

University of Warwick Suicide-Safer Strategy & Action Plan

Based on UUK Guide for developing a Suicide-safer Strategy and Action Plan
(Prevention, Intervention and Postvention)

Statement of purpose

At the University of Warwick, we are committed to creating a suicide-safer community. We aim to minimise suicide and attempted suicide in so far as is possible, recognising that the University can play a key role in helping to do this. The plan cannot cover all eventualities and it is recognised that sadly not all suicide is preventable.

This Suicide-Safer Action Plan constitutes one distinct component of the broader University Wellbeing Strategy, but both emphasise the benefits of a whole University approach, and close liaison with the NHS, Public Health, local government and other external agencies.

In addition to the work currently being undertaken to embed wellbeing across our institution, we recognise the need for a distinct suicide prevention, intervention and postvention strategy and accompanying action plan. This has been developed in partnership with key internal and external stakeholders. It is owned by the Director of Wellbeing and Safeguarding, with strategic oversight and dissemination responsibility held by the Student Wellbeing Strategy Group. It will be reviewed and refined annually to reflect learning.

Context

The [ONS report](#)¹ (June 2018) 'Estimating Suicide among Higher Education Students, England and Wales: Experimental Statistics' notes the following stats:

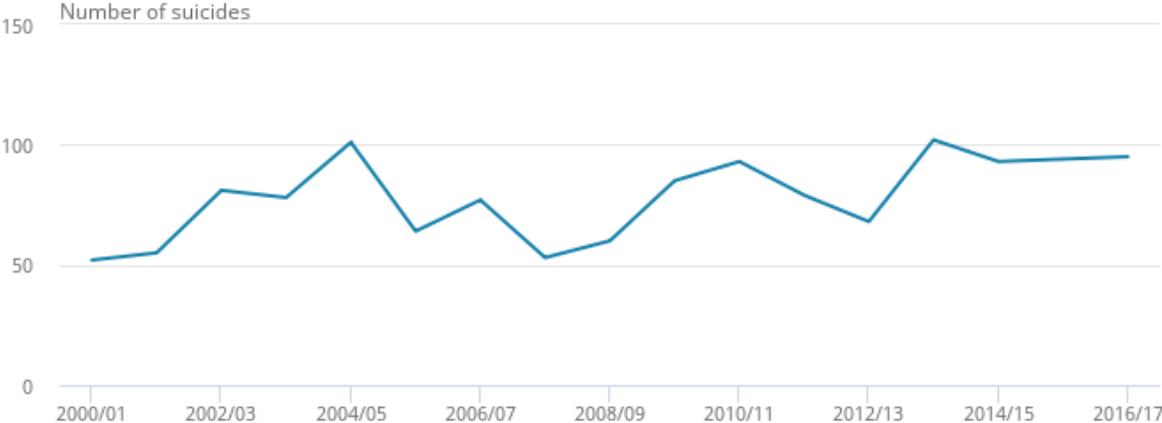
- The rate of suicide in the 12 months ending July 2017 for higher education students in England and Wales was 4.7 deaths per 100,000 students, which equates to 95 suicides; this is higher than in most of the earlier years studied, although the small numbers per year make it difficult to identify statistically significant differences.
- Between the 12 months ending July 2013 and the 12 months ending July 2016, higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages. (The latter has been evidenced also by other studies e.g. Science Direct², although it should be noted that in keeping with trends in young people in the wider population, the incidence of student suicide has increased since 2009/10.)
- 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).
- Only 1 in 3 people who die by suicide are known to any mental health services (general population)

¹ [ONS report](#) - Estimating suicide among higher education students, England and Wales: Experimental Statistics

² Science Direct - [The incidence of suicide in University students in England and Wales 2000/2001–2016/2017: Record linkage study](#)

Figure 1: Number of higher education student suicides by year, deaths registered in England and Wales,

between the 12 months ending July 2001 and the 12 months ending July 2017^{1,2,3,4^}



Student suicide is defined as those who died by suicide or an event of undetermined intent before or on the end date of their studies and where the death was registered in England and Wales.

Source: Office for National Statistics

UK picture – facts and trends from 2018 (Samaritans ³)

Total number of suicides: In the UK, there were 6,507 suicides.

UK: an increase in the overall suicide rate: Deaths by suicide rose by 10.9% in the UK in 2018.

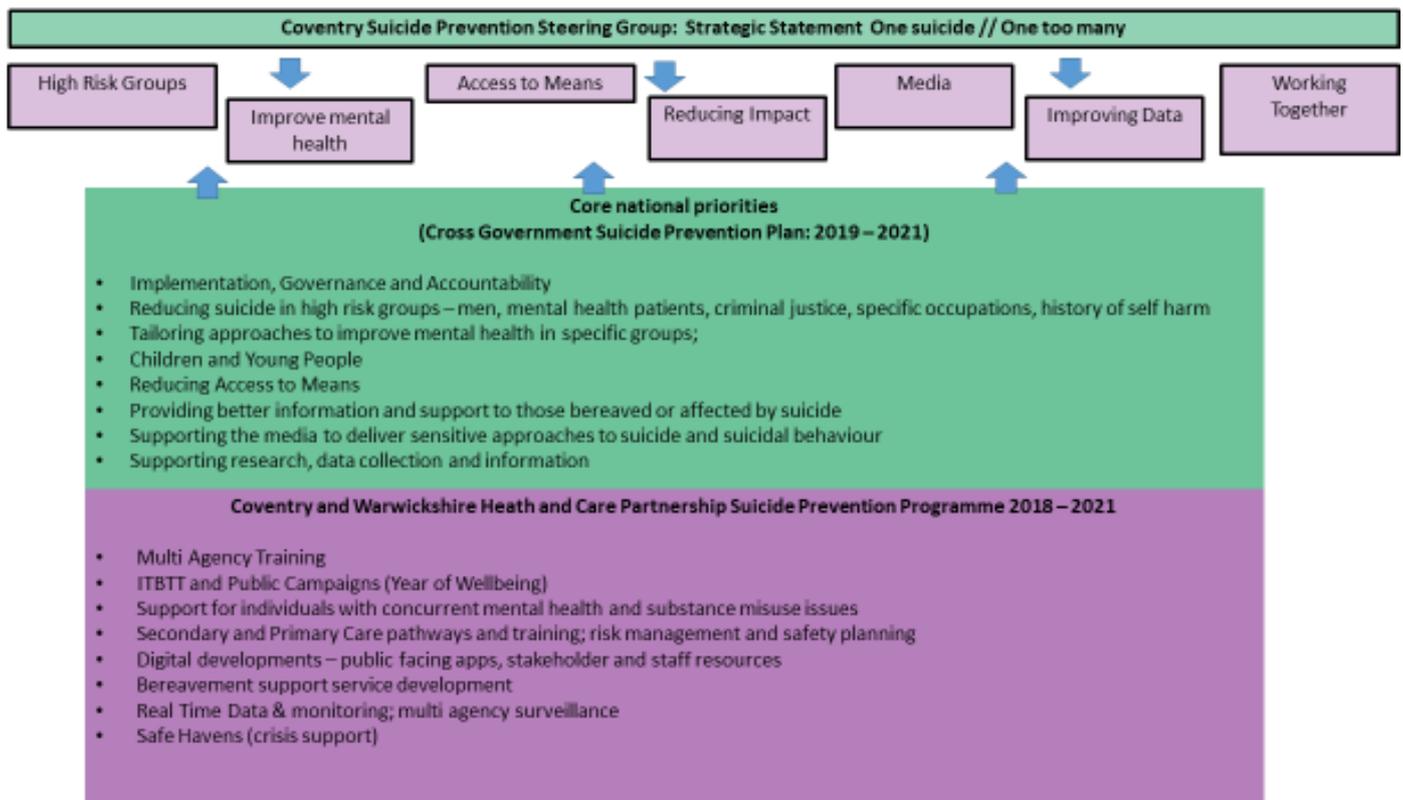
UK: rising suicide rates in under-25s: The rate of deaths among under 25s increased by 23.7%, reaching 730 deaths in 2018.

Suicide rates for men and women: In the UK, men are three times more likely to die by suicide than women. In the Republic of Ireland, the rate is four times higher among men than women.

The Parliamentary Under Secretary of State for Mental Health, Suicide Prevention and Patient Safety (current role-holder **Nadine Dorries MP**) leads on policy areas re. suicide prevention. Ms Dorries held a plenary talk at NSPA's 6th Suicide Prevention Conference⁴ (Jan 2020), where focus was laid on national strategy, exploring the implementation of local plans, and sharing an emergency service's approach to employee health and well-being.

The local and regional picture

As a University we sit on, and contribute to Coventry Suicide Prevention Steering Group and the joint Coventry and Warwickshire Suicide Prevention Board, and we are committed to multi-agency working.



(From Coventry Suicide Prevent Plan update September 2019)

³ [Samaritans](#) website – key facts and trends from suicides that occurred in the UK and Republic of Ireland in 2018

⁴ [NSPA](#) – National Suicide Prevention Alliance

The Warwick picture:

Suspected* Suicides	
Year	Number
09/10	1
10/11	0
11/12	1
12/13	0
13/14	5**
14/15	1
15/16	0
16/17	0
17/18	0
18/19	1
19/20	1
20/21(<i>up to Feb 2021</i>)	4***

*NB. We acknowledge that a suicide needs to be confirmed by a coroner. The coroner needs to have a clear evidence of suicide, such as a suicide note. A conclusion is reached on the balance of probabilities, which means that the coroner or jury need to believe that it was more likely than not that the person has taken their own life.

Numbers listed are therefore for suspected suicide as it can take months or even years for a suicide to be registered, and the next of kin would not normally update the University that this is the case.

** whilst this individual number was high, and concerning, there is no indication that the deaths were in any way linked

*** The University has experienced 4 deaths by suspected suicide this academic year. We have provided information to Public Health for their real time surveillance and there is no suggestion any of these deaths are linked. We continue to work very closely with Public Health and other external services.

A Student Wellbeing Strategy Group was established at the University of Warwick in Nov 2019, involving key stake-holders across the institution including the SU. The group has oversight and responsibility for the implementation of an institution-wide Wellbeing Strategy. The group is developing clear objectives, with corresponding actions, many of which map neatly across into the prevention, intervention and postvention template of the safer suicide strategy and action plan. This document therefore refers regularly to the strategy for detail on objectives held there. The [Wellbeing Strategy](#) was fully scrutinised by Warwick's governing bodies and given final approval by University Council in May 2020.

It should also be noted that Wellbeing Support Services underwent substantial changes in 2019, partly in response to feedback around accessibility of services, and wait times for appointments. Changes include:

- A physical move from 3 locations to 1 so that all Wellbeing Support Services are now co-located on central campus
- The introduction of a case management and enquiry system, easing both access for students to the service, and harmonising case notes
- A single point of entry being introduced – brief consultations every day (Mon-Fri) so that urgent student issues can be picked up and responded to effectively

Early outcomes:

- 30-35 students a day
- All and any issues
- Average wait 24 minutes
- Student feedback is positive
- Staff feedback is positive

- An expanded Counselling and Psychology Intervention Team, enabling more effective response to need for psychological input

Early Outcomes:

- Lower DNA'S as predicted
- Average wait 2.5 weeks (Sector average 10-12 weeks; NHS wait 12 months)
- Closer liaison with local NHS mental health services, with the introduction of Mental Health nurses onto the team

Demand on services

Mental health problems are as common among students as they are in the general population.⁵ The numbers below represent students accessing 2 distinct services (The Mental Health Team and the Counselling Service), now superseded by the aforementioned Counselling and Psychology Intervention Team.

Number of students who accessed mental health / counselling support at the University of Warwick broken down by academic year	
Academic year	Number of students
2013/14	2318
2014/15	2561
2015/16	3130
2016/17	3899
2017/18	4942
2018/2019	*^ 5900
2019/2020	^ 6885

*Data for 2018/19 is slightly less reliable due to change in/ upgrade of case recording mechanism and significant restructure of Wellbeing delivery.

^ Records kept by individual Wellbeing services (e.g. counselling service, mental health team) pre-2018/19 recorded the number of students registering with that particular service, and some double-counting will therefore have occurred where students accessed more than one wellbeing service. Post 2019 statistics indicate the absolute number of students engaging with Wellbeing Support Services – a number of these students will, therefore be engaging with support from multiple services.

⁵ [NHS](#) – student mental health

Beliefs and understanding about suicide

Risk Factors: Mental Health Foundation⁶

Suicide behaviours are complex, there is no single explanation of why people die by, or attempt suicide. Social, psychological, and cultural factors can all interact to lead a person to suicidal thoughts or behaviour. For many people, an attempt may occur after a long period of suicidal thoughts or feelings, while in other cases, it may be more impulsive.

Several risk factors commonly act together to increase vulnerability to suicidal behaviour. The World Health Organisation has classified these into the different groups below.

Societal <ul style="list-style-type: none">• difficulties accessing or receiving care – including transition from child and adolescent mental health services to adult services, or transition between geographical locations when transitioning to university• access to means of (attempting) suicide• inappropriate media reporting• stigma associated with mental health, substance abuse or suicidal behaviour which prevents people from seeking help	Relationships <ul style="list-style-type: none">• isolation and lack of social support• relationship breakdown• loss or conflict
Community <ul style="list-style-type: none">• poverty• experiences of trauma or abuse• experiences of disaster, war, or conflict• experiences of discrimination	Individual <ul style="list-style-type: none">• previous suicide attempts• self-harm behaviours –• mental ill-health• drug and alcohol misuse• financial loss• chronic pain• family history of suicide

Mental Health Statistics for young adults⁷:

- One in eight (12.8%) 5 to 19 year olds had at least one mental disorder when assessed in 2017

⁶ [Mental Health Foundation](#) – risk factors

⁷ [NHS Digital](#) (2018) 'Mental Health of Children and Young People in England, 2017. Based on 46.8% of 17 to 19 year olds that were identified as having a diagnosable mental health condition reporting that they had harmed themselves or tried to kill themselves at some point.

- Emotional disorders were the most prevalent type of disorder experienced by 5 to 19 year olds in 2017 (8.1%)
- One in four students reported suffering from mental health problems in 2016 ⁸

Self-harm⁹:

Self-harm is when somebody intentionally damages or injures their body. It's usually a way of coping with or expressing overwhelming emotional distress. Sometimes when people self-harm, they feel on some level that they intend to die. More than half of people who die by suicide have a history of self-harm. But the intention is more often to punish themselves, express their distress, or relieve unbearable tension. Sometimes it's a mixture of all three. Self-harm can also be a cry for help. It's estimated around 10% of young people self-harm at some point, but people of all ages do. Self-harm is linked to anxiety and depression. These mental health conditions can affect people of any age. Although some people who self-harm are at a high risk of suicide, many people who self-harm don't want to end their lives. In fact, the self-harm may help them cope with emotional distress so they don't feel the need to kill themselves.

- Nearly half of 17-19 year olds with a diagnosable mental health disorder have self-harmed or attempted suicide at some point, rising to 52.7% for young women ¹⁰

Strategic Oversight

The University Suicide Safer Strategy feeds into the over-arching University Wellbeing Strategy, which is approved through the University committee process through to Senate and Council. The below action plan builds in review processes, as well as the mechanisms for ongoing review and updating of the broader Wellbeing Strategy.

SEE SEPARATE ACTION PLAN

⁸ [YouGov](#) - One in four students suffer from mental health problems [Internet].

⁹ [NHS](#) conditions: self-harm

¹⁰ [NHS Digital](#) (2018)

Sept. 2020

Suicide- Safer community Action Plan

The University Suicide Safer Action Plan feeds into the over-arching University Wellbeing Strategy, which is approved through the University committee process through to Senate and Council. The below action plan builds in review processes, as well as the mechanisms for ongoing review and updating of the broader Wellbeing Strategy.

ACTION PLAN

The following section highlights areas for action under the headings of ‘Prevention’, ‘Intervention’, and ‘Postvention’. It follows the objectives outlined in the [UUK Suicide-Safer Universities](#) document (2018)

1. Prevention				
UUK Guidelines Objective	Action	Goal/Milestone	Completion (✓)/ Review Date	Lead
1.1 Whole University approach to good mental Health	a. Development of Student Wellbeing Strategy for institution	(See Student Wellbeing Strategy (SWS) for goals and milestones)	See SWS	Director of Wellbeing and Safeguarding/Student Wellbeing Strategy Group (SWSG)
	b. Key changes to physical location and structure of Wellbeing Support Services (WSS) in 2019 putting it in a central position and making it more visible and accessible, increasing accessibility to services, easier referral, and decreasing wait-times for students.	<ul style="list-style-type: none"> • Wellbeing in central University location from Jan 2019, with full co-location of services from Sept 19, making more visible/accessible • Single enquiry/ case management system introduced in Wellbeing Support Services Jan 2019, • New Wellbeing Support Services structure introduced from Sept 2019 • Promotion of other support within the University e.g. Chaplaincy/ SU / Nightline etc. 	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	Director of Wellbeing & Safeguarding

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	<p>c. Ongoing scrutiny of University environment – 24 hour library/ access to sports facilities/ healthy food/ work: life balance</p>	<ul style="list-style-type: none"> WSS/ SWSG members involvement in University committees and decisions around processes/ projects impacting students e.g. TWD/ CRC/ Disciplinarys/ New residences/ Welcome Week planning See SWS for objectives around staff training e.g. boundaries e.g. answering emails during working hours only 	<p>On-going</p> <p>Varied</p>	<p>SWSG</p>
<p>1.2 Aim to create compassionate communities between staff and students</p>	<p>Education and Training:</p> <p>a. Student peer to peer support skills sessions offered</p> <p>b. Active Bystander work (projects ongoing for students and staff)</p>	<ul style="list-style-type: none"> Delivered to SU execs/ Sports clubs and to academic departments in 2019/20 and to be offered in 2020/21 SU Buddy scheme being developed for 2020/21 with peer mentoring input from WSS WSS ambassador scheme to be considered Year 1 UG students offered an introduction to active bystander session in term 1 (Challenging Unacceptable Behaviours). Longer Active Bystander Intervention. <ul style="list-style-type: none"> Staff active bystander training session offered to staff by Pearn Kandola in 	<p>✓</p> <p>2020/21</p> <p>2020/21</p> <p>Autumn 2020</p> <p>Spring 2021</p>	<p>Wellbeing Support</p> <p>SU</p> <p>Dean of Students Office</p> <p>Organisational Development</p>

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	<p>c. Staff mental health training</p> <p>d. PT training offered by Dean of Students office</p> <p>e. Warwick Values work undertaken and the Warwick Values moodle further developed (communicating the rights and responsibilities as members of the Warwick community).</p> <p>f. Presence of taskforces and Charter Marks encouraging approaches /environment conducive to compassionate communities (focusing e.g. on gender, race, disability, LGBTUA+ , wellbeing etc.)</p>	<p>summer 2020. LDC offer Active bystander training session for staff.</p> <ul style="list-style-type: none"> • Collaboration with Charlie Waller Memorial Trust to develop bespoke mental health training packages for Warwick staff, appropriate to roles (e.g. Personal Tutors, Residential Life Team, Security etc) • Rolling programme of training with continuous development. • Ongoing - Warwick Values moodle further developed for 2020/21 • Social Inclusion Committee (SIC), chaired by Provost meets 3 times per year involving chairs of all Taskforces, and reporting into Senate and Council with recommendations around inclusion. • Wellbeing Day • Workplace Wellbeing Charter Mark held from 2017 – 2019. Now working towards the Thrive at Work Commitment. 	<p>In progress</p> <p>3 yearly – ongoing</p> <p>Live – Aug 2020</p> <p>TBC</p>	<p>Head of Counselling and Psychology Intervention Team (CAPIT)</p> <p>Dean of Students Office</p> <p>Warwick Values Working Group</p> <p>SIC/Taskforces/EDI/WSS</p>
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	<p>g. PREVENT response</p>	<ul style="list-style-type: none"> • Wellbeing Week • WSS - Reviewing practice to ensure student wellbeing is prioritised. • Build relationships with CTU to grow understanding of HE sector and ensure wellbeing of any referral subject is at forefront 	<p>May 2020*</p>	<p>All staff/Prevent lead – Head of Security/WSS</p>
<p>1.3 Encourage Disclosures of difficulties/distress</p>	<p>a. WSS re-structure 2019 to:</p> <ul style="list-style-type: none"> • improve accessibility to services • ease referral • reduce waiting times <p>b. (Incidents of sexual violence can cause high levels of distress and may increase risk):</p>	<p>New structure in place for 2019/20 including:</p> <ul style="list-style-type: none"> • co-location and single point of access to services • daily brief consultations offered means easier referral for staff (e.g. personal tutors, Residential Life Team) • reduced waiting times for counselling and psychology appointments • enhanced liaison/ sharing with local mental health services to allow better shared support • ongoing promotion of other support within the University e.g. Chaplaincy/ SU / Nightline etc. 	<p>✓</p>	<p>WSS</p>

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	<ul style="list-style-type: none"> • Specific sexual misconduct policy developed and Specialist SV support in place since 2018 • Implementation and expansion of institution-wide reporting tool and support <p>c. Disciplinary processes:</p> <ul style="list-style-type: none"> • External review undertaken on our disciplinary process (summer 2019) and recommendations made in this area. <p>d. Develop University Strategy for Alcohol and Other Drugs, reflecting move away from punitive response and towards support</p> <p>Disclosure: See above for rolling programme of training of staff e.g. personal tutors/ front-line</p>	<p style="text-align: center;">✓</p> <p>Current ISVA role secured until 2021</p> <p style="text-align: center;">✓</p> <p>Report and Support /SLOs implemented for sexual misconduct 2019, and expanded to include Hate Crime 2021</p> <p>All recommendations to be implemented</p> <p>Strategy development – draft to Alcohol and Drugs Advisory Group</p>	<p style="text-align: center;">✓</p> <p>Review Spring 2021</p> <p>Sept 2020</p> <p style="text-align: center;">✓</p> <p>(All but one, July 2020)</p> <p>Autumn 2020</p> <p>Ongoing/reviewed annually</p>	<p>Director of Student Discipline/ WSS</p> <p>Director of Student Discipline</p> <p>ADAAG</p> <p>See above</p>
<p>1.4 Ensure students with difficulties are identified, signposted and followed up</p>	<p>a. See above re. Training of personal tutors, Security, RLT etc. and referrals to Wellbeing and other support, such as SU/ Chaplaincy etc.</p> <p>b. Within WSS:</p> <ul style="list-style-type: none"> • Student Care Meetings 	<p>Student Care Meeting (SCM) reformed March 2020 (in light of COVID) to enhance overview of vulnerable students –ensure clear plan and ownership. Increased to 3 x per week with additional input from other services</p>	<p>Ongoing/reviewed annually</p> <p>Annual review of SCM to ensure effectivity</p>	<p>WSS – Director/Service Leads</p>

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	<ul style="list-style-type: none"> Mental Health nurse posts introduced in WSS in Sept 2019 - in contact with crisis team, GPs and other NHS services to ensure care held appropriately by statutory services Togetherall –additional resource from 2019/20 (students and staff) for out of hours support, including 24/7 access to on-line support resources around suicide 	MH nurses to strengthen links with NHS services and improve liaison; Promote voluntary sector support, being collated by NHS colleagues	<p>✓</p> <p>Summer 2020</p> <p>✓</p>	WSS – Head of WS
1.5 Work together with schools/colleges, to ensure smooth transitions between educational settings	a. Wellbeing Support working with WP team to input into school outreach and events on campus for schools	<p>Presence at Open Days and Offer Holder Open Days</p> <p>Input into programme and presence at ‘A level bootcamp’ 2020.</p> <p>Wellbeing Transition skills sessions developed</p>	<p>✓</p> <p>Summer 2020</p> <p>Summer 2020</p>	<p>WSS</p> <p>WSS</p> <p>WSS</p>
1.6 Raise suicide awareness and destigmatise talking about suicide	<p>Training:</p> <p>a. Mental health First Aid Training offered up to 2019</p> <p>b. Collaboration with Charlie Waller Memorial Trust to develop bespoke mental health training packages for Warwick staff, appropriate to roles ((this will include a specific element on suicide prevention awareness)</p>	<p>Currently in development with Charlie Waller foundation - bespoke package for Warwick staff</p>	<p>2020/21 (pilot sessions autumn 2020)</p>	<p>Head/Deputy Head of CAPIT</p>

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	<p>c. Charlie Waller e-learning package, 'Raising Awareness-Fighting Depression' available to all staff and recommended to key support staff</p> <p>d. General promotion of good mental health via University-wide channels, and WSS (through academic departments and centrally) and normalising access to support also destigmatises</p>	<p style="text-align: center;">✓</p> <ul style="list-style-type: none"> • Higher profile in Welcome Week – inclusion of WSS in VC/ SU president welcome talk • Working with wider University/ SU to run promotional events and invite in key services, such as ITBTT, MIND , POPYRUS • Key awareness raising via campaigns/ events such as University Mental Health Day/ TogetherAll campaigns/ social media campaigns • Wellbeing Advisers working in academic departments to run bespoke events • TogetherAll & ITBTT social media campaigns • promotion of other support e.g. Chaplaincy/ SU / Nightline etc • Integration of wellbeing into Welcome Week 	<p>Ongoing</p> <p style="text-align: center;">✓</p> <p>SU campaign 'Stop Suicide' Summer 2020</p>	<p>WSS/SU/Comms (Engagement) and other key support staff</p>
<p>1.7 Encourage students to involve parents, guardians or other trusted advisors early if they run into mental health difficulties</p>	<p>a. Parental consent options considered by WSS summer 2019 and new 'Permission to Liaise' process piloted 2019/20</p>	<p>Dissemination of key issues to academic colleagues via Dean of Students Office (inclusion in newsletter)</p> <p>Review of procedure</p>	<p>Spring 2020</p> <p>Summer 2020</p>	<p>Director of Wellbeing & Safeguarding/WSS Heads of Services</p> <p>WSS</p>

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<p>1.8 Make this everyone's business and provide specific training on suicide prevention awareness</p>	<p>a. Wellbeing Strategy has a whole institution approach; Wellbeing Steering Group to gather and guide institutional wellbeing approach</p> <p>b. suicide prevention awareness training- see bespoke training above (this will include a specific element on suicide prevention awareness)</p> <p>c. ASIST training for all Security (Messages on toilet doors in SU to highlight this to students)</p> <p>d. '20 mins to save a life' (Zero Suicide Alliance) – on-line module added to Organisational Development website as resource for staff</p>	<p>See Wellbeing Strategy</p> <p>In progress ✓</p> <p>✓ (7 current officers trained – April '20)</p> <p>✓ Consider ways of recording who/ how many have completed this training (Contact Zero Suicide Alliance to see if we can collect stats)</p>	<p>Summer 2020</p>	<p>Director of Wellbeing & Safeguarding/WSS Heads of Services/Dean of Students office</p> <p>Head of CAPIT</p>
<p>1.9 Provide a range of easily accessible and culturally appropriate support for those experiencing difficulties</p>	<p>a. Wide range of self-help tools that are accessible 24/7 recognising only 1:3 access services physically</p> <p>b. Enhanced virtual access to WSS</p> <p>c. Developing inclusive support:</p>	<p>Reviewed and updated regularly</p> <p>All WSS now accessible virtually</p> <p>WSS review inclusivity of service: – incl. review of recruitment procedures/ cultural training for WSS staff / identify and link to external services</p>	<p>Summer 2020</p> <p>Summer 2020</p> <p>20/21 Summer 2020*</p>	<p>WSS</p> <p>WSS</p> <p>All responsible for supporting/WSS</p>

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	<ul style="list-style-type: none"> WSS Support staff recruited with focus on cultural diversity and competency; ongoing professional development; awareness of additional external specialist support for referral, as appropriate (faith based resources are available through chaplaincy.) bespoke outreach events, where relevant, for specific groups where barriers to accessing services have been recognised 	<p>Dean of Students 'Inclusive Personal Tutoring' module (moodle)</p> <p>Ongoing liaison with Student Opportunities/ WP team/ SU to identify key groups and develop inclusivity of service, and offer bespoke interventions as appropriate e.g. scholarship events / Global connections / Summer Schools/ BAME students etc.</p>	Autumn 2019 ✓ and ongoing	<p>Dean of Students</p> <p>WSS with input from other teams</p>
1.10 Signpost support available from the university, including in departments/schools, faculties, halls of residence, central support services, and others	<p>a. Work being done (action within SWSG) to ensure referral pathways are represented clearly, and disseminated widely, and regularly reviewed (see below)</p> <p>b. Central comms (engagement) team/ +SU involved in disseminating messages institution wide</p> <p>c. Ongoing training in academic departments to ensure messages re. signposting are reinforced</p>	<p>See SWS</p> <p>✓</p> <p>Ongoing liaison</p> <p>Personal Tutor training</p>		<p>WSS</p> <p>Dean of Students Office</p>
1.11 Signpost support available externally, which includes NHS, voluntary sector and others	<p>a. Quality-check, collate and maintain information and links</p>	<p>✓</p> <p>Info. available on WSS website/ also via TogetherAll/ Links to regional microsite "Dear Life" added to Uni &SU websites</p>	Review annually	WSS

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		Lead Mental Health Nurse forging links with NHS services working towards service level agreements with key services	Review Summer 2020	
1.12 Prevent and act against bullying and all and all types of discrimination and harassment	a. Ensure values/ expected behaviours are widely promoted and upheld	✓ Warwick Values work summer 2019 with e-module introduced. Expansion autumn 2020	Autumn 2020	Warwick Values Working Group
	b. Ensure appropriate measures in place to deal with any instances of bullying/ discrimination, including cyber-bullying	Independent review of disciplinary processes Summer 2019 with resulting implementation plan Report and Support introduced for SV Autumn 2019 –expanded to other ‘Respect’ areas in 2020/21, including Hate Crime	✓ ✓	
1.13 Restrict access to locations and materials that can be used for suicide	a. Relevant Health and Safety policies in place re: materials.	Local arrangements in place to control access to chemical/biological laboratories and stores. Access to higher risk spaces tightly controlled.	Checked Jan 2020 Ongoing Review	Director Health & Safety/ Head of Campus Security
		Develop Stairs, Landings and Balustrades Guidance focused on the prevention of accidental falls.	✓	Director of Estates
		Identified high-level points of significant falls within identified buildings, via an internal survey	✓	Director Estates

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		Procedures in place with regard to restricted access to cleaning equipment	✓ Jan 2020	Director of Warwick Accommodation
1.14 Encourage good communication between all elements of the university involved with student welfare (i.e. if concerns are raised in halls of residence, ensure schools/ personal tutors are aware)	a. Referral pathways and processes in place for internal referral between departments to relevant support (Wellbeing/ Security)	✓ Newly reformed Student Care Meeting allowing input from other relevant teams, but reducing oversharing unnecessarily and to focus meetings on specific individuals who require a joined up approach	Ongoing Review March 2020	WSS WSS
2. Intervention				
UUK Guidelines Objective	Action	Goal/Milestone	Completion (✓)/ Review Date	Lead
2.1 Recognise signs and vulnerabilities: use alert systems to detect patterns of difficulty, such as not engaging with academic work, dropping off academic radar, not paying rent, fees , fines, disciplinary issues, not engaging with academic work, running into	a. Communication back to Wellbeing if any concerns – RLT/security/PT/Student discipline/Comms (to be escalated to Student Care Meeting as appropriate)	Training of PTs Promotion of WSS	Ongoing	All depts. WSS/ Dean of Students Office
	b. Issue guidance to other departments on approaches for contacting students, and for what the trigger points are for escalation to wellbeing	All departments to have clear understanding of contact and escalation procedure	Spring 2021	WSS Lead
	c. Enhancing process for concerns re. non-attendance/engagement in academic departments	Attendance monitoring process updated Spring 2020 (students of concern now highlighted to DUGS/	Further review 2020/21	WSS/ Dean of Students Office/ Student Opportunities- (attendance)

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<p>academic difficulties or dropping off the academic radar, not paying rent, fees or fines; disciplinary issues, not engaging with other students or staff or not being involved in community activities</p>	<p>d. Challenge University processes where necessary</p> <p>e. liaison between professional services (e.g. input into Fees Committees, disc. cases etc) also with regard to language of communication, but see below</p> <p>f. Comms./Press & Media teams highlight when pick up postings of particular comments on social media (open accounts or tagging University accounts) which may indicate need for alert to Wellbeing in case of support requirements</p>	<p>DGS at earlier stage) but further review of process necessary (paying particular attention to non-standard courses e.g. IFP) with the aim of an interdepartmental agreement and approach- potential weak point identified / some concerns re. Time-span between academic depts. picking up and responding to students who go off the academic radar and referral to WSS.</p> <p>Link into student records re monitoring points and consider alternative referral process</p> <p>Training for communications social media team to understand escalation routes if they see posts of concern</p> <p style="text-align: center;">✓</p>	<p>ongoing</p> <p>2020/21</p> <p>2020/21</p>	<p>monitoring) / Student Records / SPQ</p> <p>WSS/ Comms (Press & Media, and Engagement)</p>
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	g. Resources/ services developed with particular higher risk groups in mind e.g. self-harm/ perfectionists/ LGBTQ+	Targeted self-help resources/ skills sessions/ groups/ collaboration with SU/ links into local services	✓ (reg. review 2020/21)	
2.2 Training all student facing staff in suicide awareness, how to have conversations and how to intervene	a. See above re. training b. ‘20 mins to save a life’ (Zero Suicide Alliance) – on-line module	To be added to Organisational Development website as resource for staff Sent to SU for them to consider for their staff	Reviewed annually	WSS
2.3 Provide and publicise resources such as ‘use of language’, ‘spot the signs’, ‘it’s safe to talk about suicide’ to the wider community	a. WSS -a range of online resources to help prevent distress developing towards suicide b. TogetherAll introduced for students / staff autumn 2019 c. Signposting to range of support internally and externally d. Work with external agencies e.g. ITBTT e. Signs on toilet doors in SU – signposting to Nightline	✓ ✓ ✓ ✓		WSS WSS SU/ WSS SU
2.4 Consider university policy and practice on information sharing agreements	a. Wide consideration by WSS summer 2019 and introduction of permission to liaise	✓ Permission to liaise introduced on pilot basis	Aut. 2020 review pilot *	WSS

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disclosure and consent				
2.5 Develop, implement and review support pathways within the university for distressed students	<p>a. WSS – Move towards single point of entry</p> <ul style="list-style-type: none"> • One online registration form • One phone number • One reception • One needs assessment/early intervention • Referral to other WSS services including MH nurses <p>b. Wellbeing referral following disciplinary process for alcohol and other drugs</p> <p>c. Wellbeing focused Alcohol and other Drugs strategy developed, with accompanying action plan detailing support measures</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p>Ongoing review</p> <p style="text-align: center;">ongoing</p> <p style="text-align: center;">✓ ADAAG September 2020</p>	<p>WSS</p> <p>WSS/ RLT/ Student Discipline</p> <p>ADAAG</p>
2.6 Establish clear and collaborative local care pathways into statutory mental health services and NHS crisis intervention	<p>a. Regular meetings for local NHS services and WSS in place and considerable progress made regarding collaboration</p> <p>b. CAPIT also provide psychological intervention in-house</p>	<p>Lead Mental Health Nurse forging links with key NHS services such as crisis team and AMHAT, working towards service level agreements with key services</p> <p style="text-align: center;">✓</p>	<p>Review 2021</p>	
3. Postvention				
3.1 Contact the bereaved, offering to meet and provide	<p>a. sudden death procedure in place</p>	<p>In place – support offered post-trauma to individuals or groups Liaise with SU around Society involvement</p>	<p>Review of procedure Sept 2020</p>	<p>Head of Wellbeing with support from Director of Wellbeing and Safeguarding/</p>

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<p>compassionate support</p>		<p>Refer bereaved to Papyrus/ SOBS, as appropriate</p>	<p>Review of support information provided –Sept 2020</p>	<p>Chaplaincy available, as required</p>
<p>3.2 Support affected students and staff – identify risks of possible contagion, including rapid referral for community mental health support if needed</p>	<ul style="list-style-type: none"> • trauma leaflet distributed • CAPIT – Offer to facilitate groups for students staff involved (e.g. those in residence in same halls after a suicide. • WS reach out to affected students to offer support, practical and otherwise, making clear to get in touch if they need support now or later • Liaise with local services for additional support resource (e.g. MIND bus) • Advise colleagues re. appropriate response e.g. not leaving floral tributes at a scene, but signposting to support (as per Public Health guidance) 	<p style="text-align: center;">✓</p> <p>Linked into Coventry and Warwickshire Joint Suicide Prevention Multi-Agency Steering Group regarding progress of Real Time Surveillance as per PHE guidance</p>		<p>Heads of Service, WSS</p>
<p>3.3 Agree internal communications, including staff and students where appropriate</p>	<p>a. Sudden Death procedure in place</p> <p>b. Call on other institutional support e.g. Chaplaincy who oversee books of condolence and support/ refer as necessary</p> <p>c. Communications team and Press Relations team to be informed in order to coordinate, plan and agree appropriate message and details on</p>	<p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p> <p style="text-align: center;">✓</p>	<p>Review of procedure Sept 2020</p>	<p>WSS</p>

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	support available – noting that the needs of the deceased’s family must take precedence. Use standard University channels for communications, but ensure affected groups (residential or course mates and key staff) are informed via departmental routes first (taking into account guidance from Samaritans, the wishes of the family, and that it is the Coroner who makes the actual ruling on cause of death)			
3.4 Legacy and Anniversaries – celebrate life of deceased without glamorising suicide	a. Memorials/ other events (tree-planting, benches, special awards) put in place in response to demand from those affected and in liaison with families, as appropriate			WSS/ Chaplaincy and others as appropriate
3.5 Alert local and public health services as appropriate	a. Sudden Death procedure in place			
3.6 Be prepared for external communications-support media in delivering sensitive reporting of suicide and call out bad behaviour	(This includes communications via digital and traditional media channels including social media) a. Communications team and University Press and Media Relations Team to co-ordinate – including monitoring of social media/ web chats where appropriate to inform decision-making on community sentiment, as per Sudden Death procedures and in line with guidance from Samaritans	✓	See above	Comms (Director Press & Media and Associate Director Engagement)/ WSS
3.7 Provide information of available support	a. refer bereaved to Papyrus/ SOBS, as appropriate	✓		
3.8 Support continuous improvement of suicide prevention	a. Incident Review process formalised		Summer 2020 Summer 2021	WSS SWSG

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<p>strategies – research, data collection, lessons learned, incident review</p>	<p>b. The University Suicide Safer Action Plan feeds into the over-arching University Wellbeing Strategy, which is approved through the University committee process through to Senate and Council. This action plan will be reviewed annual by SWWSG.</p>			
<p>3.9 Consider open meetings with affected communities</p>	<p>a. CAPIT available to offer this</p>	<p style="text-align: center;">✓ Delivered in response to demands</p>		

* postponed due to COVID

Sept. 2020