2017-to-2020> [Accessed September 2022]
- [2] UUK & Papyrus, “Suicide-Safer Universities,” Sept 2018. [Online]. Available: <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2018/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF> [Accessed September 2022]
- [3] UUK “Responding to a suicide: advice for universities” [Online]. Available: <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities/responding-suicide-advice-universities> [Accessed March 2023]
- [4] Tower Hamlets Suicide Prevention Strategy 2023-2026 [Online]. Available: <https://democracy.towerhamlets.gov.uk/documents/s214417/Suicide%20prevention%20strategy%202023-26%20FINAL%20HWBB.pdf> [Accessed August 2023]
- [5] Common Causes of Suicidal Feelings [Online] Available: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/causes-of-suicidal-feelings/#CommonCausesOfSuicidalFeelings> [Accessed September 2023]
- [6] Samaritans, “Myths about suicide,” 2018. [Online]. Available: <https://www.samaritans.org/how-we-can-help-you/what-speak-us-about/signs-you-may-be-struggling-cope/myths-about-suicide> [Accessed September 2022].
- [7] Mental Health and Wellbeing Charter [Online] <https://www.studentminds.org.uk/charter.html> [Accessed September 2022]
- [8] Zero Suicide Alliance [Online] <https://www.zerosuicidealliance.com/training> [Accessed September 2022]

[9] A Guide for Staff Supporting Students in Urgent Situations [Online]

[http://www.dds.qmul.ac.uk/media/disability-and-dyslexia-service-/documents/Pub9975-Student-in-Distress\\_v1\\_1.pdf](http://www.dds.qmul.ac.uk/media/disability-and-dyslexia-service-/documents/Pub9975-Student-in-Distress_v1_1.pdf) [Accessed September 2022]

[10] Government Suicide Prevention Suicide Strategy

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england-2023-to-2028/suicide-prevention-in-england-5-year-cross-sector-strategy>



## Appendix: students on placement

Queen Mary University of London is acutely aware of the need to support its students who are taking part in placements, whether they be clinical placements in hospitals, students taking part in degree apprenticeship programmes, or any other form of placement while they are studying with us. In line with the recommendations made by Universities UK we will:

- implement a clear check-in and support structure with a key university contact
- implement clear absence reporting processes for students and placement providers
- advertise hardship funding
- reaffirm students' ability to access central university support services throughout their placement

See <https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities/supporting-placement-students>