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## Leeds Beckett University Suicide Prevention Strategy 2024 - 2028

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### ***Executive Summary***

Since Leeds Beckett's first suicide prevention strategy was approved in September 2022 there has been new national data about suicide released and an updated government suicide prevention strategy launched. As a result, our own suicide prevention strategy has been updated to ensure our approach remains aligned with government and sector guidance. This paper describes our key areas of focus – prevention, intervention, and postvention - which aims to reduce the risk of suicide amongst our community of students and colleagues. It includes a summary of our key developments in suicide prevention since the last strategy was written.

Our University Mental Health Charter Wellbeing Improvement Plans for current and future academic years provide the detail of our ongoing efforts in suicide prevention.

### **Authors**

Sarah Tomlinson (Head of Student Wellbeing) and Sarah Moore (Colleague Wellbeing Manager)

### **Date**

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# Leeds Beckett Suicide Prevention Strategy 2024 - 2028

## Introduction

The most recent Office for National Statistics (ONS) data published in December 2023 show that, during 2022, 5642 people in England and Wales took their own lives (consistent with 2021 data). Suicide remains the leading cause of death for males and females aged between ten and thirty-four (ONS, 2023). Each suicide is a tragedy that has a profound effect, not only on family and friends, but on entire communities.

Most people who die by suicide have never seen a mental health professional or been diagnosed with a mental health problem. Suicidal feelings and behaviour are usually the result of multiple difficulties in someone's life and can relate to many factors. There is, therefore, no simple formula for its prevention and it is important that all parts of society work together to prevent suicide.

This document describes our strategy for preventing deaths by suicide through a proactive approach to student and colleague mental health. It is underpinned by evidence, national guidance, and a commitment to preventing suicides through working together across our community. We are following Universities UK's Suicide-Safer guidance (UUK, 2018), the University Mental Health Charter framework (Hughes & Spanner, 2019), and CIPD's Responding to Suicide Risk in the Workplace (Reeves and Suff, 2021) in developing a specific strategy for suicide prevention, intervention and postvention, as a distinct component of an overarching institutional mental health strategy.

Since the first suicide prevention strategy was written in 2022, our university has continued to build on good practice (see Appendix A for an overview of key developments). Leeds Beckett received a University Mental Health Charter (UMHC) award in 2023 having demonstrated a whole university approach to supporting mental health and wellbeing, including mitigating suicide risk. There are UMHK Wellbeing Improvement Plans in place for current and future academic years which describe our ongoing efforts to further improve the mental health and wellbeing of our community; these plans are the working documents that include the actions required to achieve the aims and objectives outlined below.

## Aim

The overall aim of this strategy is to prevent the incidence of suicide within the university and the wider community through:

**Prevention**, where we understand the challenges that our students and colleagues may face and takes steps across the university to improve the wellbeing of everyone, delivering on our [Wellbeing Commitment](#).

**Intervention**, where students and colleagues who may be at increased risk of suicide, know about and receive support.

**Postvention**, where we respond effectively to any death by suicide to ensure that those affected are supported through the aftermath, in the short and longer term.

## Objectives

Our objectives support those of the National Suicide Prevention in England: 5 – year Cross Sector Strategy (DoH, 2023) which highlights the need for continued action across statutory services, the voluntary, community and social enterprise sectors, employers, and individuals to:

- Reduce the suicide rate over the next 5 years
- Improve support for people who have self – harmed
- Improve support for people bereaved by suicide

Priority areas for actions are:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be adapted
2. Providing tailored, targeted approaches to priority groups including:
  - Children and young people
  - Middle-aged men
  - People who have self-harmed
  - People in contact with mental health services
  - People in contact with the justice system
  - People who are autistic
  - Pregnant women and new mothers
3. Address common risk factors linked to suicide at population level which have been assessed to be:
  - physical illness
  - financial difficulty and economic adversity
  - gambling
  - alcohol and drug misuse
  - social isolation and loneliness
  - domestic abuse
4. Promote online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm
5. Provide effective crisis support across sectors
6. Reduce access to means and methods of suicide
7. Provide effective bereavement support to those affected by suicide
8. Make suicide everybody's business so that we can maximise our collective impact and support to prevent suicide

## Local and national context

The most recent ONS data show:

- Around three-quarters (74%) of deaths by suicide were male, a trend seen since the mid – 1990s. The age-specific rate was highest in those aged 90 years or over, followed by those aged 45 – 49.
- Among females, the highest rate was in those aged 50 to 54 (in 2021 the highest rate was in 45 – 49 year olds).
- Rates among younger people have levelled off, except for females aged 20 to 24 years.
- The age group with the lowest suicide rate was 10 – 24 years for females and males.
- Apart from a decrease in 2020 (likely due to decreases in male suicides at the beginning of the COVID-19 pandemic and delays in death registrations as a result of the pandemic), overall suicide rates have remained consistent since 2018.
- The North East (highest rate), North West, Yorkshire and The Humber, and South West regions had higher rates compared with the overall England and Wales rate.

Suicide is a high priority public health issue for Leeds. The last audit of deaths by suicide in Leeds reviewed 195 deaths that occurred between 2019 and 2021, finding that Leeds' suicide rate is higher than both the England and the regional rates.

## The Higher Education Context

During recent years, student mental health and suicide have become areas of concern, receiving much media attention. Mental health problems are becoming increasingly more common in the higher education student population and most universities have experienced increasing demand for student support. This trend has impacted negatively on the wellbeing of colleagues (Hughes et al., 2018) and as a result, in 2021, Leeds Beckett introduced School-based Wellbeing Practitioners to support colleagues in responding to student mental health concerns.

There are some risk factors that are more prevalent in university students, including the impact of moving away from home, academic and financial pressures, and the absence of familiar support networks. However, in May 2022, the ONS provided experimental data on suicide amongst higher education students which suggests that being a university student is protective against suicide. The small numbers of student suicides per year make it difficult to identify statistically significant differences over time but the main findings from their data are summarised below:

- The rate of suicide in the academic year ending 2020 in England and Wales was 3 deaths per 100,000 students (64 deaths by suicide).
- Between the academic year ending 2017 and the academic year ending 2020, higher education students in England and Wales had a significantly lower suicide rate compared with the general population of similar ages.
- Male higher education students had a significantly higher rate of suicide compared with female students, a trend seen in the general population.

- First year undergraduate males had a significantly higher suicide rate (7.8 deaths per 100,000 students) compared with those studying in other years (4.3 deaths per 100,000).

Reporting on deaths by suicide at institutional level is challenging because coroner's verdicts can take many months before delivery and universities may not receive notification of a coroner's final report. Student Wellbeing maintain records of student deaths by confirmed or suspected suicide of which there has been one since 2020.

## **The Workplace Context**

The effects of work on suicide are complex. Work can be protective against suicide as a source of personal satisfaction and meaning, interpersonal contacts, and financial security. Conversely, an unhealthy, stressful or uncertain working environment can contribute to poor mental wellbeing and increase the risk of suicide. We recognise the important role we have in creating a supportive and healthy climate that acknowledges the risk of suicide. We also recognise the interdependency between colleague mental health and student mental health as detailed above.

## **Prevention**

Our culture and practices are important in fostering self-care and in helping individuals and groups to adopt healthy behaviours. We, therefore, adopt a whole-university approach to delivering proactive interventions which improve or protect wellbeing.

We understand that the culture of an organisation can create barriers for people in addressing their own mental wellbeing or in seeking support for their mental health. These may include stigma, concerns about confidentiality, or a belief that working or studying at university is inherently stressful. There are many misconceptions that are detrimental to suicide prevention such as concerns that talking to someone about suicide could encourage them to consider it, or the belief that suicides always happen without warning. An important part of our strategy is to work with colleagues and students to increase confidence in talking to others about their mental health and to challenge common misconceptions that lead to missed opportunities for suicide prevention.

Evidence demonstrates that some people are more likely to experience suicidal ideation and/or face challenges in seeking help, so our approach will include the identification and targeting of interventions for higher risk groups. We must also recognise the broader determinants of mental ill-health, such as isolation, loneliness, discrimination, and poverty, and work together with partners to tackle these.

## **Intervention**

It is important that colleagues can recognise the signs that someone may be experiencing difficulties, and that they feel equipped to intervene appropriately. A key part of our strategic approach is to provide training and development, peer support, and de-briefing opportunities so that colleagues feel equipped to offer appropriate support to others.

There is a wide range of resources available at Leeds Beckett University and from external providers but the volume of information can be hard to navigate. We will ensure that our information, policies and procedures are continually reviewed and updated so that colleagues can signpost effectively to resources and support whilst maintaining compassionate boundaries.

Appropriate information sharing is an essential part of our strategic approach and an area where there has been significant misunderstanding and concern. Our practice in relation to information sharing will be in line with the Department of Health's Information Sharing and Suicide Prevention Consensus Statement (updated 2021). We recognise the benefits of working jointly with individuals who may be at risk of suicide, to share information with those involved in supporting them, and we provide policies and procedures to support us in doing this appropriately. We understand that, on rare occasions, information should be shared without consent and we will continue to ensure that our professional services are equipped to provide the clinical judgement and decision-making that is required in such cases.

## **Postvention**

Universities with a suicide response plan in place are better equipped to respond effectively following a death by suicide. We understand the ripple effect following a suicide which impacts on many people and can affect entire communities. Some communities, including universities, may be more vulnerable to 'contagion' whereby a death by suicide influences the risk of others engaging in suicidal behaviour. Therefore, we must ensure that our response to a confirmed or suspected suicide provides measures to support those affected in the short and longer term.

An important part of our strategic approach is to ensure that there is a blame – free approach to learning from incidents. We are committed to developing an approach to reviewing suspected or confirmed suicides in a way that supports colleagues to reflect and to feel safe to discuss any learning which can then inform the updating of policies and procedures.

Finally, we will work closely with other higher education and accommodation providers in the city to ensure that all individuals affected, for example housemates, are offered support.

## **Strategy Oversight**

Delivery of this strategy will be overseen by the Associate Director for Student Services & Deputy Director of HR, with an annual update provided to the Wellbeing Sub-committee by the Head of Student Wellbeing.

## **Conclusion**

Our strategic approach to suicide prevention is informed by evidence, legislation, and expert guidance. We will keep abreast of developments in this area, including monitoring our own internal data, and will update our strategy so that it remains relevant and effective. Our strategy will inform annual Wellbeing Improvement Plans which will require commitment and action from all sections of our university.

## Appendix A – Key Developments in Suicide Prevention at Leeds Beckett 2022 - 24

|  | Comments   |
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| <b>Attainment of the University Mental Health Charter (UMHC) award</b>   | Leeds Beckett was the 7 <sup>th</sup> university to receive the UMHC Award in July 2023 in recognition of its commitment to continuous improvement in mental health and wellbeing.   |
| <b>Development of the Student Support Framework to improve access to support</b>                                 | <p>The role parameters of Academic Advisors were developed, providing them with new guidance, resources, and role-specific workshop training.</p> <p>Student Wellbeing’s service model was updated to improve access, information sharing and risk management, and to increase use of DSA-funded support.</p> <p>Targeted interventions for higher risk groups is being provided, including a new system to ensure that pregnant and new parents receive support; psychoeducation for PGR students; and school-based practitioner support appointments to facilitate access for international students.</p> <p>The Support Report Respect service broadened its remit to include support for any type of harassment, sexual misconduct or violence, including domestic abuse.</p> <p>There was a £2m increase in hardship funds to allow proactive financial support for students with no household income.</p> <p>Training in compassionate communication was provided to teams who are in contact with potentially vulnerable students, for example those experiencing debt or financial hardship. Routine provision of support information has been embedded in financial procedures.</p> |
| <b>Further improvements in risk assessment and management in relation to student and colleague mental health</b> | <p>Bespoke training has been delivered to teams who may encounter higher risk students such as Student Incomes, Accommodation, Security, and Student Advice, and to schools who have identified a training need. Training has been made widely available through POD and Academic Advisor training and includes suicide prevention.</p> <p>Security now use MyHub to report incidents relating to student mental health which are then followed up by Student Services.</p> <p>Student Wellbeing’s referral form was updated to improve detection of students at risk of suicide, and this has resulted in a significant increase in follow up contacts with students.</p> <p>The UMHC Outcomes Report noted that Student Services’ processes and policies that relate to risk were sector best practice and regularly reviewed.</p>   |
| <b>Improved use of information and research</b>  | Tableau dashboards have been developed which help review the effectiveness of Student Wellbeing and to identify under-reached groups.  |

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A university-wide approach to reviewing incidents, including deaths by suicide, was developed to ensure that learning from serious incidents is shared and informs practice.

Research is being undertaken in the School of Sport to explore the application of the Advance HE toolkit on embedding mental health into the curriculum.

**Working with partners & trusted contacts to prevent suicide**

We continue to foster relationships with partners, such as Peer Talk, West Yorkshire Survivors, and MindWell, to provide access to a range of information and support.

We now have membership on the Leeds Suicide Prevention Strategy Group which is opportunity to influence local suicide prevention action plans and access real-time data.

Leeds Beckett collects trusted contact information from students. This is a person who can be contacted when there are serious concerns about a student's mental health.

We have a Student Suicide Prevention – Information Sharing statement which explains when, how and with whom information will be shared. Decisions to share information without consent are made by registered mental health professionals.

Our university – wide incident protocols have been updated to prompt colleagues to talk to students about involving trusted contacts.

**Development of inclusive and proactive practice**

School-based Wellbeing Practitioners have worked collaboratively with academic colleagues to co-design curricula and embed subject specific wellbeing sessions within courses. This was identified as sector-leading in the UMHC Outcomes Report.

The Inclusive Design Tool incorporates the needs of students with mental health problems and has been embedded across schools.

Disability Advice have established, Spectrum, a social group for autistic students.

A new Sense of Belonging Oversight Group, led by Student Life, has been developing interventions to support underreached groups, including new and improved support for student communities such as student parents, LGBTQI+, students on suspended studies, and late arrival students. This work aims to improve social integration and address barriers to a sense of belonging. Work is being undertaken with Course Directors to improve social integration in the classroom.

**Colleague wellbeing and mental health approach**

We continue to communicate about mental health, and the resources and support available. We do this through a number of means and channels, both across the University and School/Service specific. We maintain [colleague wellbeing](#) and [manager wellbeing](#) information pages and signposting.

The [Wellbeing Assessment](#) is a team-based approach for understanding wellbeing at work and addressing risk. It connects to the individual Stress Risk Assessment which is designed to help the manager in determining the exact nature of the issues, assess the individual's role and working environment, and identify any reasonable additional measures that may help.

[Development and training](#) on mental health is available online through My Development and in person through Tailored Development sessions.

Our [Occupational Health](#) service is a confidential and impartial service, that provides professional, objective advice on managing health issues in the workplace.

The [Employee Assistance Programme](#) provides in the moment support and short-term, solution focused counselling and referral services. It's available to all colleagues 24 hours a day, 7 days a week, 365 days a year.

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