





Suicide Prevention Strategy for Staff and Students

2023/24

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. Our identified actions are reviewed every year by our strategic leads, to reflect our collective learning and ensure it remains fit for purpose.

We publish this for the 2023/24 academic year, with our thanks to everyone who continue to contribute to supporting our community.

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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 third 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.

This strategy includes the latest data available from the Office for National Statistics (ONS) as well as University Specific data obtained from the National Cybil survey of Student Mental Health. These datasets, along with our real time surveillance data of students who self-harm or are classed as having attempted suicide, inform our focus and actions for the coming 2023/24 Academic year.

2. National Context

2.1 Data Overview

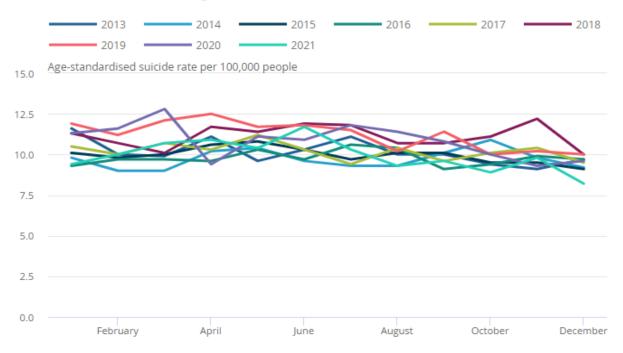
The latest dataset on the general population from the ONS can be summarised as follows;

In 2022, 5,275 suicides were registered in England, equivalent to a provisional rate of 10.6 suicide deaths per 100,000 people; this rate was similar to 2021 but statistically significantly higher than 2020.

However, 2020 saw a decrease in suicide rates because of the impact of the coronavirus (COVID-19) pandemic on the coroner's inquests, and a decrease in male suicides at the start of the pandemic.

The ONS has concluded that there is no evidence that the number of suicides has increased since the coronavirus (COVID-19) pandemic:

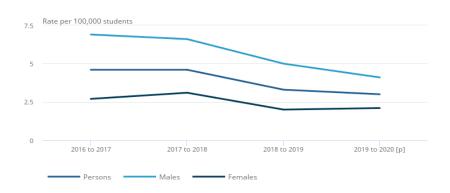
Age-standardised suicide rates by year and month of occurrence, England and Wales, deaths occurring between 2013 and 2021



The following graph shows the student suicide rate from 2016/17 to 2019/20 – the most up to date data available from ONS

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)

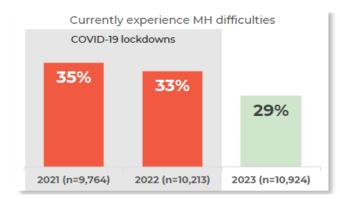
Many reports highlight the incidence of mental ill health in Higher Education, with levels of mental illness, mental distress and low wellbeing among students increasing:

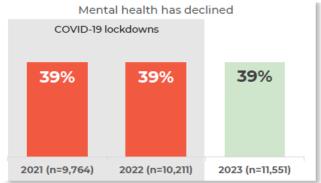
- Reducing the Risk of Student Suicide: issues and responses for higher education institutions (Universities UK, 2016)
- Step Change in Mental Health (Universities UK, 2017)
- Suicide Safer Universities (Universities UK, 2018)
- Mental health of higher education students (Royal College of Psychiatrists, 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 2023, with 12,796 responses from students from over 140 universities, reported:

The number of students currently experiencing mental health difficulties has reduced, but the proportion of students reporting that their mental health has declined since starting university has remained at the same level for the past three years:





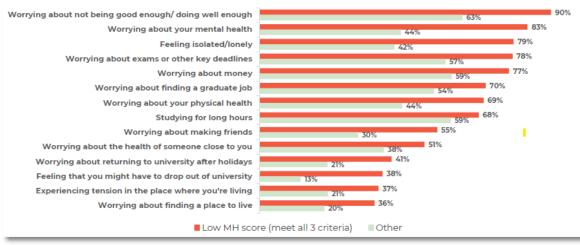
68% of students reported experiencing suicidal thoughts. 1 in 3 students who have had suicidal thoughts have acted on them (either by forming a plan or attempting suicide). This rate is higher in LGBTQ+ and students with a Mental Health disability.

LGBTQ+ students and students from low socio-economic backgrounds have the lowest ONS Wellbeing scores. Undergraduates and students who started university during the pandemic also have lower than average ONS scores.

Students are finding it easier to make friends post pandemic: proportionally more students have friends at university than in 2021 and 2022. Although, almost 1 in 5 students say they have no friends and the quality of these friendships have not increased. Not having friends at university or poor-quality friendships have the highest proportions of low mental health students.

Over the past year students with low mental health report greater worries and negative experiences than others:

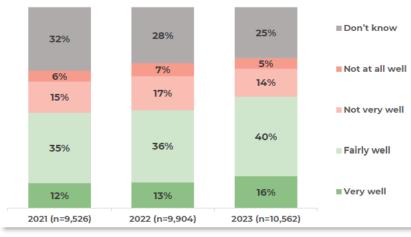
Frequent worries/ negative experiences and mental health



Thinking back over the last 12 months, how often have you experienced the following? Frequently: daily or weekly

Proportionally more students think their university is supportive of students with mental health difficulties, than in previous years:

University mental health support [current students]



In your opinion, how well does/did your university support people who experience challenges with their mental health in general?

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.bcpcouncil.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 over the last 12 months, we have reviewed the target groups and agreed to continue with their focus for the 2023-24 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. Hold an annual summit to coincide with World Suicide Prevention Day highlighting updates to the Suicide Prevention Strategy and key themes and actions.
- b. Review support services for students who are vulnerable and at risk in line with the University Mental Health Charter framework.
- c. 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 and include Assist level 3 training as well as Suicide First Aid (SFA) level 2 training. All trained staff to attend the Dorset SFA network meetings for ongoing CPD and support.
- d. To measure the impact of 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 linked to the University Mental Health Charter requirements.
- 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.

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 secure a Data Sharing Agreement with Dorset Healthcare to enable more informed conversations to take place concerning students at risk. CMHT representatives to attend at risk meetings at all three universities.
- c. To establish regular recovery education programmes which can be accessed on campus via the University Retreat
- d. To undertake a pilot of journalling for students who feel on the cusp of crisis to help them identify triggers and manage risk. This will be overseen by the University Retreat and key academics in the field of Mental Health and recovery.
- e. To hold regular stakeholder network meetings in the University Retreat to share university and community resource updates, themes and good practice.

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

- a. Each University to signpost to 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. Review postvention plans to ensure compliance with UUK guidelines.
- 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. Universities to undertake a termly review this data.
- 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 and use this survey data to inform service provision.

- 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. The initiative will be shared with key national leads as an example of best practice.

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







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

Key resources:

- <u>Suicide Reporting Toolkit</u> to help govern language and liaison with external media.
- Please note, contact Kirsty Hillier (<u>kirsty.hillier@dorsetcouncil.gov.uk</u>) 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
 - o All Staff
 - Make consideration for specific cohorts within
 - o All Students
 - Make consideration for specific cohorts within
 - Security Staff
 - o Accommodation Providers
 - o Frontline Staff
- External
 - o Media
 - o Dorset Pan-Suicide Prevention Group
 - o Bournemouth University and AECC University College
 - Emergency Services
 - o External partners/stakeholders
 - o Alumni







Appendix 3 - 2023/24 Suicide Prevention Action plan

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

	Action	By when
1	Hold an annual summit to coincide with World Suicide Prevention Day highlighting updates to the Suicide Prevention Strategy and key themes and actions.	September 2023
2	Review support services for students who are vulnerable and at risk in line with the University Mental Health Charter framework.	February 2023
3	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 and include Assist level 3 training as well as Suicide First	January 2024
	Aid (SFA) level 2 training. All trained staff to attend the Dorset SFA network meetings for ongoing CPD and support.	
4	To measure the impact of 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	December 2023

b) Tailor approaches to improve mental health in specific groups

	Action	By When
1	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.	Ongoing
2	Provide clear pathways to the mental health and wellbeing support available for both staff and students and how to access them.	Ongoing

3	Implement a focus on wellbeing within all policies, the curriculum and in the workplace to raise awareness of mental health issues linked to the University Mental Health Charter requirements.	June 2024
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.	Ongoing
5	Evaluate interventions to assess outcomes and identify any gaps in resources for specific groups, especially those currently underrepresented.	Ongoing
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 consider the impact this may have on HE students and agree what additional processes and resources may be needed to address and minimise risk. This will include holding focus groups with staff and students.	Autumn 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.	Ongoing
2	To secure a Data Sharing Agreement with Dorset Healthcare to enable more informed conversations to take place concerning students at risk.	December 2023
	CMHT representatives to attend at risk meetings at all three universities.	Ongoing
3	To establish regular recovery education programmes which can be accessed on campus via the University Retreat	January 2024
4	To undertake a pilot of journalling for students who feel on the cusp of crisis to help them identify triggers and manage risk. This will be overseen by the University Retreat and key academics in the field of Mental Health and recovery.	Commencing September 2023
5	To hold regular stakeholder network meetings in the University Retreat to share university and community resource updates, themes and good practice.	Commencing November 2023

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

	Action	By When
1	Each University to signpost to support available to those bereaved by suicide on their websites. Including how to access the Dorset Open Door bereavement support service.	Ongoing
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.	Ongoing
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.	Ongoing
4	Review postvention plans to ensure compliance with UUK guidelines.	December2023
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.	Ongoing

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.	Ongoing
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.	Ongoing
3	The Universities will actively engage in World Suicide Prevention Day, University Mental Health Day and World mental Health Day	Ongoing

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. Universities to undertake a termly review this data.	January 2024

Final DRAFT 2023/24

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 and use this survey data to inform service provision.	June 2024
3	Quarterly review meetings will be held, with senior strategic leads from each University, to monitor progress of this strategy.	Ongoing
4	The University Retreat pilot will be regularly reviewed and evaluated by BCHA. The initiative will be shared with key national leads as an example of best practice.	September 2023



Appendix 4 – Contextual information and key contacts

AECC university College has approximately 1156 students and 200 staff. Our university campus is located on Parkwood Road, in Boscombe and is comprised of Parkwood Campus to the west and Garnet Campus to the east.

The University College works closely with partner organisations from across our community, as well as BU and AUB colleagues.

AECC University College is committed to supporting wellbeing for both our staff and students and regularly review our provision in this area. This strategy is underpinned by the University's core values;

- Caring
- Professional
- Passionate
- Inclusive
- Collaborative

Key contacts

Concerns about a student:

During office hours, please contact Student Services on 01202 436359

For escalation or urgent concerns, please email the Head of Student Services and Wellbeing at lbates@aecc.ac.uk or telephone reception on 01202 436200.

Further information about support for students can be found at https://www.bournemouth.ac.uk/students/health-wellbeing

Concerns about a member of staff:

During office hours, please contact the HR team via 01202 436241 or 01202 436535 or HRHelpdesk@aecc.ac.uk

For escalation or urgent concerns, please email the Head of People and Development at ROId@aecc.ac.uk or telephone on 01202 436238