SUICIDE SAFER STRATEGY

Statement of purpose

The ICR is committed to create a suicide-safer community. Every suicide is a tragedy with devastating effects on family and friends. Yet suicide is in many cases preventable and the ICR aims to ensure that students and staff who are contemplating suicide (or having suicidal thoughts or feelings) or are affected by a suicide or attempted suicide have access to appropriate support.

CONTEXT

Determinants and Risks

In 2020 the rate of suicide across England was 10 per 100,000 people. Each suicide affects a much wider circle of around 135 people and only 1 in 3 people who die by suicide are known to mental health services. However, suicide is preventable and talking about suicide does not increase the risk or worsen the situation.

Students can have an added risk of experiencing poorer mental health and wellbeing, due to a number of unique factors that relate to academic, financial and social pressures (Royal College of Psychiatrists, 2011).

Every death at the ICR has a huge impact and resonates across the organisation. While death by suicide is a rare event, we do not know how many people at the ICR have considered suicide, or who may be thinking about it right now.

The ICR has adopted a “whole university” (One ICR) approach which resonates with ICR values and the Cultural Engagement Strategy, acknowledging the specific factors and risks that may affect our student and staff populations, reviewing the processes and safeguards in place and identifying what else the ICR could do.

Location of staff and students at the ICR

Staff and students at both the Chelsea and Sutton sites should have equal access to any provision.

Wellbeing and mental health provision at the ICR

Wellbeing and mental health support and provision are a cornerstone of the ICR value “Valuing all our people” and providing a world class environment is a core theme of the ICR Operational Strategy. A Wellbeing Strategy was developed in 2018 by the HSEQ and HR teams and has been endorsed by the Staff and Student Engagement Committee which reports directly into the ICR Health Safety and Environment Committee. Wellbeing provision at the ICR is central to the Suicide Safer Strategy.
SUICIDE SAFER FRAMEWORK

The Suicide Safer Framework centres on three main areas: prevention, intervention and postvention.

Prevention

The ICR is very much concerned about prevention of suicide. Wellbeing provision, both practical and emotional support, is provided by:

- Wellbeing Advisers – “First point of contact” volunteers, have undertaken mental health awareness training.
- Health, Safety & Environment Advisors (HSEQ) team - Provide advice on health, safety and wellbeing in the workplace.
- Occupational Health provided by Team Prevent – Can provide objective information to assist members of staff and their managers address concerns that their health is affecting their work. Appropriate adjustments can then be put into place.
- Human Resources - HR are available to staff and managers, to provide advice and support on many workplace issues.
- Peer support groups – Offer support and networking e.g. AdminNet, Postdoc Association. There are also social clubs and interest groups such as UPS club, sports activities, and crafts groups.
- Staffside – Union members can access support for employment issues via their Staffside representatives.
- Line managers – Managers receive mandatory training on “A supportive workplace”.

Additional support is available to students via their supervisory team, and extra pastoral support via trained senior tutors and deputy deans, Registry, Student Wellbeing Advisors and the Student Disability Support advisor.

The ICR is a small institution and more specialist help is outsourced to:

- Employee Assistance Programme (EAP) provided by Care First – A confidential 24 hour life management and personal support service, including telephone counselling and online resources.
- Mental Health First Aiders via Workforce Window Ltd. - Available Monday to Friday 08:00- 18:00 providing confidential support, information and signposting on all aspects of mental health.

The ICR also makes use of independent whistle-blowing hotline service as an alternative, safe and secure way for staff and students to report any serious concerns in confidence.

Because of its size and culture, the ICR is able to be reactive and respond quickly to environmental and social pressures which may impact mental health e.g. enhanced provision related to Covid pandemic disruption.
**Intervention**

The importance of family and friends in supporting people who are experiencing suicidal thoughts is well recognised and should be encouraged. However, it is essential that the ICR has an environment where talking about suicidal feelings and thoughts is destigmatised.

The ICR’s frontline of services including the Wellbeing Advisors and Registry are trained in recognising people at risk of suicide and to react appropriately, suggesting which service(s) to go to for more support. At a moment of crisis, or when more specialist mental health support is needed, the ICR signposts to external support such as the **Samaritans**, **Mind** and **NHS**.

While this is proportionate given the numbers of staff at the ICR, this information need to be clearly visible to someone at the moment they need it.

**Postvention**

The aim of postvention is to support people who have been affected by a suicide and learn lessons to reduce future risk.

Following a suicide, HR have procedures in place to offer advice and guidance, bereavement services, and advise on ICR communication, liaise with wellbeing advisors and managers who may be talking to those affected, signpost to support and provide further opportunities for discussion.

Direct postvention support is provided by the EAP Care First and by Occupational Health if people affected by a suicide feel that their work is suffering.

**Monitoring the strategy**

Due to the size of the ICR it is difficult to monitor the numbers of any specific group accessing support whilst protecting their anonymity.

The Wellbeing Manager and HR monitor anecdotal evidence from support mechanisms. This information is used to identify hot spots and focus the wellbeing provision, and will be used to determine the effectiveness of the strategy and any feedback inform future review.

The strategy will be reviewed should an event take place.

The higher education environment will be monitored to see if lessons can be learnt from other small institutions.

**Actions**

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<th>Awareness of strategy</th>
<th>Recommendation/ Action</th>
<th>Update</th>
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<tr>
<td></td>
<td>Publication on website, Nexus and Canvas.</td>
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<td>Prevention</td>
<td>Training</td>
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<td>Registry and wellbeing advisors to attend training on how to help and approach</td>
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| | someone at risk of suicide  
|https://www.zerosuicidealliance.com/training |
|---|---|
| | Increase awareness of and encourage participation in suicide awareness training at supervisor training sessions. |
| Awareness | Increasing awareness of support within the wellbeing advisors and other support teams within the ICR including student-specific support mechanisms. |
| Suicide Safer Campaign | Launch of the strategy with a campaign to increase awareness and encourage, focussed on Suicide Awareness Day 10 September 2022. |
| Intervention | Introduce a campaign to increase awareness of suicide and to destigmatise talking about suicide across the ICR in general. |
| Signposting | Adding more visual signposting to crisis services such as the Samaritans, and student support such as Nightline, and Student minds (Ideas – add crisis button to wellbeing infographic as own button so is on front page of Nexus; move crisis support to top of list of who to talk to; advertise crisis support in toilets and quiet areas within the ICR premises; increase visibility of crisis support in student wellbeing section on Nexus, student support infographic, and student areas. |
| Postvention | Clear advertisement and promotion of support for people affected by a suicide. |
| Review | Review the Suicide Safer Strategy during 2022, in light of the provision provided by other small institutions, to see if lessons can be learnt. |
| Monitoring the strategy | Review the Suicide Safer Strategy should an event take place. |
| | Monitor suicide, for example, conversations where people may have mentioned suicidal thoughts and feelings, people’s awareness of support, or if people have reported accessing support, as a specific category in information collected from informal support groups and anecdotal evidence as a means of determining the effectiveness of the strategy. |

Approved January 2022