



Suicide Safer College Strategy

2023-2027

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Context Infographics

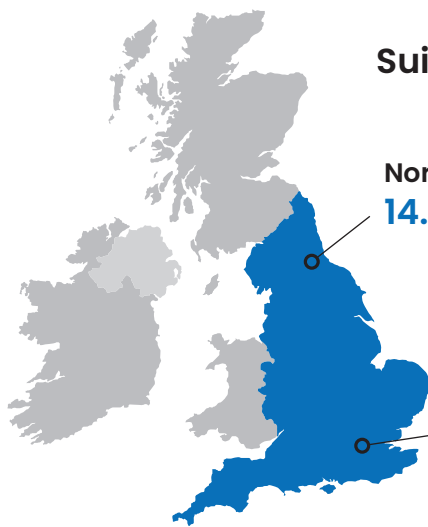
1,591 young people lost to suicide in 2021



5,583 total number of people lost to suicide across England and Wales



Suicide rate in 2021



North East has the highest rate
14.1 deaths per 100,000



Those amongst the most deprived **10%** are **twice** as more likely to die by suicide

London
6.6 deaths per 100,000



64 deaths
of HE students in
England & Wales



3.0 deaths
per 100,000

HE student suicide rate
for year ending 2020 in
England & Wales

Mental illness in young people



4% of
males



15% of
females

Today's generation of young people, particularly young women, are more likely to experience mental illness than previous generations

Percentage of 16–24 year olds experiencing symptoms of severe depression or anxiety in the previous week



5.6 male deaths per
100,000 students;
202 suicide deaths

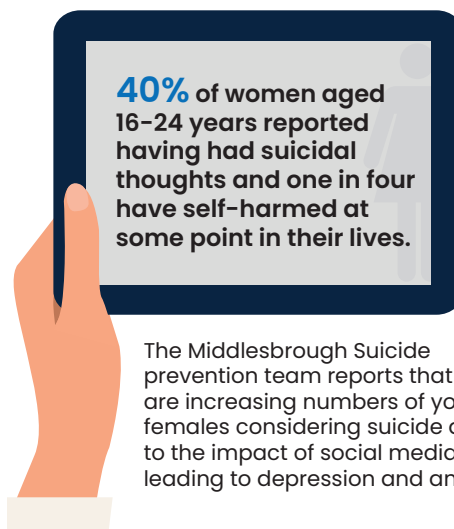


2.5 female deaths
per 100,000 students;
117 suicide deaths

Between the academic
year ending 2017 – 2020 the
national suicide rate for HE
was statistically significantly
higher for males compared
with female students



of adults with a mental illness
first experience symptoms
before the age of 25



The Middlesbrough Suicide prevention team reports that there are increasing numbers of young females considering suicide due to the impact of social media leading to depression and anxiety.

Statement of Purpose

Suicide is the leading cause of death in young people under the age of 35 in the UK. In 2021 198 people aged 15-19 died by suicide and 372 aged 20-24. Student suicides, as well as being devastating for friends and family, may also have profound impacts on the wider community of students and staff. The college has recently experienced the death of a student to suicide making our response to this issue all the more important. In recent years, the College has seen over a 256% increase since 2018 in those students experiencing self-harm and suicidal thoughts. Suicidal thoughts are common among young people with NHS Digital reporting as many as one in five have thoughts about taking their own life and an estimated one in ten having made a suicide attempt.

We are a large community-based college which includes HE (Higher Education) provision, and we recognise that Colleges play a key role in helping to prevent suicides. This requires a whole College approach and the need to work in close partnership with students, parents, and local services.

We are committed to ensuring that students and staff at our college are as suicide safe as possible and our plan has been informed by the [Papyrus Building Suicide-Safe Schools and Colleges Guide](#).

This starts with a strategic, whole College approach to wellbeing and mental health, which means that all students and staff understand its importance and the role it plays as the foundation of learning and academic achievement. This plan is part of the College's [Mental Health and Wellbeing Strategy](#) and [Staff Wellbeing Policy](#)

We are committed to mental health permeating every aspect of the Colleges culture and experience and it being part of the language of education. This plan is a key part of our commitment, and it is the College's aim that all staff and students are aware of the plan within the context of the wider Mental Health and Wellbeing Strategy, its key themes, and the actions.

As a member of the National Suicide Prevention Alliance we have pledged alongside over 1000 public, private and voluntary sectors that we will work to support their vision that fewer lives are lost to suicide, and anyone affected by suicide receives the best possible support.

Suicide is preventable and not inevitable.

Important Definitions

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

Suicide attempt – A suicide attempt is 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 feelings - Suicidal feelings 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.

Suicidal behaviour – A range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thinking, deliberate recklessness and risk taking, self-harming not aimed at causing death and suicide attempts. Around 20% of young people have self-harmed (non-suicidal) by the age of 20, far fewer (around 2-3%) make suicide attempts.

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 that relate to reducing 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.

A 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.

Beliefs and Understanding about Suicide

This college acknowledges that:

Suicidal thoughts are common

We acknowledge that thoughts of suicide are common amongst young people.

Suicide is complex

We believe that every suicide is a tragedy. The reasons for suicide are often complex and individual. However, we know that social pressures, life transitions and academic challenges can all have a significant impact on the mental health of young people.

Research indicates that a range of factors may be associated with an increased risk of suicide these include:

- A history of previous suicide attempts or self-harm
- Suffering with a mental health disorder
- Alcohol and / or drug abuse
- Being male
- Relationship and / or family breakdown
- Identifying as LGBTQ+ or being unsure about sexual orientation and gender identity
- Being bereaved or affected by suicide in others
- Debt or financial worries
- Experiencing bullying including cyberbullying
- Perfectionism and the negative impacts of social media
- Suffering from a chronic physical health condition
- Previous brain injury e.g., concussion

Stigma inhibits learning – Stigma can kill

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. This college is committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful, or selfish. We know that unhelpful myths and misconceptions surrounding suicide can inhibit young people in seeking and finding appropriate help when it is most needed.

Suicide is everyone's business

As a college community, we recognise that students may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns.

Safety is very important

We want to support our students, sometimes working in partnership with family, caregivers, external agencies and other professionals where this may enhance suicide-safety.

Suicide is a difficult thing to talk about

We know that a student who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We provide trained staff who can identify when a student may be struggling with thoughts of suicide.

Talking about suicide does not create or increase risk

Those with personal experience have a unique role to play in the development and refinement of this Suicide-Safer Policy.

We will endeavour to involve anyone from our community who has personal experience of suicide, either having struggles themselves or supported someone with thoughts of suicide.

How we help ensure an active person-centred suicide prevention and intervention policy

- Our College has a named individual who is responsible for the design, implementation, and maintenance of this policy. It will also be an agenda item on the 6 weekly mental health sub-group so all actions can be monitored.
- Our College's Safeguarding team are our Suicide Intervention Team. We will ensure that this team have undertaken Suicide Assist training so that trained staff are on duty during college hours. The Suicide Intervention Team will be the point of escalation for any concerns about a student or young person. The Suicide Intervention Team will keep confidential records of pupils at risk of suicide to ensure some continuity of care within the intervention model.
- We will contribute to the Local Authority Suicide Prevention Group Education subgroup. This ensures that our suicide prevention work is integral to that in our wider community. This will also help identify and address patterns of imitative suicidal behaviours across the wider community.
- We recognise that the need to protect someone's life must be balanced against the need to protect their confidentiality. We therefore advise students at the point of application and enrolment that the college may use the emergency contact information provided, without prior consent, in very serious situations where it is in students' vital interests to do so. Should any student who is known to have suffered from suicidal thoughts leave college unexpectedly for whatever reason, we will endeavour to inform their emergency contact of their vulnerable state.

Ongoing support and development of our policy and practice

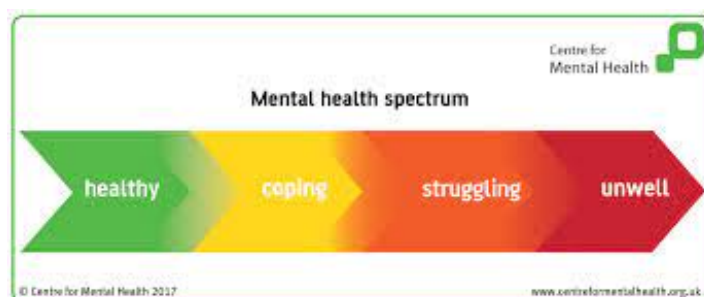
- Our leadership team will ensure that ongoing reviews take place, that processes are updated in line with the best practice and that on-going training is undertaken when necessary.
- We will refresh and update our 'Helpers in the Community' (Appendix A) document on an annual basis, and we will share it across our community as part of our regular suicide awareness programme.

Prevention

Whilst it is important to learn from a tragedy, it is much better to be prepared for it and prevent it from happening.

Preventing suicidal thoughts is a multi-faceted activity which includes building resilience and ensuring early intervention and support for students experiencing poor mental health. However not everyone who experiences suicidal thoughts has a diagnosable mental health problem, and not everyone with a mental health diagnosis feels suicidal.

All of us, throughout our lives, will experience a mixture of good and bad mental health; and most of us will experience mental ill health at some point in our lives, even if only briefly or occasionally. As a way of envisaging this, we often describe our mental health as being on a spectrum:



Our chances of having good or poor mental health are determined by the experiences in our lives. We are all exposed to things that can either boost our mental health which will move us to the green end of the spectrum or put it at risk and move us to the red end of the spectrum. College plays a big part in providing positive experiences, social connectedness, and resilience building which supports students to keep towards the green end of the spectrum.

Creating an environment in which we talk openly about suicide and promote wellbeing, good mental health and social connectedness and supports the development of life skills and emotional resilience.

Many common mental health problems (e.g. depression, anxiety, substance misuse) begin in adolescence / young adulthood. Attending College represents a major transitional point in many young peoples' lives; many students face additional academic and social pressures. It is therefore appropriate that Colleges create an environment that is supportive of good mental health and emotional wellbeing and goes beyond the development of academic skills to include broader life skills. Social support and connectedness are key protective factors against suicide and can help to buffer the effects of risk factors in people's lives. Improving understanding and tackling stigma surrounding mental health, including suicide and suicidal feelings, and the appropriate use of language is a vital part of this and will encourage help-seeking. There is recognition that suicide more generally needs to become part of an open conversation in our colleges in a way that is supportive and helps to reduce stigma.

Helpful and unhelpful language when talking about suicide

Unhelpful language:

Suicide hasn't been a crime since 1961. Using the word commit suggests that it is still a crime which perpetuates stigma or the sense that it is a 'sin'. Stigma shuts people up - students will be less likely to talk about their thoughts of suicide if they feel judged.

Commit Suicide

Successful Suicide

Talking about suicide in terms of success is not helpful. If a student dies by suicide, it cannot ever be successful. We don't talk about any other death in terms of success; we would never talk about a 'successful heart attack.'

Young people who have attempted suicide often tell us 'I couldn't even do that right' Any attempt at suicide is serious. Young people should not feel further burdened by whether their attempt was a 'failure', as this will reinforce feelings of failure in other areas of their life.

Unsuccessful or failed suicide

Attention seeking

This phrase assumes that a student's behaviour is not serious, and that they are being dramatic to gain attention from others. However, suicidal thoughts are serious. Young people who attempt suicide need attention, support, understanding and help.

This dismissive phrase belittles someone's need for help. They do indeed need you to help they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous.

It was just a cry for help

Helpful language:

Instead, Middlesbrough College encourages more helpful language. You could say:

Killed themselves

Ended their life

Took their own life

Died by suicide

Suicided

Attempted suicide

Engaged in suicide behaviour

Acted on thoughts of suicide

Bullying

A national bullying survey by Bullying UK found that 40% of young people who reported being bullied experienced thoughts of suicide and 39% had self-harmed. We will respond to the negative impact of bullying, harassment and hate crime on wellbeing and mental health, the college will continue to develop approaches that support an inclusive campus and effectively challenge divisive and discriminatory behaviours.

Online Harms

The internet can be an invaluable resource for individuals experiencing self-harm and suicidal feelings, however, it can also provide access to content that can be distressing and triggering. An example of this was the tragic death of Molly Russell a 14-year-old girl who died by an act of self-harm in 2017. An inquest found that she had viewed large amounts of content related to suicide, depression, self-harm and anxiety on Instagram and Pinterest prior to her death.

Changing the college community's attitudes towards suicide.

It is important that the whole College community nurtures an attitude around the subject of suicide which helps shatter the stigma around it. A consistent and persistent programme of raising awareness is an important aspect of this.

Reducing access to means:

It is important that the physical environment of the college is as safe as possible. Reducing access to high lethality means of suicide is regarded as one of the most effective suicide prevention strategies. In the college setting, key issues are access to laboratories and chemicals and ensuring windows have limited openings. A more generalised concern is cognitive access i.e., increased awareness of methods of suicide following reporting of a method after a death either in national and local news or through social media networks and the potential for further imitative deaths or suicide attempts. This will be covered in greater detail in the postvention section.

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It is important that the whole College community nurtures an attitude around the subject of suicide which helps shatter the stigma around it. A consistent and persistent programme of raising awareness is an important aspect of this.

Seeking professional advice and support Emotional distress, trauma and/or mental health issues often contribute to thoughts of suicide. It may be helpful to reach out for advice or support from organisations which specialise in specific issues

Intervention

Promoting cultural change and encouraging help-seeking behaviour

Reducing stigma and discrimination through education and awareness (see Prevention) is part of the solution to promoting cultural change and encouraging help-seeking behaviour. But colleges need to go further ensuring the provision of a diverse, accessible and comprehensive range of supportive services for all.

Developing and implementing a care pathway for a student in distress

A clear and simple care pathway is essential in the management of support for a student in distress. Development and implementation of care pathways requires multiagency collaboration involving student services, GPs, secondary care, NHS mental health providers, local authority and third sector organisations.

Postvention

The term postvention is used to refer to actions taken following a suicide with the aim of providing support to those bereaved, to reduce the risk of contagion and ensure lessons are learnt to reduce future risk.

Responding to a suicide in the College setting

A suicide death in the College community can have wide reaching effects. Furthermore, in some circumstances, through the process of social contagion the death of one student by suicide may trigger suicidal thoughts and behaviours in others, particularly those who are already vulnerable. It is therefore essential that the response to a student death is managed in a planned way in order to minimise further harm.

Managing press and social media

The media often report suicide deaths, and the deaths of young people may be considered particularly newsworthy. There is a strong body of research highlighting the negative impacts of irresponsible media reporting, including the risk of contagion or imitative behaviour. 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.

Identifying and responding to suicide clusters

Suicide clusters can be difficult to identify and define (see important definitions). Their impact can be widespread, and an effective response therefore requires good preparation and multiagency collaboration. [The PHE Identifying and responding to suicide clusters and contagion](#): a practice resource provides clear guidance on the steps that need to be taken to prepare for a suicide cluster. This emphasises the link that needs to be made with the local multiagency suicide prevention group led by local authority public health. It provides guidance on how to identify a potential cluster early on and suggests responses to reduce the risk of contagion.

Learning from deaths and serious suicide attempts

An essential aspect of suicide prevention is to learn from any deaths and serious suicide attempts. Through learning we can understand if there is anything that could be done differently or indeed where good practice has been demonstrated. This requires the implementation of a robust monitoring and review system. It is unlikely to be possible to capture all suicide attempts as some will occur without anyone being aware. Therefore, for the purposes of monitoring we would attempt to capture serious attempts defined as those with high severity resulting in admission to hospital intensive care units or those using a high lethality method such as hanging or jumping.

We will also consider

- Recording and monitoring the uptake of bereavement support services by students after a suicide
- Surveying students regarding how supported they feel
- Assessing the impact of interventions on staff
- Reviewing lessons learned and any suggested changes to procedures and provision of well-being services

Suicide Prevention, Intervention & Postvention Action Plan

Areas for action

The following sections highlight areas for action based on best available evidence and identifies specific actions the College will need to take to implement a comprehensive suicide prevention and response plan. We list these under the heading's prevention, intervention and postvention. Details of how these actions will be achieved will be monitored and documented through the mental health subgroup.

Prevention

ACTION	The college's Mental Health and Wellbeing Strategy outlines how the college will build an environment where students and staff can thrive and where mental health and wellbeing are supported in all aspects of college life. This specifically includes reminding staff of the safeguarding reporting process by making a visual flowchart for them to follow if they suspect a student has suicidal thoughts or observe patterns of concerning behaviour.
ACTION	We will take a preventative approach by offering resilience building interventions such as the college's new social prescribing offer which looks to improve student's personal resilience and help them develop skills to deal with the increasing complexity of our world. Our enrichment offer also provides a wide range of opportunities which promote the 5 ways to wellbeing.
ACTION	We acknowledge the impact both the cost-of-living crisis and gambling can have on mental health and the links between these factors and suicide. We will deliver awareness sessions both targeted and generic and provide resources for both students and parents.
ACTION	We will monitor instances of bullying and harassment online where a college device or college Wi-Fi has been used and will take appropriate action to address this and reduce any impact on a student's mental health
ACTION	We will raise awareness around the harms of online materials through Thrive personal development programme and the awareness raising campaigns we run. We monitor the content students are accessing related to self-harm and suicide through our Smoothwall online monitoring system so support can be offered by our Suicide Intervention Team.
ACTION	The college is a large community with 1000s of staff and students, it can be challenging maintaining awareness around the risks of suffering alone with mental health issues. We will use a variety of tools and techniques including physical and digital campaigns (including world suicide prevention day).
ACTION	Staff awareness will be increased through mandatory training which will include the Zero Suicide Alliance training and Real Talk About Suicide - Grassroots Suicide Prevention
ACTION	We will deliver suicide awareness sessions to students through our Thrive programme. These sessions will equip our students to know how to spot signs, and how they can escalate any concerns to the Suicide Intervention Team. We will also provide students access to wellbeing education and information by working with internal and external providers to offer a variety of formats including self-help resources, one-off events, ongoing skills-based workshops and other proactive activities.

ACTION	Targeted interventions will be delivered to those students in high-risk groups. For example, we know that some professions have higher rates of suicide such as the construction industry. Research identified that the number of suicides in construction rose from 26 to 34 per 100,000 in the seven years to 2021. Figures also show that those working in the construction industry are more likely to die by suicide than falling from a height.
ACTION	Ensure appropriate policies and procedures are in place across the college to ensure the safekeeping of potentially dangerous chemicals.
ACTION	Ensure estates review potential high-risk areas and inspect windows and their openings.
ACTION	Review methods of suicide and attempted suicide used amongst college students (through suicide audit and ongoing monitoring) to identify and address any specific concerns.
ACTION	Work with the local authority to identify actions that can be taken to reduce the risks at local high-risk locations such as Newport Bridge and Huntcliffe.
ACTION	We have developed a 'Helpers in the Community' document (see appendix A). This will inform and equip our community about help that is available locally and nationally to support someone who is experiencing poor mental health and emotional wellbeing.

Intervention

ACTION	<ul style="list-style-type: none"> The mental health and wellbeing strategy outlines the range of student support services available and sets out future plans to improve access and further develop services across the college. Careful consideration will need to be given to what type of services are available, ensuring these are culturally appropriate and diverse, easy to navigate and readily accessible in relation to: <ul style="list-style-type: none"> Minoritised ethnic groups LGBTQ SEND criminal justice experienced. <p>We will review how services are advertised and promoted and how to capture the student voice in terms of need.</p>
ACTION	We will endeavour to ensure that all our staff are suicide aware. This means that all staff inductions will include suicide awareness, i.e., how to spot signs, what to do and how to escalate any concerns to the Suicide Intervention Team.
ACTION	The safeguarding team are available for students to speak to if they are experiencing suicidal thoughts and both the text safe number (60081) and the safeguarding email (safeguarding@mbro.ac.uk) are widely publicised.
ACTION	Mental health safety plans (appendix B) will be created for those students who express suicidal ideation, have had a previous suicide attempt and/or are self-harming. These plans will help students navigate their feelings and urges and provide them with strategies including 24-hour helpline numbers.
ACTION	Support and advice will be given to parents and carers around supporting their young person if they are self-harming or have urges to or are thinking of suicide. The Papyrus Supporting your child guide will be shared with parents and carers. We will not make promises to students that what they tell us will remain confidential.

ACTION	We will provide students with crisis and self-harm packs. These packs contain a range of useful resources to support students when they are experiencing intense emotions. One of the tools we promote is the Stay Alive App .
ACTION	Mapping of current local services will be undertaken and used to inform the care pathways for students in distress. A clear care pathway map will be published and accessible for all members of the college community.

Postvention

ACTION	Review the College's student death protocol which outlines actions that should be taken immediately and in the longer term and sets out clear roles and responsibilities including initial reporting arrangements, immediate actions to consider, notification of staff, students and external partners e.g., local authority, family liaison, managing press enquiries and how to appropriately remember a student.
ACTION	The College will develop an approach for engaging with parents/carers of students, who take their own life. This will ensure that they feel respected, supported and involved from the point of death. They will also be offered the opportunity to help the College learn lessons from the loss of a loved one. Develop a consistent approach by identifying training for senior staff to engage with the bereaved.
ACTION	The Suicide Intervention Team will provide support to students on a 1:1 basis but also support tutor groups as a whole. Referrals will be made to appropriate services i.e., counselling if further ongoing support is required.
ACTION	We will be clear about how we deal with an inquest after someone has died by suicide in our college. We will support the authorities in their work but will be mindful of the distress an inquest causes to the bereaved people. We will also be mindful of the impact supporting an inquest can have on staff.
ACTION	PHE guidance on how to identify and prioritise vulnerable people following a suicide should be adopted so that appropriate support can be provided to those who need it.
ACTION	A lead person will be identified i.e., Head of Media through which all communication with the local and national press should be managed and should follow best practice guidelines i.e. Samaritans' Media Guidelines
ACTION	Communication leads will monitor the reporting of a student suicide on widely used social media platforms and risk assess if a response is required.
ACTION	The College's Suicide Intervention Team will develop and maintain strong links with the Middlesbrough suicide prevention group (led by Middlesbrough Council public health) to ensure the development of a shared community action plan for responding to possible suicide clusters.
ACTION	The College's Suicide Intervention Team will be responsible for ongoing surveillance in order to help identify possible clusters early.
ACTION	The College Suicide Intervention team will carry out a serious incident review for every suicide and serious attempt that takes place. A serious attempt in this context is defined as one that leads to an individual being admitted to intensive care or the individual has used a high mortality method. This will involve developing a monitoring system to capture essential information about a suicide or serious suicide attempt and demographic, personal, academic or other pertinent information. This will be informed by findings from the suicide audit which will be repeated at regular intervals and used to develop recommendations to reduce future risk.
ACTION	We will record and monitor deaths by suicide and the impact on the community. This will include on-going monitoring of pupil deaths including suicides, suspected suicides, and self-harm. Monitoring of self-harm will be done through the collection of information from the College wellbeing support service.

Helpers in Your Community:

Crisis Centre/Medical Health Crisis.....	0800 0516 171
Suicide Prevention.....	PAPYRUS HOPELineUK: 0800 068 41 41 Text: 07786 209 697 Email: pat@papyrus-uk.org
24 Hour Listening Support.....	0800 0516 171
Rape/Sexual Assault Centre.....	SARC Teesside
Domestic Violence Hotline.....	24/7 National Domestic Abuse Helpline: 0808 2000
Child Abuse Hotline.....	NSPC 0808 800 5000
Police/Ambulance/Fire Services.....	999
24 Hour Medical Advice.....	111
Homelessness/Emergency.....	Middlesbrough/ Stockton: 0800 130 3667
Accommodation.....	Core Support: 01642726800
CAMHS.....	(CAMHS) 0300 013 200
Sexual Health and Screening.....	Virgin Care 0300 3301122
Sexuality Support.....	Hart Gables LGBTQ+ Support: 01642 675509
Children's Services.....	Mbro: 01642 726004 Stockton: 01642 130080
Family Support Services.....	Early Help: 01642 726004
NHS Counselling Support.....	Impact on Teesside: 01642 573924
Alcohol & Substance Misuse.....	01642 726800
Carer Support Services.....	The Junction: 01642 756000
Debt Advice.....	Citizens Advice: 0344 499 4110
College Safeguarding.....	Text SAFE to 60081 Email: safeguarding@mbro.ac.uk

Mental Health Safety Plan

Mental Health Conditions/ Diagnoses	
Environment/ Course	
Name D.O.B M Number	
Agencies/ Key Contacts	

What are my risks?	
What are my triggers?	
Signs I am struggling:	
What action needs to be taken? (Student and College)	

Staff name and signature

Student name and signature

Parent/ Carer name and signature (if applicable)