NORTH, WEST AND HEBRIDES
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Suicide and Risk Intervention Policy

POL-NWH-009

Lead Officer (Post):	Head of Student Experience
Responsible Office/ Department:	Student Experience
Responsible Committee:	Finance and General Purpose
Review Officer (Post):	Student Services Manager
Date policy approved:	20.01.25
Date policy last reviewed and updated:	03.06.2021
Date policy due for review:	20.01.28
UHI Single Policy / UHI NWH Policy:	UHI Single Policy
Public face / College internal facing only	Public Facing
Date of Equality Impact Assessment:	10.01.25
Has a Data Privacy Impact Assessment been completed:	Data Protection Officer has approved that no DPIA is required

Policy Summary

Overview	Why is the policy required? This policy has been created to provide information on the support student with suicidal thoughts and intentions, or those at risk of harm, can expect to receive whilst a student at the University of the Highlands and Islands and also for those students affected by suicide.
Purpose	What will the policy achieve? The policy will give a single framework for supporting students and the staff involved in supporting then across the partnership and help to ensure parity of experience.
Scope	Who does the policy apply to? The policy applies to all staff and students of the university and its academic partners.
Consultation	Who has been consulted on the policy, and who will be notified? This policy was drafted by a subgroup of practitioners from across the network and consultation took place with the Student Mental Health Group and the Student Support Practitioners Group of the partnership.
Implementation and Monitoring	Who will be responsible for implementing and monitoring the policy, and what resources/ costs will be incurred? Academic Partners are responsible for ensuring that the policy and procedures are followed in their local institution.
Risk Implications	What are the risk implications of this policy? This policy will reduce risk for partners by ensuring that best practice from across the partnership is being shared and followed.

Link with Strategy	How is this policy linked to the University or College strategy? This is a cross-partner resource and links to Strategic Aim 1 – Our Students.
Impact Assessment	Equality Impact Assessment: Yes
	Privacy Impact Assessment: No

1. Policy Statement

1.1 The University of the Highlands and Islands partnership has developed its Suicide and Risk Intervention Policy within the context of the Scottish Government's Suicide Prevention Action Plan (2018) and the Universities UK Suicide-Safer Universities.

1.2 Our policy for reducing the possibility of risk of harm or suicide amongst the student population has been informed by a growing body of sector-specific research and advice, for example – UUK's Suicide-Safer Universities.

1.3 Guidance throughout the sector highlights the importance of effective institution structures in holistically managing student wellbeing. The University has appointed a Mental Health and Counselling Manager responsible for the coordination of the provision of mental health and counselling services across the partnership, to provide a robust approach to student wellbeing. This ensures that students receive support from the right combination of specialist services but also provides staff with a single point of contact to seek advice from.

1.4 Staff from across the University partnership developed this single policy collaboratively. To ensure relevance each academic partner has locally contextualised details such as job titles and departments, then approved the policy and attached guidance.

2. Definitions

Students are recognised as a high-risk group for the following reasons:

2.1 Suicide is the biggest cause of death in young adults. Nearly 1 in 4 young people will experience suicidal thoughts at least once in their lives, and 1 in 20 will try to take their own life[1]. There are many factors that may contribute to a higher risk of suicide in the young adult population. Certain groups of people are considered at higher risk of suicide. Male students are more than twice as likely to take their own lives than female [2]. However, more women than men deliberately self-harm. People who have been bereaved or affected by suicide in others may be at higher risk. Those who have experienced trauma or abuse, including bullying, are at higher risk of suicide too. Young people experiencing difficulties with gender dysphoria, sexual orientation, relationship and family issues, and pressures related to race, identity and appearance, may also be at increased risk.

2.2 The suicide rate is higher for young adults outside universities, however some of these factors may be particularly relevant to university students. A recent NUS (National Union of Students) survey found that 78% of students had experienced a mental health problem over the last year; whilst 33% had suicidal thoughts. Of these students, 33% did not know where to access support. The same survey shows that course deadlines (65%), exams (54%) and financial difficulties (47%) are key

triggers of mental distress.

[1] Suicide-Safer Universities. Universities UK and Papyrus guidance. September 2019.

[2] Office for National Statistics UK

2.3 The onset of many types of mental illness peaks in adolescence and early adulthood. 75% of mental health problems are established by the age of 24 years. For some students, moving from child and adolescent mental health services into adult services, often in a new location, can create difficulties and delay access to support. Suicide statistics highlight young suicide in the UK is at its highest for the past 10 years. In 2015 1,659 young people under 35 years took their own lives: 58 above the previous highest recorded figure in 2011.

2.4 Periods of transition can be stressful and de-stabilising. Moving to a new location with reduced family and social support, new peer group and potential academic, financial, and work pressures, can be difficult, as can returning to study after a leave of absence. Other factors that may increase mental distress include social, cultural and personal identity issues.

Our University partnership is unique; not only in its structure but also in its landscape, reaching some of the most rural and remote places across the Highlands and Islands of Scotland. Therefore, it needs to be noted that there are certain, further considerations we need to be aware of within this policy.

2.5 Rurality plays a significant factor in suicides. Distance and time from statutory services can leave the most vulnerable without the necessary support to prevent them from completing suicide. Lack of close confidants, periods of poor mental ill health and low treatment rates and lack of support, coupled with access to lethal methods in rural areas, can all add to the increase in suicide within rural regions.

2.6 The rural nature of our institutions and the tightknit communities can make it even harder f or students to talk about their mental health and access support when at risk or suicidal. We will endeavour to continue to change our culture in the anticipation this will have an impact and change the societal views and cultures around us.

2.7 Online study can make it harder for staff to spot signs of those who may be at risk of suicide. This poses a significant risk, as staff have less face-to-face interactions with students to be able to spot signs that a student may need support. This risk has increased due to the COVID- 19 restrictions now requiring more classes to be taught online, than the traditional face to face model.

2.8 The Scottish Suicide Information Database (ScotSID) Report shows that the Highlands were found to have suicide rates that were significantly higher than the rate for Scotland.

3. Purpose

3.1 Many suicides happen impulsively, in moments of crisis, with a breakdown in the ability to deal with life stresses such as financial problems, relationship break-up or chronic pain and illness. Individuals who self-harm are also at an increased risk of unintentionally dying by suicide during the act of self-harm. Suicide is linked to feelings of hopelessness and worthlessness.

3.2 Adverse risk management is an important part of our support to students; we believe some negative outcomes can be avoided or reduced in frequency by effective communication, support and planning. However, it should be noted that adverse risk outcomes cannot be eliminated. Our student support staff will continue to work with student risk, carrying out professional assessment of the risk of harm to self or others and where this is a concern take action to minimise this where possible.

3.3 Often a stressful life event may be the trigger to push a person 'over the edge'. Every life lost to suicide is a tragedy and the impact on loved ones and communities can be devastating. In many cases, suicide can be prevented, and this is why suicide reduction is prioritised in the University partnership. It is also important to understand that there will be occasions where we may not be able to prevent someone from ending their life; however, supporting those who have been affected by this, is an extremely important part of our strategy.

"Suicide is the biggest killer of young people in the UK. It is a national crisis that can no longer be ignored," Ged Flynn, Chief Executive of national charity PAPYRUS - Prevention of Young Suicide.

3.4 We envisage a University partnership where risk of harm to self or suicide is preventable; where help and support are available to anyone engaging in self-harm behaviour or is contemplating suicide and to those who have lost a loved one to suicide.

3.5 Most people who complete suicide are not known to mental health services. Suicide prevention and the reduction of stigma involves whole populations - building awareness and compassionate communities. This involves a whole partnership approach, with strong links with other agencies. To do this we must:

- Embed a culture of compassion and openness where our students and staff feel able to discuss their wellbeing, mental health issues and seek support.
- Ensure our students feel able to ask for help and have access to skilled staff and well-

coordinated support.

- Further encourage the development of personal skills for self-care and to optimise mental well-being.
- Make sure those who are affected by suicide know they are not alone.
- Enhance the support to those bereaved by suicide.
- Minimise the risk of suicide through learning and improvement, by delivering better services and building stronger, more connected communities.

The University and its partners work closely with NHS services, local councils, charities, and social support services.

3.6 The University partnership has committed to prioritising the mental health and wellbeing of its students. We have developed a Mental Health Strategy group involving:

- senior academic and management staff
- practitioners and support staff
- representatives from Student Support Services
- representatives from HISA (Highlands and Islands Students Association)

3.7 The development of this document supports:

- coordination of work related to mental health and suicide awareness
- improved communication within the University partnership and wider community on mental health related issues and suicide prevention
- embedding a commitment to providing a "suicide-safer community" for our students

3.8 Students may arrive at university or college with an expectation that this will be the 'time of their life'. There is pressure to enjoy, to succeed, to make firm friendships. For some, the reality of finding things difficult - academically, socially, or emotionally - can be hard to cope with and to talk about. We commit to being an open and compassionate community, accepting and celebrating individual characteristics, talents and strengths and equipped to offer empathy, support and guidance when needed.

3.9 How we talk about suicide is important: we should use words that do not stigmatise or criminalise. The term 'commit suicide' is outdated- implying a criminal act- and should be avoided. Whilst ultimately aiming to prevent suicide, using language such as 'suicide prevention', helps to steer away from an unhelpful attitude of blame.

3.10 Some suicides do occur without warning, but there may be verbal or behavioural warning signs. It is vital that we engage with research and support data collection and monitoring in order to learn from tragic events and share experience and best practice with others.

4 Scope

This policy applies to all students regardless of mode or location of study.

5 Exceptions

This policy applies without exceptions, exclusions, or restrictions.

6 Notification

6.1 All staff members will be notified of changes to the Policy and Guidance through the normal channels.

6.2 Staff responsible for overseeing the process should have a detailed knowledge of the Policy and Guidance.

6.3 Students will be made aware of the Policy and Guidance through website and material shared through enrolment.

6.4 The Policy and Guidance will be publicly available on the websites of all institutions within the University partnership.

7 Roles and Responsibilities

7.1 Finance and General Purposes Committee is responsible for approving the policy and ensuring that it is followed. Finance and General Purposes Committee are also responsible for ensuring the strategic effectiveness of the policy.

7.2 The Principal and Senior Management Team are responsible for operational compliance with the policy. The Principal and Senior Management Team are also responsible for ensuring the operational effectiveness of the policy and making provision for training for all staff.

7.3 Line managers are responsible for ensuring staff participate in training and follow the policy and guidance in their day-to-day role.

7.4 All staff are responsible for familiarising themselves with the policy and guidance.

8 Legislative Framework

8.1 The main mental health legislation in Scotland is the Mental Health (Care and Treatment) (Scotland) Act 2003, as amended by the Mental Health (Scotland) Act 2015.

9 Related Policies, Procedures, Guidelines and Other Resources

- Fitness to Study Guidance
- Safeguarding Policy and Procedure
- Alliance of Suicide Prevention

  Applied Suicide Intervention Skills Training (ASIST)
- Grass Roots Suicide Prevention: Stay Alive app
- Harmless: a user-led organisation providing a range of resources about self-harm and suicide prevention.
- Mental Health First Aid (MHFA) training
- Mind: Mental health charity offering information and support.
- Emma Nielson (2016): Mind your 'C's and 'S's: the language of self-harm and suicide (and why it matters)
- Royal Society of Edinburgh and Mental Health Foundation (2017): Health, happiness and wellbeing in the transition from adolescence to adulthood
- Samaritans (2016): Help when we need it most: how to respond to suicide
- Universities UK (2017): Stepchange Framework
- Universities UK (2018): Minding our Future
- Universities UK and Papyrus (2018): Suicide-Safer Universities
- World Health Organisation (2014): Preventing suicide: a global imperative
- Zero Suicide Alliance: Suicide prevention training

10 Version Control and Change History

Version	Date	Approved by	Amendment(s)	Author
1	03/06 /21	FGPC	New policy	A Scott
2	Dec 24		Rebranded and contextualised for UHI North, West and Hebrides	Student Services