



The University of Bolton

Suicide Prevention and Response Strategy 2021-2026

Summary

This document has been developed working in collaboration with colleagues from the NHS Greater Manchester Universities Student Mental Health Service (GMUSMHS) and Bolton's Suicide Prevention Partnership, which is led by representatives from Bolton Council, NHS Bolton Clinical Commissioning Group (CCG), Greater Manchester Mental Health (GMMH) NHS Foundation Trust and the voluntary sector. The strategy action plan has oversight by The University of Bolton's Suicide Prevention and Response Working Group.

The aim of this document is to outline a strategic action plan to address and reduce known and potential risks associated with the death of a student by suicide, incorporating three key areas, prevention, intervention and postvention. The strategy will include steps for action should the tragic event occur in which the University community experiences the death of a student by suicide. This is a whole institution strategy and is relevant to all staff and students of The University of Bolton community.



The University of Bolton Suicide Prevention and Response Strategy 2021-2026

“Following approval of the University of Bolton Student Mental Health and Wellbeing Strategy in 2021 I am pleased to have been asked to contribute to the development of the University of Bolton Suicide Prevention and Response Strategy. The Students Union are active members of the University Student Mental Health and Wellbeing Working Group and the Suicide Prevention and Response Working Group. The Student’s Union have and continue to work collaboratively with the University of Bolton in supporting the health and wellbeing of students. Both the University and the Students’ Union here in Bolton have always prioritised the wellbeing and mental health of students and this strategy is continuation of this good work. The Students’ Union like the university are committed to putting the student at the heart of everything we do and the Students’ Union will continue to support students through any challenges they may experience whilst a member of the University of Bolton community and beyond.” - Janet Galligan, Bolton Students’ Union General Manager

Authors: Christina Morris (Senior Wellbeing Coordinator)

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Definitions:

Suicide – Deliberate act of taking of one's life.

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

Suicidal ideations - Suicidal ideations can range from being preoccupied by abstract thoughts about ending one's own life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life.

Non-suicidal self-harm – An action that is deliberate but does not include an intention to die and often does not result in hospital care. It can be used for one or more reasons, including a coping strategy to reduce and/or express distress and tension, inflicting self-punishment and/or signalling personal distress to important others. Non-suicidal self-harm is a signal of underlying mental health difficulties; people who self-harm may also make suicide attempts and be at risk of suicide.

Suicide Contagion - Suicide contagion is the exposure to suicide or suicidal behaviours within one's family, one's peer group, or through media reports of suicide and can result in an increase in suicide and suicidal behaviours.

Suicide Cluster - A series of three or more closely grouped deaths which are linked by space or social relationships. In the absence of transparent social connectedness, evidence of space and time linkages are required to define a cluster. In the presence of a strong demonstrated social connection, only temporal significance is required.

1. Statement of Purpose:

Suicide is the most common cause of death in under 35's in the UK. Every year many individuals consider suicide, harm themselves or suffer alone ^[1]. Research has demonstrated that approximately 75% of adults who have a diagnosed mental health illness, first experience symptoms before the age of 25 years, making the transition and journey throughout University life a particularly vulnerable time for many individuals. Furthermore, many factors are considered to contribute towards a decline in mental health, and an increase in mental distress, which in turn can increase the risk of suicide ^[2]. (This is addressed further in sections 2 and 3). Suicide amongst Higher Education students is of particular concern, which has been recognised at government level in recent publication. In the 12 months ending July 2017, there were 95 recorded deaths by suicide amongst the HE student population, across England and Wales. This equates to approximately 1 death every 4 days ^[4].

We recognise that the death of a student by suicide can have a significant impact, not only for the loved ones of the individual, but also the wider university community, therefore The University of Bolton is committed to embedding a suicide safer community that promotes the mental health and wellbeing of all its staff and students.

The development of this strategy has been informed by Universities UK: Suicide safer Universities Guidance (2018) ^[5], with a view of implementing an established action plan to reduce known and potential risks associated with death by suicide. The strategy is data led, integrating both local and national research and statistics, whilst seeking data and feedback from our own student population, aiding facilitation of strategic planning. The strategy aims to be collaborative, incorporating input from local stakeholders and professional colleagues, and has been developed in conjunction with The [University of Bolton's Mental Health and Wellbeing Strategy 2021-2026](#). ^[6]

We recognise a suicide safer community starts with a whole-university approach to mental health and wellbeing; acknowledging the importance this has on creating a strong foundation for learning and academic achievement. It is our commitment that this concept is embedded into all aspects of the University experience and culture; and for all staff members and students to have an awareness and understanding of the action plan, including the University's wider Mental Health and Wellbeing strategy.

2. Context:

In recent years, research into the prevalence of death by suicide and the experiences of suicidal thoughts amongst young people, including amongst the student population, has been of greater focus. Papyrus is one of the leading organisations in the UK, campaigning for the prevention of young suicide. They estimate that nearly 1 in 4 young people will experience suicidal thoughts at least once in their life time. It is also reported that approximately 1 in 20 young people, will attempt to take their own life by suicide. ^[7]

In 2018, the Office for National Statistics, published a report, ['Estimating Suicide Amongst Higher Education Students in England and Wales](#). ^[5]. The findings of the report demonstrated that for the academic year 2016/2017 a total of 95 students ended their own life by suicide. This equates to approximately 1 death every 4 days, and an incidence of 4.7 deaths per 100,000 students; indicating a significant increase in comparison to previous years. The data publicised, detailed further information in relation to age, gender, ethnicity, mode and year of

study for the period of 12 months ending July 2013 and the 12 months ending July 2016. Outcomes demonstrated male higher education students, had a higher rate of death by suicide in comparison to female students, with a rate of 6.7 male deaths per 100,000 students. The highest rate of death by suicide was seen in undergraduate males, with a prevalence of 7.1 per 100,000. For females the rate was 2.8 per 100,000 less than half of the numbers reported for male students. With respect to age, the data provided, again for the same time period indicated a lower rate of death by suicide for those aged 20 years and under. The statistics indicate mortality rates of death by suicide increases with age, with the highest rate of death by suicide being reported in the 30 and over age group, with a rate of 6.4 per 100,000. For those studying an undergraduate degree, rates were significantly higher. Data reported in relation to ethnicity demonstrates the number of deaths recorded in ethnic minority groups did not show any significant differences, however when further defined, those individuals identifying their ethnicity as 'other' including Mixed White and Black Caribbean, Mixed White and Black African, Mixed White and Asian, Other Mixed Background, Arab, plus other ethnic background, rates of death by suicide were higher amongst this group, with a rate of 5.9 per 100,000 deaths recorded.

Suicidal thoughts, deliberate self-harm and suicide attempts, are significant concerns reported by many young people. National research has demonstrated that approximately 40% of females aged between 16 and 24 years have reported experiencing suicidal ideations at some point in their lives. Furthermore, 1 in 4 females within this age group have reported incidents of self-harm. A poll recently conducted by three leading youth charities – the Mix, Self-Harm and Young Minds – found that out of the 500 men aged between 16–24 who were surveyed, 24% admitted to deliberately harming themselves. According to a YouGov poll, one in four men are turning to self-harm due to depression, anxiety and stress. ^{[8] [9]}

In a 2020 report produced by the Royal College of Psychiatrists, on ['Self Harm and Suicide in Adults'](#), ^[10] it was identified that in over half of the general population and in over half of young people who have ended their lives by suicide, there has been a history of self-harm. There is a wealth of evidence to demonstrate that individuals amongst the general population who engage in deliberate self-harm as a means of coping, is a significant indicator of an individual being at higher risk of death by suicide.

Research has also demonstrated, young people are particularly vulnerable to the concept of suicide contagion; to which being exposed to a death by suicide, largely through media reporting, results in an increase in suicidal thoughts and behaviour in others, particularly those individuals considered 'most vulnerable' or at higher risk. Such incidence can occur following the death of a loved one, and/or as a direct result of irresponsible or sensationalised media reporting. Suicide clustering can arise from contagion, in which clusters of deaths by suicides are observed within the same community. Although this is uncommon, it is accounted for in approximately 1-2% of young people who end their lives by suicide. Clustering has been observed across various settings including educational establishments, including secondary schools, colleges and Higher Education institutions. ^{[11] [12]}

3. Myths and Facts about Suicide:

Knowledge and understanding is at the core of developing an effective approach to suicide prevention. 'Table 1; below details common myths associated with suicide and addresses this through factual response developed through feedback from survivors of suicide and their loved ones, alongside professionals working with survivors of suicide. ^[16]^[17]

Table 1: Common Myths and Facts about Suicide

MYTH: Talking about suicide or asking someone if they feel suicidal will encourage suicide attempts.

FACT: Talking about suicide provides the opportunity for communication. Fears shared are more likely to diminish. The first step in encouraging a person with thoughts of suicide to live comes from talking about those feelings. A simple inquiry about whether or not the person is intending to end their life can start the conversation. However, talking about suicide should be carefully managed.

MYTH: Young people who talk about suicide never attempt or die by suicide.

FACT: Talking about suicide can be a plea for help and it can be a late sign in the progression towards a suicide attempt. Those who are most at risk will show other signs apart from talking about suicide.

MYTH: Suicide attempts or deaths happen without warning.

FACT: The survivors of a suicide often say that the intention was hidden from them. It is more likely that the intention was just not recognised.

MYTH: If a person attempts suicide and survives, they will never make a further attempt.

FACT: A suicide attempt is regarded as an indicator of further attempts. It is likely that the level of danger will increase with each further suicide attempt.

MYTH: Only certain types of people become suicidal.

FACT: Everyone has the potential for suicide. The evidence shows disposing conditions may lead to either suicide attempts or deaths. It is unlikely those who do not have the predisposing conditions (for example, depression, conduct disorder, substance abuse, feeling of rejection, rage, emotional pain and anger) will die by suicide.

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

FACT: Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

MYTH: People who are suicidal want to die.

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

4. Evidence Base for Suicide Prevention Strategies:

The subject of suicide prevention has been recognised as a high priority at a national level for some time, to which in 2012, the government published the national suicide prevention strategy, '[Preventing Suicide in England: A cross-government outcomes strategy to save lives](#)'^[18] with a key aim of reducing the number of suicides within the general population in England, whilst focussing on supporting those individuals affected or bereaved by suicide. The strategic aims of the policy highlights collaborative working with NHS providers and local clinical commissioning groups (CCGs) with a view that suicide prevention plans are to be developed and implemented as part of a national multi agency approach to suicide prevention and reduction. The original publication has since been reviewed various times, including a [review in 2017](#),^[19] which identified addressing self-harm as a concern in its own right. The revised strategy outlined a commitment to reducing the national rate of death by suicide by 10% by the year 2020/21, in comparison to the year 2015. In a recent [2019 progress report](#),^[20] a 9.2% reduction in suicides at a national level was demonstrated in comparison to 2015. The most recent [progress report, published in March 2021](#),^[21] outlines further commitments to suicide prevention at a national level, including an increase in funding to statutory and non-statutory services to address the additional pressures caused by the Covid-19 pandemic.

Representation from the University of Bolton's student Mental Health and Wellbeing provision, attend Bolton's local Suicide Prevention Steering Group, chaired by local council leaders and attended by a range of professional organisations from both statutory and non-statutory services. Representation from Greater Manchester's Children and Young People's Suicide Prevention and Self-Harm Task and Finish Group also attend, to which good practice is shared regarding Greater Manchester's local Suicide Prevention Strategy, incorporating the '[Shining a Light on Suicide](#)' campaign and support platform which aims to support those at risk or struggling from suicidal thoughts, those concerned about another, and those bereaved by suicide.^[22]

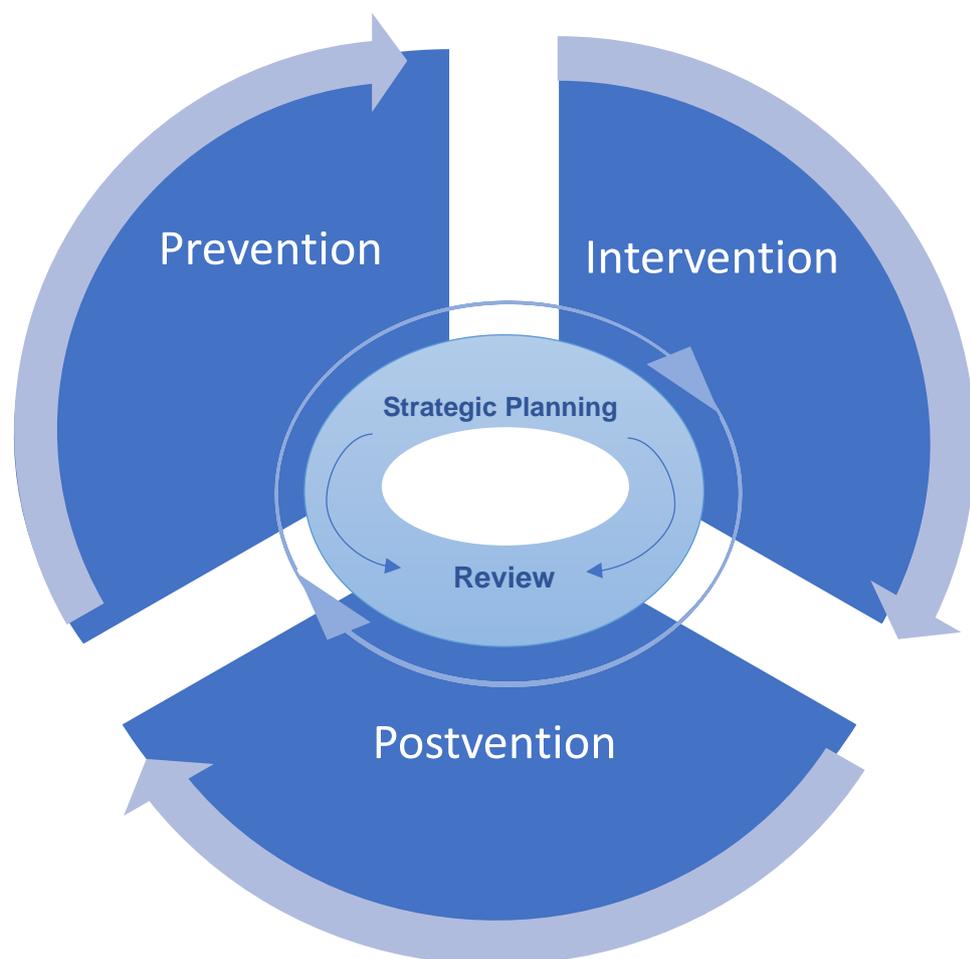
In 2017, Bolton developed a localised Suicide Prevention Partnership Plan: '[No More Suicides in Bolton 2017-2020](#).' With the primary aim of reducing local suicide rates through a 'good partnership working' approach. The plan details 16 local priorities for action, working on the principles of early intervention and prevention, accessibility to services, partnership working, training, research and data, alongside postvention support.^[23]

The University of Bolton's Suicide Prevention Strategy has been informed by national and local strategic planning including Greater Manchester and Bolton's local suicide prevention action plans.

5. Model for Action:

'Figure 1' below demonstrates the 'Model for Action,' adapted from [Universities UK, Suicide Safer Universities Guidance \(2018\)](#) ^[5] in taking a whole university approach to suicide prevention. The strategic approach adopted will integrate an action plan which integrates prevention, intervention and postvention as core areas for implementation. The approach will be leadership led and will be reviewed and refined regularly based on progression and lessons learned.

Figure 1: Suicide Prevention: Model for Action



6. Action Plan

The following section highlights key areas for action, developed through collaborative working and consultation with professional colleagues and external stakeholders with relevant expertise specific to the development of this strategy; alongside close consideration to a strong evidence base as detailed earlier. The action plan is based on the model as outlined in Figure 1 above, and actions are incorporated into the three key areas of prevention, intervention and postvention, with details as to how these actions will be achieved.

Leadership is central in the development and implementation of an effective suicide prevention and response strategy. At the University of Bolton, student mental health and wellbeing is a strategic priority and overall strategic direction of the suicide prevention strategy will be provided by the University's Mental Health and Wellbeing Executive Sub-Committee, headed by the Assistant Vice Chancellor. The University's Suicide Prevention and Response Working Group will have close oversight in implementation of the action plan, whilst integrating opportunity for regular review and updates.

6.1 Prevention

6.1.1 A Whole University Approach to Mental Health, Wellbeing and Suicide Prevention

At the University of Bolton we recognise the transition to University can be a highly stressful time for many students, with additional societal, personal, financial and academic pressures. The University currently fosters a whole University approach to student mental health and wellbeing, as demonstrated in the University of Bolton's [Mental Health and Wellbeing Strategy \(2021-2026\)](#),^[6] to which early intervention and prevention is recognised as a key priority. The University aims to create an environment that is inclusive and embeds mental health and wellbeing as a foundation to a positive learning environment and the overall university experience. Social support, a sense of belonging and connectedness are key protective factors in reducing the risk of suicide. Reducing stigma and creating an environment that normalises language around suicide and self-harm, and encourages people to reach out and speak about their struggles has also shown to reduce the risk of suicide and create opportunities for individuals to seek the right support.

What we currently do:

The University will currently offers a range of social activities, with the staff from the University's Life Lounge service working closely with the colleagues from the Student's Union, Sports and Wellness Centre and wider University community, to offer opportunities for social inclusion, including promotion at welcome week, fresher's week and via student inductions. Throughout the academic year many wellbeing events and campaigns are delivered on campus and virtually as a means of raising awareness and reducing stigma around mental health, whilst encouraging and promoting accessibility of internal and external mental health support services.

What we will do next:

The University will integrate national awareness days, including World Suicide Prevention day, Month of Hope and National Self-Harm Awareness day as

opportunities to raise awareness and reduce the stigma associated with self-harm and suicide, in a way that promotes signposting and accessibility to appropriate support services. The Life Lounge will work closely with the newly created Student Life Team to raise awareness and enhance student engagement with events and support services.

What we currently do:

In response to the COVID-19 pandemic the University invested in the Umii app for 2020/21. Umii is an app that allows students to make connections with other students based on shared interests and hobbies. The app includes a series of useful resources to support students with their mental health and wellbeing.

What we will do next:

The University will continue to review and extend access for students to the Umii app. Awareness of the resource will be raised at the point of application and student induction to encourage engagement at an early stage aiming to minimise social isolation.

What we currently do:

The University's Life Lounge currently offers various workshops promoting positive wellbeing, including resilience, sleep hygiene, managing stress and nature workshops to all current students.

What we will do next:

Workshops are to be reviewed and extended further to incorporate creative writing, art therapy techniques, mindfulness and meditation and sculpting, to provide students to opportunity to connect with one another sharing similar interests identified as promoting positive wellbeing and embedding positive coping skills. We will also incorporate further opportunities working closely with facilities and catering, including basic cooking skills sessions and day trips to local attractions, for example local museums to reduce social isolation and encourage inclusion.

What we currently do:

In response to the Covid-19 pandemic, the Life Lounge developed a 'Libguides: Mental Health and Wellbeing Online Resource page for students, accessible 24/7, and includes information, guidance, signposting information and numerous self-help resources for a range of mental health and wellbeing needs. ^[24] Further details and how to complete a referral to the Life Lounge is also available. The platform is also used to share information regarding out of hours and crisis support services alongside access to general safety advice should an individual be experiencing thoughts of suicide and/or self-harm.

What we will do next:

Content of this resource will be reviewed and further promotion regarding accessibility will be implemented via student newsletters and via the Life Lounge social media platforms to increase awareness and encourage engagement with early intervention methods.

6.1.2 Support that is easily accessible and culturally appropriate to all, with a focus on hard to reach/ at risk groups

As demonstrated in section 2, a combination of situations, personal and environmental factors can contribute towards an individual being at risk of death by suicide. The University of Bolton recognises the importance of early intervention and prevention to aid in mitigating risk of death by suicide, especially for the most vulnerable of our student population. The University of Bolton has a diverse student population as outlined in section 4 above, including a large number of mature students, students identifying with the LGBTQ+ community, international students, students of Black, Asian and ethnic minority groups, including a diverse range of cultural and religious backgrounds, alongside students who have disclosed mental and/or physical health needs. The University recognises in order to address the mental health and wellbeing needs of our student population, an approach that is innovative, collaborative and student led is at the centre of an effective action plan.

What we currently do:

Staff within the Life Lounge currently have established relationships with community stakeholders, including local NHS providers and non-statutory mental health support services in the area, by means of collaborative working in meeting the mental health needs of students.

What we will do next:

This is to be further developed, to include working partnerships with targeted services in the local area, reflective of our hard to reach/ at risk student groups. For example, The LGBT foundation, local men's mental health support groups, substance misuse services, The Greater Manchester Bereavement Service, The Samaritans and Papyrus to promote and encourage engagement.

What we currently do:

The Life Lounge currently seeks to inform and communicate with students with regards to the University's current mental health and wellbeing support provisions available. This has primarily been through the distribution of materials including hard copies of leaflets and wellbeing resources, attendance at welcome and fresher's week activities and drop-in sessions, alongside sharing information via Life Lounge social media platforms and the online Mental Health and Wellbeing page.

What we will do next:

Staff within the Life Lounge will now look to develop this further by means of reaching all of our student population in a way that raises awareness and promotes accessibility to our services. Using the MyBolton app, staff will create a system to which students have easy access to a 'wellbeing and mental health' page using their mobile device. Students will be able to complete a registration form to the Life Lounge service and will be alerted to upcoming events, workshops and further information regarding internal and external support services via the app and through use of push notifications.

What we currently do:

The University currently employs an International Student Support Officer and an

International Student Support Advisor who work closely with the University's international student population to support a positive transition to the UK and Higher Education. Many of our international students have diverse cultural and religious backgrounds, to which views and beliefs around mental health contrast significantly to that of western cultures.

What we will do next:

Staff within these posts will look to develop means of collating feedback from international students with regards to student wellbeing provision, to encourage a student led approach that incorporates methods of delivery which facilitate the needs and beliefs of our diverse student community, whilst promoting a sense of belonging. Staff who have responsibility for international student support will work closely with members of the Life Lounge team to explore and share best practice, through attendance at appropriate UKCISA events and HEI networking events

What we currently do:

In 2019, The University of Bolton entered into the Greater Manchester Universities Student Mental Health Service (GMUSMHS) pilot scheme, which was developed in collaboration with the NHS and four other Higher Education Institutions across Greater Manchester, including The University of Salford, Manchester Metropolitan University, University of Manchester and the Royal Northern College of Music. The Scheme was introduced following a review of mental health and wellbeing support available to HE students, to which it was recognised many students were struggling to access support due to the level of risk or complexity of their mental health presentation and/or not meeting service criteria. As a result many students were prevented from accessing the appropriate intervention and support for their mental health needs within the community.

What we will do next:

The University of Bolton will continue to maintain this currently well-established relationship with GMUSMHS and will continue to do so with a view of ensuring the most vulnerable of our student population are accessing the most appropriate support and intervention for their current mental health needs. A partnership approach will be used to share best practice and inform service development.

What we currently do:

The University currently implements policies and procedures in relation to [substance misuse](#),^[25] [equality and diversity](#)^[26] and [dignity at study](#),^[27] which incorporates incidents of bullying, harassment and discrimination. Students also have access to A '[Student's Dignity at Study Reporting form](#)'^[28] function, which allows students experiencing issues around bullying, harassment and discrimination from another student or staff member, can report this online via the bolton.ac.uk webpage. The report is then submitted and staff within the student services department are alerted, to which the concerns will be reviewed in line with the student dignity at study policy and procedure.

What we will do next:

Policies will continue to be reviewed regularly and we will seek to increase awareness amongst the staff and student population of such processes with a view of minimising harm and improving access to support; promoting a safe and inclusive environment for all.

What we currently do:

The Life Lounge is currently based on T2 of Eagle Tower. The Life Lounge also offers weekly drop-in sessions at the Institute of Management for students. Students are informed of the location of services via social media and online platforms, including the University Webpage and in printed leaflet format which are available around the campus building.

What we will do next:

The Life Lounge staff will look to develop more of a presence across the campus, by taking the service on-tour and providing regular weekly drop in sessions which will be communicated via a display signage, digital signage, social media and via the MyBolton App detailing the days/times the on-tour service will be available to raise awareness of our services. A room will be identified within student services for those students wishing to speak to a member of Life Lounge staff confidentially about any difficulties they are experiencing during the drop-in sessions. In accordance with the Student Mental Health and Wellbeing strategy we will create areas across the campus from which students can access mental health and wellbeing resources and information, again promoting awareness and engagement. Additional signposting for the Life Lounge will also be developed around campus to aid ease of access.

6.1.3 Information gathering, participation and student feedback to inform best practice and promote positive engagement

Service user participation is viewed as a key priority in the delivery and transformation of mental health and wellbeing services on a national level. ^[29] Routine gathering of feedback from individuals accessing service provision, not only regarding experience of service, but with regards to their care pathway, has shown to improve health outcomes, and enhance quality of life, but also improve service delivery. ^[30]

In a recent study conducted by [International Student Recruitment, 2020](#), whereby 1400 prospective students took part, more than 60% of participants identified that mental health provision is an important factor when selecting their University of choice. Method of mental health support offered and observing service user experience were also considered important factors in the decision-making process. ^[31]

Speaking in more general terms, many educational establishments view student voice as a mechanism to help inform the personal and social development of students. It can also present an opportunity for engagement and inclusivity, especially for those 'hard to reach' groups, encouraging more individuals to seek support for their mental health and wellbeing needs. ^[32]

It is important for Higher Education providers to include student voice, and wider participation within strategic planning as a key element in the area of prevention.

In respect of the University's Suicide Prevention and Response Strategy, as part of the strategic implementation and review stage, we will look to establish a focus group of students, representing our most at risk groups, including but not limited to student's with disclosed disabilities, those identifying with the LGBTQ+ community, experienced care leavers and mature male students.

What we currently do:

The University's Life Lounge provision, currently collates data in line with GDPR guidelines, for every student who registers with the service. The information recorded, includes demographic information, including age, gender, ethnicity, sexual orientation, international student status, course and year of study which is utilised to monitor student engagement levels.

What we will do next:

Life Lounge staff will further monitor student engagement in comparison to hard to reach/ at risk groups. Data will regularly be reviewed to identify further areas of focus, for example courses of study in which there are lower levels of referral and/or engagement with our services; monitoring levels of engagement over time in respect of at risk groups including male students and students identifying with the BAME community or LGBTQ+ community. This will inform next steps for intervention based on our own student community.

In accordance with the Student Mental Health and Wellbeing Strategy the Life Lounge team will continue to explore how a dedicated MIS Platform can support the data collection and feedback exercise, alongside supporting early intervention and at risk identification.

What we currently do:

The University currently undertakes annual quantitative student surveys to capture feedback in relation to use of student support services, including the student mental health and wellbeing provision, to inform service delivery. In 2020, academic staff from the University's Psychology department conducted a national survey investigating the impact of the Covid-19 pandemic on student mental health and wellbeing. Lifelounge colleagues will work with the Psychology Department when their findings become available to review and assess the provision of Student Mental Health and Wellbeing support. Furthermore, the 2021 NSS survey included questions in relation to views of the provision of mental health support offered by the University during the pandemic. Nationally the average response was approximately 40% to which students felt their university had supported them with their mental health. The University of Bolton surpassed the national average with 62%.

What we will do next::

The University will look to establish further methods of collecting student feedback, including creating regular opportunities for student input, relating to accessibility of our wellbeing services whilst promoting student engagement. This can be achieved

through regular drop in sessions offered on and around campus via Life Lounge staff and during events e.g. World Mental Health Day and Suicide Prevention Day.

The University will also look to extend this further by working collaboratively with colleagues from HR to develop a staff survey in relation to supporting students in distress. The survey will aim to capture feedback from all university staff in relation to students they have supported expressing concerns in relation to their mental health and wellbeing. This will include reports of suicidal ideations and/or thoughts of self-harm. In doing so we will be able to recognise firstly the number of students approaching academic staff rather than seeking support from wellbeing services and whether these students were referred on for appropriate support. We will also be able to identify levels of awareness and confidence in signposting and supporting students who express such concerns. This will then inform intervention moving forward and can be reviewed for effectiveness.

What we currently do:

The Life Lounge currently collects student feedback regarding experience of service, via an electronic feedback mechanism. An iPad is located within the Life Lounge and students are invited to share feedback of their experience of the Life Lounge service accessed, e.g. counselling. Students are encouraged to complete this at the end of each session. This is then fed back to a wider system and the data collated for review.

What we will do next:

The Life Lounge will look to establish an experience of service questionnaire, which can be emailed to the student at the end of intervention. This will include opportunities for qualitative feedback to inform service delivery. The Life Lounge will also look to create a feedback and comments box within the relaxation/waiting area of the service by means of collating anonymous feedback on an ongoing basis. This will then be reviewed and relayed to students in a 'you said, we did' format.

6.1.4 Staff training

Reducing stigma and discrimination through education and awareness is a key priority in encouraging help seeking behaviour and promoting cultural change. Education also provides individuals with the level of understanding and confidence to address certain issues and concerns in respect of mental ill health. At the University of Bolton, we recognise the importance of a whole University approach to student mental health and suicide prevention. We recognise a decline in mental health can happen to anyone at any time, therefore providing all staff members with the knowledge and information they require to support students who present in distress is a priority.

What we currently do:

In 2019, the HR department introduced an eLearning mental health awareness training program, which is mandatory for all staff to complete at the point of induction,

this forms Tier 1 of a three tiered approach to developing staff. Tier 2 will incorporate a half day training session from Life Lounge staff on 'Supporting a Student in Distress,' including how to respond and support students experiencing suicidal thoughts and/or self-harm. Tier 3 will include Mental Health First Aid Training.

What we will do next:

HR will continue to implement the 3 tiered training program for all staff. The 'supporting a Student in Distress' training session will be offered on a monthly basis to all staff at the University. Staff can attend for the first time, and/or can attend as a review session, to ensure awareness is maintained. Each attendee will receive an electronic and hard copy of the 'Supporting a Student in Distress Z Card and booklet. (See Appendix B)

HR will work closely with Lifelounge staff to review appropriate suicide prevention training for all University staff members, including the Zero Suicide Alliance (ZSA) training program.

Lifelounge staff, in collaboration with academic colleagues are working to embed a mental health and wellbeing area within the University's online STEAM platform. To which content regarding mental health training events, webinars and video content raising awareness of our Lifelounge provision will be available for academic staff to access at their own pace.

Staff based within the Life Lounge will continue accessing relevant CPD opportunities, for example, suicide prevention and trauma informed care training sessions, with local partners and services promoting best practice. Staff training opportunities will be discussed with individual staff members via line management review, and opportunities shared as a team via regular team meetings where necessary.

6.1.5 Restricting Access to Means

Restricting access to lethal means of self-harm and suicide, including high frequency/ high risk locations, is an important element of a comprehensive approach to suicide prevention. Many suicide attempts take place during short term crisis; access to lethal means is a significant risk factor for someone with thoughts and plans to end their life by suicide. ^[35] In relation to the University setting, primary concerns in relation to access to means, include local high risk locations, such as local motorway bridges; high rise areas located around halls of residence buildings and on campus locations, alongside access to materials, chemicals and objects within the learning environment, including laboratories and workshop areas.

What we currently do:

The University of Bolton currently implements a general [Health and Safety Policy](#), ^[35] which incorporates risk assessments in relation to management/ storage of hazardous substances, potential or actual exposure to sharp objects, alongside objects where there is a risk of ingestion. Training to staff members who undertake regular handling of such substances, objects and materials, which is undertaken and reviewed on an annual basis.

Where high risk areas are identified off campus we will continue to work with appropriate organisations, for example, the University has recently worked/ liaised with British Transport Police, Greater Manchester Police and Highways England, to share knowledge of areas our students report as potential locations for suicide.

What we will do next:

Maintain review of relevant Health and Safety legislation in respect to the above, ensuring all staff working with hazardous materials, objects and substances receive appropriate training in relation to management and potential risks associated. This is to be considered on a wider university level to which risk assessments will continue be undertaken across all areas on campus to which there is potential or actual exposure to hazardous objects, substances and/or materials.

The University will also look to liaise with providers of student accommodation/estates, with a view of reviewing high risk locations within and around Halls of Residence buildings.

The University's health and safety manager, in collaboration with the head of security who are both members of the University of Bolton's Suicide Prevention and Response Working Group will work to review potentially high-risk areas in and around our campus buildings with a view of ensuring restricted access to these areas, including any automatic doors that may prevent return access. University security who are managed by the Director of Facilities will also monitor areas identified as high risk.

What we currently do:

As mentioned, the representation from the University attends Bolton's local suicide prevention steering group, which is also attended by Greater Manchester Police and local transport. Local measures have been taken in regards to 'local high-risk locations,' including motorway bridges. For example, the bridge on St Peter's way now has restricted access and displays contact details for Samaritans on a large display board.

What we will do next:

The University will continue to attend these meetings with a view of reviewing and sharing any new information with the police and local transport, (and vice versa) in relation to high risk locations within the local area; identifying actions that can be taken to reduce access/ minimise risk.

6.2 Intervention

6.2.1 Supporting transition through collaborative working with statutory services

As highlighted in section 6, a wealth of research and national guidance, indicates the importance of collaborative working between community services, to reduce the risk of death by suicide amongst the population. [NICE \(National Institute for Clinical Excellence, 2018\)](#), ^[36] highlights the importance of developing multi-agency partnerships within the community as a strategic priority for suicide prevention. Healthcare providers, particularly statutory services are identified as playing a key role in partnership working.

Many students transitioning to study at University, are travelling or have moved from out of area, including those students travelling from overseas, taking on the challenges of higher education, independent living and making new social connections. For many students, this transitional period can be the time they become lost within the healthcare system. Students with a history of mental health needs engaging with services, are often discharged from services due to moving out of area, with no consideration in the transfer of care to a new locality. Many students are unaware they can register with a new GP within the Bolton area and therefore often go a period of time without seeing a GP or receiving prescribed medications. Many students have also been known to Child and Adolescent Mental Health Services (CAMHS) within their locality, however due to reaching the age of 18, have been discharged from services and due to starting university are now without support.

What we currently do:

Staff in the Life Lounge work closely in sharing information with GP's and local NHS providers (in line with GDPR guidelines) on an individual need basis. Primarily this will be to share information with regards to risk and or other concerns in relation to a student's mental state/ presentation, promoting best practice and continuity of care. The Mental Health Advisors have also at times received communication from Child and Adolescent Mental Health Services (CAMHS) services across the UK in relation to a student's mental health needs (with the students consent), by means of taking a collaborative working approach to support the transition to Higher education.

What we will do next:

The University will look to improve these pathways of care and communication with CAMHS services across the UK. Staff within the Life Lounge will take action to reach out to all CAMHS services sharing information regarding the mental health and wellbeing support provision available at the University, with the aim of encouraging partnership working to support positive transition to adult services within the community and Higher Education.

Life Lounge staff will also liaise with the Bolton Clinical Commissioning Group (CCG), to explore options of communicating with Bolton GP's, firstly to raise awareness of the University's mental health and wellbeing provision, but to also look at developing and streamlining partnership working with GP practices in the local area.

6.2.2 Risk management and safety planning

A mental health safety plan is used as a preventative tool and is developed in collaboration with an individual where there are concerns regarding risk to self, i.e. suicidal thoughts and/or self-harm. For many people who experience such thoughts, although such thoughts and feelings are short term, however in that moment, it is difficult to think clearly when feeling very low or overwhelmed. Safety plans are very useful as a quick reference guide/ plan tailored to the individual and outlines specific coping techniques and strategies to use to maintain personal safety, including who to contact when in crisis.

What we currently do:

The University's Mental Health Advisors and Senior Wellbeing Coordinator, currently offer support to students who are presenting with current and historical concerns regarding risk to self and/or others. Staff are trained professionals with experience of supporting individuals with complex mental health needs, including risk of suicide and self-harm. These staff currently offer urgent assessments to students presenting in distress or where there are concerns regarding suicide and/self-harm. Staff will assess the current level of risk and take appropriate action depending on the level of concern. One of the tools used where appropriate, is to develop a safety plan with the student, exploring coping strategies, exploring means of maintaining personal safety and providing safety advice, including who to contact in an emergency. The student will then keep a copy of this to refer to as needed.

What we will do next:

Life Lounge staff will review current risk assessment and safety planning, with a view of developing this further in line with guidance from NHS providers, The Samaritans and Papyrus to ensure this is kept up to date and current in line with best practice.

What we currently do:

The Life Lounge has recently developed a new risk monitoring system, to which any student who reports suicidal ideations, thoughts of or actual self-harm, and/or attempts to take their own life by suicide, is recorded. This can only be recorded by Life Lounge staff and access is limited to the team. In doing so, this will be monitored closely and audited periodically by the Senior Wellbeing Coordinator, by means of ensuring those students presenting with risk concerns are accessing the most appropriate pathway of support. The information collated is also representative of high-risk groups and looks to monitor age, gender, ethnicity, course and year of study. This again is to monitor high risk groups and to consider areas of concern with a view of informing further preventative measures moving forward.

What we will do next:

We will continue to implement recording of data for our most at-risk students. This is to be consistently monitored with a view of reporting areas of concern where appropriate and considering areas of preventative measures and appropriate intervention. Furthermore, we will develop a system of data collection through the procurement of a MIS Platform that can significantly help manage students who present at risk through RAG systems, collection of psychometrics and risk alerts.

6.2.3 Disclosure and Consent

Universities have a duty of care to the wellbeing, health and safety of all students. Universities work hard to deliver support to students with a range of mental health and wellbeing needs. This includes managing sensitive and personal information. There are occasions in which this information will need to be shared if it is in the best interest of a student, for example in urgent or emergency situations; and where it is necessary to protect the life of another. There have been recent concerns in which lack of information sharing has been considered a factor in students tragically ending their own lives by suicide. Some UK Universities have sadly experienced the death of students by suicide and have since worked closely with organisations and parents of students who have died by suicide to prevent further tragedies occurring. In 2018, following the death of his son Ben, James Murray has pioneered to work closely with Universities UK and Bristol University to aid in developing preventative measures to further mitigate against risk associated with student death by suicide. One of which is to look at improved communication with a student's family where there is a risk of suicide through development of an emergency contact procedure. ^[5] ^[36]

What we do currently:

The University currently encourages all prospective and current students of the University to disclose any diagnosed physical and/or mental health conditions/ disabilities to the University at the point of application. If an applicant or current student does disclose a disability, they will automatically be contacted by a member of the student services support team, to which they will be offered an initial meeting with a Disability or Mental Health Advisor to discuss their current disability needs, with a view of supporting the individual in applying for Disabled Students Allowance (DSA) and ensuring all reasonable adjustments are implemented at the earliest stage to support their wellbeing needs whilst promoting positive academic progression.

What we will do next:

The University will continue to implement the process highlighted and will also integrate this process into staff mental health and wellbeing training programs, to promote ongoing awareness. Staff will be encouraged to discuss this with students and support students in completing a [disability/ additional requirements disclosure form](#) where appropriate.

What we currently do:

The University is developing a student emergency contact procedure. This is currently at the development and consultation stage, to which Life Lounge staff are working closely with Tribal the Student Records system software providers, colleagues in Student Data Management (SDM) and Information System and Technology (IST) to implement said procedure. Students will be encouraged to opt in to the procedure and provide details of a named emergency contact/ responsible adult at the point of enrolment. The registered emergency contact/ responsible adult will be contacted by a member of the Life Lounge team where there are serious concerns regarding health, safety or wellbeing, and where it may be in the student's best interests for the responsible adult to be informed. Students will have the option to amend emergency contact details, as we recognise relationships can change; and the option to opt-out of the process at any stage. In this instance, the student will be encouraged to discuss this further with a member of the Life Lounge team.

What we will do next:

The University will continue to develop and implement this procedure which will be launched in October 2021, utilising internally developed systems and enhanced from December 2021 with the role out of the developments completed through consultation with Tribal. Relevant promotional materials will be developed to raise awareness amongst the student and staff population. This process will be consistently reviewed.

6.2.4 Early identification and alert systems

Research demonstrates there is a strong correlation between a decline in student attendance and academic engagement, and a deterioration in mental state, including an increase in self-harm and suicidal thoughts. ^[37] ^[38] It is important Universities embed an approach to supporting a student's mental health and wellbeing within currently established attendance policies, as a means of mitigating against potential risk factors associated with self-harm and suicide.

What we currently do:

The University of Bolton currently implements a [Student Engagement and Attendance Policy](#), to which if a student's attendance follows below 80%, the student will be contacted by their personal academic tutor to discuss reasons as to why their attendance has declined, incorporating discussions regarding current wellbeing. Where appropriate the student will work with academic staff to develop a supported study plan, which may include referral to internal support services. This is monitored over a period of 10 weeks, to which the support plan is regularly within this time frame. If the student does not demonstrate improvement, and there are further concerns regarding engagement/ attendance, the student may be at risk of withdrawal. Students will initially receive an automated email alerting the student that their attendance is of concern. Life Lounge staff have observed through feedback from students engaging with the Life Lounge, and in practice that some students are not being contacted by personal tutors where required, and/or they view the automated email as unsupportive, which often causes further avoidance; with some students falling through the net. As this process is heavily reliant on academic monitoring, we recognise this is an area for improvement.

What we will do next:

Life Lounge staff will work closely with academic colleagues in supporting the new alert system, to which personal tutors are alerted via internal systems that a student's attendance has declined below 80%. At this stage, the student will receive a notification email which includes details of how to contact their personal tutor to explore further, alongside further information and links to internal and external support services, including the Life Lounge registration form, alongside out of hours/ crisis support services. Academic staff in receiving the alert will aim to reach the student via email/ telephone call within 2 working days with a view of arranging a support meeting. This process should link directly with the University's [Health, Wellbeing and Supported Study Policy](#). ^[39]

6.3 Postvention

The term postvention refers to the actions taken by the University following the death of a student by suicide. This includes the appropriate steps in supporting those bereaved, managing internal communications and responding accordingly to external media communications. This also includes minimising the risk of contagion and/or imitation behaviours, and ensuring relevant steps to review and learn from the incident, so as to inform and mitigate future risks.

6.3.1 Responding to the Death of a Student by Suicide: Managing Internal communications

If/ when the University experiences the death of a student, this is immediately communicated with the Vice Chancellor and Senior colleagues of the University. This information is and will always be managed sensitively and confidentially, with next steps always informed by the family members' wishes and requirements. Any information regarding circumstances surrounding the death and personal information are kept close to senior members of the University and we will continue to maintain this stance moving forward.

What we currently do:

The University of Bolton's [Health and Safety Policy: Section 19: Responding to the Death of a Student Procedure](#) ^[34] outlines key roles of responsibilities of University staff and the steps taken to support the family and those affected by the death of a student both in the short and longer term. This includes death by suicide.

What we will do next:

The University of Bolton's Suicide Prevention and Response Working Group will review the 'Responding to the Death of a Student Procedure to reflect and give reference to [The Samaritans 'Step by Step Guidance to help HEI communities prepare for and recover from a suspected or attempted suicide.'](#) ^[40] Development of specific internal communications to students and staff members where appropriate. It can take days or weeks before the cause of death of an individual is formally established, therefore communications should include appropriate language at the time, including 'suspected suicide.'

The University will review current procedure in communicating with families, parents and carers of students who have died by suicide. The communications will reflect an approach that is sensitive, respectful, and supportive from the point of death. Frequency and method of contact should be established with the family to meet their needs and requests. Method of communication may be distinctive, for example if the family are international. Conversations with the student's family are to be offered with a view of providing the family with an opportunity in supporting with lessons learned regarding the loss of their loved one.

What we currently do:

Staff from the University's Mental Health and Wellbeing Service, with support from the University's Chaplaincy Service, currently offer support to staff and students following the death of a student. Staff will visit those affected in person to provide information on internal and external support services available to those affected.

What we will do next:

This process is to be reviewed and further preparations/ additions made regarding the information and resources provided should the University experience the death of a student by suicide, including [Survivors of Bereavement by Suicide](#),^[41] [Facing the Future](#)^[42] and [Finding the Words](#)^[43]

6.3.2 Managing Press and Social Media

The death of a student by suicide can have a significant impact on those who knew and/or were close to the individual. According to Public Health England (2020)^[44], for every individual who dies by suicide, approximately 135 people are affected. In some instances, the impact can be greater as a direct result of irresponsible and sensationalist media reporting. Evidence indicates the use of sensationalist language, including explicitly reporting the method of death, the use of emotive images and excessive reporting, has shown to lead to ‘contagion,’ ‘clustering’ and/or imitation behaviours amongst vulnerable populations. Furthermore, press intrusion may exacerbate the grief of families and communities at a very difficult time in their lives and therefore needs to be managed appropriately through communication with the media and support and forewarning to families.

What we currently do:

The Head of Media and Communications, in liaison with senior management colleagues, currently takes a lead on managing communications with local and national press informed by best practice guidelines.

What we will do next:

The Head of Media and Communications to maintain and review current approach, with a view of developing close links with the local authority public health, who can provide further support and direction when dealing with concerns relating to local and national press. Social media is also to be closely monitored should the University experience the death of a student by suicide, to risk assess where and when an appropriate response is required.

The University will maintain a close working relationship with Bolton’s local suicide prevention steering group. In response to a concern where clustering emerges, The University will work closely with members of the local steering group to monitor and respond accordingly, in relation to internal and external communications, media liaison, provision of those effected and identification and support for those considered vulnerable due to their proximity with the deceased. This will be informed in accordance with best practice Guidelines from [Public Health England: Identifying and Responding to Suicide Clusters](#).^[45]

6.3.3 Serious Incident Review

An essential part of suicide prevention is to learn from deaths by suicide and suicide attempts. Through applying a learning and review approach, we can explore what could have been done differently, and where best practice has been demonstrated. In order to do so, it is important to develop and implement an effective incident monitoring and review process to aid in mitigating against any future risk to an individual.

What we currently do:

Staff at the University's Life Lounge provision have recently liaised with Bolton's Mental Health Liaison Team (A&E), in collaboration with GMUSMHS with a view of establishing a working relationship promoting best practice, including effective sharing of information regarding support services available, alongside information where appropriate, e.g. where a student has presented at A&E requiring urgent medical attention and assessment due to a serious attempt to end their own life by suicide.

As mentioned in section 8.2.2, The Life Lounge has recently developed a risk monitoring system. This is regularly monitored by the Senior Wellbeing Coordinator with oversight from the Mental Health and Wellbeing Manager, with a view of ensuring the most appropriate support is implemented for our most at risk students, alongside monitoring patterns of concern, including students whereby frequency of risk concerns is increasing, in order to take appropriate action to reduce potential risk to life.

What we will do next:

The University will continue to maintain working relationships with local A&E support staff and crisis support services, with a view of promoting best practice. Further to this, The University's Life Lounge staff in liaison with senior management, will undertake a serious incident review for every serious attempt that takes place, identified via appropriate reporting or via the risk monitoring system. Serious will be defined as an incident to which a student has attempted to end their own life by suicide and as a result is admitted to an intensive care unit, and/or the individual has used a high mortality method, including but not limited to, hanging or jumping.

7. Understanding Suicide and Suicide Risk Factors:

Many well established organisations, including [Mind](#) ^[13] and The [Mental Health Foundation](#), ^[14] have published research into factors that increase the likelihood of emotional distress/ suicidal risk for individuals, such as societal factors, including stigma, inappropriate or sensationalised media reporting of suicide and access to means of suicide; community factors, including poverty/ financial hardship, experiences of abuse and trauma and experiences of bullying, harassment and discrimination; alongside social and personal factors, including a history of mental illness, non-suicidal self-harm, isolation and loneliness, a family history of suicide and substance misuse.

Further findings have also been published in relation to the above, giving specific reference to the student higher education (HE) population. Factors including life transitions, the internet and social media, academic pressures and social/ cultural factors have been shown to contribute to an increase in emotional distress amongst this population. Groups considered at 'higher risk' amongst the HE student population have been identified as males, those identifying with the LGBTQ+ community, those bereaved by suicide, asylum seekers and refugees, alongside care experienced students, and those with a history of trauma, discrimination and victimisation, a history of previous suicide attempts and self-harm. ^{[5] [15]}

8. The University of Bolton Student Population

In light of the research highlighted above, in order to inform a strategic approach to suicide prevention, that is not only informed by local and national data but is also targeted to meet the needs of the University of Bolton student population, it is important we recognise the current and potential needs of our current students.

The University of Bolton has a long-standing national reputation for widening access to higher education. Our students arrive at University from a very diverse range of educational, social, economic and cultural backgrounds resulting in one of the most socially diverse student bodies in the country. At its peak the University can have up to 7500 students enrolled to study on campus.

Approximately 70% of the student population at the University of Bolton are 'mature students' (over the age of 25). Approximately 34% are male and 66% female. Approximately 34% of currently enrolled students identify as Black, Asian and Minority Ethnic groups. (Studying at the University of Bolton Campus).

In the academic year 2020/21, The University has seen an increase in applications for its student support/ hardship funds, which was largely understood in the context of the Covid-19 pandemic, to which many individuals were furloughed from employment and/ or unfortunately lost their employment as a direct result. Approximately 80% of undergraduate students who attend the University of Bolton originate from low socio-economic backgrounds, many also have childcare needs.

In the academic year 2020/21 a total of 1415 students (16.8% of the total student population) studying at the University of Bolton disclosed a physical or mental health condition/ disability to the University at the point of and/or following application stage. Of these students, 26.7% disclosed a mental health condition, which equates to 4.5% of the student population for academic year 2020/21. Of the 1415 students disclosing a disability, 36.7% disclosed a physical impairment, including 'long standing illness or health condition.' This equates to 6.1% of the student population.

Furthermore, The University of Bolton's student Mental Health and Wellbeing Provision, The Life Lounge, reports in the academic year 2020/21 a total number of 569 students registered with the service. In comparison to 2019/20 when 428 students registered to access the service. This demonstrates an increase of registration forms of 33% between 2019/20 and 2020/21.

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TITLE OF POLICY/PROCEDURE	
Policy ref: Suicide Prevention and Response Strategy	
Version number:	1
Version date:	September 2021
Name of Developer/Reviewer	Christina Morris
Policy/Procedure Owner (Group/Centre/Unit)	Student Services (Life Lounge)
Person responsible for implementation (post holder)	Christina Morris
Approving committee/board	Executive Board
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Reviewing committee	University of Bolton Suicide Prevention and Response Working Group and Mental Health and Wellbeing Executive Board Sub-Committee
Consultation history (individuals/group consulted and dates)	<ul style="list-style-type: none"> - Bolton Council Suicide Prevention Steering Group - Greater Manchester Universities Student Mental Health Service - Greater Manchester Children and Young Peoples Suicide Prevention and Self-harm Task and Finish Group - University of Bolton Students' Union - Suicide Prevention and Response Working Group
Document history (e.g. rationale for and dates of previous amendments)	