**University of Bradford Suicide Awareness and Prevention Plan**

**Introduction**

The University of Bradford Suicide Awareness and Prevention Plan is a distinct element of the overall institutional [Student Mental Health Strategy 2021-2025: Towards a Mentally Healthy University.](https://www.bradford.ac.uk/governance/policies-and-statements/student-mental-health-strategy/) The Suicide Safer Plan has been developed in line with the Universities UK (UUK) ‘Suicide Safer Universities’ Guide (2018), informed by the *Preventing and Responding to Student Suicide: A practical Guide for FE and HE Settings* (2021), and developed by consultation with a range of stakeholders and mental health practitioners from across the University as well as partners in the local Bradford District Care Foundation Trust (BDCFT).

While the Plan primarily focuses on prevention, intervention and postvention in relation to student suicide, it recognises the role of, and impact on, staff members and the wider University community.

**Context**

**1.1 Higher Education Context**

Statistics from the UUK Suicide Safer Universities guidance highlight that at least 95 University students took their own lives in England and Wales in 2016-17 and that each suicide affects a much wider circle, approximated to be around 135 people. With suicide being identified as the biggest cause of death in young adults (University of Manchester, 2016), and nearly 1 in 4 young people experiencing suicidal feelings at least once in their lives (UUK, pp.4-5), it is vital that Universities establish a clear approach to suicide awareness and prevention that works through the full cycle of prevention, intervention and postvention. Moreover, all UK and International guidance pertaining to suicide prevention in HE signal ‘the need for a whole institution systematic approach, a socio-ecological model, with all component parts connecting with each other to create an institutional culture that promotes and supports student mental health *and* safety’ (Fox and Smith, p.188 in Mallon and Smith (eds.) (2021).

In recent years there has also been a marked increase in the demand for overall student services, with 94% of Counselling Services reporting such an increase (UUK, p.13). However, it is thought that of those people who die due to suicide, only around a third are known to mental health services which highlights the importance in a whole institutional approach to suicide prevention and intervention. Around 20% of young people have self-harmed (non-suicidal) by the age of 20, and far fewer (around 2–3%) make suicide attempts (UUK, p.13). Male higher education students had a significantly higher rate of suicide (6.7 per 100,000) compared with female students (2.8 per 100,000) (ONS Report, 2018). In light of this data, it is vital to employ ‘multiple strategies including specific targeted interventions for at-risk groups as well as broad-based, institution-wide interventions’ safety’ (Fox and Smith, p.189 in Mallon and Smith (eds.) (2021).

**1.2 Understanding Suicide**

A shared understanding of the terminology pertaining to suicide is an integral first step to a shared understanding of the role that everybody plays in this plan.

Suicide - the deliberate act of taking one’s own life.

Suicide attempt - a deliberate action undertaken with at least some wish to die as a result of the act. The degree of suicidal ‘intent’ varies and may not be related to the lethality of the attempt.

Suicidal Behaviour - covers a range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thoughts, deliberate recklessness and risk-taking, self-harming not aimed at causing death, and suicide attempts. The disclosure of suicidal thoughts should never be treated as attention-seeking.

Suicidal Ideation - sometimes referred to as suicidal thoughts, is a term used to cover thoughts about wanting to take one’s own life. Plans and preparatory acts related to suicide might be included under suicidal ideation or may be referred to as suicidal intent.

In understanding suicide, it is important to challenge myths and beliefs that perpetuate stigma or fear about the topic. Asking whether someone is feeling suicidal does not create or increase risk. It may have the opposite effect. How we talk about suicide is important: we should use words that do not stigmatise or criminalise (Nielsen, 2016).

**1.3 Understanding Determinants and Risks**

The reasons for suicide, or suicide attempt, are often complex and specific to the individual. However, it is recognised that financial difficulties, social pressures, changes in life that increase stress, academic challenges, can all impact on an individual’s mental health and therefore can increase the risk of suicide. While heightened suicide risk is most often short term and situation specific, there are a range of determinants and specific risks, some of which are historical or longer-term contexts, that have been identified in research.

Research conducted by The University of Manchester (2017) identified ten common themes in suicide by children and young people:

* Family factors such as mental illness
* Abuse and neglect
* Bereavement and experience of suicide
* Bullying
* Suicide-related internet use
* Academic pressures, especially related to exams
* Social isolation or withdrawal
* Physical health conditions that may have social impact
* Alcohol and drug misuse
* Mental ill health, self-harm and suicidal ideas

While media attention in recent years has focused in on student suicide in university settings, evidence suggests that students experience similar risk factors for suicide as the rest of the population, but that there are some additional context stressors specific to student life – for example, the transition to personal and financial responsibility, altered family contact and support, academic pressures, and exposure to new cultures which may include drugs and alcohol (Mclaughlin and Gunnell, 2021, p.33).

The guidance developed by UUK, in partnership with Papyrus, identify the following factors that may increase mental distress, risks and groups at higher risk of suicide. In addition, data from the University’s own student services highlights the fact that International Students can be at higher risk of mental health distress, and therefore potentially suicide, often due to a range of welfare factors including those listed in the table from UUK:

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| --- | --- | --- |
| **Factors that may increase mental distress** | **Risks** | **Higher risk groups** |
| Academic drivers: curriculum design, repeating a year, workload and assessment | Transition from child to adult mental health services | Male students (twice as likely to take their own lives than female students).  |
| Broader issues including national and international geopolitical uncertainty, climate change and other insecurities or concerns  | Serious (suicidal) self-harm is the most important single indicator of increased risk (age 15-24 is the peak age of self-harming) | Lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) individuals  |
| Finance including debt, gambling and worrying about money | Alcohol and/or drug misuse | People with experience of abuse, trauma, conflict or disaster including bullying and peer victimisation, asylum seekers and refugees |
| Life transitions including moving from home, new peer groups, new identities, worries about employability |
| Media reporting including bias towards reporting suicides in students. The internet and social media including the availability of information and time it takes to spread  | Contagion due to exposure to suicide and serios self-harm; clustering of suicidal behaviour | Those bereaved or affected by suicide in others |
| Social and cultural pressure linked to gender, relationship issues, family issues, sexual orientation, race, identity and appearance  | Health and psychological factors such as perfectionism, sleep disturbance, mood instability, physical illness  | Neurodiverse individuals  |

**Approach**

The University of Bradford recognises that:

* Stigma, and a lack of understanding, around suicide and mental illness can be a barrier to seeking help and we are therefore committed to educating and holding open conversations with students and staff
* Suicidal thoughts are common and should always be taken seriously and therefore we are committed to having clear support and escalation procedures in place
* Suicide is a difficult thing to talk about and we are therefore committed to training and supporting staff in identifying and knowing how to respond to complex situations
* The impact and reach of a student suicide includes family, friends, teaching and support staff across the University, and the wider community and we are therefore committed to a postvention support plan that takes this into consideration
* Creating a Suicide Safer University is everybody’s business, and we are therefore committed to a whole university approach that includes roles, responsibilities and training for all members of staff as reflected in our institutional action plan.

**2.1 Prevention**

As set out in the University’s Student mental Health Strategy, the University of Bradford takes a holistic approach to student mental health and wellbeing and this continues through into the approach to student suicide which is recognised as everybody’s business. As evidence demonstrates that suicide is preventable, ensuring appropriate levels of awareness, training and support are in place is integral to the University’s Suicide Prevention Plan. The actions set out in this plan are intended to create an infrastructure that supports student wellbeing and access to support. To deliver on this approach we take a whole-institution approach to promoting good health and wellbeing while identifying and supporting those ‘at risk’, or ‘higher risk’, individuals and groups. Through collaborative working we aim to reduce stigma and raise awareness around mental health and wellbeing, including suicide and suicidal behaviour, and to offer proactive and engaged student services that are accessible and inclusive of all students.

**2.2 Intervention**

Our approach to intervention acknowledges that everybody in the University has a role to play in recognising the signs and increased vulnerabilities of suicide. An environment where students and staff feel comfortable to have open and honest conversations is a foundation of being able to support intervention. Through training and clear guidance, we endeavour for all staff to be alert to the signs that someone might be vulnerable and ensure that there are clear referral routes and guidance in place so that staff, or student peers, are able to quickly hand over to someone who is appropriately trained to intervene. Research shows that many suicides are preventable via interventions that build community resilience and target high-risk groups (WHO, 2014). Collaboration between internal teams and with external organisations is a key enabler to effective intervention.

**2.3 Postvention**

A suicide impacts on family, friends, staff who have had contact with the individual and the wider University community. Our approach to postvention recognises the reach of impact and aims to support those people affected in a sensitive, compassionate and person-centred way. Research shows that those bereaved by suicide often receive little support even though they are at increased risk of suicide themselves (James Wentworth, Stanley Memorial Fund, 2018; Pitman, Osborn, King et al, 2014). Ensuring a postvention response that strives to minimise the risk of cluster suicide is therefore vital. In our postvention action plan, we also set out actions that help the institution to learn lessons and to reduce risk and to prevent, as far as possible, future suicides.

**References**

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