Northern School of Contemporary Dance

Safeguarding People:

NSCD Suicide Safer Strategy

Content Warning

This strategy document includes references to suicide, death and mental ill health. If you feel that your mental health or wellbeing may be affected by reading this document, we encourage you to read it with a friend or colleague. If you feel negatively affected after reading the document, please do reach out to talk with someone. Available support at NSCD may be accessed via:

• If you are a student – contact the Student Support & Wellbeing Manager ali.coleman@nscd.ac.uk

• If you are staff – contact your line manager or the HR manager.

• Both staff and students may access

https://www.samaritans.org/how-we-can-help/schools/universities/ for advice and support.

Emergency/Critical Support

If you believe someone is in immediate danger of harming themselves or attempting to take their own life:

• Ensure they are escorted directly to the local A&E Department

• If they cannot reach the hospital themselves, dial 999 to request an ambulance

• If they are in School, contact a First Aider and request an ambulance to be called

Overview

Suicide is the leading cause of death in adolescents and young people in the UK. Nearly 1 in 4 young people will experience suicidal feelings at some point in their life and 1 in 20 will attempt to take their own life. (1)

Student suicides, as well as being devastating for family and friends, also have a profound effect on the wider communities of students and staff. Every time a person dies by suicide it is estimated that around 135 people are affected. (2)

NSCD is committed to ensuring that our community is as 'suicide safe' as possible in accordance with the UUK Suicide Safer Universities 2022 guidance, and the Information Sharing guidance developed by Papyrus and UUK.

The objectives of this strategy are:

- To contribute pro-actively to the **prevention** of suicide
- To enable **intervention** and support for people experiencing mental health challenges and suicidal thoughts
- To facilitate **postvention** (post-suicide response, review and support).

Resources accessed to develop this strategy include:

- https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/suicide-safer-universities (1,2)
- https://www.officeforstudents.org.uk/advice-and-guidance/promoting-equal-opportunities/effective-practice/suicide-prevention/resources/

- https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities/responding-suicide-advice-universities.
- https://www.papyrus-uk.org/suicide-safer-universities/
- https://www.samaritans.org/how-we-can-help/schools/universities/
- https://www.samaritans.org/about-samaritans/research-policy/suicide-facts-and-figures/latest-suicide-data/ (3)

1. Introduction

1.1. Unexpected, sudden death is enormously impactful on all involved. Student or staff death by suicide is devastating for family and friends and deeply affects the School community as a whole. Suicide and self-harm are not mental health problems in themselves; they are, however, linked with mental distress. At NSCD, we want all students, and staff, to feel able to reach out for support and help if they find themselves struggling with their mental health and wellbeing.

1.2 In 2021 in England, 5219 individuals took their own lives. This is 307 higher than 2020. The male suicide rate remains almost three times higher than the female suicide figures. (3) In 2019 the ONS advises that 174 students took their own lives. Of these, 121 were male. Suicide rates vary regionally with the North East of England having the highest suicide rate in the latest 2021 figures.

1.3 Suicide rates across the student body in any one year are difficult to determine due to the complexities and timelines involved in determining cause of death. Additionally, this, and varying student numbers year on year mean that it is not possible to ascertain trends or in/decrease of risk across the years.

1.4. This strategy provides a framework to understand student suicide, reduce risk, intervene when students get into difficulties, and respond to these tragic deaths. It sets out the steps we are taking to make NSCD suicide-safer. Having a specific suicide prevention–intervention–postvention strategy is an essential part of our overarching Mental Health strategy.

1.5 We recognise a suicide safer community starts with a whole-school approach to mental health and wellbeing, acknowledging the importance this has on creating a strong foundation for learning and development. It is our commitment that this concept is embedded into all aspects of the NSCD experience and culture; and for all staff members and students to have an awareness and understanding of the Suicide Safer Strategy and wider Mental Health and Wellbeing strategy.

1.6 NSCD recognise that we can play a key role in helping to prevent suicide, particularly young suicide, but also amongst our staff body. This document focusses primarily on students but acknowledges that our staff may also be affected by suicide. Our Human Resources department lead on staff concerns and our Student Support and Wellbeing Team lead on student concerns.

2. Strategy Ownership

2.1 Overall responsibility for this strategy is shared between the Student Support and Wellbeing Team and the Management Team. Together they lead on, and provide guidance on, NSCD's approach to good mental health and wellbeing, and the creation of compassionate communities amongst our staff and student bodies.

3. Prevention and Intervention

3.1 Suicide is complex, and we acknowledge that thoughts of suicide (suicidal ideation) are common across the population and do not necessarily mean an individual is at risk. Suicide is often the result of multiple factors, and the reasons are frequently complicated and personal to an individual. However, we believe that it is often possible to identify students at risk and intervene through a whole-school commitment to:

- raising awareness of mental health difficulties,
- encouraging individuals to be open in acknowledging and seeking support for mental health issues, and

- providing access to wellbeing support for all.

3.2 NSCD strives to encourage, develop and maintain an inclusive and compassionate environment. One where we widely encourage disclosures of distress and where we aim to have a supportive, resilient staff team who can identify need and can signpost and follow-up those who require additional support.

3.3 We provide our staff and students with opportunities to safely raise concerns (in person or via MyConcern) with people who are qualified to offer support and guidance, or to refer onwards. We will always seek to act in a way that does not deter anyone from coming forward for help if they are living with suicidal ideation.

3.4 Although no formal training is strictly necessary to support a person in distress, we will ensure identified staff across professional services and faculties are able to access appropriate Mental Health training, for example Mental Health First Aid.

3.5 We offer a range of accessible in-person and online support for both staff and students experiencing mental distress. We also signpost support that is available externally, which includes support from the NHS, the voluntary sector and other relevant organisations.

3.6 We aim to reduce the taboo of talking about suicide. Despite the reduction in stigma around mental health, there remains a significant taboo around talking about suicide specifically, with many people fearful of raising the topic, asking questions and talking openly without fear of consequences. A vital part of our approach to suicide prevention is encouraging these conversations to take place and publicising student support services in relation to suicidal thoughts and feelings.

3.7 We regularly review and monitor the support services available to ensure relevance and appropriateness.

3.8 We strive to recognise signs and vulnerabilities: monitoring areas such as students not engaging with academic work, running into academic or social difficulties, or prolonged attendance issues, along with other factors such as not paying rent, fees or fines; disciplinary issues and isolation from other students or staff.

3.9 We are committed to supporting the most vulnerable student groups who may be at a disproportionately higher risk of suicide. UUK research has identified the following 'high-risk' groups

- Males
- PoGM Students
- People who identify as LBGTQ+
- Those misusing drugs and alcohol
- People with a history of self-harm

We strive to provide support services that are inclusive and accessible to all and particularly the above groups.

3.10 We aim to model and nurture good communications across the whole school. This means, as staff, we will ensure we signpost all available support to staff, students and the wider NSCD community. This would include both internally provided support and externally available support. The half termly Student Review Board meetings provide an opportunity for faculty and student support teams to share concerns and agree specific action plans to support students suspected of being 'at risk'.

3.11 We value freedom of speech but we also acknowledge the power of words. We strive to prevent all forms of misconduct, bullying, harassment and hate crime through a wide array of student facing policies.

3.12 We will continue to work closely in partnership with local Higher Education institutions, via the Leeds Student Health & Welfare Board, to share best practice, and identify and signpost relevant local services.

3.13 We will aim to develop local care pathways with NHS services and Community Mental Health Teams via the Leeds Student Health & Welfare Board.

3.14 We will consider and regularly review NSCD's policy and practice on information-sharing agreements, disclosure and consent.

3.15 We recognise that an important part of a proactive response to concerns is involving families and trusted contacts. Students should be at the centre of decisions about their care, including who they want to be involved when there are serious concerns about their safety or mental health. Where it is not possible to obtain agreement from the student about involving trusted contacts, NSCD may make a 'risk-based and properly recorded' decision to involve others.

Action: clear process to be reviewed and agreed on when and how to involve families, carers and trusted contacts where there are serious concerns about a student's safety or health.

Further Advice & Resources: https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities/sharing-information

4 Postvention

4.1 A death by suicide can have wide-reaching effects. Furthermore, in some circumstances, through the process of social contagion, the death of one student by suicide may trigger suicidal thoughts and behaviours in others, particularly those who are already vulnerable. NSCD recognise that it is essential that the response to a death (or attempted death) from suicide is managed by trained staff to minimise further harm and support continuous learning.

4.2 We recognise the importance of having an agreed plan in place to enable a quick response in the case of attempted or completed suicide, particularly as these may often happen outside normal school hours. This plan includes:

- Establishment of a Crisis Team – a named team of senior staff who can respond to a crisis and who can be contacted at any time. The Crisis Team should consist of senior managers with details of how they can be contacted out of hours.
- Staff access to the MyConcern Safeguarding Portal to raise concerns and request support, with notifications sent to multiple safeguarding officers.
- Emergency contact details for all students gathered at registration and confirmed annually. Clear information is given to students about where and when this information may be used. Student wishes (for students over 18) about who to give as an emergency contact should be respected.
- Encouragement of all students to register with a local GP to enable emergency referrals for any students who need specialist psychiatric support.
- Clear advice regarding intermission following attempted suicide to be made available to give students time to seek appropriate physical and potentially psychiatric treatment to aid recovery.

4.3 In addition, we will aim to create a specific Postvention Team which will include the CEO, Vice Principal, Head of Academic Registry, Student Support Team, Safeguarding Team, Head of Marketing and Heads of Under/Post Graduate studies, along with Student Union lead. Each member of the

Suicide Postvention team will have a defined responsibility, including leadership, family liaison and communications with external agencies, including the media.

ACTION: Training to be investigated to support the development of a Postvention Team and agreement of roles and responsibilities.

Further advice and resources available here: https://www.universitiesuk.ac.uk/what-we-do/policy-and-research/publications/features/suicide-safer-universities/responding-suicide-advice-universities.

4.4 In the event of attempted suicide, it is likely that the student may need to take a break from training to seek appropriate treatment and support. Each situation will need to be dealt with individually and decisions on how long a student may need to pause training, and when it may be appropriate for them to resume their studies will need careful consideration. In all cases, students will be informed of support available at NSCD, plus any rights to concessions or mitigating circumstances they are entitled to because of their situation.

4.5 In the event of an unexpected death, a Postvention Team meeting will be called and each team member will have defined responsibility and understanding on how we provide compassionate, confident and timely support to all involved in the death by suicide of a student or member of staff.

4.6 Postvention Activities should include:

- Contact with the bereaved family & friends - offering to meet and provide compassionate support
- Support for affected students and staff: ensuring individual approaches for anyone identified as being at risk of contagion, including rapid referral for community mental health support where and when needed
- Agreement of internal communications
- Alerting local and public health services, as appropriate
- Being prepared for external communications and supporting the media in delivering sensitive reporting of a suicide
- Identifying and supporting students and staff who are struggling to manage the impact of a suicide
- Quickly addressing any insensitive responses to a suicide expressed by students or staff
- Being sensitive to cultural and religious perspectives that may affect responses to suicide.
- Providing information on available support –internally and through external providers
- Supporting continuous review of suicide prevention strategies and action plans.
- Facilitating research, data collection and monitoring to understand contributing factors.
- Focussing on lessons learned through carrying out a serious incident review. Every situation will be different, and it will be important to keep learning and sharing experiences of best practice and knowledge with others.
- Consideration of the legacy and anniversaries – finding appropriate ways to celebrate the life of the deceased, without glamorising suicide.

4.7 Although we recognise that talking responsibly about suicide does not increase the likelihood of further suicides, our Postvention Team understand the risk of a suicide cluster and how best to respond should a cluster be identified. More information on how to respond is detailed here: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/839621/PHE_Suicide_Cluster_Guide.pdf

4.8 The School is mindful of the need to appropriately communicate sudden deaths and it will take into account best practice guidelines such as the Samaritan's Media Guidelines for Reporting Suicide, avoiding sensationalising or normalising suicide and remaining sensitive and factual in all communications. Further guidance and resources are available here; https://www.samaritans.org/about-samaritans/media-guidelines/

Appendix 1: Suicide Myths and Facts

Suicide is an emotive and at times taboo topic and people are often concerned about how to engage in conversations with someone expressing suicidal ideation. Often people worry about making someone's situation worse. There are many myths around suicide and engaging with people who are suicidal. Below are a few of the main ones.

Myth: If a person is serious about taking their own life there is nothing you can do.

Fact: It is not always possible to prevent someone from making the choice to end their life, however it is worth keeping in mind that feeling actively suicidal is often temporary. Reaching out to support someone who you fear is considering taking their life is important as it can enable that person to access support at a critical time.

Myth: People who talk about suicide are unlikely to follow through with it.

Fact: Often people who take their own lives have told someone they feel hopeless or that life is not worth living. Some do say they wish to die. It is important to always take someone seriously if they tell you they feel hopeless or suicidal. Although it is possible that people raising these concerns are calling out for help rather than intending on taking their lives, helping them get appropriate support could save their life.

Myth: Asking someone if they feel suicidal may make them think about taking their own life.

Fact: Asking someone directly gives them permission to talk with you and opening up can be a positive experience for many. There is no evidence that enquiring if someone feels suicidal will cause them to take their own life, rather it can open the door to support.

Myth: People who are suicidal want to die

Fact: Not everyone who feels suicidal wants to die but many do and often may feel as though it is their only option.

For more information about facts and myths around suicide, please see the Samaritan's or Papyrus guidance online.

https://www.samaritans.org/how-we-can-help/if-youre-worried-about-someone-else/myths-about-suicide/

Appendix 2: Dos and Don'ts

Do try and remain calm if someone shares with you that they are feeling suicidal.

Do be prepared to talk about suicide – it is important to talk openly and honestly. This can decrease anxiety and highlight other options to the individual who is struggling.

Do be prepared to act and support the individual by assisting them (if possible) to reach out for professional help, or reaching out on their behalf if they are unable to do so.

Don't try and solve everything yourself. Acting and supporting is important, but you also have to look after yourself. Reach out for professional support as soon as possible.

Don't put yourself in physical danger.

Don't promise confidentiality. You may not be able to keep such a promise.

Appendix 3: Appropriate Language (how to talk about suicide)

Language matters and is emotionally charged. It is important to be considerate in the language we use when speaking about suicide.

Suicide is no longer a criminal act and therefore it is not appropriate to use the phrase ‘committed suicide’.

Alternatives include: took one’s own life/ ended one’s life/died by suicide or, more recently, completed suicide has come into usage.

Ask open questions to enable the person to open up more to you. “How are you doing?” rather than “Are you ok?”

Give the other person time to speak – this might mean some long silences

Validate their emotions by taking what they say seriously.

Try to remain calm and respond in a non-judgmental fashion.

Be direct and clear when asking questions.

Don’t try and avoid the topic or speak in unclear terms.

Appendix 4: Guidance for Staff (worried about a student or colleague)

We know that it can be challenging if you are worried about someone who is suicidal. It's important to remember that you are not alone and you don't have to support them on your own.

Do seek professional help or guidance. This might be from the Student Support Team or Line / HR Manager for staff members

If the situation is critical and you are concerned the person has acted upon suicidal thoughts, please contact 999. NHS colleagues may also be able to provide guidance, depending on the situation.

Details of multiple emergency and crisis organisations are on Moodle Student Support & Resources pages https://moodle.nscd.ac.uk/course/view.php?id=379

Appendix 5: Definitions:

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

Suicide attempt - a deliberate action undertaken with at least some wish to die as a result of the act. Although, the degree of suicidal 'intent' varies and may not be related to the lethality of the attempt.

Suicidal ideations - Suicidal ideations can range from being preoccupied by abstract thoughts about ending one's own life, or feeling that people would be better off without you, to thinking about methods of suicide, or making clear plans to take your own life.

Non-suicidal self-harm – An action that is deliberate but does not include an intention to die and often does not result in hospital care. It can be used for one or more reasons, including a coping strategy to reduce and/or express distress and tension, inflicting self-punishment and/or signalling personal distress to important others. Non-suicidal self-harm is a signal of underlying mental health difficulties; people who self-harm may also make suicide attempts and be at risk of suicide.

Suicide Contagion - Suicide contagion is the exposure to suicide or suicidal behaviours within one's family, one's peer group, or through media reports of suicide and can result in an increase in suicide and suicidal behaviours.

Suicide Cluster - A series of three of more closely grouped deaths which are linked by space or social relationships. In the absence of transparent social connectedness, evidence of space and time linkages are required to define a cluster. In the presence of a strong demonstrated social connection, only temporal significance is required.