



**MENTAL HEALTH  
AND WELLBEING**



**The Open  
University**

# **SUICIDE SAFER UNIVERSITY STRATEGY AND ACTION PLAN (2022)**

**Developing a whole institute  
approach for the support and  
protection of students and staff**

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## TRIGGER WARNING – DISTRESSING CONTENT

Some topics can be distressing and can surface unwelcome emotions, memories or exacerbate mental health issues. Anyone who has experienced trauma may find that certain stimuli bring back memories and emotions of a previous traumatic event.

This document makes frequent reference to suicide, suicide ideation, death by suicide and mental ill-health. If you are likely to find this topic distressing, please consider carefully whether you want to engage with this document, as reading through it could affect your sense of mental wellbeing or raise unwelcome emotions.

- If you are a student and having read this document now have concerns and feel you need support, please contact your Student Support Team. You will find their contact details on StudentHome. You can also access information about mental health and wellbeing, include external support from Shout and Togetherall on the Help Centre (<http://help.open.ac.uk>).
- If you are a member of staff and have concerns either about working with this document as part of your role, or find that you are struggling having reviewed this document, please speak with your line manager or contact the Employee Assistance Programme - Health Assured on 0800 0305182 (or in the Republic of Ireland on 1800 936071).
- Students and staff can also contact Shout by texting the word OU to 85258 (free within the UK).

### Emergency action

If you believe a student or member of staff is at risk of harming themselves or attempting to take their own life, **call 999 immediately**, ask for the police and let the emergency services know what the situation is. Pass on any contact details you have for the individual (e.g. phone number and address).

If the student or member of staff who is at potential risk is at one of the Open University office locations, contact Security on (01908) 653666 (extension 53666 if on site), or in extreme cases, on the emergency number (01908) 65333 (ext. 53333). A 24 hour presence is maintained within the Security Lodge (based in Milton Keynes) 365 days a year, and the team will summon emergency services in the event of an incident.

### Confidentiality versus health and safety

The University has a duty of care to act if a student or staff member expresses suicidal thoughts or reveals planned suicidal action. Individuals may well ask for confidentiality under these circumstances. However, health and safety considerations override any commitment to confidentiality given to students and staff. Such commitments should be broken if there is a serious risk that someone might harm others or themselves.

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# 1. STATEMENT OF PURPOSE

The Open University Suicide Safer Strategy and action plan will be delivered in two stages.

Stage 1 of the Suicide Safer Strategy and action plan will be completed by the end of 2022, the immediate purpose of which is to:

- Conduct some desktop research and carry out a series of consultations with key stakeholders within the Open University (OU) and across the UK and International Higher Education sector to develop a coherent evidence-base upon which to develop an effective and data informed whole-institute Suicide Safer Strategy and Action Plan that supports all directly registered OU students and all OU staff, irrespective of whether they are studying and working at a distance, or at one of the University's seven office locations.
- Enhance student and staff awareness of current information, resources and support associated with suicide prevention, including the support of individuals in distress, expressing suicidal ideations or at risk of causing serious harm or injury to themselves or others.
- To systematically review and where appropriate, update current student and staff-facing information, resources and support structures within the OU associated with mental health and wellbeing that raise awareness of suicide, the prevention of suicide and how to support individuals in distress or at risk of suicide.

These actions will inform Stage 2 of the strategy, which will be developed within the 2022/23 academic year.

By focusing on the three core elements of prevention, intervention and postvention that underpin a Suicide Safer University, a comprehensive framework of development and actions will be developed to ensure the OU can provide relevant information, advice and support to all students and staff within the university.

The primary objective of this Strategy will be to raise awareness of suicide, including suicide prevention and mental health, to reduce the potential for suicide, and to ensure students and staff who have been affected by suicide, have had suicidal ideations or have attempted suicide, have access to appropriate support.

Although it is not possible to prevent death by suicide, it is possible to take action to help reduce the likelihood of some individuals having suicidal ideations, attempting suicide or dying due to suicide. This is the purpose of this strategy, to improve the support available to those who are in need of help.

## 1.1 Stage 1 Strategy Objectives (2022)

The following objectives form the main focus of the Stage 1 Suicide Safer action plan, to be completed within the 2022 calendar year. These objectives are fully inclusive of all categories of directly registered students and staff cross the OU, and will take into account commonalities and differences based on physical location within the UK, Republic of Ireland and internationally:

- Conduct desktop research to ascertain any pertinent studies, information or datasets associated with suicide and the prevention of suicide, in particular within a distance learning or working environment
- Identify appropriate sources of internal student and staff data associated with suicide, suicide ideations and bereavement by suicide
- Collate self-reported information from students and staff on complex issues associated with suicide and bereavement by suicide

- Conduct a series of sensitively structured and fully supported consultations with students and staff on the complex issues associated with suicide and bereavement by suicide (specifically in the content of how this affects studying and/or working at a distance or on site, at the OU)
- Review and establish systematic operational procedures and processes by which data associated with suicide, suicide ideations, suicide attempts and bereavement by suicide that are not currently logged, can be systematically captured and recorded across the University for students and staff
- Determine how this sensitive data should then be used to inform university practices, policies and interventions
- Review and enhance current proactive interventions and resources for students at potential risk of suicidal ideations and associated mental health difficulties to encourage the development of personal suicide prevention strategies where appropriate, and ensure individuals are aware of and can be signposted to additional forms of support
- Review and revise student and staff communication campaigns, resources and training materials about mental health and wellbeing, to incorporate information about suicide prevention and support
- Review, revise and actively promote staff briefings and training materials about teaching distressing content that may raise unwelcome emotions, and supporting students who are distressed or suicidal
- Develop and implement improved procedures for staff to support other staff at a distance and on site, who are distressed or suicidal
- Increase awareness of the different types of training programmes available to staff on mental health and suicide prevention, including the two-day Mental Health First Aid training, as a means of promoting a psychologically safer learning and working environment and culture with the OU
- Identify additional resources or training materials with suicide prevention, intervention and postvention support

## 1.2 Stage 2 Strategy Objectives (2022/23)

Stage 2 objectives for the Suicide Safer action plan will include (but not be exclusive to):

- actively addressing stigmas associated with mental health, suicide and suicidal ideations through proactive campaigns and communications about suicide prevention awareness
- implementing agreed procedures to systematically capture and record data associated with suicide, suicide ideations and bereavement by suicide, for students and staff and measure
- integrating and evaluating new support pathways for students and staff who are distressed or suicidal
- improving referral pathways within the university and to/from third-sector and NHS specialist support services
- improving support for those who experience bereavement by suicide
- encouraging and supporting research and scholarship on suicide, within the context of a distance learning and distributed remote/hybrid working environment

**ACTION 1.1:** *A detailed action plan for Stages 1 and 2 objectives will developed, setting out expected timescale for delivery, owners of each action, relevant stakeholders, reporting routes and the key results (performance measures).*

**ACTION 1.2:** *A Suicide Safer Strategy Working Group comprising stakeholders from across the university will be established and will meet on a regular basis, to ensure actions are delivered in a timely and effective manner, adopting a task and finish approach to assist with project management.*

## 1.3 Strategic oversight and governance

Strategic oversight and dissemination of this Strategy and its action plan will be the responsibility of the Suicide Safer University Working Group, which will be chaired by the Director, Student Support on behalf of the University.

In terms of governance, progress on the strategy's development and delivery will formally report into the Student Mental Health Working Group (SMHWG), which has representation from across the University for all categories of students.

These reports will be combined with the Mental Health and Wellbeing Strategy progress reports, which are formally submitted to the Equality, Diversity and Inclusion (EDI) Committee for consideration from the student perspective, and to the Health and Safety Committee (HASC) from the staff perspective. The EDI Committee and HASC formally report to Senate and Council.

## 2. CONTEXT

### 2.1 Understanding the student and staff demographics at the OU

The Open University (OU) is an online distance education institution that operates across the UK, Republic of Ireland and internationally, and is one of the largest universities in Europe with over 205 000 students in the 2020/21 academic year (the most recent complete academic year). Undergraduate and postgraduate taught students generally opt to study towards a qualification on a module-by-module basis, doing so at a distance and usually from home, with the majority studying part-time while also working and/or fulfilling caring responsibilities.

In addition, the University also had 836 postgraduate research students in the 2020/21 academic year, of which 53% are completing their research on a full-time basis and are predominantly either based at the OU's campus in Milton Keynes or at an affiliated research institute. The remaining 47% of postgraduate research students are completing their research on a part-time basis (over a period of 4-8 years) and may be located at the OU or in a dedicated research centre, or completing their research within their work environment, or from home.

In terms of demographics, there is no such thing as a typical OU undergraduate, postgraduate taught or postgraduate research student, as people of all ages and backgrounds can study with the University to update their skills, get a qualification, boost their career, change direction, prove themselves, or keep mentally active (e.g. in 20/21 ~ 90% of OU undergraduate students were older than the typical campus-based undergraduate age profile of 18–21 years).

In addition to the diverse student population, the University has just under 10 000 staff of whom ~50% formally work from home and are distributed across the whole of the UK and Republic of Ireland, while the remaining 50% are formally based at one of seven office locations based in Milton Keynes, Cardiff, Dublin, Nottingham, Manchester, Belfast, and Edinburgh. However since late March 2020 (when all staff and postgraduate students were required to work from home due to the COVID-19 pandemic), many office-based staff have continued to work from home, with < 20% of staff returning to work permanently or part of the time at one of the OU offices.

A full breakdown of student demographics can be found in the [OU Facts and Figures](#); Tables 1-3 outline some key student statistics.

**Table 1: Headline facts and figures for OU students (2020/21)**

Headline facts for 2020/21	%	Number <sup>1</sup>
Number of students working part or full-time while studying	70%	111 556
Number of undergraduate students with one A-level or lower qualification (or equivalent) at entry to their OU studies	34%	54 283
Number of undergraduate students <sup>2</sup> living in the 25% most deprived areas in the UK	26%	37 138
Number of students declaring a disability	23%	36 400
Number of students declaring a mental health condition	12%	18 500
Number of students receiving credit transfer awards for prior studies	4%	5934
Number of students receiving financial support with study fees	9%	14 312
Number of students <25yrs studying at undergraduate level	23%	34 069
Number of students <25yrs studying at postgraduate level	6%	638

(Total directly registered OU student population: 159 656<sup>1</sup>; UK undergraduate population 142 837. [Open University Facts and Figures 2020/21](#))

**Table 2: Undergraduate, postgraduate taught and postgraduate research student distribution by location**

Student distribution (2020/21)	2019/20	2020/21
England	95 681	111 039
Scotland	18 280	22 360
Wales	10 717	14 475
Northern Ireland	4212	5588
<i>Total UK students</i>	<i>128 890</i>	<i>153 462</i>
Republic of Ireland	933	974
Other international	6817	7828
Students on validated programme	39 078	43 156
<b>OU Total</b>	<b>175 718</b>	<b>205 420</b>

([Open University Facts and Figures 2020/21](#))

**Table 3: Age profile of undergraduate and postgraduate students (2020/21)**

Age profile	UG	PG
17 and under	1%	-
18-21	10%	1%
22-24	12%	5%
25-34	36%	26%
35-44	23%	31%
45-54	11%	23%
55-64	5%	10%
65 and over	2%	4%
<b>Median age of new undergraduates</b>	<b>28yrs</b>	<b>-</b>

([Open University Facts and Figures 2020/21](#))

## 2.2 Deaths by suicide

Data published by the Office for the National Statistics and the Samaritans, estimates the number of deaths by suicide per 100 000 of general population for each of the UK nations and the Republic of Ireland, as ranging from 6.8 (Republic of Ireland) to 15.0 (Scotland) for 2020 (Table 4). These rates are substantially higher than that most recently estimated for higher education students (i.e. 18-21yrs, studying full-time and campus based), which is 4.7 deaths by suicide per 100 000 students per academic year (ONS, 2018).

Given the scale and demographics of the OU students and staff body, the expectation is that sadly, there may be a number of deaths by suicide per year (in the order of 10s per year). At present, the University has no mechanism by which to systematically record any reported deaths by suicide as a separate entry for students or for staff, making it impossible to ascertain whether this predicted rate is representative of reality. In addition, the University does not systematically record information about students or staff who express suicidal ideations, or who indicate that they have planned or attempted suicide.

Therefore, despite the University having many positive actions in place to raise awareness of mental health issues, to deliver mental health related training to all categories of staff on a regular basis, to support distressed and vulnerable students and staff, and to monitor and minimise access to means that could enable suicide across the OU sites, there is a lack of evidence-based information to demonstrate these actions are working effectively and helping to ensure a suicide safer learning and working environment.

**Table 4: National statistics on suicide rates (per 100 000 of the population)**

	Deaths by suicide in 2019	Deaths by suicide in 2020	Rate per 100 000 in 2020	Rate per 100 000	
				M	F
England	5316	4912	10.0	15.3	4.9
Scotland	833	805	15.0	21.5	8.3
Wales	330	285	10.3	16.7	4.3
Northern Ireland	209	263	12.9 <sup>1</sup>	19.4	6.3
<b>UK total</b>	<b>6688</b>	<b>6265</b>	-	<b>15.4</b>	<b>4.9</b>
Republic of Ireland	390	340	6.8	10.5	3.2

<sup>1</sup>Northern Ireland rates per 100 000 are from 2019

### DATA SOURCES:

Samaritans, 2021: <https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/>

NOSP, 2021: <https://www.hse.ie/eng/services/list/4/mental-health-services/connecting-for-life/publications/nosp-cso-nov-21.pdf>

ONS, 2020:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2020registrations>

**ACTION 2.1:** Operational processes identified and developed to enable the systematic and sensitive capture of data that will inform institutional practice, policies and procedures associated with suicide prevention, intervention, postvention.



## 2.3 Information about national work on suicide prevention across the UK and Republic and Ireland

Over the past decade, there has been growing concern about the number of deaths by suicide and the number of attempted suicides within the Higher Education (HE) sector as well as within the general populations of the UK and Republic of Ireland. This led to the creation of the Universities UK (2017) [#stepchange framework for mentally healthy universities](#) (revised in 2021) and the UUK/Papyrus [Suicide Safer Universities strategy](#) (2018) within the UK HE sector, and to each of the nation governments developing a series of suicide prevention plans operating at the local authority to national levels. Given the wide geographic distribution of OU students and staff across the UK and Republic of Ireland, it is important to understand the different national approaches to suicide prevention and support in each of these jurisdictions.

### Suicide Prevention – England

In 2019, the [Cross Government suicide prevention workplan](#) was published in England. This sets out an ambitious 5-year plan underpinned by £57M of funding to reduce the number of suicides in England, by committing each government area to deliver against a series of measurable actions, and to ensure local authority suicide prevention plans were instigated alongside suicide bereavement support services.

### Suicide Prevention – Scotland

Building on work completed between 2013 and 2016 in which there had been a sustained downward trend in deaths by suicide, the Scottish Government published its 5-year [Suicide prevention action plan: every life matters](#) in 2018. In the plan, the Scottish Government set out a vision to improve support for those at risk of suicide or contemplating suicide, and those who had lost others to suicide, and committed in excess of £40M to ensure delivery of governmental and local authority plans.

### Suicide Prevention – Wales

In Wales, the [Talk to me 2: Suicide and self-harm prevention strategy 2015 to 2022](#) outlines six core objectives that have been set as a national priority to address rising suicide rates, building on the previous 5-year plan to improve mental health and wellbeing, deliver early interventions, respond to individuals in crisis and promote learning. Implementation of the Talk to Me 2 plan is described as taking a cross-governmental, cross-sectoral and collaborative approach, operating at the local to national levels, as a means of addressing increasing trends of suicide.

### Suicide Prevention – Northern Ireland

In 2019 in Northern Ireland, the Department of Health published the [Protect Life 2: Suicide Prevention Strategy](#), which sets out a 5-year plan to reduce suicide rates by 10% by 2024. The action plan is based on 10 key objectives and recognises the importance of a cross-organisation and cross-service approach. To ensure the successful delivery of suicide prevention services and support, the Northern Ireland Assembly has committed ~£45M to deliver the plan, with a key focus on areas of social deprivation where suicide rates are significantly higher.

### Suicide Prevention – Republic of Ireland

In late 2020, the Irish Government announced the 4-year extension (to 2024) of their [Connecting for Life Strategy to reduce suicides](#). The new implementation plan sets out seven goals aimed to reduce risks, encourage the development of strategic initiatives and measures, improve communications, and to do so taking a multiagency and cross organisational approach.

**ACTION 2.2:** *Identify through research pertinent studies, information or datasets associated suicide and the prevention of suicide that is relevant to a distance learning or distributed (remote/hybrid) working environment.*

*This will comprise desktop research as well as a survey and consultations with a selection of HE providers in the UK and Republic of Ireland, as well as international organisations who provide similar distance education options, relevant Health & Safety organisations and the Unions (UNISON and UCU).*

**ACTION 2.3:** *Complete a systematic review of Suicide Prevention Action Plans in England, Scotland, Wales, Northern Ireland and the Republic of Ireland, to ensure alignment with Stage 1 actions, and to maximise coherence of support and communications for students and staff, irrespective of their place of residence.*

## 2.4 Institutional context – links with the OU Mental Health and Wellbeing Strategy

Student and staff mental health and wellbeing has been identified as an institutional strategic priority at the OU, and is integral to the [University Strategy 2022-2027](#) which places the wellbeing of students and staff at the centre of planning, development, training and inclusivity. The University Strategy also makes a firm commitment to the delivery of the [2020-2023 Mental Health and Wellbeing Strategy](#), which has been developed in line with the UUK #stepchange framework (2017), setting out the university's strategic vision for mental health and wellbeing as:

*To promote an inclusive and supportive culture, underpinned by effective and timely support systems and training about mental health and wellbeing that allows our students and staff to maximise their potential and achieve success.*

OU Student and Staff Mental Health and Wellbeing Strategy (2020-2023)

Supporting the delivery of the Mental Health and Wellbeing Strategy is the Student Mental Health Working Group (SMHWG) which comprises stakeholders from across the OU, as a means of providing practitioner-based skills and expertise to help identify and fulfil tasks needed to deliver priority actions at a whole-university level. From the staff perspective, most units either have or are in the process of establishing Equality, Diversity and Inclusion (EDI) champions and local working groups, with a focus on mental health and wellbeing. In line with this, one of the actions in the Mental Health and Wellbeing Strategy is to establish a Wellbeing Champion Framework and institutional network through which good practice can be shared.

As part of the University's commitment to mental health and wellbeing, significant investments have been made from the student and staff perspective, including: development of a new Mental Health Casework and Advice Team who will play a critical role in supporting students with severe and enduring mental health illness or difficulties; significant expansion of Mental Health First Aid training for staff to support students as well as other staff; new partnerships with third-sector specialist support services for students and staff; and investment in new digital technologies to support awareness and maintenance of wellbeing. This investment is being used to develop a more coherent mental health support service continuum model, in recognition of the increased demands for mental health and wellbeing support from students and staff, the increasing complexity of issues being presented by students and staff, and the increasing frequency by which suicidal ideations are being expressed (Appendix 9.4: Mental health support services continuum model).

Establishing a whole institute Suicide Safer Strategy and action plan that encompasses the needs of students and staff is integral to the Mental Health and Wellbeing Strategy, as this will help to raise awareness of suicide prevention across the entire university population, and ensure students and staff who have been affected by suicide, have suicidal ideations or have attempted suicide have access to appropriate support.

**ACTION 2.4:** *Undertake a systematic review of relevant existing OU student, staff and whole-institute policies to ensure compliance with recommendations and outcomes from the Suicide Safer Strategy and to ensure consistency in approach to the information and support provided to students and staff.*

## 3. BELIEFS AND UNDERSTANDING OF SUICIDE

### 3.1 Context of suicide

Suicide is an emotionally charged subject that many people struggle to talk about; it carries a heavy social burden, having been subject to substantive historical, cultural and religious forms of stigma. Considerable efforts have been made to tackle misconceptions about suicide and improve understanding of why individuals end their lives, however for many, suicide remains a taboo subject.

It is now acknowledged that those who die by suicide have often experienced unconscionable levels of emotional distress, and statistics show that many will have been diagnosed with enduring mental health problems. This new understanding has gone some way to removing previously held negative views about suicide, and easing the burden that is experienced by those who have suicidal ideations, as well as those who have experienced loss due to suicide.

From this context, it is important to be mindful that when talking about suicide (even within a strategy document such as this), to take into account individual sensitivities about this topic.

**ACTION 3.1:** *Ensure all institutional communications about suicide use appropriate terminology, are undertaken sensitively, and provide clear and systematic signposting to internal and external support services.*

*Communications are designed to encourage individuals to talk with others about their concerns, without fear of repercussion or stigma.*

**ACTION 3.2:** *Working with third-sector support services, develop a systematic approach to the promotion of student and staff suicide prevention awareness events to coincide with national awareness raising events and key points in the university calendar.*

### 3.2 Risk factors

General risk factors that increase an individual's susceptibility to suicidal ideations and behaviours include:

- an individual's gender (with women more susceptible to attempting suicide, whereas men are more likely to die by suicide)
- living in an area of multiple deprivation or being within a low socio-economic group
- history of trauma, physical abuse or substance abuse
- mental ill-health or enduring to chronic physical ill-health
- previously attempting suicide or having a family history of suicide
- being subject to victimisation, bullying, harassment or stigma
- low self-esteem and a sense of hopelessness
- sense of isolation
- financial and relational pressures
- stressful work or home environment
- lack of timely or appropriate sources of advice, guidance and support

General factors that can reduce an individual's susceptibility to suicidal ideations and behaviours include:

- a sense of social support and connectedness to their family, friends or local community
- a belief in themselves
- willingness to seek appropriate help and support for any form of illness, physical or mental
- the ability to manage and resolve conflict
- removal or restriction of access to means of suicide

A review of the headline statistics in Table 3 could be taken to suggest that students studying with the OU may be more at risk of suicidal ideations and behaviours, given the high numbers who live within the 25% most deprived areas in the UK (~26% of undergraduate students), who have declared a disability (23% of all students), who are in receipt of financial support (~9% of all students) and who are managing the stresses of working, caring and/or studying all at the same time (~70% of all students). Furthermore, studying and working at a distance can result in a sense of isolation, which in turn may lead to self-doubt and a loss of confidence. However, the fact that many OU students have had the self-belief and confidence to sign up to study with the OU, and may have ongoing support from friends, family and their local as well as OU community, to help support them through their studies, may counter this potential risk.

Given the lack of systematic data at present, part of the incentive of ensuring the OU operates as a Suicide Safer University, is to ensure a comprehensive approach is taken so we can better understand the potential risks of suicide for our students and staff. Through this strategy, we will strive to make suicide prevention everyone's business by offering effective education and training, in order to reduce the stigma around suicide and mental ill-health, and ensure those individuals who are at risk feel able to talk with others and get the support and help they need.

## 4. STRATEGIC OVERSIGHT

The creation of a suicide safer university community is the responsibility of everyone in the university and will not be achieved without an institution-wide approach. Stages 1 and 2 of the Suicide Safer Strategy will feed directly into the OU Mental Health and Wellbeing Strategy, which was formally approved by Council (May 2020) and implemented in October 2020, and which is referenced as a strategy priority in the University Strategy 2022-2027.

The development and evolution of the Suicide Safer Strategy over time will be informed by informal and formal consultations with key stakeholder groups within the OU, including: students (undergraduate, postgraduate taught and postgraduate research) and OU Students Association representatives; all categories of staff (working on site and at a distance); the Student Mental Health Working Group (SMHWG); unit EDI working groups; the Health & Safety Committee (HASC); People Services; senior leadership across the OU; and the trade unions (UNISON and UCU). The Strategy will also be informed by consultation and collaboration with external organisations and charities associated with suicide prevention, across the UK and Republic of Ireland.

Strategic oversight and dissemination of the Strategy and its action plan will be the responsibility of the Suicide Safer University Working Group, which will be chaired by the Director, Student Support. Progress on its development will be formally reported to SMHWG and EDI Committee, and form part of the Mental Health and Wellbeing Strategy progress reports on the HASC and Council.

## 5. PREVENTION

*Many people experience suicidal thoughts and feelings. Prevention aims to catch people before they start planning a suicide or attempt it. It requires a clear approach, aiming to change the culture using a whole-university approach.*

UUK/Papyrus [Suicide Safer Universities](#) (2018 p.18)

Adopting a whole university approach to the promotion and support of good mental health and wellbeing, is central to ensuring the OU can be an effective Suicide Safer University for all its students and staff, irrespective of whether they are studying or working at a distance, or are based at one of the OU's seven office locations.

Actions associated with Prevention are three-fold. They are about ensuring all staff have access to and regularly engage with training development and resources that are relevant to their role, so they are confident and able to support others in need of help, either directly or via appropriate referral routes. They are about creating an inclusive and psychologically safe environment that helps to tackle the stigmas associated with suicide and mental health issues, by using appropriate language that will encourage open conversations and individuals to seek help, as well as improve declaration rates irrespective of gender, age, ethnicity or cultural background. Finally, actions associated with Prevention are enabling each individual to actively monitor and manage their own mental health and wellbeing, as well as being able to gain access to appropriate forms of information, advice and support whenever required.

The following sections outline actions that are already in place within the OU to create an inclusive and psychologically safe environment that supports students and staff with their mental health and wellbeing, and that will contribute to the Prevention of suicide and suicidal ideations. However, in each case, more can be done to better raise awareness of suicide and improve the reach and impact of effective education and training.

### 5.1 Training

The OU introduced [Mental Health First Aid \(MHFA\) training](#) in 2019, primarily aimed at frontline staff in Academic Services. This was expanded to include staff associated with postgraduate research student support, while most recently a substantive internal investment has enabled this programme to be opened to all categories of staff. This has been done to develop a comprehensive network of Mental Health First Aiders across the university, to be able to offer support to students and staff, and mitigate the risk of suicide should they find themselves in the position of responding to crisis situation. The two-day MHFA programme includes training on understanding suicide, how to talk with someone who is having suicidal thoughts and how to support someone in a crisis situation. To date, ~350 staff have completed this training and over the next four years, the aim is to increase this to ~1000 (i.e. 10% of the staffing population).

In addition, the OU runs a series of in-house training programmes designed to support staff develop an awareness and understanding of different mental health issues including suicide, to build their confidence and competencies in supporting students with mental health conditions and to be cognisant of and able to apply the 'Responding to distressed and suicidal students' guidelines in a crisis situation.

Training is also provided in the form of self-directed resources for students and staff on a wide range of mental health, wellbeing and emotional resilience topics, with student-facing resources on the [Help Centre](#) and [Graduate School Network](#), and staff resources collated on [My Learning Centre](#).

Staff involved in the production and presentation of teaching materials and assessment and in the delivery of tuition are encouraged to refer to the [Distressing content](#) website, which defines three categories of topics that may require additional signposting and support due to their potential to be distressing or triggering for students. Suicide is classified as a category A topic, requiring the most signposting and support for students.

The Distressing content website includes the [Teaching sensitive topics](#) training toolkit developed as part of a scholarship project, which explains the principles of sensitive topics, outlines the opportunities and challenges of teaching them, and identifies key sources of support for students and staff alike.

**ACTION 5.1:** *In addition to Action 2.4, undertake the following actions to ensure effective training about suicide prevention and awareness:*

- *establish a list of core mental health training programmes by staff role that include aspects on suicide prevention, and measure uptake and repeat engagement by staff with these training programmes*
- *actively promote the MHFA training programme and monitor levels of uptake across the University and encourage any areas with no or very few trained MHFAs to engage with this programme*
- *actively promote the 'Responding to distressed and suicidal student' training programme and increase the level of engagement by academic-related and academic staff involved in supporting students*
- *review the content, focus and levels of uptake of mental health and wellbeing training resources provided to postgraduate research students*
- *identify and resolve gaps in current training provisions for students and staff, by revising resources and/or developing new resources*
- *work with partners and mental health charities to develop training resources that promote an awareness of cultural competency matters associated with suicide.*

## 5.2 Creating compassionate and aware communities

The origin of the word compassion means 'to suffer with', and relates to a feeling of connection that produces the desire to prevent harm. To be a Suicide Safer University, the OU must comprise a psychologically healthy and compassionate community, where staff and students feel a sense of connection, belonging and protection.

Compassion for others has a two-fold importance: it motivates supportive action toward others, and it provides a model for self-compassion. Individuals who are expressing suicidal ideations, demonstrating suicidal behaviours, or who are in psychological distress or pain, may actively avoid seeking help due to the discomfort of receiving care. It is therefore imperative that all staff and students are aware of this, and are ready and able to respond compassionately. Each compassionate act has the potential to mitigate the risk of suicide and encourage the building of trust and future help-seeking.

Furthermore, awareness of the risks and extent of suicide, and of the lived experiences of those with psychological distress, increases the likelihood that students and staff will develop compassionate attitudes and responses to others, and in turn develop an inherent sense of self-compassion.

**ACTION 5.2:** *In addition to Actions 2.4, 3.1 and 3.2, undertake the following actions to promote a compassionate and aware community:*

- *scope out an internal communications plan that sensitively raises awareness of suicide risk, and frames this as an ‘every person’ responsibility to destigmatise help-seeking and discussions of suicidal thoughts or behaviours*
- *establish protocols to ensure proactive communications to students and staff promote a compassionate, safe environment in which individuals feel enabled to disclose difficulties, a sense of exclusion or distress*
- *ensure appropriate signposting to sources of support for students and staff on a range of mental health and wellbeing topics, including suicide prevention, with these reinforced via a range of interaction channels (e.g. module mailings and websites, study skills support, university newsletters)*
- *promote the concept of ‘mental wealth’ through a programme of education and training, including the active development of compassionate leaders and compassionate leadership at all levels of the University*
- *increase student and staff declarations of a mental health difficulty through positive and proactive communications explaining why, how and where declarations should be made*
- *evaluate the impact of peer-supported study groups on mental health and wellbeing and a sense of inclusion*
- *work with other groups (PVC-S Office, EDI Office, faculties, People Services etc) to ensure mental health and wellbeing support initiatives are inclusive of under-represented and disadvantaged groups, and those deemed to be more at risk from suicidal ideations and behaviours*
- *explore the use of Report+Support or other mechanisms by which students and staff can raise concerns about University strategies, policies and/or language used in relation to mental health and suicide.*

## 5.3 Support

While the context in which the OU functions differs from other HE providers, supporting students and staff with their mental health and wellbeing is an important part of all we do. Of the 36 400 students who declared a disability in 2020/21, approximately half disclosed a mental health issue. When it comes to staff formal declarations of disabilities and mental health issues, the data is known to be incomplete and hence not currently reliable. (At present, it is unknown whether this incomplete data is a consequence of how declarations are locally managed, with these kept confidential to the individual and their line manager rather than be logged formally on the relevant staffing system, whether this information is being logged via occupational health referrals but not entered into the staffing system, or whether this is an indicator of lack of declarations.) Given that one in four adults will experience mental ill-health at some point in their life, the known declaration rates are more than likely to be an under-representation of the actual number of students and staff studying and working with mental ill-health.

The low rates of student and staff mental health declaration has been identified as a priority area for action in the Mental Health and Wellbeing Strategy. In addition, in recognition of the importance of good mental health and wellbeing, the University has invested in additional mental health support staff, is rolling out a programme of Mental Health First Aiders across the University and has developed new partnerships with specialist support services to provide a mechanism of 24/7 support.

Ongoing informal and formal mental health support for undergraduate and postgraduate taught students can come from a variety of sources including: their peers; the OU Student Association; their module tutor (Associate Lecturer) and the module team; the Disability Support Team; or the Student Support Team. For postgraduate research students, mental health support is most likely to come from their postgraduate research supervisors and academic school, the Research Office and the Disability Support Team.

### Mental Health Casework and Advice

The Mental Health Casework and Advice Team (MHCAT) has recently been established to deliver specialist and individualised support to students with complex and enduring mental health difficulties, who find themselves in



crisis or who are in need of additional support to manage acute and significant impacts upon study. This service is designed to enhance the student experience by complementing existing student support services and delivering specialist mental health staff training and development. MHCAT is also responsible for maintenance and dissemination of the Distressed and Suicidal Students Guidelines, and is working collaboratively with People Services to develop an equivalent set of guidelines to support 'Distressed and Suicidal Staff'.

## Safeguarding

The OU has an obligation to protect the safety and wellbeing of children and vulnerable adults, protected adults or adults at risk. Safeguarding concerns may emerge about the safety and wellbeing of children and vulnerable adults associated with students, staff or other activities during the course of OU business.

Other disclosures may also be made, such as regarding historic abuse, or ideations of suicide which involved children or vulnerable adults, protected adults or adults at risk.

OU staff undertake mandatory training which outlines the procedure to follow if staff have a safeguarding concern. Safeguarding is everyone's responsibility, and the University is committed to creating and sustaining a culture of vigilance amongst staff and students to recognise, respond, record and report safeguarding concerns and provide a proportionate response.

## External mental health support partners for students and staff

The OU currently partners with Shout, Togetherall, Lifelink and Health Assured.

- Shout is a free and confidential text-based support service (text the word OU to 85258) that is available 27/4, available to any student or staff member who is feeling overwhelmed or is struggling to cope. Shout volunteers can help with issues including anxiety, abuse, loneliness, self-harm and suicide, with the service designed to support individuals to get to a calmer and safer place.
- Togetherall provides 24/7 free access to a safe and supportive online community for students that allows them to post anonymously about any concerns they may have, or to explore feelings and learn how to self-manage their mental health and wellbeing. Students can also access guided support courses and a range of self-directed resource. Togetherall offers a chat service to its users that is monitored mental health trained staff, and makes direct referrals back to the OU, where safeguarding concerns arise with an OU student (e.g. where suicidal ideations are expressed.) As Togetherall is primarily a peer supported network, it is not however an appropriate platform for students who are in crisis, feeling desperate or having thoughts of suicide.
- Lifelink is a wellbeing and counselling service that has partnered with the OU to provide regular clinical and professional supervision for specialist Student Support staff who are either working directly with students with complex or enduring mental health and wellbeing needs that are impacting on the student's ability to engage effectively with their studies and interact with others across the University, or are responsible for the management of staff providing such support. This includes all staff within the Mental Health Casework Advice team, Safeguarding Referrals Team; and select staff within the Student Casework Office, and the Students in Secure Environments and Community Support teams.
- Health Assured provides the OU's Employee Assistant Programme, which is a free and confidential service offering support to all staff and their immediate family (including those living with them and dependents aged between 16 and 24, who are in full time education). The service provides support on a wide range of topics, including physical and mental health, relationship problems, and financial and legal issues.

**ACTION 5.3:** In addition to Actions 2.1, 2.2 and 2.3, undertake the following actions to ensure effective support for students and staff:

- *establish robust mechanisms to enable regular auditing and evaluation of externally contracted services to ensure they are providing an appropriate and effective service to OU students and (where appropriate) staff*



- *implement procedures to ensure vulnerable students who express suicidal ideations are referred to appropriate forms of support, and follow-up checks are carried out*
- *work with the Mental Health Casework and Advice Service to evaluate the efficiency of referrals and type of support needs of vulnerable students expressing suicidal ideations or behaviours, directed to the service*
- *work with the Safeguarding Team to monitor trends in referrals where reference is made to suicide, suicide ideations and/or bereavement by suicide*
- *ensure all staff responsible for the pastoral and academic support of students know how, when and why to refer students to specialist support services*
- *develop and implement improved procedures for staff to support other staff at a distance and on site, who are distressed or suicidal*
- *review staff awareness of the Employee Assistance Programme (EAP) and ensure managers can signpost staff to relevant resources to meet their needs*
- *monitor uptake and demographics of students and staff who use external specialist support services*
- *review resources and support structures for students and staff that address common risk factors (such as debt, work pressures, disabilities, index of multiple deprivation, and culture) that may influence an individual's risk for suicidal ideations or behaviours*

## 5.4 Reducing access to means

Extensive research has shown that reducing an individual's access to the means of suicide is one of the most effective suicide prevention strategies, as does understanding how individuals may attempt to enact suicide in certain environments.

At the OU, reducing access to the means of enacting suicide takes on different forms. For postgraduate students, staff and contracted staff (e.g. cleaners) working on site, this includes:

- ensuring all laboratories, chemical stores, toxic substances and high-risk locations (such as roof-tops, high voltage plants, waste disposal areas) have restricted and key-controlled access and are kept secure in line with Health and Safety Guidelines
- ensuring contract staff have limited access to the areas they need to work in, and are fully trained to operate in any high-risk areas
- carrying out risk assessments of the physical environment to identify potential areas of concern
- ensuring conversations are had with individuals who express suicidal ideations, have discussed intended plans and who have access to means to enact the plan.

A risks audit of all OU office locations has confirmed that there are no hot spots (i.e. there are no OU locations associated with suicide attempts), and that the staff responsible for each location have protocols in place should a member of staff or visitor express suicidal thoughts and/or attempt to enact suicide at that location.

For students and staff studying and working at a distance, reducing access to means may relate to the mechanisms by which distressing and triggering content in their areas of study are actively signposted (e.g. see Section 5.1), to enable individuals to avoid engagement with these materials or to have appropriate support tools in place, should they be needed.

**ACTION 5.4:** Undertake the following actions to mitigate access to means to enact suicide:

- *introduce protocols to ensure individual who no longer require permanent or any access to restricted areas have their access permissions changed*
- *provide guidance to managers responsible for high-risk facilities on how to respond to individuals exhibiting signs and behaviours of being at risk of suicide, and support them via a cocreated suicide safety plan*
- *provide additional training for Estates staff, laboratory managers and contract staff (e.g. cleaners) on responding to individuals working in high-risk facilities, who are exhibiting signs and behaviours of being at risk of suicide and how to report such behaviours for further supportive action.*

## 6. INTERVENTION

*Having a named team with the right training to intervene, when someone may be having suicidal thoughts, is essential. This team should have explicit responsibility and the professional capabilities to intervene in crisis situations*

UUK/Papyrus [Suicide Safer Universities](#) (2018 p.20)

Intervention is about recognising the signs and behaviours that someone is at risk of suicide; it is also taking direct action to ensure the individual is provided with timely support. As part of this, it is important that staff know how to listen and engage calmly and empathetically with an individual who is expressing suicidal thoughts. It is also important to sensitively check whether the individual has thought about suicide or whether they have also made plans. It is not unusual for an individual to have suicidal thoughts or feelings; what is less common but always requires direct action, is when an individual expresses suicidal thoughts or feelings and confirms they have made plans to end their life (Appendix 8.7).

The following sections outline actions that are already in place within the OU that enable early Interventions to be carried out, along with actions for improvement.

### 6.1 Identifying and responding to individuals in distress

Given that the majority of students study at a distance, the OU has developed 'Guidelines for responding to distressed and suicidal students' (Appendix 8.9) along with an associated online training workshop to provide staff (many of whom are working at a distance) with systematic support on how to handle crisis situations.

Although these guidelines have been in existence for some years, a quick survey of participants at a staff workshop on mental health support inferred a lack of awareness of these guidelines and the associated workshop.

Furthermore, the need for a staff version of these guidelines has been identified to ensure that staff who are distressed or suicidal are directed to the correct channels of support, irrespective of their work location.

To improve the level of support provided to individuals in distress (be they students or staff), the following actions will form part of an annual suicide prevention awareness communications campaign:

- signposting to self-directed information and training on suicide prevention training

- targeted awareness raising campaigns to all student-facing staff about the ‘Guidelines for responding to distressed and suicidal students’, and regular delivery of training about this to increase confidence in applying the guidelines
- similar targeted awareness raising campaigns to all line managers about the equivalent guidance for supporting distressed and suicidal staff
- continued delivery of Mental Health First Aid training to all categories of staff
- ASIST (or Suicide First Aid) training offered to identified categories staff (i.e. where deemed most relevant)
- work with the team responsible for Report+Support to ensure appropriate advice and support is provided to individuals who express suicidal ideations

**ACTION 6.1** *In addition to Actions 2.1, 2.4, 3.1 and 3.2, undertake the following actions to improve intervention support for individuals at risk of suicide:*

- *actively promote the ‘Guidelines for responding to distressed and suicidal students’ webpage and the associated online workshop, and track level of webpage visits and workshop participation*
- *develop and disseminate ‘Guidelines for responding to distressed and suicidal staff’ to all managers, and promote aware of these guidelines via the Mental health and wellbeing resources on My Learning Centre*
- *include a feedback mechanism for staff who use the Guidelines to state how and when they were applied, and how effective they found the process*
- *improve the level of information recorded on actions taken to support students in distress or at risk of suicide*
- *develop training support materials on responding to individuals expressing suicidal ideations*
- *improve awareness of and access to the staff debriefing support service, for any staff member who has had to manage a challenging conversation with an individual who is in distress or suicidal*

## 6.2 Resources

From the perspective of intervention support, students can access help via a number of routes. The online Help Centre includes advice on how to access immediate help if the student feels they are in crisis. This includes links to the NHS and national/international charity support lines, as well as information on the Shout 85258 text message support service, to help anyone who is feeling overwhelmed or is struggling to cope with issues such as anxiety, abuse, loneliness, self-harm and suicidal thoughts. This advice is also provided on the OU Students Association website.

Staff within Student Recruitment and Fees, and within Student Support will either have completed suicide prevention awareness training and/or be a trained Mental Health First Aiders (MHFA); training is also available to staff involved in the delivery of learning and teaching. Likewise, many staff involved in the support of postgraduate research students (including staff in the Graduate School, postgraduate tutor mentors, and postgraduate supervisors) will have completed some level of training on mental health issues and suicide prevention. As such, if a student expresses suicidal ideations or behaviours, indicates they have plans to harm to themselves or have taken action to cause harm, staff should be in a position to either provide appropriate first response advice or be aware of who to contact for help.

From a proactive basis, individual staff (and their line managers) can gain free access to telephone and online counselling support through Health Assured, the OU’s Employee Assistance Programme (EAP). Staff can also access a range of self-serve resources via the Health Assured website, including advice on suicide prevention and recognising the signs that [someone may be at risk of suicide](#), and information on risk factors that may increase an individual’s susceptibility to suicidal ideations and behaviours (including family and relationship concerns and crises, bereavement and loss, financial difficulties, stress and anxiety, health concerns and work-

related pressures). Staff also have access to the Shout 85258 text message support service, which is available 24/7 and can be accessed silently, anonymously and in confidence.

The programme of substantially increasing the number of trained MHFAs across the University over the next four years, so that there is a network of MHFAs covering all units, will provide additional preventative as well as trained 'first responder' support.

Currently, external resources such as to the [Staying Alive app](#), the Samaritans website, and other mental health organisations that provide help and resources to manage suicidal thoughts, do not feature within the University's student or staff facing platforms.

**ACTION 6.2** *In addition to Actions 2.3 and 3.2, undertake the following actions to improve levels of engagement with resources:*

- *improve the directness of advice on the Help Centre for students who feel they are in crisis, to include information on external support routes relevant for the UK nations, Republic of Ireland and international students*
- *investigate the potential to track occurrences of students searching online for help with crisis situations*
- *work with units to encourage staff to complete a skills-needs analysis about suicide prevention awareness*
- *work with People Services to promote the wellness action plan for line managers to work with direct reports to develop a better awareness of working style, stress triggers and responses, and to help staff stay mentally healthy.*

**ACTION 6.3:** *Put forward an evidenced-based recommendation that staff in frontline roles involved in the support of students (including Associated Lecturers, Computing and Distribution Helpdesk, Graduate School, Library Module teams, Student Recruitment & Fees, Student Support etc.) and/or staff (e.g. People Hub, OU Reception) should complete a minimum level of suicide prevention training and engage in refresher training at least once every three-years, as part of the University's commitment to equality, diversity and inclusion.*

## 7. POSTVENTION

*The immediate aftermath of a suspected suicide can be stressful, confusing, and highly emotive. Having a plan in place, agreed templates for communications and a nominated lead ensures an effective, appropriate and timely response.*

UUK/Papyrus [Suicide Safer Universities](#) (2018 p.22)

Although a relatively rare event, a death by suicide can have devastating impact on those left behind. Even though the OU has policies in place for responding to the aftermath of a student or staff death, given the various complexities that a death by suicide can present, it is important that these policies set out how the university will respond to a death that is suspected to be a suicide.

### 7.1 Team and individual roles responsible for response

The OU can receive notification at any time from third parties regarding the death of a student or staff member. Notification may be provided by the next of kin, a friend, a work college or another authority, and may be received

via multiple routes including telephone, email, letter, social media or in person. This can be a traumatic experience for anyone involved in receiving and processing this information, especially for those who may have had interactions with the student or staff member concerned.

Given the sensitivity of handling information about the death of an individual, clear procedures have already been set out for managing the notification of the death.

### Death of a student

The teams responsible for responding to the notification of the death of a student are:

- *Undergraduate or postgraduate taught student resident in England or internationally:* Student Recruitment & Fees or the relevant Student Support Team (based on discipline of study)
- *Undergraduate or postgraduate taught student resident in Northern Ireland, Republic of Ireland, Scotland or Wales:* Student Recruitment and Support Services in the OU in Ireland (Belfast office), OU in Scotland (Edinburgh office) or OU in Wales (Cardiff Office)
- *Postgraduate Research Student:* Graduate School

The procedures for managing the notification of the death of an undergraduate or postgraduate taught student have been designed to ensure the student's record is updated with immediate effect to: (i) avoid further mailings or notifications being sent to the student; (ii) withdraw them from any module they are currently enrolled on; (iii) automatically set them to a unique module status; and (iv) notify the module tutor(s) of the student's death.

When notification of the death of a postgraduate research student is received, the Graduate School will update the student's record with immediate effect and ensure that relevant staff within the faculty and related units, are informed.

It is therefore paramount that any other staff member who is informed of the death of a student, especially a death by suicide, passes this information to the right department to allow the correct procedures to be followed.

### Death of a member of staff

The [Death in Service Procedure](#) outlines the essential steps that should be followed when notification is received about the death of a member of staff. The initial point of contact in all instances is the Line Manager and Head of Unit for the staff member, even if the death has not been formally confirmed.

The Line Manager is responsible for notifying the People Hub and Pensions team of the death of the staff member. The Head of Unit and Line Manager are also responsible for advising work colleagues who were closest to the deceased, as soon as possible to advise of their death and offer support. This needs to be done sensitively and taking into account the impact that alerting others about a death by suicide may cause.

**ACTION 7.1:** *Improve awareness of who to contact following notification of the death of a student or member of staff by suicide or suspected suicide*

**ACTION 7.2:** *Review staff guidance on handling the notification of a death (of a student or staff member) when reference is made to suicide or suspected suicide.*

## 7.2 Contacting the bereaved

Death by suicide is a unique form of death that can bring forth complicated emotions in those who are affected. If the death takes place on site, it is possible that individual members of staff or postgraduate research students

may witness the death or come across the deceased's body. Conversely, as a distance learning institute, it may be more likely that the death takes place remotely.

To be able to respond sensitively to a death by suicide, the nature of the relationship between the individual who has died, and other students and staff at the OU must be taken into account. Depending on how well connected or integrated the individual who has died by suicide was with the university, their absence may or may not be noticed by others. This means that each death will represent a unique situation that must be managed by appropriately trained and informed individuals.

Research has shown how death by suicide can trigger other deaths from the same cause; as such, care must be taken not to draw undue attention to a death.

**ACTION 7.3:** *Develop an individual response template to able appropriate and systematic decisions to be made on a case-by-case basis (e.g. what information to share with others and by what route; whether proactive support should be made available to those informed directly and/or to the wider communities).*

### 7.3 Supporting those affected

As an online and distance education provider, students and staff can form strong bonds with others at a distance, mediated through learning and work interactions and via social media. This makes it more challenging to identify who may have been affected by a suspected suicide or death by suicide. It also increases the challenge of reaching out to those who may have been affected by the death of an individual, without wanting to draw attention to this death.

The death of a student or staff member by suicide may result in an increase in demand for support, and it is important that this can be provided directly or via third party specialist support services as swiftly as possible

**ACTION 7.4:** *Develop a coherent response plan following the death of an individual by suicide, that support and directs students and staff to appropriate in-house resources and third-party support services including the NHS.*

**ACTION 7.5:** *Collate and maintain a comprehensive listing of national charities specialising in suicide prevention and bereavement (covering the UK and Ireland), to share with those affected by suicide*

**ACTION 7.6:** *Collate and maintain a list of reputable international suicide prevention and bereavement support services to share with those affected by suicide (e.g. United for Global Mental Health initiative <https://unitedgmh.org/mental-health-support>)*

### 7.4 Quick response pathways and serious incident reviews

Where the University becomes aware of a death by suicide, it will establish as Suicide Response Group, facilitated by the Head of Health and Safety. The core group will comprise:

- An appropriate Director/Head: Director, Student Support (undergraduate/postgraduate taught students), Academic Director, Graduate School (postgraduate research students), or Head of People Services (staff)
- An appropriate Senior Manager: Senior Manager, Mental Health (undergraduate/postgraduate taught students); Senior Manager (Graduate School)

- Internal and External Communications representatives
- Estates/Health & Safety representative

The core Suicide Response Group will:

- identify other members of staff who are needed to help manage actions relating to the death by suicide in the unit concerned
- support the extended group to develop an action plan that is aligned to the specific event
- identify clear responsibilities for members of the extended response group to action and agree who will take ownership of key decisions to be made
- oversee all aspects of the incident on behalf of the university
- ensure a situation report (sitrep) is completed in a timely for all occurrences of death by suicide

The level of response will be determined by and proportionate to the visibility and circumstances of the death, to avoid causing undue upset or distress to others, and to mitigate the potential for clusters of suicide (see Section 7.7).

After every serious incident on site, the Suicide Response Group will work with the Health and Safety team to conduct a full investigation, working with appropriate unit staff. The review will consider how the individual died by suicide, what warning signs could have averted this incident, with the report outcome making recommendations to reduce the risk for further suicides by similar means. Where appropriate, recommendations for change will be escalated to the University Secretary Office (via the Health & Safety Committee) for consideration.

**ACTION 7.7:** *Devise Terms of reference and principles of operation for the Core Suicide Response Group, with named representatives identified from each core area. The group will then develop an action plan template (including a decision flow chart) that can be adapted should an incident arise.*

## 7.5 Communications

The Samaritans have produced some general guidance aimed at journalists for the safe reporting of suicide, that should be used by staff when advising on the death of a student or staff member:

<https://www.samaritans.org/about-samaritans/media-guidelines/10-top-tips-reporting-suicide/>.

A comprehensive guide on language and imagery relating to [safe communications for suicide prevention](#) has been developed by the Government of Canada.

These two sets of guidance notes explicitly state the importance of avoiding reporting methods of suicide, and including clear references to sources of support should others be affected by the communication.

Within the OU, the Head of Unit and Line Manager are responsible for overseeing immediate communications to postgraduate research students and staff, about the death of a fellow student or close colleague. The Internal Communications team will then support the unit to draft an appropriate communication for release to the wider research student/staff community.

When an Associate Lecturer dies in service, this can be notified to the wider AL community via Snowball (with the family's consent); the AL's line manager is responsible for contacting the editor at [snowball@open.ac.uk](mailto:snowball@open.ac.uk).

Due to the distributed nature of operations within the OU, the death of undergraduate and postgraduate taught students is not typically communicated to other students. Consideration does need to be given to this matter.



**ACTION 7.8:** *Establish protocols on how to manage communications to the wider student and staff community, about the death of an undergraduate or postgraduate taught student by suicide.*

## 7.6 Identification and response to clusters of suicide

Although there is no evidence to suggest the OU has ever been affected by a cluster of suicides amongst students and/or staff, due regard needs to be given to ensure appropriate checks and protocols are in place. Research has shown that the HE sector is traditionally more susceptible to clusters of suicide, as a consequence of the potential for suicidal ideation and action in peers following exposure to a suicidal friend ([Melhem et al., 2004](#); [Prigerson et al., 1999](#)). The continued prevalence of social media interactions between peers now means the potential for such exposure is much greater, and could result in apparently disparate instances of suspected and/or completed suicides, being connected.

In its 2019 publication, [Identifying and responding to suicide clusters: a practice resource](#), Public Health England (PHE) sets out clear guidance for universities for responding to suicide clusters (pages 54-62). This guidance recommends establishing a Suicide Cluster Response Group that can be set up at speed, when a possible cluster is identified or suspected.

**ACTION 7.9:** *Implement procedures to monitor and review student and staff deaths (including suspected suicides), ensuring records include relevant individual characteristics to ascertain any common associations.*

**ACTION 7.10:** *Establish protocols for a University Suicide Cluster Response Group that can be stood up at speed to review possible or suspected suicide clusters amongst students and/or staff.*



## 8. APPENDICES

### 8.1 Dos and don'ts – language and suicide

Certain ways of talking about suicide can alienate members of the community, sensationalise the issue or inadvertently contribute to suicide being presented as glamorous or an option for dealing with problems.

#### Preferred language

People who are vulnerable to suicide, or bereaved by suicide, can be particularly impacted by language. Below is a summary of preferred language to use when communicating about suicide.

Do Say	Don't say	Why
'non-fatal' or 'made an attempt on his/her life'	'unsuccessful suicide'	To avoid presenting suicide as a desired outcome or glamourising a suicide attempt.
'took their own life', 'died by suicide' or 'ended their own life'	'successful suicide'	To avoid presenting suicide as a desired outcome.
'died by suicide' or 'ended his/ her own life'	'committed' or 'commit suicide'	To avoid association between suicide and 'crime' or 'sin' that may alienate some people.
'concerning rates of suicide'	'suicide epidemic'	To avoid sensationalism and inaccuracy.

#### Talking about suicide

Suicide is an important issue of community concern and needs to be discussed. However, there is often confusion about what is meant by "discussing" or "talking about" suicide, and confusion about the evidence.

Everymind has developed world-first resources to support community conversations about suicide.

The online [Conversations Matter](#) resources assist communities to talk about suicide in ways that break down the stigma and increase understanding and support for those thinking about suicide, or those affected by suicide.

These practical resources cover different types of conversations relevant for individuals, families and community groups including:

- Group discussions about suicide prevention
- Telling a child about a suicide
- When someone is thinking about suicide
- When communities are affected by suicide
- Those bereaved by suicide.

Find out more about the resources and get [practical tips for talking about suicide](#).

[Mindframe](#) supports safe reporting, portrayal and communication about suicide, mental ill-health, and alcohol and other drugs in the Australian mass media by collaborating with media and various sectors that work with the media

Copied from Everymind, <https://everymind.org.au/suicide-prevention/understanding-suicide/role-of-language-and-stigma>

## 8.2 Five dos and don'ts for helping someone in distress

If you're worried that someone may be considering hurting themselves, it can be difficult to know how to help. In addition to finding them help through university resources, here's some advice to inform your interactions with that person.

What to do:	What not to do:
<p><b>1. If you feel you cannot ask this person to seek help, take steps yourself to alert the proper people.</b>  <i>This is the most important step – if you do nothing else, make sure this person either seeks help or that you have alerted someone who can help them.</i></p>	<p><b>1. Don't say, "I know how you feel."</b> Even if you've been severely depressed or even suicidal, everyone's situation is different. It's very likely that you do not know how this person feels.</p>
<p><b>2. Tell the person you are worried about that you do not want them to die.</b> Saying something as simple as: "Please don't hurt yourself," "I don't want you to kill yourself; I would miss you terribly," can help the distressed person think about their reasons for living.</p> <p>Say "I am here." Listen to the person without judging. Consider a kind gesture such as sending a card that lets that person know you are thinking of them. Many depressed people feel that no one cares for them; a small, kind gesture can make a significant difference. If you believe that a person is at immediate risk of hurting themselves or others, call 999 immediately.</p>	<p><b>2. Don't say, "Get over it."</b> Depression or suicidal thoughts are not simple to get over. Depression is a complex medical and emotional condition. A person cannot "get over" clinical depression on their own.</p>
<p><b>3. Point them to resources.</b> Become familiar with resources available to the campus community and ask the person you are concerned about to seek help.</p>	<p><b>3. Don't say "Be thankful for what you have and realise other people have it worse than you do."</b> This may make the depressed person feel like their pain and sadness is further diminished in importance.</p>
<p><b>4. Tell Someone.</b> Follow up with university resources yourself. Make sure you close the loop with university resources if you are concerned about someone.</p>	<p><b>4. Do not ignore warning signs.</b> People who are depressed or suicidal often ask for help either verbally or with other warning signs. Take these signs seriously; they are a cry for help. Take action.</p>
<p><b>5. Act on your instincts.</b> If you're even slightly worried about someone being an immediate danger to themselves or others, take action.</p>	<p><b>5. Do not keep it a secret.</b> Even if the depressed or suicidal person asks you not to tell others after confiding in you, don't keep it a secret. It is better to get them help than to keep the secret and they hurt themselves or someone else.</p>

Adapted from Colorado State University, <https://supportandsafety.colostate.edu/tell-someone/5-dos-and-donts/>

## 8.3 Responding to someone who needs your help

### Do They Need Your Help?

Some warning signs may help you determine if someone is at risk of suicide, especially if their behaviour is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these signs, seek help.

### Things to do

- be direct - talk openly and matter-of-factly about suicide.
- be willing to listen - allow expressions of feelings, and accept the feelings
- be non-judgmental.
- get involved, be available, show interest and be supportive
- offer hope that alternatives are available (but do not offer unrealistic reassurances)
- take action by removing any means of access (e.g. weapons, pills).
- get help from people or agencies specialising in crisis intervention and suicide prevention.
- 

### Things not to do

- Don't act shocked - this will put distance between you and the individual
- Don't be sworn to secrecy -seek support
- Don't debate whether suicide is right or wrong, or whether feelings are good or bad.
- Don't lecture on the value of life
- Don't dare them to do it.

Adapted from: Suicide Prevention (<https://suicidepreventionlifeline.org/help-someone-else/>)

## 8.4 Myths and facts about suicide

The following myths and facts about suicide have been reproduced from the [Samaritans website](#):

### **Myth: People who talk about suicide aren't serious and won't go through with it.**

**Fact:** People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. It's possible that someone might talk about suicide as a way of getting attention, in the sense of calling out for help. It's important to always take someone seriously if they talk about feeling suicidal. Helping them get the support they need could save their life. The majority of people who feel suicidal do not actually want to die - they do not want to live the life they have.

### **Myth: If a person is serious about killing themselves then there's nothing you can do.**

**Fact:** Often, feeling actively suicidal is temporary, even if someone has been feeling low, anxious or struggling to cope for a long period of time. This is why getting the right kind of support at the right time is so important.

### **Myth: You have to be mentally ill to think about suicide.**

**Fact:** 1 in 5 people have thought about suicide at some time in their life. And not all people who die by suicide have mental health problems at the time they die. However, many people who kill themselves do suffer with their mental health, typically to a serious degree. Sometimes it's known about before the person's death and sometimes not.

**Myth: People who are suicidal want to die.**

**Fact:** The majority of people who feel suicidal do not actually want to die; they do not want to live the life they have. The distinction may seem small but is very important. It's why talking through other options at the right time is so vital.

**Myth: Talking about suicide is a bad idea as it may give someone the idea to try it.**

**Fact:** Suicide can be a taboo topic. Often, people who are feeling suicidal don't want to worry or burden anyone with how they feel and so they don't discuss it. But, by asking someone directly about suicide, you give them permission to tell you how they feel. People who have felt suicidal will often say what a huge relief it was to be able to talk about what they were experiencing. Once someone starts talking they've got a better chance of discovering options that aren't suicide.

**Myth: Most suicides happen in the winter months.**

**Fact:** Suicide is complex, and it's not just related to the seasons and the climate being hotter or colder, and having more or less light. In general, suicide is more common in the spring, and there's a noticeable peak in risk on New Year's Day.

**Myth: People who say they are going to take their own life are just attention seeking and shouldn't be taken seriously.**

**Fact:** People who say they want to end their lives should always be taken seriously. It may well be that they want attention in the sense of calling out for help, and helping them get support may save their life.

## 8.5 Open University information and support resources

**Help Centre Mental health and wellbeing** (designed for students, but available for all students and staff)

*Support and advice on maintaining good mental health and wellbeing while studying:*

<https://help.open.ac.uk/browse/mental-health-wellbeing-and-welfare/mental-health-and-wellbeing>

**My Learning Centre Wellbeing and Mental Health** (staff and postgraduate research students only) *a wide variety of wellbeing support resources including fact sheets, links to external sites, and online courses:*

<https://thelearningcentre.learningpool.com/totara/dashboard/>

**OpenLearn Mental health and wellbeing resources:** <https://www.open.edu/openlearn/health-sports-psychology/openlearn-cymru/wellbeing-and-mental-health-collection>

### Third-sector specialist support services

**Employee Assistance Programme Health Assured** (staff and postgraduate research students only) – *free and confidential service offering support to all staff and their immediate family (living with them including dependents aged between 16 and 24 years and in full time education).* **Freephone number:** 0800 0305182 (Republic of Ireland: 1800 936071); <http://healthassuredeap.co.uk/>

**SHOUT** (all students and staff) *A free (UK only, confidential text messaging service for anyone who is struggling to cope and who needs immediate support:* **text the word OU to 85258;** <https://giveusashout.org/> (Further information about the service: <https://help.open.ac.uk/shout-85258-free-text-message-support-service>)

**Text about it** (all students and staff) *A free (Republic of Ireland only) confidential text messaging service for anyone who is struggling to cope and who needs immediate support* **text the word HELLO to 50808;** <https://text50808.ie/>

**Togetherall** (students only) *A safe and anonymous online space available 24/7 to air concerns, explore feelings and learn how to self-manage mental health and wellbeing:* <https://togetherall.com/en-gb/> (Advise on how to register: <https://help.open.ac.uk/togetherall-24-7-free-confidential-online-mental-health-support>)

## 8.6 General Support Organisations and resources

### Support apps and online resources

**distract** – created by doctors and experts in suicide prevention this app gives quick, easy and discrete access to information and advice about self-harm and suicidal thoughts: <https://www.expertselfcare.com/health-apps/distract/>

**Mind Charity endorsed apps and online support** – including online information, communities, therapies, chatbots and podcasts: <https://www.mind.org.uk/information-support/tips-for-everyday-living/online-mental-health/online-mental-health-tools/>

**NHS endorsed wellbeing apps** – including #StayAluve, Headspace and Unmind: <https://www.england.nhs.uk/supporting-our-nhs-people/support-now/wellbeing-apps/>

### UK wide organisations

**Black Life Matters Student Hut:** <https://studenthut.com/articles/black-lives-matter-mental-health-support-resources>

**CALM (Campaign Against Living Miserably)** Confidential helpline for men dealing with difficult, emotional issues, including feelings of suicide. **Helpline:** 0800 585858; [www.thecalmzone.net](http://www.thecalmzone.net)

**Care for the family** National charity which aims to promote strong family life and help for those hurting from a family suicide. **Infoline:** 029 2081 0800; <http://www.careforthefamily.org.uk/>

**Cruse** Provides support for people bereaved by suicide; **Helpline:** 0808 808 1677; <http://www.cruse.org.uk>

**Mind** - Ways to help yourself cope in a crisis: <https://www.mind.org.uk/need-urgent-help/>

**NHS** - Where to get urgent help for mental health: <https://www.nhs.uk/mental-health/advice-for-life-situations-and-events/where-to-get-urgent-help-for-mental-health/>

**Papyrus - HOPEline** National helpline for young people (under 35) experiencing thoughts of suicide and for anyone concerned that a young person could be thinking about suicide **Helpline:** 0800 068 4141; [www.papyrus-uk.org](http://www.papyrus-uk.org)

**Rethink Mental Illness** Support and advice for people living with mental ill-health: <https://www.rethink.org/>

**Samaritans** Confidential support 24/7 for those experiencing despair, distress or suicidal feelings. **Helpline:** 0845 790 9090; [www.samaritans.org](http://www.samaritans.org)

**S.A.D (Students Against Depression)** Advice and help for students, understanding and surviving suicidal thoughts and how to develop a safety plan: <http://studentsagainstdepression.org/>

**Staying Safe** (from Suicidal thoughts) Provides vital 'Safety Plan' guidance tools jointly funded by NHS England, with easy to print/online templates and guidance videos purposefully designed to help people through the process of writing their own Safety Plan to build hope, identify actions and strategies to resist suicidal thoughts and develop positive ways to cope with stress and emotional distress: <https://www.stayingsafe.net/home>

**Survivors of bereavement by suicide** Provides dedicated support to adults who have been bereaved by suicide. **Helpline:** 0300 111 5060 (over 18 only and local rate costs); [www.uksobs.org](http://www.uksobs.org)

**Support After Suicide** Bereavement support and advice for those impacted by suicide and help to find the most appropriate support after experiencing a bereavement. <https://supportaftersuicide.org.uk/find-local-support/>

**Winston's Wish** Bereavement support and advice for children, young people and families bereaved by suicide; Helpline: 0808 802 0021; <https://www.winstonswish.org/death-through-suicide/>

### Scotland organisations

**Breathing Space Scotland** Free, confidential phone and webchat for anyone in Scotland (over the age of 16). Breathing Space complements the work of other phonelines and agencies which are endeavouring to reduce suicide rates in Scotland. Helpline: 0800 83 85 87; [www.breathingspace.scot/](http://www.breathingspace.scot/)

### Wales

**2 Wish** Supporting those affected by the sudden and traumatic death of a child or a young adult aged 25 or under (including suicide) throughout Wales. Telephone: 01443 853123; [www.2wish.org.uk](http://www.2wish.org.uk)

### Northern Ireland organisations

**Lifeline helpline** Counsellor-led crisis response helpline service for people experiencing distress or despair Infoline: 0808 808 8000; [www.lifelinehelpline.info/](http://www.lifelinehelpline.info/)

**PIPS Suicide Prevention Ireland** Delivers Suicide Prevention and Bereavement Support Services, Counselling and Therapies across Belfast and throughout Northern Ireland. Telephone: 028 9080 5850 / 0800 088 6042; [www.pipscharity.com](http://www.pipscharity.com)

### Republic of Ireland organisations

**Pieta** Provide a professional one-to-one therapeutic service to people who are in suicidal distress, those who engage in self-harm, and those bereaved by suicide Telephone: 1800 247 247; [www.pieta.ie](http://www.pieta.ie)

### International organisations

**Befrienders Worldwide** Work worldwide to provide emotional support and reduce suicide; they listen to people who are in distress, and do not judge or tell them what to do; <http://www.befrienders.org/index.asp>

**United for Global Mental Health initiative** A collation of mental health support services, guidance and national helplines from a number of countries across the globe; <https://unitedgmh.org/mental-health-support>

## 8.7 Financial support organisations

### UK wide

**Citizen Advice Bureaux** - advice about benefits, work, debt/money, housing, immigration, health etc. [www.citizensadvice.org.uk](http://www.citizensadvice.org.uk)

**Money and Mental Health** - Independent charity committed to breaking the link between financial difficulty and mental health problems: [www.moneyandmentalhealth.org](http://www.moneyandmentalhealth.org)

**Money Advice Service** Free impartial money advice: [www.moneyadviceservice.org.uk/en](http://www.moneyadviceservice.org.uk/en)

**Money Advice Trust** - National charity, helping people across the UK to tackle their debts and manage their money with confidence: [www.moneyadvicetrust.org/](http://www.moneyadvicetrust.org/)

**National Debt line** Free and independent debt advice over the phone and online. Tel: 0808 808 4000; <https://nationaldebtline.org/>

**Turn2Us** Support for people in financial need gain access to welfare benefits, charitable grants and other financial help – online, by phone and face to face through our partner organisations. **Tel:** 0808 802 2000; [www.turn2us.org.uk](http://www.turn2us.org.uk)

**Universal Credit** - details of the benefit and how to apply - [www.gov.uk/browse/benefits/universal-credit](http://www.gov.uk/browse/benefits/universal-credit). Details of how to apply for an advanced payment [www.gov.uk/short-term-benefit-advance](http://www.gov.uk/short-term-benefit-advance)

## **Wales**

**Discretionary Assistance Fund (DAF)** *Welsh Government grant to help with essential costs, including food, gas, electricity, clothing or emergency travel:* <https://gov.wales/discretionary-assistance-fund-daf/eligibility>

**Mental health & Money Advice** *Helping you understand, manage & improve your mental health and money issues:* [www.mentalhealthandmoneyadvice.org/wal/](http://www.mentalhealthandmoneyadvice.org/wal/)

**Shelter Cymru (Wales)** - Site contains some useful information for people experiencing financial hardship, including the Governments Discretionary Assistance Fund and other potential financial support for those experiencing hardship: <https://sheltercymru.org.uk/>



## 8.8 Mental Health support services continuum model





## 8.9 Guidelines for responding to distressed and suicidal students

### Basic Issues

#### Confidentiality versus health and safety

The OU has a duty of care to take action if a student expresses suicidal thoughts or planned action. Students may well ask for confidentiality under these circumstances, however health and safety considerations override a commitment to confidentiality, which can be broken if there is a risk that someone might harm others or themselves. If the student is clear that they plan to end their life (whether they communicate this by email, phone, forum post etc.) and you can't reach their emergency contact, phone 999. Data protection regulations allow us to share some personal data when someone's life is in immediate danger.

#### Assessing intent

If the student says they are **feeling** suicidal it is appropriate to **check their intentions** by asking if they have actively made plans to kill themselves. Be assured it will not increase the likelihood that they will complete suicide if you ask them this direct question.

- If the student has actively made plans, or you have any concern that they will try to take their own life, **you must take action** as outlined below.
- If the student says they haven't made plans and don't intend to act on their suicidal thoughts, but are feeling distressed, you should recommend that they speak to their GP, their emergency mental health professional (if they have one), or that they contact the Samaritans by phone or email. Contact details are given at the end of these guidelines.

**If you feel unable to deal with this situation please ensure that you pass on the call immediately to your manager or a senior member of staff.**

### Taking action

#### Telephone and web chat

The student tells you via the telephone or web chat that they are planning suicide.

- If you have access to the student's record, check whether an appropriate emergency number is recorded on their StudentHome student profile and/or in an alert/note on Voice, such as a mental health crisis intervention number, and call them immediately to alert them to the situation. If you are unable to get a satisfactory response, call 999 immediately.
  - When you call 999, an operator will ask: "Emergency, which service do you require? Fire, Police or Ambulance?"
  - Answer: Police
  - The operator will then put you through to the relevant service. The call taker will ask you the location of the emergency and what the emergency is.
  - Answer: The location of the emergency is... (student's address and postcode) The person is a student and provided information indicating risk of serious injury or suicide. I am phoning from a distance learning university. I am based in... The situation is...
  - Ask for a reference number of the call and record on Voice.
- If you do not have access to the student's record, or there is no appropriate number recorded there, call 999 immediately and let the emergency services know what the situation is. Ask the student where he/she is located as the emergency services will need to know where to attend. This is the safest course of action.
  - When you call 999, an operator will ask: "Emergency, which service do you require? Fire, Police or Ambulance?"
  - Answer: Police

- The operator will then put you through to the relevant service. The call taker will ask you the location of the emergency and what the emergency is.
- Answer: The location of the emergency is... (student's address and postcode) The person is a student and provided information indicating risk of serious injury or suicide. I am phoning from a distance learning university. I am based in... The situation is...
- Ask for a reference number of the call and record on Voice

If the student will not tell you where they are located, you'll need to pass all of the information you do have onto the emergency services (name, phone number they were calling from if known and home address from their records) and urge the student to call the Samaritans.

If you have made the call from an OU telephone, please contact Security by email [security@open.ac.uk](mailto:security@open.ac.uk) or telephone 01908 653666 to let them know why you have called the Emergency Services.

**Please note** - If the student is contacting you from outside the UK you can do little beyond encouraging them to speak to their doctor or the Samaritans (see contact details for Befrienders Worldwide website for local contact details).

### Email messages and VOICE requests

If the student has no emergency contact on their record, and they are clear in their email they plan to end their life, phone 999.

Where the student expresses suicidal thoughts in an email, then you should phone them immediately and follow the procedures outlined above.

- If you cannot contact the student by phone and they have an emergency contact on VOICE you should attempt to let the emergency contact know what the student has said in their email.
- If the student has no emergency contact then reply to the email with the advice that the student should contact their GP, their emergency mental health professional (if they have one), or contact the Samaritans, giving them the contact details as appropriate.

### Example email -

Dear

I was very concerned to receive your email in which you described feeling ... (insert relevant words like 'very distressed' or 'suicidal'). I'm so sorry to hear about the circumstances that you have been through recently which have left you feeling so low, but I am glad that you have reached out to us.

I have attempted to contact you by telephone so that we can discuss your welfare and the support you may require. I'm not sure if you are receiving support from your GP but as I have been unable to reach you by telephone I urge you to contact your GP, the emergency services on 999 or The Samaritans on 116 123 or [jo@samaritans.org](mailto:jo@samaritans.org) if you are still feeling (insert relevant words like 'distressed' or 'if you have made any plans to act on your suicidal feelings.')

If there is anything we can help with in relation to your OU studies please contact us on....

Our office is open Monday to Friday 8am to 8pm and Saturday 9am-5pm. If you would prefer to communicate by email that's absolutely fine.

I look forward to hearing from you so that we can support you moving forward.

Kind regards,

Note: As always, we need to be sensitive regarding information on VOICE, and the following phrasing is suggested:

**“Student contacted by phone / email etc. was very distressed. Appropriate action taken according to the guidelines”**

### **Online forums**

- Where a message is posted on a student forum, wiki or blog that is moderated by OU staff, the moderator should contact the student by telephone and follow the procedures outlined above. If appropriate, the moderator can instead ask staff in the Student Support Team (SST) to contact the student as soon as possible by telephone.
- Where a message is posted on a student-moderated forum, wiki or blog, the student moderator is advised to contact their SST immediately.

As with other inappropriate postings, the message should be removed as soon as possible. Reassure other students by adding an appropriate message stating: “for those who read the posting from [X] on [date], the situation is being dealt with offline”.

### **Face to face with their SST, at a tutorial, residential or day school**

If the student says they have actively made plans, or you have any concern that they will try to take their own life, you must take action.

- Where you have access to the student’s record and there is an appropriate emergency number recorded, for example a mental health crisis intervention number, call immediately and alert them to the situation. If you are unable to get a satisfactory response, call 999 immediately.
- If you do not have access to the student’s record call 999 immediately and let the emergency services know what the situation is.

You should tell the student what you are doing and why.

Where the student says they haven’t made plans and don’t intend to act on their suicidal thoughts, but are feeling deeply distressed, you should recommend that they speak to their GP, their emergency mental health professional (if they have one), or contact the Samaritans by phone or email.

## **FURTHER ACTION**

### **Safeguarding issues – Under 18s and adults at risk/vulnerable adults**

If you are aware that the suicidal student is solely responsible for the care of their children or if you are aware that the student themselves is under 18 or already receiving support services from adult services it is important that we think carefully about whether anybody else needs to know about the situation. You don’t need to make this decision but should contact your line manager or the Safeguarding Officer. It is the Safeguarding Officer’s responsibility to refer concerns to the appropriate local authority social work agency, or the police and, for children in some cases, the NSPCC for further investigation. Report this incident to your line manager at the earliest opportunity and fill in more details on this online safeguarding referral form

<https://msds.open.ac.uk/forms/safeguarding/>

Please follow this up with a summary email to [Safeguarding-Referrals@open.ac.uk](mailto:Safeguarding-Referrals@open.ac.uk)

<https://openuniv.sharepoint.com/sites/intranet-student-services/pages/safeguarding.aspx>

### **Follow up**

A follow up contact should be made to any student who has expressed extreme distress and/ or suicidal feelings to explore whether or not they are currently well enough to continue with their OU studies, what their support needs are or whether they need to look at other options e.g. deferral. Please take advice from your line manager

to identify who the most appropriate person is and the most appropriate time to make this follow up call or to send a follow up email.

You will need to refer to the Fitness to study policy.

### Debrief

Ensure that the events are reported to your line manager as soon as possible, and schedule in some time to talk the matter through. It is important to take care of your own mental health if you have been affected by the situation. You can also email [lss-ldt@open.ac.uk](mailto:lss-ldt@open.ac.uk) to arrange a confidential debrief conversation. If you have been distressed by these events and you feel that you need counselling support, you can access the 'Employee Assistance Programme' (EAP). This is a confidential support service which is available 24 hours a day on 0800 030 5182.

### Action flowchart for OU staff responding to distressed and suicidal students

We have a duty of care to take action if a student expresses suicidal thoughts or intentions. Please use this flowchart in conjunction with the guidelines document.

