



Universities UK

Reducing the risk of student suicide: issues and responses for higher education institutions

Universities UK MANAGEMENT GUIDANCE

GUIDELINES





Universities UK

Reducing the risk of student suicide: issues and responses for higher education institutions

Contents

Executive Summary	4
Acknowledgements	5
1 Introduction	6
2 Context	8
Student suicide and attempted suicide	
3 The roles and responsibilities of higher education institutions	12
Duty of care	
Internal systems and structures	
Confidentiality	
Student support and guidance services	
4 Strategies to reduce the risk of student suicide	16
Training and awareness raising	
Promoting mental well-being	
Risk assessment	
Communication and collaborative arrangements	
On-call provision	
Social integration	
Reducing the stress of academic life	
5 Responding to student suicide and attempted suicide	22
Media coverage	
6 Conclusions and recommendations	24
References	26
Appendix	28
Publications and other resources	
Organisations	

Executive summary

Reducing the risk of student suicide: issues and responses for higher education institutions has been published by Universities UK and the Standing Conference of Principals (SCOP) in order to raise sector-wide awareness of the risk of suicide and attempted suicide amongst the student population and help institutions to take appropriate steps to minimise those risks. It is addressed to Vice-Chancellors and principals, senior managers responsible for student support and guidance, heads of department and personal tutors, and students' unions.

Section 1 introduces the document and provides a background and rationale.

Section 2 gives a brief discussion of the incidence and risk factors for student suicide and self-harm within the context of the national data. A proportion of the student body falls within groups at particular risk of suicide and self-harm; significant factors include the age structure, the high levels of reported drinking, and the incidence of depression and other mental health difficulties among students.

Section 3 addresses the roles and responsibilities of higher education institutions, raising issues in respect of duty of care and confidentiality. It also highlights the importance of internal systems and structures in providing a framework for the development of appropriate student support and guidance services.

In Section 4, examples of current practice are used to illustrate a range of strategies to reduce the risk of student suicide and inform the management of students at risk. These include training and awareness raising, mental health promotion, risk assessment, communication and collaborative arrangements, on-call provision, social integration and reducing the stress of academic life.

Section 5 discusses responses to student suicide and attempted suicide, highlighting the importance of explicit policies and procedures to ensure that institutions are able to react quickly, sensitively and effectively to a crisis or death, including dealing with the media and offering support for both friends and staff involved. It notes the crucial importance of clear procedures for supporting and monitoring those who have attempted suicide or who are deemed to be at particular risk, including referral to other agencies.

The concluding section (Section 6) recommends the further development of awareness and responses to student suicide and deliberate self-harm through extensive circulation and discussion of this document. It also makes a number of specific recommendations in respect of improvements in data gathering, the dissemination of good practice, the revision of mental health guidelines, the protocols concerning confidentiality, training and awareness raising and the nature of the first year experience.

A reference list and appendix provide details of further publications and resources, and the contact details for a number of sector and voluntary organisations.

Acknowledgements

Researchers

Gill Kester	Project director; former Principal Lecturer and Head of Health Studies, University College Chichester
Natasha Donnelly	Research Assistant, Health Studies, University College Chichester
Bev Hale	Senior Lecturer, Sports Studies and Health Studies, University College Chichester

Editor/writer

Annie Grant	Director, Educational Development and Support Centre, University of Leicester
-------------	---

Steering Group members

Molly Barnham	London University Nightline
Tristan Bate	London University Nightline
Paul Brice	Secretary, Higher Education Chaplaincy
Anna Brown	PAPYRUS (Prevention of Suicides)
Tony Bruce (chair)	Universities UK
Rachel Cashman	National Union of Students
John Cowley	Association for University and College Counselling (AUCC)/ Senior Student Counsellor, University of Cardiff
Annie Grant	Educational Development and Support Centre, University of Leicester
Amalia Holman	Universities UK
Simon Kemp	National Union of Students
Kerry Napuk	PAPYRUS (Prevention of Suicides)
Chris O'Sullivan	National Union of Students
Steve Phillips	Standing Conference of Principals (SCOP)
Eileen Smith	Heads of University Counselling Services (HUCS)/ Counselling Service, University of Hertfordshire
Rosalind Street-Porter	Former Chair, Association of Managers of Student Services/ former Head of Student Services, University of Greenwich
Zilda Tandy	The Samaritans
Anne-Marie Zaritsky	London University Nightline

The contributions of the following are also gratefully acknowledged: Christopher Butler, Royal Holloway College; Ruth Fraser, University of Durham; Dr Robin Green, University of Southampton; Ann Heyno, University of Westminster; Lynn Murley, Southampton Institute; Brian Ramsden, former Chief Executive of the Higher Education Statistics Agency.

The respondents to a survey who provided information on the incidence of suicide in their institutions and examples of current practice, many of which have informed this document.

1 Introduction

- 1.1 It has been estimated that in England and Wales over 5,000 people a year take their own lives; in the four years from April 1996, the annual suicide rate was 10 per 100,000 people. In Scotland the annual suicide rate in the three years from April 1997 was 17.3 per 100,000 (Department of Health 2001a). In all parts of the UK suicide rates are particularly high amongst young males, and they have been rising in this group over the last 20 years.
- 1.2 Suicide, particularly that of a young person at the start of their adult life, represents a devastating loss to family and friends and also a significant loss to society. This document has been published in order to raise sector-wide awareness of the risk of suicide amongst the student population and to provide guidance to higher education institutions in developing policies to minimize that risk. It also seeks to inform and guide institutional policies and practices in responding to student suicide and attempted suicide.
- 1.3 The document is addressed to: Vice-Chancellors and principals and others involved in strategic planning in respect of student support and guidance; senior managers, particularly those responsible for the provision of central student support services; heads of academic departments and personal tutors; and students' unions.
- 1.4 The document is the outcome of a project initiated by the University Suicide Initiative co-ordinated by POPYRUS (Prevention of Suicides) and including representatives from the Samaritans, MIND, NUS (National Union of Students) and student Nightline services. As a result of a report compiled by the Initiative, Universities UK and the Standing Conference of Principals (SCOP) commissioned researchers at University College Chichester to carry out research on the issues of student suicide and deliberate self-harm. A number of other organisations and individuals served on the steering group and provided valuable advice and support to the project; they are listed in the acknowledgements.
- 1.5 The researchers were commissioned to obtain background information on the incidence of student suicide and examples of existing practice in responding to student suicide and in minimising risk. Responses to a postal questionnaire were received from 41 higher education institutions (HEIs); these provided very valuable information for this document, particularly in respect of the current practice discussed in Sections 4 and 5.
- 1.6 This document has been written as a companion to an earlier Universities UK/SCOP publication, **Guidelines on Student Mental Health Policies and Procedures for Higher Education** (CVCP 2000). The Guidelines discuss sector-wide concern about the incidence of students experiencing mental health difficulties and provide general guidance in respect of policies to support such students. They cover a number of areas of relevance to student suicide and it may be helpful for HEIs to consider both documents together.



2 Context

- 2.1 There is increasing concern at national and international level about the incidence of suicide and attempted suicide. The Department of Health has recently published a **National Suicide Prevention Strategy for England** (Department of Health 2001), making suicide prevention a health priority and supporting the target of a 20 percent reduction in the death rate from suicide and undetermined injury set in the White Paper **Saving Lives: Our Healthier Nation** (Department of Health 1999).
- 2.2 Although overall suicide rates have fallen in the last 30 years, there has been an increase in the incidence of suicide in young males, particularly those between 15 and 24 years of age. The highest national suicide rates are for men between 25 and 34. Suicide rates for women are significantly lower, although women predominate in hospital admissions for attempted suicide. Drug overdose is the major method of female suicide, while men are more likely to choose more violent means of death. Social isolation, unemployment, depression, schizophrenia, drug and alcohol misuse and a history of sexual abuse and of self-harm are all major risk factors for suicide. A significant proportion of deaths occurs within the weeks following discharge from in-patient care after suicide attempts; the first two weeks are the period of particularly high risk (Cantor 2000; Department of Health 2001a).
- 2.3 While the factors identified above have all been shown to increase the risk of suicide, despite extensive research, there are no definitive measures to predict suicide or suicidal behaviour. Suicide thankfully remains a fairly rare event, even amongst those at higher risk (Goldney 2000).
- 2.4 Deliberate self-harm is not necessarily an indication of a desire to end life but it is a significant risk factor for suicide. Self-harm accounts for about 10 per cent of acute medical admissions. Epidemiological studies indicate that deliberate self-harm is more common in younger adults, particularly women between 15 and 30 years, those from lower socio-economic groups and the unemployed. Stressful life events, especially quarrels or relationship difficulties, can be precipitating factors (Gelder et al. 1993).

Student suicide and attempted suicide

- 2.5 Statistics on suicide are compiled by the Office for National Statistics (ONS) for England and Wales and the General Register Office for Scotland from coroners' or procurator fiscals' inquests records of death by suicide or undetermined death; the majority of the latter may be suicides but are not recorded as such. The data on suicide/undetermined deaths provided by the ONS to the researchers identify full-time but not part-time students as a subgroup; the ONS figures do not distinguish between students in higher and further education.



Between 1990 and 1999, there were 1,482 full-time student deaths from suicide or undetermined causes in England, Wales and Scotland, 1,111 of males and 371 of females. Table 1 gives the ratios of suicides and undetermined deaths to the total number of post-compulsory full-time students in England, Wales and Scotland in the academic years 1994/5 to 1997/8 showing overall student suicide rates that are similar to those for the general population. As is the case for the general population rates, there are variations in suicide rates for different groups. Throughout this period student suicide rates were significantly higher in Scotland than in England and Wales and the rate was much higher for men than for women: in the four years from 1994/5 and 1997/8, 75 per cent of the deaths were of males. However, data provided by ONS to the researchers indicated that the female to male ratio for students was higher among those under 19 years of age than in the general population. The Royal College of Psychiatrists has also found evidence for this when groups are matched for age (Royal College of Psychiatrists, forthcoming).

2.6

Using the ONS data, the researchers were also able to analyse the incidence of suicide and undetermined death by month. There was no statistically robust evidence to suggest that the incidence of student suicide is highest prior to or during the main examination periods, a finding confirmed by a study of student suicide at Oxford (Hawton, Simkin et al. 1995). These findings indicate that HEIs should maintain their efforts at minimising risk throughout the year, although particular focus might still be given to times when students are under particular stress.

2.7

Academic year	Post-compulsory full-time student total	Full-time student deaths	Rate per 100,000 full-time students	Rate per 100,000 general population excluding students*
1994/5	1,932,982	174	9.00	8.89
1995/6	2,193,516	147	6.99	8.51
1996/7	2,166,193	159	7.34	8.51
1997/8	2,170,747	178	8.20	8.89

Table 1: Suicides and undetermined deaths amongst full-time students in higher and further education in England, Wales and Scotland and the general population, excluding students, 1994/5 – 1997/8.

*Rates for the general population relate to the calendar years 1995-1998.

- 2.8 The researchers sought to provide more detailed and robust data on the incidence of suicide in the student population by undertaking a survey of HEIs. However, it became clear that it would be very difficult to obtain accurate information from the higher education sector itself on a retrospective basis, although some institutions have made significant efforts to monitor suicide rates and to gather relevant information. This report will recommend the development of more systematic data collection in the future (see Section 6).
- 2.9 There have been comparatively few studies of UK student suicide in the past; those that have been undertaken have mainly focused on students at Oxford and Cambridge (for example, Hawton et al. 1995; Collins 2000). A study of suicide in Oxford University students between 1976 and 1990 demonstrated a higher incidence than in the general population. However, if deaths of undetermined causes are included, the difference is not statistically significant; fewer deaths in Oxford may be recorded as undetermined because of the attention that has been paid to student suicides here (Hawton, Simkin et al. 1995). Studies undertaken in the USA showed markedly lower rates of suicide in students than in non-students, particularly in young men (Schwartz 1990).
- 2.10 A parallel study of attempted suicide during term-time in Oxford between 1976 and 1990 showed comparatively lower rates amongst the student population in comparison to the non-student population of Oxford, although only those referred to the general hospital were included in the study. Work problems were reported by some of the students, but relationship difficulties were more common precipitants (Hawton, Haigh et al. 1995).
- 2.11 In two recent surveys of over 2700 University of Leicester students, 13 per cent indicated that concerns about their preoccupation with suicide were having a crucial (six per cent) or very important (seven per cent) impact on their stress levels. Such concerns were more common in males than in females (15 per cent and 11 per cent respectively) and in the 22-25 year age group than in the 18-21 and over 25 groups (23 per cent, 12 per cent, and 11 per cent respectively). Many of these students also reported higher than average concerns about a wide range of academic, personal, sexuality, financial, relationship and family issues (Grant 2002; Mawson 2002). Six per cent of the students surveyed in an extensive cohort study undertaken at the University of Cambridge between 1995 and 1998 reported suicidal ideation (Surtees et al. 2002).
- 2.12 It is important to record that none of the two cohorts of University of Leicester students surveyed took their own life before completing their courses, but four per cent of all students, and 14 per cent of those reporting that they were very or crucially concerned by suicidal thoughts indicated that they had self-harmed or taken significant risks with their health.

There is no doubt that a proportion of the student body falls within groups at relatively high risk of suicide and self-harm. Significant factors include the age structure of the traditional student body, the high levels of reported drinking among students, particularly younger males, and the incidence of depression and other mental health difficulties amongst students (Grant 2002; Rana et al. 1999). Although there are no studies that demonstrate clear causative relationships for the student body, other factors to consider include the pressures of academic life, increasing levels of financial concern, poor accommodation, worsening staff/student ratios and the increasing numbers of students entering higher education from families or social groups with little or no prior experience of the sector.

2.13

Direct exposure to suicide or indirect exposure, through extensive media coverage, has also been shown to increase suicidal behaviour in those at risk from suicide, particularly in adolescents and young adults. Within relatively close communities such risks increase (Schmidtke and Shaller 2000), and a number of HEIs have reported clusters of suicides or suicide attempts in recent years.

2.14

3 The roles and responsibilities of higher education institutions

Duty of care

- 3.1 Universities and colleges have a 'duty of care' to their students in a number of specific areas including, inter alia, breach of contract and negligence. The duty of care owed by HEIs to their student body is discussed in more detail in the Universities UK/SCOP publication on mental health policies referred to above (CVCP 2000) and in a good practice guide recently published by AMOSSHE (2001). HEIs should be aware that the legal framework is an evolving one, and recent legislation in respect of disability discrimination, racial equality and human rights, as well as more longstanding health and safety legislation, may also be relevant in the context of risk reduction for suicide. Notwithstanding the legal framework, HEIs have a moral duty to pay due attention to any potential risks to their student body and to take steps to minimize those risks when at all possible, although there are limits to what can reasonably be provided for a predominantly adult population.

Internal systems and structures

- 3.2 The nature of an institution's infrastructure can play a significant role in stimulating the development, review and monitoring of student support and guidance systems. Many institutions have student services committees and subcommittees that take an overview of student welfare policy issues and training. In one institution the Deputy Vice-Chancellor is chair of a 'student affairs forum'; this gives authority to the care and well-being of students and stresses the importance of student welfare and mental health. Other structures mentioned in survey responses include senior tutor groups, networks of directors of studies, and a 'quality of life' working group.
- 3.3 Following the publication of the **Guidelines on Student Mental Health Policies** (CVCP 2000), many institutions set up working groups to consider the issues raised and to develop relevant policies and provision; many of these specifically address procedures in relation to students at risk.

Confidentiality

- 3.4 The issue of confidentiality is both difficult and somewhat contentious in the context of student suicide, particularly in respect of those who may be seen as at high risk of serious self-harm. Recent data protection legislation has reinforced the rights of individuals to privacy in respect of personal information. General practitioners, nurses, counsellors and clergy are bound by their own professional codes of practice to maintain confidentiality in most circumstances; this confidentiality underpins the crucial relationship of trust that must be developed if these professionals are to provide effective support.



Nonetheless, in cases where there is significant risk, confidentiality principles should not preclude the sharing of relevant information between professionals and within institutions as long as this is done with discretion and with due regard to both the rights of individuals and professional codes of conduct. University and college counselling services commonly have procedures to encourage students to give their consent for liaison with departmental tutors or GPs and other health care services when this is judged to be in a student's best interests. One service noted that it asks all students approaching the service to agree in writing that confidentiality may be broken when immediate risk exists. Institutional policies may also state explicitly that it may not be possible to guarantee confidentiality to those judged to be seriously at risk.

3.5

Many parents have, not unnaturally, expressed significant concern about the reluctance of HEIs to pass on to them information about sons or daughters whose behaviour or mental state is causing them particular concern. Most institutions will respond sympathetically to parents or close relatives but are rightly reluctant to disclose any personal information without adult students' express permission. Stanley and Manthorpe (2001) report that some carers' associations have explored means of offering feedback to families that do not breach the requirements of confidentiality codes, and it might be useful to develop such approaches in university and college contexts.

3.6

Student support and guidance services

There has been a significant development in the provision of student support and guidance services in higher education over the last decade. An increasing number of institutions has brought together previously separate services (for example, counselling, welfare, disability, accommodation and careers services, chaplaincies and health centres) within a centralised and integrated student services framework. Such frameworks can improve the recognition and monitoring of students at risk, but it is also important that central services have effective links with departmental staff who may be in the best position to first notice a student in severe difficulties or distress.

3.7

- 3.8 University and college counselling services play a key role in the management of students at risk; many examples of current practice referred to in this document relate to activities initiated by, or involving counselling services. With an increasingly diverse student body, counselling and other student services need to ensure that their provision is sensitive to ethnicity, gender, age, religious belief and sexual orientation. Concerns about sexual identity, particularly among young men, have been shown to be associated with suicidal behaviours in studies in the USA (Remafedi et al. 1998). Regular review and evaluation of support services, and of students' help-seeking behaviour through, for example, surveys of graduating cohorts, can help to ensure that institutional provision remains relevant to the changing needs and concerns of a diverse student body.
- 3.9 Many institutions with residential accommodation have well-trained hall wardens, or sub-wardens living on site and offering front line pastoral support. Some respondents to the questionnaire saw hall wardens as very important in creating a small community and in promoting positive feelings and counteracting negative factors. Health centre staff, chaplains, students' unions, and Nightline services provide additional resources for students in distress and can be crucial parts of the network of institutional support.
- 3.10 Personal tutors can be a vital element in the support structures within HEIs. Regular contact with a student can make it possible to detect changes in behaviour or appearance that may indicate serious problems. Regrettably, the rapid increase in student numbers in the last decade coupled with a reduction in the unit of resource has made a personal tutor system untenable in many institutions. In such cases it is very important that the widest possible range of staff is made aware of the potential risks for students and that other systems are put in place to ensure that institutional contact is maintained on a regular basis. Some institutions ask students to sign in to lectures and seminars so that they can follow up those who are absent for more than a few days.

4 Strategies to reduce the risk of student suicide

4.1 Suicide prevention is a term used in a number of national initiatives. However, the notion of suicide prevention is not always helpful as it can lead to feelings of guilt and failure when students take their own lives. A more helpful approach is to consider ways of reducing the risk or likelihood of suicide or other self-harm. There is a number of known risk factors for suicide, although not all of these are relevant in a student context. Some approaches to risk reduction and the detection and management of students at risk are discussed below.

4.2 Despite the many examples offered in response to the survey of existing practice, a number of institutions also highlighted the difficulties of assessing the efficacy of any of these initiatives in preventing suicide. It is also important to acknowledge the principle held by the Samaritans, the long-established organisation devoted to the reduction of suicide rates, that everyone has the right to make fundamental decisions about their own life, including the decision to die by suicide. Even with the very best systems and structures in place, it will not be possible to prevent all suicides.

Training and awareness raising

4.3 Assessment of the risk of suicide requires professional skill and judgement and is normally undertaken by counsellors or other professionals. However, with appropriate training, personal tutors and other academic and non-academic staff can be made aware of the most obvious warning signs of depression or suicidal intention. Many institutions have now developed training courses and guidance documents designed to inform staff of behaviours that might indicate serious cause for concern, and guide their responses (Grant and Woolfson 2001). Personal tutors and other academic staff are the obvious targets for such training, but other groups of staff that encounter students (departmental support staff, library and computer staff, porters, cleaners and security staff) should also be included. Training might cover the identification of warning signs, appropriate responses, referral, and sources of guidance for staff concerned about a student, and might involve some of the community and voluntary organisations that have expertise in these areas.

4.4 Specific staff training can be reinforced by more general awareness raising as part of mental well-being initiatives at institutional level, some of which might be targeted towards the student body. Friends and housemates of students may be the first to notice warning signs and need to be informed as to the most appropriate action to take, and where they are able to turn to for advice. All students, including post-graduate students, should be informed at induction of the range of support and guidance services available to them and such information should be reinforced or repeated as they progress through their courses. One institution provides a two-stage induction for students, the second stage timed during the fourth to sixth weeks of the first term when new students may be feeling at their most vulnerable.



Some institutions have developed web pages with links to the Samaritans and other organisations, and web- and paper-based guidance leaflets covering topics such as despair and suicidal thinking, self-help for self-injury, helping a friend and surviving away from home. Awareness raising can also be enhanced through specific health promotion initiatives, including mental health days. Specific suicide prevention programmes and information as opposed to general awareness raising and health promotion initiatives should be approached with caution and carefully evaluated as there is evidence to indicate that in some circumstances they may result in higher rates of suicidal behaviour (Schaffer and Piacentini 1994).

4.5

Promoting mental well-being

Much of the risk assessment and risk management in institutions is undertaken by counselling services, but many vulnerable students do not seek help from these services even when they are fully aware that they exist; students who are very depressed may not feel able to ask anyone for help. Some services have undertaken educational work in order to raise awareness amongst those who may not think of presenting themselves for counselling through open workshops, stress management skills in the curriculum and campaigns relating to drugs and alcohol.

4.6

A more holistic concept underpins the settings approach to health promotion espoused by the World Health Organisation; this is based on the principle that health is created and lived by people within the settings of their everyday life. This has led to the notion of the 'health promoting university' in which the focus is on the creation of environments that seek to create positive health rather than on the avoidance of ill health (Dooris et al. 1998). Such approaches have also informed a recent guide to delivering mental health promotion published by the Department of Health (2001b), a document that stresses the value of harnessing expertise and resources across sector boundaries.

4.7

Risk assessment

Many institutions have developed protocols for risk assessment that define the nature and extent of intervention by various personnel, referral to external agencies, and the all-important follow-up procedures. It is vital to take seriously those who have suicidal thoughts as well as those who have expressed suicidal intent. Risk assessments should include open and detailed discussion with students of their intentions, and should place emphasis on the importance of seeking further support, particularly from their GP. There should be protocols for contacting a third party, usually the GP, outside confidentiality agreements when a student will not agree to seek help. In such cases the student should be informed of the decision to break confidentiality and given the reasons for this decision.

4.8

- 4.9 Some counselling services carry out a formal suicide risk assessment on all students who present themselves for counselling. At one institution students are scored on the Samaritans' four-point scale to inform decisions about subsequent action, support and monitoring. All members of the counselling staff are made aware of the risk status of each of the students on the service's database. The recently published **National Suicide Prevention Strategy for England** includes a commitment to extend risk assessment training into college counselling services, as part of the action planned to reduce suicide rates (Department of Health 2002, 19). Monitoring of students at risk may be undertaken by counselling services or other relevant institutional staff including mental health co-ordinators where these have been appointed.

Communication and collaborative arrangements

- 4.10 Where a significant risk has been identified, appropriate disclosure may be required in order to create a network of support both within the HEI and with appropriate external agencies including both the statutory and the voluntary sectors. It is important to ensure that local GPs are drawn into any communication loops established to support or monitor students recognised as at risk of self-harm or suicide.
- 4.11 Examples of current practice reported by those HEIs who responded to the survey undertaken by the researchers include the development of strong working relationships with local psychiatric services, community mental health teams, self-harm units and social services. In some institutions the local mental health team is brought into the university or college; in others the local consultant psychiatrist and staff work collaboratively with the head of health and counselling services. One institution arranged for its counselling staff to 'shadow' the local accident and emergency self-harm unit; this has significantly strengthened links and collaboration. The accident and emergency group is due to attend a counselling team meeting for further discussion.
- 4.12 One institution has entered into a formal contract with the local NHS trust whereby students may be referred via their GP to a dedicated student mental health service; other counselling services employ a consultant psychiatrist to see students at risk within a week, or undertake joint casework with local psychiatrists and community psychiatric nurses.

Effective relationships with the statutory sector are crucial in ensuring that institutions are alerted when students who have been admitted to hospitals following suicide attempts or serious self-harm are discharged; the risk of further attempts following discharge is known to be very high, particularly within the first few weeks. Many institutions have now appointed a student mental health co-ordinator whose role includes providing support for students who are at risk, and liaison with on- and off-campus provision. Collaborative arrangements with community services are discussed further by Lago (2002).

4.13

On-call provision

Some institutions have resident staff on campus 24 hours a day, while others have a 24-hour on-call system. This may include cover that gives access to counselling and advisory services in coordination with local medical services, with particular students at risk being highlighted to out-of-hours emergency teams. Bedded units, or sick bays, staffed by nurses around the clock are now a rarity in HEIs, but where they exist they can offer a safe place for vulnerable students, particularly during very stressful times such as examination periods. Such arrangements are very resource intensive, and also may not be practical for non-campus or split-campus institutions.

4.14

Counselling services have had to devise a range of ways of balancing ongoing commitments to students and those presenting for immediate help. Some counselling services have a two-tier system with a daily duty counsellor dealing with tutor referrals or self-referrals if a student feels that they cannot wait. One service offers some appointments that are available at one or two days' notice, and reserves slots each day for students who need to be seen urgently.

4.15

Social integration

Isolation is a risk factor in respect of both suicide and self-harm. Many HEIs are able to guarantee places to first year students and international post-graduate students in institutional accommodation to help them develop friendship networks. Wardens or sub-warden systems can also be beneficial in this respect, as can peer support schemes in residences. However, it is important to recognise that such hall environments can still be isolating for some students. There is an even greater danger of isolation amongst students living in the private sector, particularly when they are living in single accommodation.

4.16

- 4.17 Modular degree courses can also exacerbate students' feelings of isolation and not belonging as the flexibility of programmes can inhibit the development of strong friendships. Students' unions can play a significant role through their support of clubs and societies, but the many social activities that are organised around drinking alcohol may have the reverse effect, increasing feelings of isolation for students who choose for religious or personal reasons not to drink. Social programmes arranged throughout the year can enhance the community spirit of institutions.

Reducing the stress of academic life

- 4.18 Media reports of student suicide frequently highlight the stresses of student life and culture of academic perfectionism. The study of attempted suicide in Oxford recommended the 'careful induction' of students in order to prepare them for what will be expected from them during their academic careers (Hawton, Haigh et al. 1995,187). In some institutions, specific attention is given to creating a culture that encourages students to develop identities that are not wholly academic; academic failure is not therefore failure as a person. Such institutions actively encourage membership of clubs and societies, the development of transferable skills, and the exploration of career options. HEFCE's recent initiative to encourage volunteering and community involvement by both students and staff may present both the opportunities and provide the means to encourage a balance in student life (HEFCE 2002).
- 4.19 Students may need to be reassured that they are not alone in finding academic life stressful, and that it is acceptable to seek support. Workshops and leaflets on examination stress are offered in some institutions, and spreading deadlines and including a diversity of assessment methods to avoid final exam problems can reduce pressures. However, a continuous series of deadlines spread throughout the year can create its own pressures. Intermission can be offered when a student's situation or state of mind make effective study unlikely or impossible, but good systems are needed to support re-entry into courses after temporary withdrawal.

5 Responding to student suicide and attempted suicide

- 5.1 Very strong feelings surround any incidence of suicide or serious self-injury. These may include guilt, blame, anger, shame, helplessness and fear in addition to the profound grief and sense of loss that will follow any death. Explicit policies and procedures can help to ensure that the institution is able to react quickly, sensitively and effectively to a crisis or sudden death, and ensure that there is support available for all those who may be affected.
- 5.2 Some HEIs have developed comprehensive guidelines or flowcharts for the procedures to be followed in the event of an incident resulting in death or serious injury of a student either on campus or externally. Such guidelines might address, for example: the notification of relevant staff; the role of the personal tutor or supervisor; practical help and support for the family; dealing with the press; international student deaths; dealing with the student's possessions; communications with the student's friends, family, departmental staff and other students; and the support to be offered to fellow students (see also Brelsford 2000). Staff should also be aware of the range of religious practices and customs, and of relevant contacts.
- 5.3 Some institutions have procedures to monitor the close friends of students who die and offer follow-up support or bereavement counselling. Staff, including both those who knew the student and those involved in responding to a death, may also benefit from support. It is good practice to ensure a comprehensive debriefing with all key personnel after any death or critical incident.
- 5.4 Protocols to define the nature and extent of intervention by the various personnel, and procedures for referral to other agencies, are also valuable in guiding responses to immediately threatening or suicidal behaviour, students in extreme distress, those deemed to be at risk of suicide, and those who have attempted suicide, particularly for the period following hospital release. Friends and staff in close contact with such students may also require advice and support.

Media coverage

- 5.5 There is almost inevitably media attention following the suicide of a student. It is important to try to limit this media coverage and promote responsible reporting. Media representation of suicide can lead to imitative behaviour, with young people most at risk. In as much as they are able, HEIs should try to ensure that coverage is limited to factual accounts, and they should not encourage speculation about the possible reasons for the suicide or divulge details of the means in order to avoid possible duplication. All reporting should if at all possible include information about local sources of help or hotlines.



6 Conclusions and recommendations

6.1 There may be significant risk of suicide and deliberate self-harm amongst a small proportion of the student population in any higher education institution. There is also a considerable body of good and developing practice designed to minimise risk, and to support those who are most vulnerable. It is crucial that the sector continues to develop its awareness of and responses to these students in order to ensure consistently high standards across the sector, although the resource implications for many such activities are recognised. This document has been written to support and guide institutions and it is recommended that it be widely circulated within HEIs, particularly amongst those groups highlighted in paragraph 1.3 above, and discussed at relevant institutional committees.

6.2 Many examples of current practice have been referred to in the document and these may provide ideas to stimulate debate and development. In addition, a number of more specific recommendations is offered to the sector and individual institutions:

- the sector should undertake to develop robust procedures in partnership with relevant organisations, including the Department of Health, for recording the incidence of suicide by HEIs; and to determine how these data can be incorporated into current official data collection by government agencies;
- the sector should consider the development of further mechanisms for disseminating relevant good practice in association with relevant agencies and voluntary organisations (including the Department of Health, AMOSSHE, AUCC, HUCS, MIND, the Samaritans and others);
- HEIs should review existing mental health guidelines to ensure that they address deliberate self-harm and suicide risk minimisation; these guidelines should specifically address risk assessment and follow-up actions;
- HEIs should give particular consideration to establishing protocols that define the boundaries of confidentiality both within their institution and in any communications to those outside the institution, including community health practitioners and relatives. They should ensure that these are well publicised and made clear to those likely to be affected;
- relevant training for personal tutors and other staff should be regular items in institutional staff development programmes. Suicide awareness programmes and information should be developed within general mental health training and be critically assessed to ensure that they do not have negative consequences;
- particular consideration should be given to the nature of the first year experience, focusing on induction, creating a community of learners, and promoting an appreciation of the broad value of higher education.



References

- AMOSSHE (2001) **Responding to Student Mental Health Issues: 'Duty of Care' Responsibilities for Student Services in Higher Education.** Winchester: Association of Managers of Student Services in Higher Education.
- Brelsford, G. (2000) 'Developing a sudden death policy.' **Student Affairs Newswire**, 2. http://www.paper-clip.com/student_affairs/oct2000/student_affairs4.htm
- Cantor, C. (2000) 'Suicide in the Western World.' In K. Hawton and K. van Heeringen (eds) **The International Handbook of Suicide and Attempted Suicide.** Chichester: John Wiley and Sons, 2-28.
- Collins, I.P. (2000) 'Suicide among Cambridge University Students 1970-1996.' **Soc.Psychiatry Psych, Epidemiology** 35, 128-132.
- CVCP (2000) **Guidelines on Mental Health Policies and Procedures for Higher Education.** London: Committee of Vice-Chancellors and Principals of the Universities of the United Kingdom.
- Department of Health (1999) **Saving Lives: Our Healthier Nation.** London: The Stationery Office.
- Department of Health (2001a) **Safety First. Five Year Report of the National Confidential Enquiry into Suicide and Homicide by People with Mental Illness.** London: Department of Health Publications.
- Department of Health (2001b) **Making it Happen: a guide to delivering mental health promotion.** London: Department of Health.
- Department of Health (2002) **National Suicide Prevention Strategy for England.** London: Department of Health.
- Dooris, M., G. Dowding, J.Thompson and C. Wynne (1998) 'The settings-based approach to health promotion.' In A.Tsouros, G. Dowding, J. Thompson and M. Dooris (eds) **Health Promoting Universities.** Copenhagen: World Health Organisation Regional Office for Europe, 18-28.
- Gelder, M., D. Gath, et al. (1993) **Concise Oxford Textbook of Psychiatry.** Oxford: Oxford University Press.
- Goldney, R. (2000) 'Prediction of suicide and attempted suicide.' In K. Hawton and K. van Heeringen (eds) **The International Handbook of Suicide and Attempted Suicide.** Chichester: John Wiley and Sons.
- Grant, A. (2002) 'Identifying students' concerns: taking a whole institutional approach.' In N. Stanley and J. Manthorpe(eds) **Students' Mental Health Needs. Problems and Responses.** London: Jessica Kingsley Publishers, 83-105.

- Grant, A. and M. Woolfson (2001) 'Responding to students in difficulty: a cross institutional collaboration.' **AUUC Newsletter and Journal** 1, 9-11.
- Hawton, K., R. Haigh, S. Simkin and J. Fagg (1995) 'Attempted suicide in Oxford University students, 1976-1990.' **Psychological Medicine** 25, 179-188.
- Hawton, K., S. Simkin, J. Fagg and M. Hawkins (1995) 'Suicide in Oxford University Students, 1976-1990.' **British Journal of Psychiatry** 166, 444-50.
- HEFCE (2002) **Higher Education Active Community Fund 01/65**. Bristol: Higher Education Funding Council for England.
- Lago, C. (2002) 'The university and the wider community.' In N. Stanley and J. Manthorpe (eds) **Students' Mental Health Needs. Problems and Responses**. London: Jessica Kingsley Publishers.
- Mawson, P. (2002) **Student Psychological Health Project**, Educational Development and Support Centre, University of Leicester, <http://www.le.ac.uk/edsc/sphp/>
- Rana, R., E. Smith, and J. Walkling (1999) **Degrees of Disturbance: the New Agenda**. Rugby: British Association of Counselling.
- Remafedi, G., S. French, M. Story, M. Resnick and R. Blun (1998) 'The relationship between suicide risk and sexual orientation: results of a population based study.' **American Journal of Public Health** 88, 57-60.
- Schmidtke, A. and S. Schaller (2000) 'The role of mass media in suicide prevention.' In K. Hawton and K. van Heeringen (eds) **The International Handbook of Suicide and Attempted Suicide**. Chichester: John Wiley and Sons, 675-698.
- Schwartz, A. J. (1990) 'The epidemiology of suicides at colleges and universities in the United States.' In L. C. Whitaker and R. E. Slimak (eds) **College Student Suicide**. New York: Haworth Press, 25-44.
- Shaffer, D. and J. Piacentini (1994) 'Suicide and attempted suicide.' In M. Rutter, E. Taylor and L. Hersov (eds) **Child and Adolescent Psychiatry: Modern Approaches**. Oxford: Blackwell Scientific.
- Stanley, N. and J. Manthorpe (2001) **Making Use of Hindsight**. Hull: Department of Social Work and Community Health, University of Hull.
- Surtees, P., N. Wainwright, and P. Pharoah (2002) **Student Mental Health, Use of Services and Academic Attainment: a Report to the Review Committee of the University of Cambridge Counselling Service**. Cambridge: University of Cambridge.

Appendix

Publications and other resources

Media guidelines: portrayals of suicide. The Samaritans (2002):

http://www.samaritans.org.uk/know/media_guide.html

A brief but informative publication that provides guidance for journalists and press officers on responsible reporting of suicide deaths, including recommendations on phraseology and on factual and sensitive reporting.

National Electronic Library for Health Suicide Website for Healthcare

Professionals: <http://www.nelmh.org>

A national website designed to guide healthcare professionals and provide an unbiased source of current information on suicide and suicide prevention. The site includes statistical information. A basic website for NHS Direct Online is planned for the near future.

Student Counselling in UK Universities: <http://www.studentcounselling.org.uk>

This website has been set up by HUCS (see below) to provide information about the support available to UK university and college students and easy access to pages dealing with common student psychological and emotional problems.

Studentsinmind: <http://www.studentsinmind.org.uk>

Studentsinmind is a website and email help referral service run by students, following training by the Samaritans, for students experiencing mental health difficulties. Natasha Donnelly received a Millennium Award from MIND to set up the site as a 'stepping stone' to the most appropriate support. At the time of writing, the resource was in development.

Student Mental Health Planning Guidance and Training Manual. S. Ferguson:

<http://www.studentmentalhealth.org.uk>

A manual drawing together information on student mental health issues, including sections on policies, assessment of needs, confidentiality, support and training and details of other resources. It is available to download from the website in printer-friendly and PDF formats.

Students' Mental Health Needs. Problems and Responses. Edited by N. Stanley and J. Manthorpe. London, Jessica Kingsley Publishers

This edited book examines the incidence and needs of, and the responses to students experiencing mental health difficulties. It includes two chapters that specifically address student suicide: one provides a perspective from parents whose sons or daughters have taken their own life, and a paper by the editors discusses ways in which HEIs can respond.

Organisations

AMOSSHE (Association of Managers of Student Services in Higher Education)

AMOSSHE is a membership organisation for those responsible for the management or co-ordination of a range of support and guidance services for students. It serves as a forum in which members can discuss matters relevant to the provision, quality and effective management of support guidance services, and it provides the opportunity to share ideas and discuss issues of common interest. The main parts of the website are accessible to non-members and provide information about conferences, workshops, publications and useful links.

Contact details:

AMOSSHE
2 St James Hall
King Alfred's College
Sparkford Road
Winchester
SO22 4NR
Tel: 01962 827 554
Website: <http://www.amoshe.org.uk/index.asp>

AUCC (The Association of University and College Counsellors)

The AUCC is a division of the British Association for Counselling and Psychotherapy. Its aim is to promote student counselling as an integral part of the educational process of institutions of Higher and Further Education through the establishment and development of counselling services linked with supportive networks both within and without the institution. Its objectives include the raising of public awareness in achieving the objectives of an educational establishment and providing information to members and institutions.

Contact details:

AUCC
British Association of Counselling and Psychotherapy
1 Regent Place
Rugby
Warwickshire
CV21 2PJ
Tel: 0870 4435252
Website: http://www.bac.co.uk/members_visitors/members_visitors.htm
(‘Expert areas’)

HUCS (Heads of University Counselling Services)

HUCS is a special interest group of AUCC (see above) for heads of university counselling services. Some parts of their website are publicly accessible and include links to resources of relevance to counselling managers and others. They welcome comments and contributions from those involved in all forms of student counselling provision in the UK. HUCS is responsible for the Student Counselling in UK Universities website referred to above.

Contact details:

Eileen Smith (Chair)
Counselling Service
University of Hertfordshire
Hatfield
Herts AL10 9AB
01707 284453. Website: <http://www.hucs.org.uk>

MIND (The National Association for Mental Health)

MIND is the leading mental health charity in the UK, working for a better life for those experiencing mental distress. They host an extensive website including details of conferences, events and publications. There is also a network of over 220 local associations in England and Wales.

Contact details

Mind
15-19 Broadway
London E15 4BQ
Tel: 020 8215 2242
Website: <http://www.mind.org.uk/>

Nightline

Nightline is a listening support and information telephone helpline run by students for students. It is open every night of term, and it aims to reduce the incidence of suicide amongst the student population. London Nightline was the first to be established; now students from around 50 institutions offer Nightline support to their peers. Some Nightlines also offer email contact.

Contact details vary locally:

The National Nightline web page is at: <http://www.nightline.org.uk/other.htm> and provides contact information for local services; the web page for London Nightline is at: <http://www.nightline.org.uk/nf.htm>

PAPYRUS: Prevention of Suicides

PAPYRUS is a voluntary organisation committed to the prevention of young suicide and the promotion of mental health and well-being. Their information material includes two booklets, 'Not Just a Cry for Help' for those who know someone who has made a suicide attempt, and 'Thinking of Ending it All?', a guide for young people feeling suicidal or who have already attempted suicide.

Contact details:

PAPYRUS

Rossendale GH

Union Road

RAWTENSTALL

Lancashire BB4 6NE

Tel: 01706 214449

Website: <http://www.papyrus-uk.org/>

The Samaritans

The Samaritans is a long-established organisation whose mission is to be available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide. They have an extensive web page that includes statistics and general information about suicide and advice for those in distress and those worried about others.

Contact details:

General Office:

The Samaritans

The Upper Mill

Kingston Road

Ewell

Surrey KT17 2AF

Tel: 020 8394 8300

Fax: 020 8394 8301

admin@samaritans.org

UK telephone helpline: 08457 9090 90

E-mail help at: jo@samaritans.org

Website: <http://www.samaritans.org.uk/>

SOBS (Survivors of Bereavement by Suicide)

SOBS is a self-help, voluntary organisation that exists to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend. They offer emotional and practical support through telephone contacts, meetings and conferences, and information packs. Their website includes contact details for local groups and other relevant organisations.

Contact details:

National Office Administration
Survivors of Bereavement by Suicide
Centre 88
Saner Street
HULL
HU3 2TR
Tel: 01482 610728
Email: sobs.admin@care4free.net

Helpline: (9am – 9pm) 0870 241 3337
Website: <http://uk-sobs.org.uk>



Universities UK



Universities UK

Woburn House, 20 Tavistock Square, London WC1H 9HQ

Tel +44 (0)20 7419 4111 **Fax** +44 (0)20 7388 8649

Email info@UniversitiesUK.ac.uk **Web** www.UniversitiesUK.ac.uk

© Universities UK

ISBN 1 84036 090 9

December 2002 £10.00