

Suicide Prevention and Response Action Plan



Student
Wellbeing
Centre

Statement of Purpose

This document has been produced with the aim of helping to prevent student suicides at the University of Lincoln. It has been developed in collaboration with local Public Health colleagues through the Suicide Prevention Strategy Group, which reports into the Lincolnshire Mental Health Crisis Care Concordat (MHCCC) of which the University of Lincoln is a member and signatory. The Suicide Prevention Plan (SPP) highlights areas for action based on best available evidence and will be updated in line with sector guidance.

Suicide is the leading cause of death in adolescents and young people in the UK ([World Health Organisation](#)). Student suicides, as well as being devastating for friends and family, may also have a profound impact on the wider community of students and staff. The University recognises that universities play a key role in helping to prevent suicides and that this requires a whole university approach, as well as a need to work in close partnership with students, parents, local government and the NHS.

The University is committed to ensuring that its students and staff are as suicide safe as possible and the SPP has been informed by the 2018 UUK guidance '[Suicide Safer Universities](#)'. This begins with a strategic, holistic approach to wellbeing and mental health, meaning that all students and staff understand its importance and the role it plays as the foundation for learning and academic achievement. The SPP forms part of the University's Student Mental Health Policy, which is informed by UUK as best practice for the Higher Education sector.

The University is committed to mental health awareness being embedded into every aspect of university culture and the student experience and it being part of the language of education. This plan is a key part of that commitment, and it is the University's aim that all staff and students are aware of the plan, its key themes and associated actions within the context of the wider University of Lincoln [Student Mental Health Policy](#).

National and global context

- More than 700,000 people die by suicide each year globally.
- For every suicide there are many more people who attempt suicide.
- A prior suicide attempt and self-harm are the highest indicator of future risk.
- 77% of global suicides occur in low and middle-income countries.
- Suicide was the fourth leading cause of death among 15-29 year-olds in the year 2019.
- Hanging/strangulation/suffocation are among the most common methods of suicide in the county of Lincolnshire.

In 2020, suicide was the second leading cause of death for people ages 10-14 and 25-34. In 2021, the Office for National Statistics (ONS) reported there were 5,583 registered suicides in England and Wales. Suicide and suicide attempts cause serious emotional, physical, and economic impacts. People who attempt suicide and survive may experience serious injuries that can have long-term effects on their health. They may also experience depression and other mental health concerns. ([Centers for Disease Control and Prevention](#))

According to an NHS report published this year, 1 in 4 17-19 year olds in England reported that they experience a mental health problem. This is an increase from 1 in 6 from the year before. ([NHS Digital](#))

The suicide rate for higher education students in the academic year ending 2020 in England and Wales was 3.0 deaths per 100,000 students (64 suicide deaths); this is the lowest rate observed over the last four years, although the small numbers per year make it difficult to identify statistically significant differences.

Between the academic year ending 2017 and the academic year ending 2020, the male suicide rate for higher education students was statistically significantly higher (5.6 deaths per 100,000 students; 202 suicide deaths) compared with female students at 2.5 deaths per 100,000 students (117 suicide deaths); this is in line with the trend seen in the general population where suicide rates are higher among males. ([Office for National Statistics](#))

Local context

There were 90 registered deaths in 2020 and 75 in 2021 due to suicide and undetermined intent in Lincolnshire.

Death from suicides amongst women increased from 15 in 2019, to 25 in 2020, however, in 2021 the number decreased to 20.

Deaths among men from suicide increased from 65 in 2019 to 70 in 2020, however, in 2021 the number decreased to 60. Men made up 74% of all deaths from suicide in Lincolnshire in 2020 and 76% of all suicides in 2021.

There were 255 deaths from suicide in Lincolnshire between 2018 and 2020, and 240 between 2019 and 2021.

During 2018-20, suicide rates were highest in Lincoln (20.3 per 100,000) and West Lindsey (14.3 per 100,000); while in 2019-21, rates were highest in Lincoln (16.9 per 100,000) and East Lindsey (13.9 per 100,000). The Lincolnshire rate (12.1) was significantly worse than England (10.4).

Between 2016-18 and 2019-21, suicide rates increased across several districts, with the highest increase seen in Boston (from 12 to 25) which rose by 112.7% (6.5 per 100,000 in 2016-18, 13.8 per 100,000 in 2019-21); Lincoln has one of the highest suicide rates in England. ([Lincolnshire Suicide Audit 2022](#))

Definitions

Suicide: Suicide is death caused by injuring oneself with the intent to die.

Suicide attempt: when someone harms themselves with any intent to end their life, but they do not die because of their actions.

Suicidal feelings/ ideation: Suicidal feelings can mean having abstract thoughts about ending your life or feeling that people would be better off without you. Or it can mean thinking about methods of suicide or making clear plans to take your own life (Mind, 2020)

Self-harm: Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. Some people have described self-harm as a way to:

- express something that is hard to put into words
- turn invisible thoughts or feelings into something visible
- change emotional pain into physical pain
- reduce overwhelming emotional feelings or thoughts
- have a sense of being in control
- escape traumatic memories
- have something in life that they can rely on
- punish themselves for their feelings and experiences
- stop feeling numb, disconnected or dissociated
- create a reason to physically care for themselves
- express suicidal feelings and thoughts without taking their own life

Beliefs and understanding about suicide

The reasons for suicide are often complex and individual. We know that financial difficulties, social pressures, life transitions and academic challenges can all have a significant impact on the mental health of people. Research indicates that a range of factors may be associated with an increased risk of suicide, these include:

- A history of previous suicide attempts or self-harm
- Suffering with a mental health disorder
- Feelings of loneliness and isolation
- Alcohol and / or drug abuse
- Being male
- Relationship and / or family breakdown

- Identifying as LGBTQ+ or being unsure about sexual orientation and gender identity
- Being bereaved or affected by suicide in others
- Debt, financial worries or housing problems
- Experiencing bullying, including cyberbullying
- Perfectionism and the negative impacts of social media
- Suffering from a long-term physical health condition
- Different types of abuse including domestic, sexual or physical abuse

Myths and facts about suicide

Myth: You can't ask someone if they're suicidal

Fact: Evidence shows asking someone if they're suicidal could protect them. Asking someone if they're having suicidal thoughts can give them permission to tell you how they feel and let them know they are not a burden.

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

Fact: People who die by suicide have often told someone that they do not feel life is worth living or that they have no future. Some may have said they want to die. It's possible that someone might talk about suicide as a way of care seeking, 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. Most people who feel suicidal do not actually want to die - they just want the situation they're in or the way they're feeling to stop.

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. Getting the right kind of support at the right time is so important. In a situation where someone is having suicidal thoughts, be patient, stay with them and just let them know you're there. Remember, if you think it's an emergency or someone had tried to harm themselves- call 999

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. Many people who die by suicide have struggled with their mental health, typically to a serious degree. This may or may not be known before the person's death.

Myth: People who are suicidal want to die.

Fact: The majority of people who feel suicidal do not actually want to die; they just want the situation they're in or the way they're feeling to stop. The distinction may seem small, but it 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 are struggling or 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.

Evidence shows asking someone if they're suicidal can protect them. They feel listened to, and hopefully less trapped. Their feelings are validated, and they know that somebody cares about them. Reaching out can save a life.

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: Talking openly about suicide to a loved one, colleague, professional or a Samaritan can help someone work through their thoughts and help them find a way to cope. 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. Being able to talk openly about suicide can help someone work through their thoughts.

Myth: You can't tell when someone is feeling suicidal.

Fact: Suicide is complex and how people act when they're struggling to cope is different for everyone. Sometimes there are signs someone might be going through a difficult time or having difficult thoughts. For some people, several signs might apply - for others just one or two, or none. Find out more on how to spot the signs that someone may not be okay.

[\(Samaritans\)](#)

Intervention

The Student Wellbeing Centre has a duty worker working daily, within working hours 8:30am – 5pm (4:30pm Fridays) Monday – Friday, who will respond to any immediate risk concerns. Every night a duty worker can be accessed via the UoL security team.

If there is a concern about a student's safety, The duty worker will attempt contact with a student via a range of methods including phone call, text, social media, email. They may ask the accommodation team to conduct a room check if the student lives in UoL managed accommodation.

The Student Wellbeing Centre has strong working partnerships with various external organisations and have formal information sharing agreements in place with both the NHS Lincolnshire Partnership Foundation Trust (LPFT) and Lincolnshire Police. The team liaise with any external partner to share information, co-ordinate a risk management plan and reduce any risk of a student suicide.

The team will also liaise with any internal UoL service to discuss any risk concerns about a student in the context of suicide prevention.

The University operates a [Concern for Welfare](#) process which gives information on how a member of UoL staff should respond to a student in crisis.

The University has implemented Ripple software on all desktop computers. Please see the following link for info on the Ripple software - [Ripple Suicide Prevention](#)

When a person searches for harmful keywords or phrases relating to the topic of self-harm or suicide, Ripple will redirect the user to a page which gives information on local and national mental health support services and crisis services. Ripple is designed to signpost people at a time when they may be at their most vulnerable.

The University of Lincoln takes the welfare of all its students seriously and offers wellbeing support to students through a team of expert professional staff in our Student Wellbeing Centre. Under GDPR law, all students have the right to confidentiality to protect their interests and the Student Wellbeing Service is therefore committed to providing a confidential service to all students who engage with the service. The provision of this service also ensures a relationship of trust between student and staff which enables appropriate and timely support to be put in place for those students in need of it.

Prospective and current students will be given the opportunity to opt-in to a 'Nominated person consent'. This will give the Student Wellbeing Service consent to contact the nominated person, which can be a parent, guardian, or a friend in situations which are not emergencies, but where there is a serious concern about a student's wellbeing. It is important to recognise that this opt-in does not allow parents, guardians, or a nominated person to seek information around academic studies, or day-to-day activities and will only be used in relation to concerns around wellbeing.

Postvention

An immediate response team of UOL staff will be brought together immediately to respond to a death by suspected suicide. The team are responsible for overseeing the implementation of the Death Procedure Plan.

NB: only a coroner can rule a suicide verdict

Immediate response team

Member of staff	<u>Role</u>
Academic Registrar (Judith Carey)	To liaise with Senior Team
Director of Student Services (Jacqueline Mayer)	To liaise with Communications, Development and Marketing department (CDM), Student Admin and other areas to inform (If Academic Registrar not available will also complete above)
Head of Student Wellbeing (Julie Spencer)	To liaise with family, students, Police, NHS and/or Coroner (to provide a point of contact within the University for next of kin)
Mental Health Advisor + Suicide Prevention Lead (Greg Garden / Adam Brown)	Co-ordinate a team within the Student Wellbeing Centre to contact any students who may have been impacted by a death Explore support options, including referral to bereavement services
Communications, Development and Marketing department (Ian Richards / Tim Marks)	To liaise with external media

The University has established a Suicide Prevention Intervention and Postvention group (SPIPG) which comprises membership from internal UoL services and external partners, including the NHS; Lincolnshire Police; Lincolnshire County Council. The group meets quarterly to discuss and oversee delivery of the SPP. The SPIPG will hold a serious case review to discuss the student and ascertain any lessons learned in the event of a student death by suicide.

University of Lincoln postvention principles

The University will respond with compassion and respect, being receptive to distress and sensitive to the needs of others who have been affected and will be guided by the wishes of the family / significant others of the person who has died by suicide.

The following outlines the postvention principles that the University of Lincoln will follow when dealing with a student death by suicide.

- We will reach out, in timely manner, to students who have been affected by a death.
- We will follow our protocol on communicating publicly about methods and ensure the use of appropriate and sensitive language about suicide to minimise potential knowledge about suicide methods increasing suicide risk for others.
- We will avoid sensationalising or normalising suicide and remain sensitive and factual in all communications.
- We recognise that talking about suicide does not increase the likelihood of further suicidal behaviours.
- We will adhere to information sharing protocols, with organisations including the Police and NHS services, to provide clear information while protecting the privacy and dignity of those affected and in accordance with legal requirements.
- We will be mindful of cultural and religious perspectives that may affect responses to a student suicide.
- We aim to focus on the identity, life and memories of the individual rather than their death by suicide.

([Universities UK](#))

Suicide Prevention and Response Action Plan

The following table highlights areas for action based on best available evidence and identifies specific actions the University will take to implement and maintain a comprehensive suicide prevention plan. These are listed under the headings 'Prevention', 'Intervention' and 'Postvention'. Details of how these actions will be achieved will be detailed in a University of Lincoln Mental Health Policy in Section 5.

Prevention

Key Aim	Detail	Action	Status
Ensure Leadership and Communication is embedded across the institution	<p>Overall strategic direction is provided by the Vice Chancellor and the Senior Leadership Team, who have positioned wellbeing and mental health as a strategic priority. Culture change and effective communication will be key.</p> <p>Oversight and strategic planning will be provided by Education and Student Life Committee</p>	<p>Establish a Suicide Prevention, Intervention and Postvention Group (SPIPG)</p> <p>This will comprise membership from across the University and external partners to include Public Health, Mental Health Commissioners, Students' Union and other key stakeholders.</p> <p>This group will oversee delivery of the suicide prevention plan, building in mechanisms for ongoing review and updates, reporting to Education and Student Life Committee.</p>	complete
Create an environment that promotes wellbeing, good mental health and social connectedness and supports the development of life skills and emotional resilience.	Many common mental health conditions (e.g., depression, anxiety, substance misuse) begin in adolescence / young adulthood. Attending university represents a major transitional point in the lives of many young adults and many students face additional financial, academic and social pressures. Therefore, it is appropriate that universities create an environment that is supportive of good mental health and emotional wellbeing which goes beyond the	<p>Create an environment where students and staff can thrive and where mental health and wellbeing are supported in all aspects of university life.</p> <p>Specifically, this includes the development of a Student Wellbeing transitional team and a Residential Life Team, and more recently a Student Success and Engagement Team, as part of Student Support Services. This will sit aside initiatives such as the Lincoln First Year project which aims to provide a new approach to transition and</p>	

	<p>development of academic skills to include broader life skills.</p> <p>Social support and connectedness are key protective factors against suicide and can help to buffer the effects of risk factors in people's lives. Improving understanding and tackling stigma surrounding mental health, including suicide and suicidal feelings, and the appropriate use of language is a vital part of this and will encourage help-seeking.</p> <p>There is recognition that suicide more generally needs to become part of an open conversation in universities in a way that is supportive and helps to reduce stigma.</p>	<p>welcome for new students ensuring key touch points throughout their first year.</p> <p>The aim of these initiatives is to improve personal resilience and to develop skills to deal with the increasing complexity of our world; a greater focus on student wellbeing during student and staff induction; and training for all staff in contact with students, which will cover wellbeing, mental health and suicide awareness.</p> <p>Further develop the University's Alcohol and Substance Misuse policy.</p> <p>This will seek to increase awareness and education amongst students and staff; promote a harm reduction approach and improve access to support a healthy environment.</p> <p>Continue to respond to the negative impact of bullying, harassment and hate crime.</p> <p>The University will continue to develop approaches that support an inclusive campus and effectively challenge any discriminatory behaviours which works towards a zero-tolerance approach.</p> <p>Continue to develop access to wellbeing education and information for students.</p> <p>This will be achieved by working with internal and external providers to offer a variety of formats including</p>	
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		self-help resources, one-off events, ongoing skills-based workshops and other proactive activities.	
Reduce access to means of suicide	<p>Reducing access to high lethality means of suicide is regarded as one of the most effective suicide prevention strategies.</p> <p>In a university setting, key issues are access to laboratories and chemicals and local high-risk locations for jumping both within the University estate and close to the University campus.</p> <p>Work has already been completed in conjunction with UoL Estates department and British Transport Police regarding potential 'hot spots' on campus, primarily bridges which cross railway lines.</p> <p>A more generalised concern is cognitive access i.e., increased awareness of particular methods of suicide following reporting of a method after a death either in national and local news or through social media networks and the potential for further imitative deaths or suicide attempts.</p>	<p>Ensure appropriate policies and procedures are in place across the University to ensure the safekeeping of potentially dangerous chemicals.</p> <p>Ensure estates continually review in conjunction with Student Wellbeing potential high-risk locations (e.g., the tops of high-rise residential accommodation and University buildings) and ensures these are secure and takes note of the impact of automatic doors that prevent return of access.</p> <p>Review methods of suicide used amongst university students in general (through SSG) and ongoing monitoring to identify and address any specific concerns.</p>	
Gather and use information about students in order to respond to individual needs	Universities have a duty to take reasonable care for the wellbeing and health and safety of their students. This can be a challenge for universities where crucial information about individuals is either unknown or undisclosed.	<p>Encourage early disclosure at varying points before arrival.</p> <p>This can include, but is not limited to transitional events, such as WOW summer school, attendance at Open Days and Offer Holder Days, and via information shared from</p>	

	<p>Concerns over confidentiality and information sharing also raise significant challenges for universities to address individuals' needs in an appropriate and timely way.</p>	<p>UCAS. Student Wellbeing will maintain records of relevant information prior to arrival and throughout a students' time at university and how to use this information to identify individuals at heightened risk and respond in an appropriate and timely way.</p> <p>Development of a provision at enrolment to give 'Nominated person consent' contact details.</p> <p>This will give the Student Wellbeing Service consent to contact their nominated person (e.g., parent, guardian, or a friend) in situations where they have serious concerns about a student's wellbeing.</p> <p>It is important to recognise that this opt-in does not allow parents, guardians or a nominated person to seek information around a student's academic studies or their day-to-day activities and will only be used in relation to concerns around a student's wellbeing.</p>	
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Intervention

Key Aim	Detail	Action	Status
Promote cultural change and encouraging help-seeking behaviour	Reducing stigma and discrimination through education and awareness is part of the solution to promoting cultural change and encouraging help-seeking behaviour. However, universities need to go further ensuring the provision of a diverse, accessible and comprehensive range of supportive services.	<p>Ensure a wide range of student support services available to students.</p> <p>Careful consideration will need to be given to which type of services are available, ensuring these are culturally appropriate, easy to navigate and readily accessible, how they are advertised and promoted and how to capture the student voice in terms of need. Opportunities will be provided for students to gain wellbeing and mental health awareness and training to create a culture of acceptance and inclusivity; improve their own life-skills and help seeking behaviours; to better understand how to support a friend or colleague and improve their future employability.</p>	
Identifying and responding to a student in distress	<p>It is paramount that the University community understands how to identify and support someone who may be at risk through appropriate training and awareness raising. It is helpful to divide the community into different categories depending on what role they can be expected to play in suicide prevention with each category benefiting from different levels of training. These include:</p> <p>Group 1 - people with an explicit responsibility for managing students at risk - Student Wellbeing Centre</p>	<p>Create a suicide prevention training schedule.</p> <p>This register will document who should receive what training, through what method and how often. There are several organisations providing suicide awareness and prevention training.</p> <p>Applied Suicide Intervention Skills Training (ASIST) which aims to equip people with an ability to recognise when someone may have thoughts of suicide and work with them to create an immediate safety plan would be recommended for Group 2.</p> <p>Group 3 will ideally have undertaken suicide awareness training e.g., safeTALK, which aims to equip people with</p>	

	<p>Group 2 - people with responsibility for the mental and emotional wellbeing of students - Student Wellbeing Team, Student Support, Residential Life and Personal Tutors.</p> <p>Group 3 - People who are an integral part of the community and can therefore be expected to notice, be supportive towards and refer appropriately distressed individuals and those experiencing suicidal thoughts e.g., students, lecturers and other teaching staff, security and accommodation staff, student administrators, estates staff, cleaning staff and catering staff (this list is not exhaustive)</p>	<p>a willingness and ability to spot the signs that someone is struggling and signpost them to appropriate resources or ASIST trained personnel for further support.</p> <p>All staff, regardless of role, will undertake mandatory Safeguarding and Mental Health Awareness training to improve awareness which include training around Supporting Students in Distress. Refresher training will be developed to support ongoing development.</p>	
Developing and implementing a care pathway for a student in distress	A clear and simple care pathway is essential in the management of support for a student in distress. The University via its Student Wellbeing Centre have already developed and implemented robust care pathways which has involved multiagency collaboration including our wider student services colleagues, GPs, secondary care, NHS mental health providers, local authority and third sector organisations.	A clear care pathway map will be published, visible and accessible throughout the University.	

Postvention

Key Aim	Detail	Action	Status
Responding to a suicide in the University setting	A suicide death in the University community can have wide reaching effects. Furthermore, in some circumstances, through the process of social contagion the death of one student by suicide may trigger suicidal thoughts and behaviours in others, particularly those who are already vulnerable. It is therefore essential that the response to a student death is managed in a planned way to minimise further harm.	<p>Review the University Student Death Procedure to include suicide, and ensure that it outlines actions that should be taken immediately and in the longer term and sets out clear roles and responsibilities including initial reporting arrangements, immediate actions to consider, notification of staff, students and external partners e.g. local authority, family liaison, managing press enquiries and how to appropriately remember a student.</p> <p>The University will develop an approach for engaging with parents/carers of students, who take their own life. This will ensure that they feel respected, supported and involved from the point of death. They will also be offered the opportunity to help the University learn lessons from the loss of a loved one.</p> <p>Appropriate support will be identified and offered to staff who have been involved with a student who has died by suicide and to those involved in the SPIPG.</p> <p>A list of additional resources e.g., Help is at Hand, The Support after Suicide Website our local SOBS (survivors of bereaved by Suicide) and other sources of support e.g., Samaritans Step by Step service, for both students and staff following a suicide will be developed.</p>	
Managing press and social media	The media often report suicide deaths, and the deaths of young people may be considered particularly newsworthy. There is a strong body	Identify a lead person i.e., Head of Communications through which all communication with the local and	

	<p>of research highlighting the negative impacts of irresponsible media reporting, including the risk of contagion or imitative behaviour.</p> <p>Furthermore, press intrusion may exacerbate the grief of families and communities at a very difficult time in their lives and therefore needs to be managed appropriately through communication with the media and support and forewarning to families.</p>	<p>national press should be managed and should follow best practice.</p> <p>Communication leads will monitor the reporting of a student suicide on widely used social media platforms and risk assess if a response is required.</p>	
Identifying and responding to suicide clusters	<p>Suicide clusters can be difficult to identify and define.</p> <p>The definition of a suicide cluster is a series of three or more closely grouped deaths... which are linked by space or social relationships. In the absence of transparent social connectedness, evidence of space and time linkages are required to define a cluster. In the presence of a strong demonstrated social connection, only temporal significance is required.</p> <p>Their impact can be widespread, and an effective response therefore requires good preparation and multiagency collaboration. The PHE Identifying and responding to suicide clusters and contagion: a practice resource provides clear guidance on the steps that need to be taken to prepare for a suicide cluster. This emphasises the link that needs to be made with the local Suicide Prevention group led by local authority public health. It provides guidance on how to identify a</p>	<p>The University SPIPG will be responsible for ongoing surveillance to help identify possible clusters early.</p> <p>The University SPIPG is already represented on the Lincolnshire Wide SPSG which feeds into the MHCCC, a Lincolnshire wide action plan has already been produced, and the University need to ensure now that its work on suicide is represented correctly, including responding to suicide clusters.</p> <p>In the event of an emerging cluster the University SPIPG lead will escalate concerns to the University Incident Management Team (IMT). The IMT will meet regularly to monitor the situation and respond appropriately in terms of media liaison, internal and external communications, provision of support to those affected and identification and support for those considered vulnerable due to their proximity to the deceased as defined by PHE guidance.</p>	

	potential cluster early on and suggests responses to reduce the risk of contagion.		
Learning from deaths and serious suicide attempts	<p>An essential aspect of suicide prevention is to learn from any deaths and serious suicide attempts. Through learning we can understand if there is anything that could be done differently or indeed where good practice has been demonstrated. This requires the implementation of a robust monitoring and review system. It is unlikely to be possible to capture all suicide attempts as some will occur without anyone being aware.</p> <p>Therefore, for the purposes of monitoring, the University will attempt to capture serious attempts defined as those with high severity resulting in admission to hospital intensive care units or those using a high lethality method such as hanging or jumping.</p>	<p>The University SPIPG will carry out a serious incident review for every suicide and serious attempt that takes place.</p> <p>A serious attempt in this context is defined as one that leads to an individual being admitted to intensive care or the individual has used a high mortality method. This will involve developing a monitoring system to capture essential information about a suicide or serious suicide attempt and demographic, personal, academic or other pertinent information. The findings will be fed into the Senior Leadership Team and used to develop recommendations to reduce future risk.</p>	

Acronyms:

LGBTQ+ - Lesbian, Gay, Bisexual, Transgender, Queer and other identities

SPSG – Suicide Prevention Strategy Group (Lincolnshire)

SLT – Senior Leadership Team

SPIPG – Suicide Prevention, Intervention Postvention Group