

The University of Buckingham Suicide Prevention and Response Policy

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Suicide Prevention and Response Policy

1. Introduction

1.1 Suicide is complex, with each incident unique in nature. Triggered by varying causes e.g. financial difficulties, social pressures, life transitions, every suicide is a tragedy, representing a significant loss to society. When a person takes their own life – the effect on families and friends is devastating.

1.2 The University is mindful of the link between suicide and mental health and wellbeing, highlighting the importance of having a dedicated strategy as part of its overarching mental health and wellbeing provision. Student and staff mental wellbeing is a strategic priority for the university and creating a university community that is aware of the contributing factors to suicide forms a vital part of this strategy.

1.3 The University aims to adopt the best possible awareness and response towards suicide prevention and take all reasonable steps in relation to the safety and welfare of individuals choosing to study or work at Buckingham.

1.4 This policy applies to all members of the University. It is specifically aimed at staff, students, contractors and volunteers who may encounter an individual experiencing suicidal thoughts through teaching, research, professional services and outreach activities whether on or off our campus in Buckingham or Crewe, or in one of our placement providers.

2. Aims

2.1 The aim of this policy is to highlight the areas that form the basis of the University's approach to suicide prevention and to direct individuals to appropriate guidance.

2.2 The policy seeks to:

- contribute to the prevention and de-stigmatisation of suicide through the implementation of strategies and tools which aid suicide prevention
- provide procedural guidance to enable timely identification, intervention and support for anyone experiencing suicidal thoughts
- provide procedural guidance to ensure individuals experiencing suicidal thoughts are signposted to appropriate help
- facilitate the creation of a culture where individuals feel safe in disclosing difficulties and/or distress

2.3 Through the provision of the policy, the University seeks to create a culture where vulnerable individuals are noticed and supported, with disclosures of suicidal feelings responded to swiftly, sensitively and appropriately.

3. The Principles of the University's approach

3.1 The University comes into contact with individuals spanning diverse cultures and personalities. Attending university for many students represents a major transitional point in their lives. It is recognised that pressures arising from studying intensely as part of a degree, coupled with the transition of living away from home or one's country, with reduced family support - perhaps for the first time, poses an additional strain on students.

3.2 Such factors may contribute to a potential mental health and suicide risk. The University seeks to adopt a multi-faceted institutional approach which promotes good mental and emotional wellbeing for individuals, recognising this underpins individual and institutional success and resilience.

3.3 The policy is separate to that of departmental codes of practise, but is intended to be part of an overarching framework which seeks to ensure that the University undertakes its statutory responsibilities in relation to students and staff, and responds to suicide related concerns appropriately.

4. Responsibilities

4.1 All members of the University are required to ensure that they have read the policy and understand the standards expected of them and their responsibilities in relation to suicide prevention and response.

4.2 All staff have a responsibility to ensure the health, safety and wellbeing of students enrolled at the University and other staff members employed at the university and to take appropriate steps (including those set out in this policy) to ensure that concerns regarding suspected, attempted or completed suicide on the part of an enrolled student or a member of staff are taken seriously and responded to swiftly and appropriately.

4.3 Methods of contact in the event of any concerns or questions are noted in Appendix 2, 3 and 6.

4.4 The University also has designated (with delegated deputies as appropriate) suicide prevention and response roles, with specific responsibilities as follows:

- The members of the Senior Management Team with overall responsibility for suicide prevention and response at an institutional level are the **Pro Vice-Chancellor, Director of Student Support Services** and the **Registrar & Director of Professional Services**. They are the Lead Suicide Response Officers (LSROs).

The **LSROs**, are responsible for contacting the family, offering to meet and provide support. The LSROs will also act as a point of contact for the family as and when required. This responsibility may be devolved to the **Suicide Postvention Team** as deemed appropriate.

- The **Head of Wellbeing, Skills and Diversity**, and the **Head of Human Resources** are the Designated Suicide Response Officers (DSROs), with responsibility for the policy and oversight of suicide prevention and response concerns across the institution. DSROs also have responsibility for the annual review of the policy, ensuring it is fit for purpose.

University staff and students are encouraged to discuss any concerns under this policy with DSROs as follows:

- Concerns regarding attempted, suspected or completed suicide of a student should be reported to the **Head of Wellbeing, Skills and Diversity**.
- Concerns regarding attempted, suspected or completed suicide of a member of staff should be reported to the **Head of Human Resources**

- The **Health and Safety Officer** is responsible for monitoring the operation of this policy from a risk assessment perspective and recommending modifications to the Registrar & Director of Professional Services to ensure it meets regulatory requirements and relevant best practice guidance

- The **Head of Marketing** or nominated person in collaboration with the **Suicide Postvention Team**, is the lead for all communication with the local and national press, responsible for managing the press and media to ensure reporting of any attempted, suspected or completed suicide is delivered

sensitively, with consideration given to the student, family, friends and colleagues affected, and to the wider university and local community.

The **Head of Marketing** or nominated person is responsible for monitoring social media posts regarding an attempted, suspected or completed suicide, clarifying false information, and monitoring media responses generally. This responsibility may be devolved as appropriate.

- The **Head of Department/Faculty** or **Associate Dean** will be responsible for the appointment of a Nominated Suicide Response Officer where appropriate and ensuring that all staff in their department/ faculty have received appropriate training in relation to suicide awareness, prevention and response as well as related areas such as data protection and confidentiality.

Head of Department in this context has been used to refer to non-academic and Professional Services teams i.e. Professional Services, Estates, Finance and Student Support Services.

- A **Nominated Suicide Response Officer (NSRO)** within a department/faculty will be responsible for coordinating prevention and response to attempted, suspected or completed suicides within their faculty/department and acting as liaison with DSROs and LSROs.

A specific NSRO will be appointed to coordinate prevention and response at Crewe campus and to act as liaison with DSROs and LSROs at the Buckingham campus. Where a department is too small to have a nominated NSRO, this role may be devolved to a Mental Health First Aider (MHFA).

- The **Head of Human Resources** will advise on the training of staff in suicide awareness, prevention and response. This responsibility may be devolved to the Suicide Prevention Team as deemed appropriate.

In addition to individual responsibilities, the University has a **Suicide Prevention, Response and Intervention Group** to support staff, students and family members as part of the University's response to suicide related concerns. The group consists of the following teams:

- The **Suicide Prevention Team** is involved in the training of individuals in suicide awareness, how to have conversations and how to intervene. It also supports Faculty Admissions teams, working with schools, colleges, and other universities to ensure smooth transitions between educational settings.

- The **Suicide Intervention Team** is responsible for co-ordinating an immediate response during a crisis situation on referral from the Head of Wellbeing, Skills & Diversity and Head of Human Resources or a delegated individual, supporting individuals in distress or experiencing suicidal thoughts.

- The **Suicide Postvention Team** has responsibility for supporting individuals both in the short and longer term, following an incident of suicide, ensuring an individual approach is taken for anyone identified as being at risk of contagion, including rapid referral for community mental health support where needed.

The Suicide Postvention Team on referral from the Head of Wellbeing, Skills & Diversity and Head of Human Resources is also involved in conducting a post-incident review and has the responsibility for contacting the bereaved, providing compassionate support where required, exploring opportunities to celebrate the life of the deceased, without glamorising suicide.

4.5 Full details of the composition and responsibility of these teams can be found in Appendix 2, 3 and 4.

4.6 Reporting procedures can be found under the guidelines on dealing with concerns regarding suspected, attempted or completed suicides (see Appendix 5).

4.7 The University does not accept responsibility for individuals on University premises without its knowledge or consent nor those not employed as staff or not enrolled as students of the University.

4.8 The University retains responsibility for the health, safety and wellbeing of enrolled students currently on placement or undertaking an apprenticeship with an employer, Trust education provider or external organisation. Employers, Trust education providers and external organisations nonetheless have a duty of care to students on placement or undertaking an apprenticeship and to respond appropriately to incidents relating to suicide that take place on their premises. Employers, Trust education providers and external organisations may have their own processes in addition to the university processes but they should be made aware of university processes (see Appendix 11).

5. Training

5.1 The University recognises that central to an effective response to suicide risk and providing individuals with the necessary support, is an understanding of the facts about suicide. The University is therefore committed to providing appropriate support and training in suicide awareness to staff and students where needed, to help identify and respond to suicide risk, addressing common misconceptions.

5.2 All University staff will be required to complete mandatory training around suicide awareness, suicide prevention, early intervention and suicide postvention. This forms part of the University's early intervention approach.

5.3 University staff will also be required to undertake refresher training on an annual basis to improve awareness of suicide prevention strategies.

5.4 Specific training will be provided to those likely to be in contact with 'high risk' individuals for example Security, Accommodation, Maintenance and Cleaning staff, Personal Tutors, Faculty staff (both academic and professional services), Mental Health First Aiders and Residential Assistants.

5.5 Staff involved in the **Suicide Prevention, Response and Intervention Group** will be offered on-going training to support them in their various roles of responsibility.

5.6 Optional additional training in suicide awareness will be offered by the **Suicide Prevention Team** to all students to raise awareness of how to have conversations with someone experiencing suicidal thoughts and how to intervene.

6. Procedures: Interventions

6a. Procedures: Early intervention: Admissions and Recruitment

6a.1 The University will take all appropriate steps during the recruitment and admissions process to ensure individuals are made aware of the Suicide Prevention and Response policy, and understand the mechanisms in place to report or support those experiencing suicidal thoughts.

6a.2 For individuals experiencing suicidal thoughts, early intervention is often key to reducing the risk to a person's life. As part of the University's intervention approach, the Suicide Prevention team will support Faculty Admission teams to work with schools, colleges, and other universities to ensure a smooth transition between educational settings. Mechanisms are also in place to identify students who declare a previous or existing mental health condition or episode as part of the admissions process to facilitate mental health mentoring on commencement of studies at Buckingham.

6a.3 Such interventions are intended to provide a safe, supporting environment with access to appropriate support both within the University and externally, through links with the NHS and local council social support services.

6a.4 Staff and students are asked to ensure that they understand the implications of this policy as part of their contribution to creating a supportive culture which supports individuals who may be experiencing suicidal thoughts.

6b. Procedures: Early intervention: High Risk groups

6b.1 Not everyone who completes or contemplates suicide can be prevented from acting upon their intention. The University recognises that some groups are at a greater risk in terms of suicide and suicidal thoughts. The following represent a potential 'high risk' group:

- males
- individuals with a history of self-harm
- individuals suffering/with experience of trauma, victimisation or abuse including bereavement, bullying
- asylum seekers and refugees
- individuals identifying as LGBTQ+
- individuals struggling with their sexual orientation, identity or appearance
- individuals with specific transition from Child and Adolescent Mental Health Services (CAMHS) to Community Mental Health Teams (CMHT) with diagnosed depression

6b.2 Whilst increased support will be provided to individuals within 'high risk' groups, the University does not tolerate bullying, discrimination or harassment. Incidences of this nature will be dealt with in line with the University Anti-Bullying and Harassment Policy and the Academic Misconduct Policy and Procedures (see Appendix 1).

6c. Procedures: Intervention through collaboration

6c.1 The University seeks to adopt a collaborative approach as part of its suicide prevention strategy, working with departments across the University on initiatives aimed to sensitively increase awareness/ understanding and reduce the risk of suicide.

6c.2 The University recognises that information sharing is key to providing an integrated, cohesive response to tackling suicide. Family and guardians will be consulted where possible, with students encouraged to provide consent for parental involvement/ consultation when experiencing mental health difficulties. Further details connected to how the University will work with families can be found in section 8, Postvention. Such processes will be compliant with the University's Equality and Diversity and Data Protection policies (see Appendix 1).

6c.3 Using prevention campaigns such as "*It is safe to talk about Suicide*" the University seeks to promote awareness amongst students and staff, at key points within the academic year, i.e. during induction, exam weeks, at the start of the Winter Term combined with ongoing promotions throughout the academic year, to signpost to appropriate support and reduce stigma around the issue of suicide.

6c.4 Public Health England guidance on how to identify and prioritise vulnerable people following a suicide will be used to inform support put in place to those affected by a death arising from suicide.

6c.5 To mitigate future risks of suicide and inform recommendations to the Registrar & Director of Professional Services, the University Suicide Postvention Team will conduct an annual suicide audit.

7. Procedures: Dealing with incidents in relation to suicide

7.1 Guidelines on dealing with incidents in relation to suicide can be found in Appendix 5 and 6.

7.2 An attempted, suspected or completed suicide should be treated as an emergency health and safety concern. Where an individual is found to be seriously or fatally injured, the appropriate emergency service should be contacted immediately by calling 999.

7.3 On receiving information of an attempted, suspected or completed suicide, the Campus Security Team and the appropriate DSRO should be contacted once emergency services have been notified.

7.4 Concerns for an individual suspected to be experiencing suicidal thoughts, could arise in a variety of ways and in a range of different settings. For example, an individual may:

- verbally expresses or display signs of suicidal thoughts;
- witness or hear about another individual expressing suicidal thoughts
- demonstrate signs of serious self-harm;

7.5 Where suicidal thoughts are expressed, it is important that the individual concerned is able to talk to someone and seek help.

7.6 In all cases, it is essential to act quickly, sensitively and professionally. A concern of this nature should be treated like any other health emergency

7.7 Where possible, an individual experiencing suicidal thoughts **should not** be left alone nor confidentiality promised in cases of a life-threatening nature. In situations of this nature, personal confidentiality can be waived.

7a. Procedures: Dealing with an immediate emergency

7a.1 Where an individual is suspected to be in immediate danger of harming themselves or attempting suicide, an ambulance should be requested by dialling **999**.

7a.2 Alternatively, arrangements should be made where possible to escort them directly to the nearest emergency department.

7a.3 The **online NHS tool** - <https://www.nhs.uk> can be used to locate the nearest emergency department.

7a.4 Where the individual of concern is on university campus, the Campus Security team should **also** be informed to ensure the ambulance is directed to the specific location on arrival.

7a.5 In the event that it is unclear whether the concern is a genuine emergency, dialling 111 (NHS) or 101 (Police) for advice will ensure the concern is transferred directly to 999 if necessary.

7b. Procedures: Dealing with individuals who may be experiencing suicidal thoughts: intervention and support

7b.1 All staff and students should be alert to the signs (see Appendix 5) that an individual might be experiencing suicidal thoughts and be aware of how to intervene.

7b.2 To support an individual who may be experiencing suicidal thoughts, we recommend that you:

- Reassure the individual that they are not alone,
- Explain to the individual that you are there to listen
- Encourage the individual to talk
- Ask them questions about how they are feeling. (see Appendix 8)
- Explain to the individual that you are alerting the DSRO, a trained member of staff to help provide professional support with how they are feeling.

7b.3 For student related concerns, contact Campus Security and the Wellbeing, Skills and Diversity Team, **and let the student know that you are doing this.**

7b.4 For staff related concerns, contact Campus Security and the Human Resources department, **and let the staff member know that you are doing this**

7b.5 Where feasible, the individual of concern will be involved in all discussions, decision-making and other communications relating to the incident.

7b.6 If an individual is at **imminent risk** of suicide, a professional judgement will need to be made, based on an understanding of the individual and what would be in their best interest. Where it is unsure whether the concern is a genuine emergency, dialling 111 (NHS) or 101 (Police) for advice will ensure the concern is transferred directly to 999 if necessary.

7b.7 **In an immediate emergency**, follow the guidance provided in section 7a and Appendix 4 and 5.

7b.8 In dealing with any suicide related concern, the University has a duty of care both to the individual concerned and to the individual who is made aware of the attempted or suspected suicide.

7b.9 Trying to understand feelings and thoughts of suicide can be both difficult and daunting. Hearing about a suicide or another person's suicidal thoughts can also be upsetting and overwhelming. If you need further advice and support, please contact the Head of Wellbeing, Skills and Diversity or the Head of Human Resources. Advice and support is also available to staff through the Employee Assistance Programme.

8. Procedures: Responding to a suicide in the University setting: Postvention

8.1 A postvention approach is adopted by the University in responding to a suicide occurring within the University setting. Elements of this approach are also incorporated into the mechanisms used to mitigate and remove potential risks or triggers of suicide and suicidal thoughts, to prevent a loss of life - see Procedures/ Intervention, section 6.

8.2 The term postvention is used to refer to actions taken following a suicide with the aim of providing support to those bereaved and reducing the risk of further suicides, ensuring lessons are learnt to reduce future risk.

8.3 In the event of an attempted, suspected or completed suicide, the University **Suicide Postvention** team is responsible for providing a timely and appropriate response, combined with a clear process of communication to minimise the spread of rumour and anxiety within the wider University community. Appendix 3 outlines the composition and responsibilities of this team.

9. Procedures: Post-Incident Review

9.1 In dealing with a completed suicide or serious attempt of suicide, the Suicide Postvention team will carry out a post-incident review. A serious attempt in this context is defined as one that leads to an individual being admitted to intensive care or the individual using a method likely to lead to death.

9.2 A review of this nature allows the University to assess the effectiveness of a response to a particular incident and the University's Suicide Prevention and Response policy. Recommendations arising from the review are referred to the Registrar & Director of Professional Services for consideration.

9.3 Parent/carers of students or family of staff who have completed suicide will also be offered the opportunity to help the University learn lessons from the loss of a loved one.

9.4 Appropriate support will be identified and offered to individuals who have been involved with a student or staff member who has completed suicide.

10. Managing the press and social media

10.1 Research highlights media reporting can have a negative impact on communities affected by suicide, encouraging imitative behaviour or increased occurrence of suicidal thoughts amongst particularly vulnerable groups.

10.2 Given the potential for press intrusion to exacerbate the grief of individuals at a very difficult time in their lives, it is important for media reporting to be managed appropriately through communication with the media, coupled with support and forewarning to families.

10.3 The **Head of Marketing** or nominated person is the lead for all communication with the local and national press.

10.4 The **Head of Marketing** or nominated person will monitor the reporting of an attempted, suspected or completed suicide on widely used social media platforms and risk assess if a response is required.

10.5 The Suicide Postvention Team in collaboration with the **Head of Marketing**, is responsible for supporting the media in delivering sensitive reporting of the attempted, suspected or completed suicide, with consideration given to the student, family, friends and colleagues affected, and to the wider University and local community.

10.6 Best practice guidelines i.e. Samaritans Media Guidelines for the Reporting of Suicide, will be applied when communicating with the local and national press.

10.7 The University will work with the local public health authorities to provide support and direction when dealing with concerns relating to local media and press.

11. Recording concerns connected to suicide

11.1 In relation to concerns connected to the welfare, safety or behaviour of an individual (e.g. concern about a physical injury), it is important to record all relevant details, regardless of whether or not the concerns are shared with an external organisation.

11.2 The information recorded must be factual. Any interpretation or inference drawn from what was observed, said or alleged should be clearly recorded as such, using the Record of Suicidal Concern form (see Appendix 7)

12. Information Handling

12.1 The University will create records, share and store information in line with its obligations under the UK General Data Protection Regulations (GDPR).

12.2 A record of events will be created by the Suicide Intervention and Postvention Teams in line with GDPR to inform a post-incident review.

12.3 As part of a serious incident review, the University Suicide Prevention Response team will collate demographic, personal, academic and any other relevant information relating to suicides or serious suicide attempts undertaken on University premises.

12.4 Records will be kept of all suicide related concerns, incidents and their outcomes by the Head of Wellbeing, Skills and Diversity and the Head of Human Resources in accordance with the University Data Protection policy, Data Protection Act and other relevant legislation.

12.5 As part of addressing concerns raised about an individual potentially at risk of suicide and or suicidal thoughts, the Suicide Prevention Team may need to access information relating to the individual.

12.6 The University will make information readily available to members of the Suicide Prevention, Response and Intervention Group, complying with GDPR and enabling appropriate sharing of data (internally and externally) where there is a risk to the safety of a person or group of people. Confidentiality will be respected with information only shared on a need to know basis in the interests of the individuals concerned.

12.7 The University is responsible for securing an individual's express consent before it shares information with their next of kin or guardian. This applies even in cases where the GDPR allows the University to share safety concerns with other agencies, such as the police, without the individual's consent.

12.8 Individuals will be asked to provide their written consent prior to commencing studies or employment at the University to share information with their next of kin or guardian in the event of a substantial concern to their safety.

12.9 Where a student has provided the appropriate consent, this will be clearly indicated within their Student Information Console (SIC) record. For staff, details will be indicated on their Ciphre employment record.

12.10 The University will only contact a next of kin or guardian where the appropriate consent has been provided.

12.11 In cases of attempted, suspected or completed suicide, the University will inform the next of kin, even where the individual does not consent. Where a next of kin is contacted, the individual will be informed. The only exception to this will be where there is compelling evidence to show that it would not be in the best interests of the individual.

12.12 The University acknowledges an individual's right to withdraw consent at any time and will ensure individuals are aware of this. If consent is withdrawn, University records will be updated to reflect this.

13. Data Protection

13.1. Under UK GDPR and the Data Protection Act 2018, individuals have a right of access to personal data that relates to them. This right of access may include a right to request access to records (in whole or in part), relating to suicide involving the person making the request. This may also include an individual's right to withdraw consent of access – see Information handling section 12.

13.2 If any staff member receives a request from a person for access to personal data (held either about that person or another individual) in relation to suicide, the request should be forwarded to the appropriate DSRO (see Appendix 2) for consultation with the Data Protection Officer.

13.3 Further information on the University Data Protection policy can be obtained via <https://www.buckingham.ac.uk/about/policies/data-protection>.

14. Related Policies, Procedures and Forms

14.1 There are a number of University policies which contain provisions that are relevant to suicide and suicide prevention. These include, but are not limited to the policies and procedures provided in Appendix 1.

14.2 Whilst this policy and the guidance provided collectively underpins the University's provision of a safe and secure environment and supports the fulfilment of the University's statutory duties, the University is working towards further integrating the range of policies that contribute to suicide prevention.

Document Version Information

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Prepared by: Hazel McKenzie/Betty Wicks

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Appendix 1

Related Policies and Procedures

Legal Framework and Government Guidance:

- The Health and Safety at Work Act, 1974
- Rehabilitation of Offenders Act (Exceptions) Order 1975
- Data Protection Act 1998 and 2018
- The Sexual Offences Act, 2003
- The Children Act, 1989 and 2004
- Safeguarding Vulnerable Groups Act, 2006
- Counter-Terrorism and Security Act, 2015
- Working Together to Safeguard Children, 2018
- Keeping Children Safe in Education, September 2019

There are a number of University policies and procedures which contain provisions that are relevant to suicide and suicide prevention. This includes, but is not limited to the following:

Section 6 Procedures / intervention

- Health, Safety & Wellbeing Policy and Procedures, see pages 8, 10, 11, 12 - <https://fb77c667c4d6e21c1e06.b-cdn.net/wp-content/uploads/2019/07/Health-safety-and-wellbeing-policy-and-procedures.pdf>
- Mental Health Policy.pdf - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/5.12a-Mental-Health-Policy.pdf>
- Students Union Events Policy - <https://fb77c667c4d6e21c1e06.b-cdn.net/wp-content/uploads/2019/12/Students-Union-Events-Policy.pdf>
- Prevent Policy - <https://fb77c667c4d6e21c1e06.b-cdn.net/wp-content/uploads/2019/12/Prevent-Policy.pdf>
- Use of University Computers and Data Networks - <https://fb77c667c4d6e21c1e06.b-cdn.net/wp-content/uploads/2020/11/5.18-Use-of-University-Computers-and-Data-Networks.pdf>
- University Policy on Alcohol, Aug-2018.pdf - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/5.7-University-Policy-on-Alcohol-Aug-2018.pdf>
- Drugs Policy - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/5.9-Drugs-Protocol-July-19.pdf>
- University Policy on Drugs and Dangerous Substances, Aug-2018.pdf - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/5.8-University-Policy-on-Drugs-and-Dangerous-Substances-Aug-2018.pdf>
- Social Media Policy.pdf - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/5.10-Social-Media-Policy.pdf>
- Mitigating Circumstances Policy and Procedure.pdf - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/3.7a-Mitigating-Circumstances-Policy-and-Procedure.pdf>
- Student Contract (Standard) https://www.buckingham.ac.uk/wp-content/uploads/2020/11/2.1a-Student-Contract_Final-Version-2020.pdf
- Student Declaration form - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/2.1c-Student-Declaration.docx>

Related Policies and Procedures Contd.,

Section 6b Early intervention: High Risk groups

- University Anti-Bullying and Harassment Policy - https://www.buckingham.ac.uk/wp-content/uploads/2020/11/5.4-Anti-Bullying-and-Harrassment-Policy_v4.pdf
- Dignity at Work and Study Policy - <https://www.buckingham.ac.uk/wp-content/uploads/2020/01/5.13-Dignity-at-Work-and-Study-Policy-Procedures.pdf>
- Academic Misconduct Policy and Procedures - <https://www.buckingham.ac.uk/wp-content/uploads/2020/11/3.6a-Academic-Misconduct-Policy-and-Procedures.pdf>

Section 6c Intervention through collaboration

- University's Equality and Diversity Policy - <https://www.buckingham.ac.uk/wp-content/uploads/2019/03/5.14-Equality-and-Diversity-Policy.docx>
- Data Protection Policy - <https://www.buckingham.ac.uk/about/policies/data-protection>

Appendix 2

Suicide Prevention and Response - Contacts and Responsibilities

2.1 The following members of University staff have been designated as appropriate points of contact in relation to suicide prevention and response. These staff undergo specific training in order to be able to respond to incidents, and to advise and support others in this area.

Lead Suicide Response Officers (LSROs)

Contacts:

- Pro Vice-Chancellor, Director of Student Support Services - jane.tapsell@buckingham.ac.uk
- Registrar & Director of Professional Services - chris.payne@buckingham.ac.uk

Strategic lead responsible for:

- Implementation of the University's Suicide Prevention and Response policy, procedure and guidance;
- Ensuring the operation of the University's approach to suicide mitigation and response is sufficiently resourced to enable the University to fulfil its statutory obligations and the requirements of this policy;
- Point of contact and responsible for contacting families, offering to meet and provide support in the event of an attempted, suspected or completed suicide;
- Ensuring that the University engages with local health care providers and other appropriate external agencies.

Designated Suicide Response Officers (DSROs)

Contacts:

- Head of Wellbeing, Skills and Diversity - dee.bunker@buckingham.ac.uk
- Head of Human Resources – diane.jackson-gould@buckingham.ac.uk

Operational role with responsibility for:

- Monitoring and review of the University's Suicide Prevention and Response policy, procedures and guidance;
- Monitoring and review of staff training and awareness in relation to suicide mitigation and response;
- Where required, liaising with and assisting support services and/or external agencies;
- Ensuring that incidents/disclosures are recorded and archived accordingly;
- Maintaining a log of all reported breaches of this policy, its actions and outcomes.

Nominated Suicide Response Officers (NSROs)

Contacts: Faculty Mentors & Mental First Aiders (see Appendix 3)

Department/faculty-based role with responsibility for:

- Ensuring awareness of the Suicide Prevention and Response policy within faculties/ departments;
- Responsible for reporting any concerns as appropriate, ensuring the relevant DSRO is informed of all incidents, whether attempted, suspected or completed;
- Coordinating the department/faculty response in the event of an attempted, suspected or completed suicide, including communication with staff and students within the department/faculty, providing appropriate information, support and guidance to affected individuals in collaboration with the Suicide Prevention, Response and Intervention Group.

2.2 Suicide Prevention and Response

2.2.1 In addition to individual responsibilities, the University has a **Suicide Prevention, Response and Intervention Group** to support individuals as part of the University's response to suicide related concerns. The group consists of the following teams:

2.2.2 The **Suicide Prevention Team** is involved in the training of individuals in suicide awareness. It also supports Faculty Admissions teams to ensure smooth transitions between educational settings.

2.2.3 The **Suicide Intervention Team** is responsible for co-ordinating an immediate response during a crisis situation, supporting individuals in distress or experiencing suicidal thoughts.

2.2.4 The **Suicide Postvention Team** has responsibility for supporting individuals both in the short and longer term, following an incident of suicide, including rapid referral for community mental health support where needed. The team is also involved in conducting a post-incident review and has the responsibility for contacting the bereaved, providing compassionate support where required.

2.2.5 During normal working hours, contact with these teams should be made through the Wellbeing, Skills and Diversity team. For contact outside of normal working hours, please contact Campus Security at either the Buckingham or Crewe campuses.

2.3 Other responsibilities

Oversight of the admission of 'high risk' students

Contact: Admissions Manager - nancy.zulu@buckingham.ac.uk

Guidance on Risk Assessments

Contact: Health and Safety Officer - estelle.adams@buckingham.ac.uk

Guidance on Data Protection

Contact: Data Protection Officer - david.watson@buckingham.ac.uk

Suicide Prevention and Response Training Contact:

Contact: Head of Human Resources – diane.jackson-gould@buckingham.ac.uk

Appendix 3

Nominated Suicide Response Officers (NSROs): Mental Health First Aider list

Mental Health First Aid is the help offered to a person developing a mental health issue, experiencing a worsening of an existing mental health issue or in a mental health crisis.

Mental First Aiders act as **Nominated Suicide Response Officers** (NSROs) where a department is too small to have a nominated NSRO, responsible for coordinating prevention and response to an attempted, suspected or completed suicide, acting as liaison with Designated Suicide Response Officers (DSROs) and Lead Suicide Response Officers (LSROs). See Suicide Prevention and Response policy section 4 and Appendix 2.

Should you need to talk to someone about a concern or issue, please contact one of the Mental First Aiders listed below. Advice and support is also available to staff through the Employee Assistance Programme on 0800 282 193.

Campus Security

Buckingham Campus	07860 834 802
Crewe Campus	01270 353 200

Wellbeing, Skills and Diversity

Name	Tel no:	Email	Location
Dee Bunker (MHFA Instructor)	820 175	dee.bunker@buckingham.ac.uk	Wellbeing, Skills and Diversity, 19 Hunter Street
Pascale Atkins (Counsellor)	820 200	pascale.atkins@buckingham.ac.uk	Wellbeing, Skills and Diversity, 15 Hunter Street
Roy Davis	820 200	roy.davis@buckingham.ac.uk	Wellbeing, Skills and Diversity, 19 Hunter Street
Sarah McDonald	820 200	sarah.mcdonald@buckingham.ac.uk	Wellbeing, Skills and Diversity, 19 Hunter Street

Faculty of Business, Humanities and Social Sciences

Name	Tel no:	Email	Location
Elaine Chambers	820 124	elaine.chambers@buckingham.ac.uk	Business School, AdR
Phoebe Wentworth	820 179	phoebe.wentworth@buckingham.ac.uk	Business School, AdR
Setara Pracha	820 273	setara.pracha@buckingham.ac.uk	Humanities, AdR
Sarah Samways	820 377	sarah.samways@buckingham.ac.uk	Humanities, AdR

Faculty of Law, Computing and Psychology

Name	Tel no:	Email	Location
Sharon Salerno	820 322	sharon.salerno@buckingham.ac.uk	Psychology School, Franciscan

Faculty of Education

Name	Tel no:	Email	Location
Emily Parr	820 653	emily.parr@buckingham.ac.uk	Faculty of Education, Vinson Building

Foundation

Name	Tel no:	Email	Location
Joanna Leach	820 163	joanna.leach@buckingham.ac.uk	Foundation, AdR

Faculty of Medicine and Health Sciences

Name	Tel no:	Email	Location
Emma Spikings	827 537	emma.spikings@buckingham.ac.uk	Faculty of Medicine, Chandos Road Building
Nikki Dean	820 349	nikki.dean@buckingham.ac.uk	Faculty of Medicine, Chandos Road Building
Emma Shepherd	N/A	emma.shepherd@buckingham.ac.uk	Faculty of Medicine, Crewe Campus

IT Services

Name	Tel no:	Email	Location
Michael Dunkley	820 248	michael.dunkley@buckingham.ac.uk	IT Services, Norton's House
Vicki Gilchrist	827 500	vicki.gilchrist@buckingham.ac.uk	IT Services, Norton House

Library Services

Name	Tel no:	Email	Location
Tracey Sargent	820 372	tracey.sargent@buckingham.ac.uk	Library Services, Hunter Street

Professional Services

Name	Tel no:	Email	Location
Hayley Cripps	820 321	hayley.cripps@buckingham.ac.uk	Collaborations, Istra Cottages
Katie Evans	827 591	katie.evans@buckingham.ac.uk	Student Administration, Istra Cottages
Daria Ermolenko	820 504	daria.ermolenko@buckingham.ac.uk	Professional Services, Istra Cottages

Last updated 06/01/22

Appendix 4

Suicide Prevention, Response and Intervention Team: Terms of Reference (Sept 2021)

3.1 The University's Suicide Prevention, Response and Intervention team will oversee all immediate and urgent key activities related to the University's response. The purpose of this group is as outlined below:

- **Suicide Prevention:** to provide overarching guidance on the University's approach to suicide prevention. This will include development and implementation of a suicide prevention plan and oversight of any internal reviews.
- **Suicide Intervention:** to enable the immediate mobilisation of a senior internal team who can work closely with external partners to provide overarching guidance and management of the urgent response required in the event of an unexpected death.
- **Suicide Postvention:** to provide support to affected individuals as needed both in the short and longer term. This will include conducting a post-incident review, ensuring an individual approach is adopted for anyone identified as being at risk of contagion, including rapid referral for community mental health support where needed.

3.2 Accountability and Reporting

The Suicide Prevention, Response and Intervention Team (under the direction of the University Designated Suicide Response Officers) reports to the Pro Vice-Chancellor, Director of Student Support Services and through it, to the University Senior Management Team and Council.

3.3 Meetings

3.3.1 Meetings are chaired by the Pro Vice-Chancellor, Director of Student Support Services and held bi-annually in the course of the academic year. The Chair may nominate the Interim Director of Support Services to act as Chair in the event of an unexpected staff death.

3.3.2 In exceptional circumstances, in the event of an unexpected or cluster of deaths, the team will meet as required in relation to individual circumstances.

3.4 Responsibilities and composition

3.4.1 Suicide Prevention Team

The Suicide Prevention Team will:

- Support University departments (e.g. Admissions) to work with schools, colleges, and other universities to ensure smooth transitions between educational settings.
- Provide staff training in suicide awareness, how to have conversations and how to intervene.
- Provide optional training to students in suicide awareness, how to have conversations and how to intervene.
- Work to promote a culture where concerns about suicide can be discussed without fear, shame or embarrassment through actively and constructively challenging stigma and prejudice associated with suicide.
- Use alert systems to detect patterns of difficulty, such as not engaging with academic or professional work, running into academic or work-related difficulties or dropping off the

academic radar, not paying rent, fees or fines; disciplinary issues, not engaging with others or being involved in community activities.

- Create links with local and national partners from the health sector, voluntary sector, and local authority, especially local suicide partnerships. This includes, but is not limited to, stakeholders such as The Samaritans, Independent Press Standards Organisation, Buckinghamshire Coroners Service, Buckinghamshire Council.
- Build partnerships with external organisations, ensuring rapid referral for appropriate mental health and wellbeing support services.

The Suicide Prevention Team comprises members from the following groups:

- The Mental Health Lead
- Faculty Mentors
- The Wellbeing and Drug Adviser
- The Inclusivity Adviser
- A representative from the Security Team
- A representative from Students' Union staff
- A representative from the Student body
- A Nominated Suicide Response Officer

3.4.2 Suicide Intervention Team

The Suicide Intervention Team will:

- Have explicit responsibility and the professional capabilities to intervene in a crisis situation, co-ordinating an immediate response with the Postvention team on instruction by the University Designated Suicide Response Officers (DSROs).
- Be familiar with the suicide-safer strategy and know the steps required to support those in distress or who may be experiencing suicidal thoughts.
- Create a record of events in line with the GDPR, ensuring information held in relation to a crisis situation are held securely.

The Suicide Intervention Team comprises members from the following groups:

- A qualified Mental Health First Aider
- A representative from the Campus Security Team
- A representative of the Wellbeing, Skills and Diversity Team
- The Health & Safety Officer or a representative of the Estates (Maintenance) Team
- A Nominated Suicide Response Officer

3.3.3 Suicide Postvention Team

The Suicide Postvention Team under the direction of the Designated Suicide Response Officers (DSROs), will:

- Contact the bereaved, offering to meet and provide compassionate support.
- Agree internal communications, including staff and students, as appropriate.
- Support the media in delivering sensitive reporting of the attempted, suspected or completed suicide.
- Alert local and public health services, as appropriate.
- Conduct a post incident review following a completed or serious attempt of suicide to inform the University's approach to suicide prevention. A serious attempt in this context is defined as one that leads to an individual being admitted to intensive care or the individual using a method likely to lead to death.

- Advise on urgent policy changes relating to vulnerable individuals and complex cases.
- Find the best way to celebrate the life of the deceased, without glamorising suicide through memorials or upholding anniversaries as appropriate.
- Have oversight of the immediate and reactive work carried out by relevant departments, including Human Resources, Student Support Services and Marketing.

The Suicide Postvention Team comprises members from the following staff groups:

- A senior member of the University leadership team
- A representative of the Wellbeing, Skills and Diversity team
- A Nominated Suicide Response Officer
- A representative from Students' Union staff
- A senior member of the Marketing/Media Relations team

Individual responsibilities for members within this team are outlined below:

- A pre-agreed member of the team may be nominated responsibility for **contacting the family and staff members directly impacted by the incident**, offering to meet and provide support. This member of the team will also act as a point of contact for the family and staff as and when required.

The level and duration of input required will vary according to the situation but may include emotional support and clear advice regarding practical arrangements.

- A pre-agreed member of the team will arrange appropriate **support within the University community**. This will include:
 - Holding open meetings for individuals within a week of the incident. While all clinical information and/or specific details relating to an individual must remain confidential, general statements of reassurance are permissible.
 - Informing individuals of the availability of individual counselling within a week of an incident.
 - Arrangements for an informal off-campus meeting for individuals
 - If appropriate and with permission of the family, arrangements for a memorial service and the communication of messages of support for the family.
 - Where in-person meetings are not possible, or not preferred, arrangements will be made for open meetings and counselling via phone or video-conferencing software.
- Whilst immediate support is important, the emotional impact of an attempted, suspected or completed suicide may also be longer term. A pre-agreed member of the team should be responsible for **longer-term support** to individuals affected by an attempted, suspected or completed suicide. This will include:
 - Checking in directly with affected staff members. This requires care as these may not always be the obvious people.
 - Checking in with affected students via their Personal Tutors and Faculty Mentors, providing advice and support in relation to affected students.
 - Arrangements for further counselling and open meetings where required.
- A member of the team from the Marketing/Media relations team will be responsible for **supporting the media** in delivering sensitive reporting of the attempted, suspected or completed suicide. This team member is also responsible for monitoring social media posts regarding the suspected or completed suicide, with consideration given to the all parties affected, and to the wider university and local community.

Appendix 5

Guidelines on dealing with incidents in relation to suicide

4.1 Suicide is complex, unique and sometimes difficult to predict. Whilst a specific single trigger might cause one person to consider suicide, another person is very unlikely to experience the same response. Whilst it may be difficult to predict a potential suicide, being aware of potential triggers can be helpful in enabling timely identification, intervention, signposting and support for individuals who may be experiencing suicidal thoughts

4.2 Recognising risk factors

4.2.1 The University recognises that there are numerous factors which can increase mental distress and create a suicide risk. Whilst it is not possible to provide an exhaustive list of such factors, some commonly recognised triggers to aid timely identification, intervention and signposting are listed below:

- **Increased mental distress** can be caused by debt, alcohol use, serious self-harm, academic pressures, social/cultural factors, stigma around help-seeking, social media and internet use
- **Time of year:** the beginnings and endings of all academic years may constitute vulnerability for students already at risk; transitional periods appear to cause students to contemplate future demands and pressures at a time when established sources of support may be unavailable
- **Specific suicide risk factors** include transition from one environment to another, serious (suicidal) self-harm, alcohol/drug misuse, diagnosed depression, perfectionism and having been exposed to another recent suicide
- **High-risk groups** include bereaved students, asylum seekers and refugees, people who identify as LGBTQ+, people with experience of trauma and victimisation, and male students

4.2.2 Whilst risk factors exist, suicide is complex and unpredictable, even for experienced professionals. Ultimately, suicide can affect anyone regardless of age, gender, background or whether risk factors are present in an individual's life.

4.2.3 Concerns for an individual suspected to be experiencing suicidal thoughts, could arise in a variety of ways and in a range of different settings. For example, an individual may:

- verbally expresses or display signs of suicidal thoughts;
- witness or hear about another individual expressing suicidal thoughts;
- an individual may have recently been affected by a suspected, attempted or completed suicide.
- demonstrate signs of serious self-harm;

4.2.4 In all cases, it is essential to act quickly, sensitively and professionally on receiving information of an attempted, suspected or completed suicide. A concern of this nature should be treated like any other health emergency. See Appendix 6 for further details of who to contact during and out of University office hours.

4.3 Dealing with an immediate emergency

4.3.1 An attempted or suspected suicide should be treated as an emergency health and safety concern. If you suspect an individual may be in immediate danger of harming themselves or attempting suicide, you should:

- ensure where possible, that they are escorted directly to the nearest emergency department. The **online NHS tool** - <https://www.nhs.uk> can be used to locate the nearest emergency department.
- For those unable to travel to the emergency department, an ambulance should be requested by **dialling 999**.

- If you are on university campus, you should **also** inform the Campus Security team. The Security team will direct the ambulance to your specific location when it arrives.
- If you are unsure whether the concern is a genuine emergency, you should call 111 (NHS) or 101 (Police) for advice. Your call will be transferred directly to 999 if necessary.

4.4 Dealing with individuals who may be experiencing suicidal thoughts

4.4.1 Where suicidal thoughts are expressed, it is important that the individual concerned is able to talk to someone and seek help. To support an individual who may be experiencing suicidal thoughts, we recommend that you:

- Reassure the individual that they are not alone
- Encourage the individual to talk
- Explain to the individual that you are there to listen
- Explain to the individual that you are alerting the University DSRO, a trained member of staff to help provide professional support with how they are feeling.

4.4.2 Further information on how to talk to someone experiencing suicidal thoughts can be found in Appendix 8. By encouraging someone to talk, you are giving them a way of accessing the right support. This does not mean you will take away their feelings or that you are responsible for their safety, but knowing about these feelings allows alternative interventions to be considered. This will also aid signposting the individual to the appropriate source of support.

- For **student related concerns**, contact Campus Security and the Wellbeing, Skills & Diversity Team and let the student know that you are doing this.
- For **staff related concerns**, contact the Campus Security and the Human Resources department, and let the staff member know that you are doing this

4.4.3 Where possible, an individual experiencing suicidal thoughts **should not** be left alone nor confidentiality promised in cases of a life-threatening nature. In situations of this nature, personal confidentiality can be waived.

4.4.4 If the individual experiencing suicidal thoughts has communicated this information via telephone, email or other forms of written or electronic communication, out of hours procedures should be followed. See Appendix 6.

4.4.5 Where feasible, the individual of concern will be involved in all discussions, decision-making and other communications relating to the incident.

4.4.6 If an individual is at **imminent risk** of suicide, a professional judgement will need to be made, based on an understanding of the individual and what would be in their best interest.

4.4.7 Trying to understand feelings and thoughts of suicide can be both difficult and daunting. Hearing about a suicide or another person's suicidal thoughts can also be upsetting and overwhelming. If you need further advice and support, please contact the Head of Wellbeing, Skills and Diversity or the Head of Human Resources. Advice and support is also available to staff through the Employee Assistance Programme.

4.4.8 In dealing with any suicide related concern, the University has a duty of care both to the individual concerned and to the individual who is made aware of the attempted, suspected or completed suicide.

4.4.9 Appropriate support will be identified and offered to individuals who have been involved with a student or staff member who has attempted or completed suicide by the University's Suicide Prevention, Response and Intervention team.

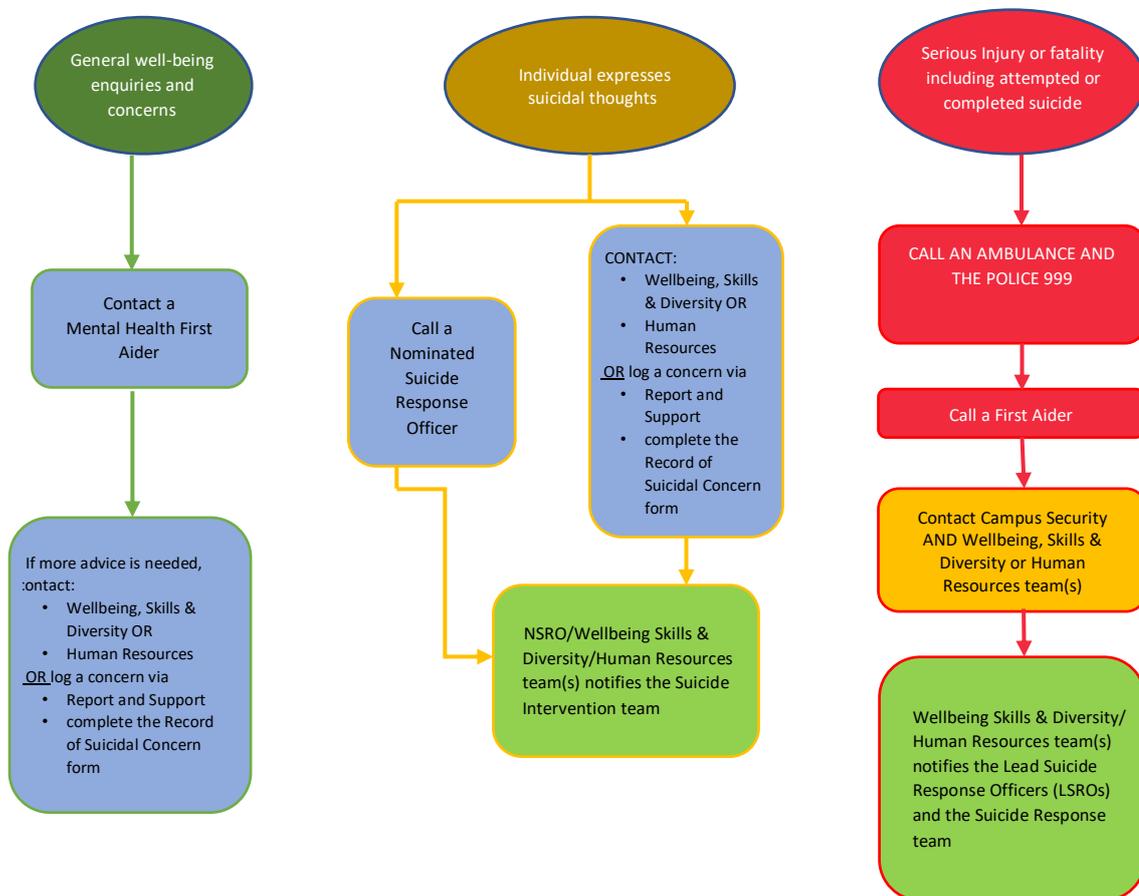
4.4.10 Individuals requiring further advise and support, are asked to contact the following:

- For **student**, please contact the Wellbeing, Skills & Diversity Team.
- For **staff**, please contact the Human Resources department. Advice and support is also available to staff through the Employee Assistance Programme.

Appendix 6

6(a) Dealing with an immediate emergency:

Emergency contacts during University office hours (Monday to Friday, 9am to 5pm)



Appendix 6

6(b) Dealing with an immediate emergency:

Emergency contacts outside of University office hours (Monday to Friday, 9pm to 9am and weekends)



Appendix 7

RECORD OF SUICIDAL CONCERN FORM

Date of Initial Report: Time of Initial Report:

Name of individual of concern	
Contact details for individual of concern	
Location of incident (if different to individual of concern)	
Name(s) of individual(s) involved or at the scene of the incident	

Details of the incident or concern: Please give as much information about the incident or concern, including what alerted your attention to the situation and the relationship between you and the individual of concern. **IMPORTANT:** *Information contained in this form may become part of an individual's educational/ employment record. Please provide objective and concise information.*

Have you given the individual any advice on dealing with the(se) concern(s)? YES/NO

If YES, please summarise the advice given

If NO, please indicate whether or not you have asked or advised the individual to report directly to the Campus Security team or University Designated Suicide Response Officers (DSROs) contacts.
YES/NO

Please indicate whether or not you have reported this concern to another member of staff. YES/NO

If YES, please provide details of the other staff member(s) advised of this concern

.....

Name of person reporting incident (capitals):

Department/ Faculty/ Student ID: Ext No:

Email address:

Signed: Date:

Please return to:

- **Student related incident:** Head of Wellbeing, Skills and Diversity, dee.bunker@buckingham.ac.uk
- **Staff related incident:** Head of Human Resources, diane.jackson-gould@buckingham.ac.uk

Appendix 8

External Support Services and Resources

Local Health Services

The Swan GP Practice, North End, High Street, Buckingham, MK18 1NU

Phone: 01280 818600

Milton Keynes Hospital, Standing Way, Milton Keynes, Buckinghamshire, MK6 5LD

Phone: 01908 660033

Royal Stoke University Hospital Accident and Emergency Department, Newcastle Road, Stoke-on-Trent, Staffordshire, ST4 6QG

Phone: 01782 715444

National Health Services

Find your local GP: <https://www.nhs.uk/service-search/find-a-gp>

NHS 111 by phone: <https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-use-111/>

NHS 111 online: <https://111.nhs.uk/>

NHS 999 by phone: <https://www.nhs.uk/nhs-services/urgent-and-emergency-care-services/when-to-call-999/>

Police

Phone: 999 (emergency enquiries); 101 (non-emergency enquiries)

Milton Keynes Police Station, 302 North Row, Witan Gate East, Milton Keynes, MK9 2DS

Phone: 01908 686014

Crewe Police Station, Civic Centre, Crewe St, Crewe CW1 2DQ

Phone: 01244 350000

Thames Valley Police: <https://www.thamesvalley.police.uk/advice/advice-and-information/>

Advice on adult and elder abuse, child abuse, domestic abuse, rape and sexual assault, support for victims of crime, modern slavery, stalking and harassment

Cheshire Constabulary: <https://www.cheshire.police.uk/advice/advice-and-information/>

Advice on adult and elder abuse, child abuse, domestic abuse, rape and sexual assault, support for victims of crime, modern slavery, stalking and harassment

Charities/Not for Profit Organisations

Samaritans: <https://www.samaritans.org/>

Phone: 116 123

SMS: Text SHOUT to 85258

Email: jo@samaritans.org

Papyrus: <https://www.papyrus-uk.org/help-advice/>

Phone: 0800 068 4141

SMS: 07860039967

Email: pat@papyrus-uk.org

External Support Services and Resources contd.,

Charities/Not for Profit Organisations

Mind: <https://www.mind.org.uk/information-support/types-of-mental-health-problems/suicidal-feelings/about-suicidal-feelings/>

Phone: 0300 123 3393

Post: Mind Infoline, PO Box 75225, London, E15 9FS

Email: info@mind.org.uk

World Health Organisation: <https://www.who.int/news-room/fact-sheets/detail/suicide>

Appendix 9

Talking about suicide

7.1 Whilst death by suicide by a work colleague or student may be an infrequent occurrence, they do happen. It is important to be aware that death by suicide can also increase the risk of suicide amongst others who have been exposed to it. This makes postvention an important component of what is done after a death, with sensitive, timely and appropriate support aligned to the circumstances of the death key.

7.2 Although the Postvention team has responsibility for supporting individuals affected by suicide, it is important that individuals understand the part they can play in creating a culture which destigmatises suicide and supports those who may be affected by a suspected, attempted or completed suicide. One way of doing this is through the use of sensitive and respectful language.

7.3 Even if suicide is suspected, until this has been confirmed, the cause of death should be referred to as 'unconfirmed' or as 'suspected suicide', pending confirmation of cause of death by a coroner.

7.4 Reference to "committing suicide", should be avoided. Appropriate terms which should be used when referring an incident involving suicide are provided below:

- They attempted to end their life
- They survived a suicide attempt
- They died by suicide
- They ended their life
- They took their life

7.5 When having a conversation with an individual experiencing suicidal feelings or thoughts, remember to:

- Ask open questions
- Give the person time
- Take them seriously
- Don't judge or blame
- Don't skirt around the subject

7.6 Appropriate questions which could be used when having a conversation with an individual experiencing suicidal feelings or thoughts may include:

- "Sometimes people who are going through similar things have thoughts of suicide, do you ever have thoughts of suicide?"
- "You've described some very painful problems, are you currently thinking about suicide?"
- "What is your suicide plan?"
- "Who else have you spoken to about your suicide thoughts?"

7.7 Finding out the answers to such questions as outlined above, can aid signposting an individual to the appropriate source of support.

7.8 Providing an individual with the opportunity to talk may not take away their feelings or thoughts of suicide, neither does this not make the individual providing support responsible for another person's safety.

7.9 It is important where there is a concern, that this reported in a timely and appropriate manner.

- For **student related concerns**, contact Campus Security and the Wellbeing, Skills & Diversity Team and let the student experiencing suicidal thoughts know that you are doing this.

- For **staff related concerns**, contact Campus Security and the Human Resources department, and let the staff member experiencing suicidal thoughts know that you are doing this

7.10 Understanding suicidal feelings and common misconceptions around suicide (see Appendix 9), aids further understanding of the part individuals can play in creating a supporting University culture.

7.11 If you suspect an individual may be in immediate danger of harming themselves or attempting suicide, you should:

- ensure where possible, that they are escorted directly to the nearest emergency department. The online NHS tool - <https://www.nhs.uk> can be used to locate the nearest emergency department.
- For those unable to travel to the emergency department, an ambulance should be requested by dialling 999.
- If you are on university campus, you should also inform the Campus Security team. The Security team will direct the ambulance to your specific location when it arrives.
- If you are unsure whether the concern is a genuine emergency, you should call 111 (NHS) or 101 (Police) for advice. Your call will be transferred directly to 999 if necessary.

7.12 If you are unsure whether the concern is a genuine emergency, you should call 111 (NHS) or 101 (Police) for advice. Your call will be transferred directly to 999 if necessary.

7.13 Further guidance on dealing with incidents in relation to suicide or suicide prevention, can be found in Appendix 5. Details of who to contact during and out of University office hours can be found in Appendix 6.

Appendix 10

Understanding suicidal feelings: misconceptions and the facts

8.1 Trying to understand another person's feelings and thoughts can be daunting. Suicidal thoughts can also be overwhelming and very changeable. They will affect people differently, including how long they last and the intensity (which can be heightened if the person drinks alcohol, uses street drugs or suffers with sleep problems).

8.2 There is a misconception that talking to someone about their suicidal feelings will encourage them to make a suicide plan and, or act upon an existing plan. Understanding this is not true, alongside other common misconception can be helpful in eliminating some of the misunderstanding and stigma connected to suicide, providing a useful starting point for creating a supportive University culture.

Misconception 1: Talking about suicide can create or worsen risk

8.3 Suicide can be a taboo topic in society. Often, people feeling suicidal do not want to worry or burden anyone with how they feel and so they don't discuss it. By asking directly about suicide you give them permission to tell you how they feel.

8.4 People who have felt suicidal will often say what a huge relief it is to be able to talk about what they are experiencing. Once someone starts talking, they've got a better chance of discovering other options to suicide. It also places you as the individual offering a 'listening ear', in a more informed position to assist with signposting.

Misconception 2: People who talk about suicide aren't serious and won't go through with it.

8.5 People who attempt or complete suicide 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. Although it is possible that someone might talk about suicide as a way of getting the attention they need, it is vitally important to take anyone who talks about feeling suicidal seriously.

Misconception 3: Most suicides happen suddenly without warning

8.6 Whilst some suicides occur without warning, some suicides may be preceded by verbal or behavioural warning signs. It is important to understand what the warning signs are, to look out for them, to understand what to do next and how to access support. Limiting access to a means of suicide in some situations, can act as an effective intervention.

Misconception 4: Someone who is suicidal is determined to die

8.7 The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have; they can change their minds and may want to be saved. 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.

Misconception 5: You have to be mentally ill to think about suicide

8.8 Most people have thought of suicide from time to time and not all people who die through suicide have mental health problems at the time of death. Many who attempt or complete suicide do suffer with their mental health, often to a serious degree. Whilst mental health issues are sometimes widely known before an individual's death, approximately two thirds of people who die by suicide are often unknown to the mental health services.

8.9 An awareness of these myths can better equip individuals to have conversations needed to aid interventions being put into place to support someone experiencing suicidal thoughts and those who may be affected by a suspected, attempted or completed suicide.

8.10 If you suspect an individual may be in immediate danger of harming themselves or attempting suicide, you should:

- ensure where possible, that they are escorted directly to the nearest emergency department. The online NHS tool - <https://www.nhs.uk> can be used to locate the nearest emergency department.
- For those unable to travel to the emergency department, an ambulance should be requested by dialling 999.
- If you are on university campus, you should also inform the Campus Security team. The Security team will direct the ambulance to your specific location when it arrives.
- If you are unsure whether the concern is a genuine emergency, you should call 111 (NHS) or 101 (Police) for advice. Your call will be transferred directly to 999 if necessary.

8.11 If you are unsure whether the concern is a genuine emergency, you should call 111 (NHS) or 101 (Police) for advice. Your call will be transferred directly to 999 if necessary.

8.12 Further guidance on dealing with incidents in relation to suicide or suicide prevention, can be found in Appendix 5. Details of who to contact during and out of University office hours can be found in Appendix 6.

Sources:

Samaritans, "Myths about suicide," 2018 - <https://www.samaritans.org/how-we-can-help-you/what-speak-us-about/signs-you-may-be-struggling-cope/myths-about-suicide>.

World Health Organization, "Preventing suicide: a global imperative - Myths," - http://www.who.int/mental_health/suicide-prevention/myths.pdf.

Appendix 11

Guidance for Employers, Trust Education Providers and External Organisations

9.1 The University retains responsibility for the health, safety and wellbeing of enrolled students currently on placement or undertaking an apprenticeship with an employer, Trust education provider or external organisation.

9.2 Employers, Trust education providers and external organisations have a duty of care to students on placement or undertaking an apprenticeship and to respond appropriately to incidents relating to suicide that take place on their premises.

9.3 Employers, Trust education providers and external organisations may have their own processes in addition to the university processes but they should be made aware of university processes. They should be informed of the university's Suicide Prevention and Response policy and any updates made to that policy.

Procedures for Dealing with Incidents in Relation to Suicide

9.4 Employers, Trust education providers and external organisations who are concerned for the general wellbeing of the students placed with them should initially inform their liaison at the university who will then follow the reporting procedures outlined in the policy.

9.5 Where an individual is suspected to be in immediate danger of harming themselves or attempting suicide, arrangements should be made where possible to escort them directly to the nearest emergency department. The employer, Trust education provider or external organisation should then notify a DSRO as soon as possible.

9.6 Employers, Trust education providers and external organisations should only contact a next of kin or guardian where the appropriate consent has been provided.

9.7 In cases of attempted, suspected or completed suicide, the employer, Trust education provider or external organisation can inform the next of kin, even where the student does not consent. Where a next of kin is contacted, the employer, Trust education provider or external organisation should inform the student and the DSRO. The only exception to this will be where there is compelling evidence to show that it would not be in the best interests of the student.

9.8 If employers, Trust education providers or external organisations are uncertain as to whether it would be in the best interests of the student to contact the next of the kin, they should refer the matter to the DSRO.

9.9 If employers, Trust education providers or external organisations do not have contact information for the next of kin, they should refer the matter to the DSRO.

9.10 Employers, Trust education providers and external organisations should work with the Suicide Postvention team in responding to media coverage of an attempted or completed suicide. Media enquiries should be directed to the University's Head of Marketing.

Information Handling

9.11 In relation to concerns connected to the welfare, safety or behaviour of an individual (e.g. concern about a physical injury), it is important to record all relevant details. Record keeping and sharing should be in keeping with GDPR legislation. Personal data must be processed fairly, lawfully and securely. This means that personal data should only be processed if there is a valid condition of processing (e.g. consent

obtained from the data subject, or a contract with them) and information has been provided to the individuals concerned about how and why their information is being processed (i.e. a privacy notice). There are restrictions on passing health-related personal information on to third parties without student consent. All information sharing must be in line with GDPR protocols.

Data Protection

9.12 Under UK GDPR and the Data Protection Act 2018, individuals have a right of access to personal data that relates to them. This right of access may include a right to request access to records (in whole or in part), relating to suicide involving the person making the request. This may also include an individual's right to withdraw consent of access.

9.13 If an employer, Trust education provider or external organisation receives a request from a person for access to personal data (held either about that person or another individual) in relation to suicide, the request should be forwarded to their Data Protection Officer and dealt with in line with GDPR protocols.

9.14 Further information on the University Data Protection policy can be obtained via <https://www.buckingham.ac.uk/about/policies/data-protection>.