



Suicide Prevention Strategy for Staff and Students

2022/23

Many of us find suicide difficult to talk about. And yet we should talk about it more. We want our universities to be safe places; places where students and staff can thrive and succeed, where everyone feels that they belong and are part of a supportive and caring community. But we have to recognise that, for some, for some of the time; that is not how they feel. Support is available, but those in need of support sometimes feel there are barriers to accessing the support available or are unable or unwilling to do so.

Suicide is preventable. That is why Dorset's three universities have a shared vision with all our partners signed up to the Pan-Dorset suicide prevention strategy that "no one of any age living in Dorset will reach the point where they believe that they have no other choice but to attempt suicide or to end their life by suicide".

We are committed to working with our partners in raising awareness around suicide prevention and taking action to achieve our shared vision. This strategy sets out the detailed actions that we will take, to ensure that our communities are the supportive and caring places we want them to be, for all members of our community, so that no-one feels that they are left without choices.

A handwritten signature in black ink, appearing to read 'Paul Gough'.

Professor Paul Gough
Principal and Vice-Chancellor
Arts University Bournemouth

A handwritten signature in black ink, appearing to read 'Lesley Haig'.

Lesley Haig
Vice-Chancellor AECC University College

A handwritten signature in blue ink, appearing to read 'John Vinney'.

Professor John Vinney
Vice-Chancellor, Bournemouth University

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1. Introduction

The three universities of Dorset- AECC University College, Arts University Bournemouth, and Bournemouth University – have committed to take action to prevent any death of a staff member or student by suicide.

Following the launch in November 2021, this joint Universities of Bournemouth Suicide Prevention Strategy for Students and Staff, is now in its second year has been reviewed collaboratively based on progress in the last 12 months and incorporating our learning, updated strategies and resources and the National and Local context.

The aim of the strategy is to continue to align with the guidance of Suicide-Safer Universities (Universities UK and Papyrus, 2018) and recognise that it is possible for universities to make effective interventions to build supportive, compassionate cultures to reduce the risk of death by suicide.

Adopting a whole University approach to good mental health is a key part of creating a suicide safer University. The activities identified under the Suicide Prevention action plan in section 5, reflect the learning from internal and external peer reviews and will further embed an infrastructure that supports student and staff Mental Health.

Talking about suicide does not increase the risk of death, yet this myth persists in many communities. It is important that we continue to talk about suicide risk as part of discussions about wider student support conversations and training events and try to destigmatise the subject as much as we can on University Campuses.

2. National Context

2.1 Data Overview

The latest dataset on the general population from the ONS can be summarised as follows;

In 2021, there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people; while this was statistically significantly higher than the 2020 rate of 10.0 deaths per 100,000 people, it was consistent with the pre-coronavirus (COVID-19) pandemic rates in 2019 and 2018.

The fall in the suicide rate in 2020 was likely to have been driven by a decrease in male suicides at the start of the coronavirus pandemic, and delays in death registrations because of the pandemic.

The latest figures include deaths that occurred in 2020 and were subsequently registered in 2021 owing to disruption to coroners' inquests; this provides evidence that the suicide rate did not increase because of the coronavirus pandemic.

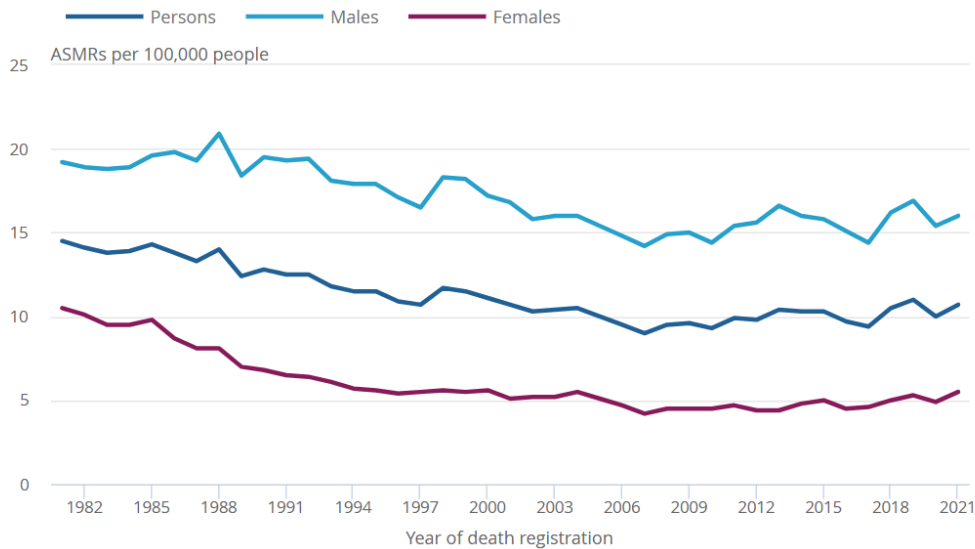
Around three-quarters of suicides were males (4,129 deaths; 74.0%), consistent with long-term trends, and equivalent to 16.0 deaths per 100,000, the rate for females was 5.5 deaths per 100,000.

Among females, the age-specific suicide rate was highest in those aged 45 to 49 years (7.8 deaths per 100,000), while among males it was highest in those aged 50 to 54 years (22.7 deaths per 100,000).

Females aged 24 years or under have seen the largest increase in the suicide rate since records began in 1981.

In 10 out of the 11 previous years, London has had the lowest suicide rate of any region of England (6.6 deaths per 100,000), while the highest rate was in the North East with 14.1 deaths per 100,000 in 2021.

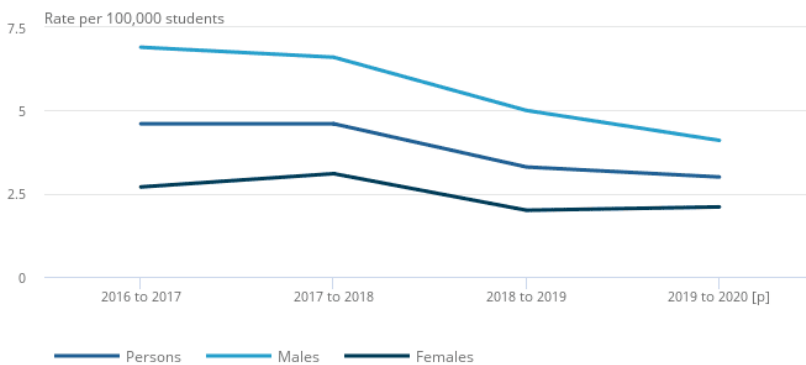
The following graph from the data report by the Office for National Statistics in 2021 shows suicide rates registered in England and Wales:



The following graph shows the student suicide rate from 2016/17 to 2019/20

Figure 1: The student suicide rate for persons in the academic year ending 2020 was the lowest seen over the last four years

Rate by sex in England and Wales, between the academic year ending 2017 and the academic year ending 2020



Source: Office for National Statistics – Estimating suicide among higher education students, England and Wales

The Office for National Statistics has produced from a dataset linking information from individual Higher Education Statistics Agency (HESA) data on university students in England and Wales to the ONS mortality records. Data for academic years 2016/17 to 2019/20, published in May 2022, shows:

319 students in higher education died by suicide:

Year	Sex Male	Sex Female	Level of study Undergraduate	Level of study Postgraduate	Age Median
2016/17 to 2019/20	202	117	261	58	22
2016/17	61	31	70	22	22
2017/18	58	36	83	11	22
2018/19	45	24	61	6	22
2019/20	38	26	47	17	27

- The rate of deaths by suicide in the higher education student population was 3.9 deaths per 100,000 students – significantly below the national suicide rate, with the biggest differences being in the under 20 and 21-24 age groups where the general population was 2.7 times higher.
- The rate of suicide for female students was significantly lower than the rate for male students.
- A total of 116 students were in their first year of undergraduate studies. 106 students were aged 20 and under. 215 students were white.

Although a range of situations and characteristics may heighten risk, some students take their own lives without being known to be in distress or having an established risk profile. Two out of three suicides happen without previous contact with mental health services and in some of these cases the individuals involved do not fall into recognised high-risk groups.

2.2 Higher Education Staff

In respect to suicide data specifically relating to staff working in Higher Education, the latest data available from the ONS is for the period between 2016/17 and 2019/20 academic years and is broken down as follows:

Year	Number of deaths
2012	5
2013	4
2014	6
2015	5
2016	4
2017	11

*Suicide data for Higher Education teaching professionals in England and Wales, aged 20-64. This relates to deaths registered as suicide in each year rather than occurring.

2.3 National Strategies

There has been increasing concern both nationally and internationally about incidences of suicide and attempted suicide, resulting in several strategies, including:

- Preventing Suicide in England; A cross government outcomes strategy to save lives (Department of Health, 2017)
- Cross-Government Suicide Prevention Workplan (Department of Health and Social Care, 2019)
- Preventing Suicide in England: fifth progress report of the cross-government outcomes strategy to save lives (2021)

Many reports highlight the incidence of mental ill health in Higher Education, with levels of mental illness, mental distress and low wellbeing among students increasing:

- Reducing the Risk of Student Suicide: issues and responses for higher education institutions (Universities UK, 2016)
- Step Change in Mental Health (Universities UK, 2017)
- Suicide Safer Universities (Universities UK, 2018)
- Mental health of higher education students (Royal College of Psychiatrists, 2021)

In October 2022 UUK published Suicide-safer universities: sharing information with trusted contacts - a guide for universities on when and how to involve families, carers or trusted contacts when there are serious concerns about a student's safety or mental health.

A Cibyl Mental Health Survey conducted in 2022, with 12,261 responses from students from 147 universities, reported:

- 54% of students have experienced mental health difficulties (57% in 2021).
- 3 in 5 students have experienced depression & anxiety.
- 43% of students have experienced suicidal thoughts and feelings, but the vast majority (73%) started experiencing those before university. LGBTQ+ and students with a mental health disability are particularly likely to experience these thoughts, and these students have increased feelings of loneliness and the poorest mental health outcomes overall.
- Proportionally more students are experiencing mental health difficulties, than compared to 2021. 81% of students have had some experience of poor mental health, whether that's because they're currently experiencing mental health challenges, or have in the past, they have experienced suicidal thoughts and feelings, or have mental health symptoms.
- 58% of students know where to go to get help for themselves or a friend who is experiencing difficulties. The top three reasons for not seeking mental health support are related to a lack of understanding of how to talk about mental health, the stigma and a lack of faith that effective help can be provided.

In 2022 Zero Suicide Alliance launched online suicide awareness training aimed at university students: <https://www.zerosuicidealliance.com/suicide-awareness-training-uni-students>

3. Local Context

The three Universities in Dorset, AECC University College, Arts University Bournemouth and Bournemouth University all sit on the Pan-Dorset Multi Agency Suicide Prevention Strategy Steering Group which includes representatives from a wide range of primary and secondary health services, statutory services, third-sector, transport, and education.

It is the shared vision of all partners signed up to the Pan-Dorset suicide prevention strategy that:

“no one of any age living in Dorset will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide”.

The overriding ambition of the strategy is to prevent any death by suicide.

The intention is to achieve zero-suicides – the group’s motivation is that suicide is preventable. This will be achieved by compassionately and consistently providing information, advice and support based on the identified needs, trends and themes emerging from the Real Time Surveillance Data; and from then on, work to ensure that people in Dorset have the right support to enable them to make different choices.

The Dorset Suicide Prevention strategy and implementation plan has six workstreams:

- Development of real time surveillance to include suspected suicide attempts and suspected suicides
- Bereavement Support
- Communications and Media
- Skills and Training in Suicide Prevention
- Develop lived experience champions
- Community and partnership group

More information on the detail of the strategy can be found at

<https://democracy.bcpccouncil.gov.uk/documents/s22820/Enc.%203%20for%20BCP%20Council%20Suicide%20Prevention%20Plan.pdf>

4. Targeted groups within the University setting

In 2021, the identification of “Target Groups” by the three Universities took into consideration the target groups included in both the National and Local Suicide Prevention strategies, which were felt and observed to also reflect the vulnerabilities of staff and students in Higher Education.

Following the ONS data published in 2022, outlined in 2.1 above, and our internal data sources on suicide attempts and self-harm, we have reviewed the target groups and agreed to continue with their focus for the 2022/23 strategy.

We continue to recognise the additional vulnerability of students moving to a new area where established networks of support are yet to be defined and secured, especially following prior lived experiences.

- Young and middle-aged men - staff and students (*National, Local, University-level target*)
- Staff and Students in the care of mental health services, including inpatients (*National, Local and University-level target*)

- Staff and Students with a history of self-harm (*National, Local and University-level target*)
- Staff and Students with a known history of low mood and depression (*National, Local and University-level target*)
- First year students transitioning to university (*University-level target*)

The three Universities meet quarterly to share intelligence around trends, feedback on experiences of the impact of the strategy from staff and students and updates on local trends and demographics captured by the Pan-Dorset Suicide Prevention Real Time Surveillance and High-Risk working groups.

Analysis and updates will be presented at the annual University Suicide Prevention ‘Summit’, held in September of each year to align with World Suicide Prevention Day, which will also provide an opportunity to sense check areas for improvement and update stakeholders present. This strategy is a live document, and as such, we are committed to reflect our learning from interventions and postvention as part of our ongoing review of practice, impact and outcomes.

5. Suicide Prevention Action across the Universities

This strategy will incorporate the threads of Prevention, Intervention and Postvention throughout the document, rather than having separate sections on specific support available, which differs between the three Universities. Further information on the specific resources and support available as part of Prevention and Intervention will be published on each university’s website, and specific postvention steps in the event of a reported suicide will be led by the Universities incident response lead in the first instance to ensure this can be personalised to each case.

We are mindful that staff and students may require further operational guidance to this strategy which provides detail on the management and escalation of concerns and each University will consider how best to provide this for their staff and student cohorts in line with their organisational practice.

The Government’s Suicide Prevention 6 key areas for action have been adopted by all three Universities within this strategy and are as follows:

- a) Reduce the risk of suicide in key high-risk groups
- b) Tailor approaches to improve mental health in specific groups
- c) Reduce access to the means of suicide
- d) Provide better information and support to those bereaved or affected by suicide
- e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- f) Support research, data collection and monitoring

Action Plan Headlines

a) Reduce the Risk of Suicide in key high-risk groups

- a. Raise awareness of the University Suicide Prevention Strategy through internal communications and collaboration with Students Unions
- b. Use risk assessments and safety/personal coping plans for staff and students who present as high risk of suicide based on their historical or current mental health needs and disclosure of suicidal ideation or plans. This will include an update for permission to contact next of kin.

- c. To hold an Annual Review event for all staff who work directly with students or as line managers for staff to update staff on the national and local context, share any learning or themes from the year and identify good practice.
- d. Identify and roll out appropriate levels of training, in agreement with the University organisational development and HR teams for all University staff, the levels of which will be dependent on role.
- e. To pilot the University Retreat, a community front room based on campus and available to all students to access when in need of support for their Mental health and Wellbeing

b) Tailor approaches to improve mental health in specific groups

- a. Highlight Mental Health and wellbeing support available during student and staff induction periods and then through an ongoing cycle of awareness and reminder communications through student and staff webpages, emails and social media.
- b. Provide clear pathways to the mental health and wellbeing support available for both staff and students and how to access them.
- c. Implement a focus on wellbeing within all policies, the curriculum and in the workplace to raise awareness of mental health issues
- d. Provide training for staff who support students on how to respond to colleagues or students who present as vulnerable, to build confidence in understanding of the difference between distress and crisis.
- e. Evaluate interventions to assess outcomes and identify any gaps in resources for specific groups, especially those currently underrepresented
- f. To review support for students who are Neurodiverse and who might find it harder to engage. The three Universities to establish a task group to further explore recent data and research into suicide rates where there is an ASD diagnosis.

c) Reduce access to the means of suicide

- a. Working in partnership with the Pan-Dorset Suicide Prevention Steering Group to identify local trends coming from real time surveillance to better understand means used in both suspected suicides and attempted suicides.
- b. To work with community partners to establish a clear pathway of escalation when there is an assessed risk of harm.
- c. Conduct full risk assessment of University Retreat, in conjunction with NHS and Dorset Mental Health Forum and BCHA.

d) Provide better information and support to those bereaved or affected by suicide

- a. Each University to publish support available to those bereaved by suicide on their websites. Including how to access the Dorset Open Door bereavement support service
- b. Where required and appropriate, university staff will be offered a serious incident debrief and provided with information on support available and how to access it, for example, HR support and the Employee Assistance Programme.
- c. Where required and appropriate, students to be offered a debrief and safe space to explore their experience as part of the postvention support offer.

- d. Each University to have a postvention checklist which covers immediate actions needed as well as ongoing support for affected members of the University community.
- e. As part of the postvention support, a peer review of the suspected suicide will be considered to identify any immediate lessons learned in respect of university involvement and support; this will be internally shared with those affected in each circumstance and will involve outside agencies as required.

e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour

- a. Each University to be represented on the Pan-Dorset Suicide Prevention Strategy Communication and Media working group, liaising with partners to promote and raise awareness.
- b. Universities will be clear on the language to be used in suicide prevention awareness and interventions to ensure it is consistent with media guidelines.
- c. The Universities will actively engage in World Suicide Prevention Day, University Mental Health Day and World mental Health Day

f) Support research, data collection and monitoring.

- a. Each University will consistently collate anonymised datasets and outcomes from suicide and attempted suicide to inform practice and improvements.
- b. Each University to undertake an annual survey to gain a deeper understanding of what staff and students know about resources available to support Mental Health and what staff and students would find helpful.
- c. Quarterly review meetings will be held, with senior strategic leads from each University, to monitor progress of this strategy.
- d. The University Retreat pilot will be regularly reviewed and evaluated by BCHA. Outcomes will be shared across the sector.

6. Annual review of this strategy:

Each year, the Universities strategic leads for suicide prevention will undertake an annual review in the September, to outline any required changes to the strategy and highlight any learning identified during the preceding academic year.

To inform this review, data analysis from interventions and local Dorset real time surveillance outcomes will be considered to inform any change needed. Updates and any amendments will be presented at the annual suicide prevention summit and published on the webpages of each university under "Suicide Prevention".

Any learning published with the updated Suicide Prevention Strategy will be themed to ensure there are no identifiable factors. Where there are identifiable factors, this learning will be anonymised as appropriate and shared with the strategic leads only.

The strategic leads from each University will meet quarterly to review the action plan and cross reference implementation in each of the three Universities. Each University has committed to undertaking this peer review approach and to act as a critical friend.

The strategic leads from each university will also meet with the Pan-Dorset Suicide Prevention Strategy Group Leads to raise any operational issues and update on progress.

Further information and Feedback

For further information or to provide feedback regarding this strategy, please contact the following University leads;

Kerry-Ann Randle – Bournemouth University
krandle@bournemouth.ac.uk

Heidi Cooper Hind – Arts University Bournemouth
hcooperhind@aub.ac.uk

Lisa Bates – AECC University College
LBates@aecc.ac.uk

Next Annual Review due November 2023



Appendix 1 - Incident debrief and peer review

Incident debrief:

Initial debrief

Once it is appropriate to do so after a death where suicide has been reported as a factor, all involved in the case will be invited to participate in an incident debrief to provide an opportunity to reflect on the experience and identify any further support needed regarding the impact. Debriefing is not counselling, but a structured discussion on the event that took place to provide clarity and begin the process of recovery.

- The debrief session will be facilitated by a senior, appropriately trained staff member who is a different staff member from the lead professional involved, to enable them to fully participate and be supported by HR and the appropriate support leads from the institution.
- The debrief will not be a review of what happened and is not a forum to speculate or apportion blame.
- If it is felt to be more appropriate in the context of the incident, the debrief will be led by an independent facilitator from the Bournemouth Samaritans or regional Samaritans critical incident response team.

Attempted Suicides

Where a student or staff member has attempted suicide, which directly impacted other staff or students, escalation can be made to the University lead for suicide prevention (see Appendix 3) for consideration for an attempted suicide incident debrief. Where convened, this will follow the same process as above with the same ongoing support detailed below.

Ongoing debrief support

The psychological and physical impact of a traumatic experience can develop and occur over time. It is therefore important that participants of a debrief are provided with both immediate support and follow up resources and information about who to contact in the organisation for further support.

All participants will be given information on where to get further support and how to access it.

Debriefs held will be recorded as part of the data analysis of incidents and will monitor the provision of regular check-ins post incident to all participants. The frequency of these check-ins will be agreed at the initial debrief session and will be the responsibility of the lead facilitator or their nominated representative to arrange.

Peer review and lessons learned:

In order to ensure any loss from suicide informs our understanding, knowledge and support provision, the Universities have created an internal serious case review model. This process will be separate from any other formal process, e.g., Coroners or Adult Safeguarding Board case reviews and will be led by one of the other three Universities.

The peer review will be held in the context that cause-of-death has not yet been confirmed by the coroner, but that there are factors to indicate a suspected suicide.

The peer review will be facilitated between the three Universities as follows:

- The University strategic lead for suicide prevention, who is a member of the Pan-Dorset Suicide Prevention Strategy Steering Group and trained in suicide prevention, will be appointed as a lead peer reviewer, secured from a University not involved in the incident. This will be agreed amongst the strategic leads.
- Observer/assistant reviewer/s will be identified and secured from the remaining University (AECC UC, AUB, BU) to provide support and sense checking to the lead peer reviewer.
- Reviewers will look at a chronology of the University interventions, to identify any opportunities for learning/improvement and any gaps in processes or resources. The role of the reviewers is to focus solely on the University involvement and not that of any external organisations, friends or families.
- Where appropriate to do so, and agreed in advance with the affected University, the reviewers will speak to key staff involved. Any conversations will focus on process and not individuals' thoughts, feelings or behaviours.
- Students will not be involved in the peer review.

Once the peer review is completed, the review will be confidentially presented to an Independent representative from the Pan-Dorset Suicide Prevention Strategy Group Leadership, acting as a critical friend, and to provide appropriate challenge and comment.

The peer review report will be shared with the respective strategic leads from the affected University. Any outcomes will be anonymised to ensure there are no identifiable details and used as part of ongoing thematic feedback.



Appendix 2 – Suicide Prevention Communications plan

The three University Media and Communication leads will be working together on aligning the Universities' plan to the Pan-Dorset Suicide Prevention Strategy Communication plan, and are represented on the associated steering group.

Activities throughout the year will include supporting ongoing awareness campaigns led by both the local and national Suicide Prevention community in order to share resources and tools that may ultimately help to save a life.

Any loss of life through suicide is felt deeply within our community and we know has a ripple effect on those affected.

We are therefore committed to ensuring that any communication regarding suicidal behaviour and suicides is done with great responsibility, supported and led by the respective University designated communications team.

AUB Suicide Prevention Communications

Brief: This appendix to the Universities Suicide Prevention Strategy helps to guide the communication of suicide and suicide prevention and postvention. It is for use by BU's communications team and has been approved by the Pan-Dorset Suicide Prevention group*

Key principles:

- Communications (internal and external) relating to suicide should always be led by AUB's Communications Team, guided by the Vice Chancellor's Group (VCG) – to ensure visibility of what is being said and by who and to help provide consistent and appropriate wording (inc. tone of voice) to those delivering messages.
 - This includes central communications, communications to those affected (course mates, flat mates etc. internally, and family/friends externally), any media statements, and briefings for spokespeople, or ahead of coroner's inquests.
- Internal audiences will always be considered, with advance warning given before external communications if possible.
- Always signpost to support services at AUB and, if appropriate, externally
- Ensure VCG has a process to contact the communications lead 24/7

Key resources:

- [Suicide Reporting Toolkit](#) – to help govern language and liaison with external media
- Please note, contact Kirsty Hillier (kirsty.hillier@dorsetcouncil.gov.uk) for a guide on communication language

Checklist in the event of suicide. Please note, the following activity should be used as a guide, appreciating that each circumstance will be different, with a different set of challenges, and flexibility may be required in making the best decisions specific to the circumstances:

Timeline	Action
Phase one: (to be considered immediately)	Appoint a communication lead
	Make contact with the VCG lead
	Identify key academic contacts
	Appoint a member of the communications team to start actively monitoring social media (capturing any related content)
	Provide regular updates to VCG
Phase two: (Ideally within the first hour)	Ascertain key facts
	Make a link with Emergency Services communication contacts and understand their role, and the role they want you to play with external comms, and the Pan-Dorset Suicide Prevention Group
	Consideration of holding message on social media to address rumours
	Consideration of the 'reputational environment' - is this a single incident, have there been other reported incidents (at other universities, in Dorset) recently
	Contact other universities and Pan-Dorset Suicide Prevention Group
	Creation of comms (and a process for) for front-line staff (Student Services, reception staff), involved staff (course leader, etc.) and external partners (accommodation, security) to give confidence of message handling – this may include telephone scripts
	Consult stakeholder list – does anyone else need to be communicated with at this stage?
	Consider any external/internal content including/by the individual and any action

	which needs to be taken, e.g. stop publishing, remove or amend
Phase three (to be considered within the first 24 hours)	Keep an active media log of press calls
	Keep a record of all comms released
	Move quickly to communicate support services to anyone who may be affected
Phase four: To be considered medium-term, 24 hours – 2 weeks	Support comms to staff/students in the event of rescheduling of teaching activity
	Meet with HR/Student Services to understand comms needs - are comms needed for the funeral arrangements?
	Consider your team – does anyone need any post-care/time off?
Phase five: To be considered longer-term, 2 weeks to 6 months	Be mindful of postvention signposting to support services
	Understand the inquest process (if there is one) and make a member of the team available to attend
	Actively brief the AUB representative for the inquest
	Understand actions relating to stakeholders, family, friends, internal audiences
	Make sure a review takes place within this period – what did we learn? What would we do differently?

Stakeholders:

- Internal
 - All Staff
 - Make consideration for specific cohorts within
 - All Students
 - Make consideration for specific cohorts within
 - Security Staff
 - Accommodation Providers
 - Frontline Staff
- External
 - Media

- Dorset Pan-Suicide Prevention Group
- Bournemouth University and AECC University College
- Emergency Services
- External partners/stakeholders
- Alumni



Appendix 3 - 2022/23 Suicide Prevention Action plan

a) Reduce the risk of suicide in key high-risk groups

	<i>Action</i>	<i>By when</i>
1	Raise awareness of the University Suicide Prevention strategy through internal communications and collaboration with Students Unions –	March 23
2	Use risk assessments and safety/personal coping plans for staff and students who present as high risk of suicide based on their historical or current mental health needs and disclosure of suicidal ideation or plans. This will include an update for permission to contact next of kin.	February 2023
3	To hold an Annual Review event for all staff who work directly with students or as line managers for staff to update staff on the national and local context, share any learning or themes from the year and identify good practice.	September 2023
4	Identify and roll out appropriate levels of training, in agreement with the University organisational Development and HR teams for all University staff, the levels of which will be dependent on role. This will align with the Dorset Suicide Prevention strategy training task group actions.	June 2023
5	To pilot the University Retreat, a community front room based on campus and available to all students to access when in need of support for their Mental health and Wellbeing	February 2023.

b) Tailor approaches to improve mental health in specific groups

	<i>Action</i>	<i>By When</i>
1	Highlight Mental Health and wellbeing support available during student and staff induction periods and then through an ongoing cycle of awareness and	Ongoing

	reminder communications through student and staff webpages, emails and social media.	
2	Provide clear pathways to the mental health and wellbeing support available for both staff and students and how to access them.	February 2023
3	Implement a focus on wellbeing within all policies, the curriculum and in the workplace to raise awareness of mental health issues	June 2023
4	Provide training for staff who support students on how to respond to colleagues or students who present as vulnerable, to build confidence in understanding of the difference between distress and crisis.	June 2023
5	Evaluate interventions to assess outcomes and identify any gaps in resources for specific groups, especially those currently underrepresented	September 2023
6	To review support for students who are Neurodiverse and who might find it harder to engage. The three Universities to establish a task group to further explore recent data and research into suicide rates where there is an ASD diagnosis. The aim of the task group should be to consider the impact this may have on HE students and agree what additional processes and resources may be needed to address and minimise risk.	June 2023

c) Reduce access to the means of suicide

	Action	By when
1	Working in partnership with the Pan-Dorset Suicide Prevention Steering Group to identify local trends coming from real time surveillance to better understand means used in both suspected suicides and attempted suicides.	February 2023
2	To work with community partners to establish a clear pathway of escalation when there is an assessed risk of harm.	February 2023
3	Conduct full risk assessment of University Retreat, in conjunction with NHS and Dorset Mental Health Forum and BCHA.	January 2023

d) Provide better information and support to those bereaved or affected by suicide

	Action	By When
1	Each University to publish support available to those bereaved by suicide on their websites. Including how to access the Dorset Open Door bereavement support service	January 2023

2	Where required and appropriate, university staff will be offered a serious incident debrief and provided with information on support available and how to access it, for example, HR support and the Employee Assistance Programme.	January 2023
3	Where required and appropriate, students to be offered a debrief and safe space to explore their experience as part of the postvention support offer.	January 2023
4	Each University to have a postvention checklist which covers immediate actions needed as well as ongoing support for affected members of the University community.	April 2023
5	As part of the postvention support, a peer review of the suspected suicide will be considered to identify any immediate lessons learned in respect of university involvement and support; this will be internally shared with those affected in each circumstance and will involve outside agencies as required.	January 2023

e) Support the media in delivering sensitive approaches to suicide and suicide behaviour

	Action	By When
1	Each University to be represented on the Pan-Dorset Suicide Prevention Strategy Communication and Media working group, liaising with partners to promote and raise awareness.	January 2023
2	Universities will be clear on the language to be used in suicide prevention awareness and interventions to ensure it is consistent with media guidelines.	January 2023
3	The Universities will actively engage in World Suicide Prevention Day, University Mental Health Day and World mental Health Day	January 2023

f) Support research, data collection and monitoring

	Action	By When
1	Each University will consistently collate anonymised datasets and outcomes from suicide and attempted suicide to inform practice and improvements.	January 2023
2	Each University to undertake an annual survey to gain a deeper understanding of what staff and students know about resources available to support Mental Health and what staff and students would find helpful.	June 2023
3	Quarterly review meetings will be held, with senior strategic leads from each University, to monitor progress of this strategy.	January 2023

4	The University Retreat pilot will be regularly reviewed and evaluated by BCHA. Outcomes will be shared across the sector.	September 2023
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Appendix 3 – Arts University Bournemouth

AUB's Student Services provide a range of support services to all AUB students. The Wellbeing Service offers practical support and guidance to students experiencing mental ill health or difficult life circumstances. Same-day in person support is available via a daily drop-in session from 10am – 2pm. Support is available online – book via [AUB Bookings](#) or email wellbeing@aub.ac.uk.

The AUB Counselling Service offers “one at a time” therapeutic sessions to students and staff. Sessions are usually available within 5 working days. Sessions are available in person or online via [AUB Bookings](#).

AUB staff are able to access confidential counselling and wellbeing support from the Axa employee assistance programme or from AUB's staff counsellor – email staffcounsellor@aub.ac.uk.

Key contacts

Concerns about a student:

During office hours, please contact Student Services on 01202 363780.

For escalation or urgent concerns, please email the Wellbeing team at wellbeing@aub.ac.uk.

Out of hours: The Connections 24/7 Dorset healthcare helpline can provide advice and support for anyone experiencing a crisis with their mental health - call 0300 123 5440 or 111.

The University Retreat is a safe and welcoming environment for student over 18 years of age, who have self-identified their crisis and want to access face to face support. The University Retreat is located in Tolpuddle Annex 2 on the edge of the Bournemouth University campus, next to Fusion building, and is open 2pm – 9pm Monday – Saturday – no appointment needed.

The Bournemouth Retreat is located at Hahnemann House, Hahnemann Road, Bournemouth, BH2 5JW, and is open daily (16:30-00:00) – no appointment needed.

In the event of a critical incident contact AUB Security on 07471145782 and request that the Critical Incident Team be contacted.

Further information about support for students can be found at <https://aub.ac.uk/support/wellbeing>

Concerns about a member of staff:

During office hours, please contact your HR business partner.

Further information about support for staff can be found at <https://intranet.aub.ac.uk/human-resources/Pages/wellbeing-support.aspx>