

Bath Spa University Suicide-Safer Strategy



[Content warning: This strategy includes references to suicide, suicidal thoughts, feelings, and behaviours. Information on support services is available here: [Suicide prevention – Bath Spa University](#).]

BATH SPA
UNIVERSITY

1. Introduction and purpose

The University's commitment to creating a suicide-safer community is set out in this strategy. Death or attempted death by suicide has a devastating rippling effect, impacting families, friends and the wider community (including students, academics and professional staff). This strategy and action plan is framed through three core elements of Prevention, Intervention, and Postvention, and shows how the University will continue to work proactively with students and staff, and collaborate with the NHS, Public Health and other agencies to identify areas of good practice and areas for further development.

While student suicide rates are lower than the wider populationⁱ outside of higher education, the University is committed to taking a whole-University approach. This means an essential part of this strategy is focused on raising awareness, educating both students and staff to recognise warning signs, and be equipped to appropriately respond.

Bath Spa University's Strategy 2035 'The Professionally Creative University for the future' ([Strategy 2035 – Bath Spa University](#)) sets out our core values of respect, inclusion, collaboration and sustainability. Ensuring that Bath Spa is a suicide-safer university, means we will nurture a community where everyone feels they matter, and our approach will be characterised by collaboration, kindness, and professional curiosity.

This strategy aligns with, and is informed by Universities UK Suicide-Safer guidanceⁱⁱ, Responding to a suicide: advice for universitiesⁱⁱⁱ, the University Mental Health Charter framework^{iv}, AMOSSHE's Collective responsibility, collective action to prevent student suicide^v and Bath & North East Somerset Suicide Prevention Strategy^{vi}.

2. Definitions

Suicide.	Deliberate act of taking one's life.
Suicidal ideation (passive and active).	Thoughts, ideas, ruminations about the possibility of ending one's life. Passive suicidal ideation is thinking about not wanting to live or imagining being dead. Active suicidal ideation involves formulation of elaborate plans to end one's life.
Suicide attempt.	A suicide attempt is 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 feelings.	Suicidal feelings 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.
Suicidal behaviour.	A range of behaviours related to suicide and self-harm in vulnerable individuals, including suicidal thinking, deliberate recklessness and risk-taking, self-harming not aimed at causing death and suicide attempts. Around 20% of young people have self-harmed (non- suicidal) by the age of 20, far fewer (around 2-3%) make suicide attempts.
Contagion.	In this context is an increased awareness of 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.

3. Beliefs and understanding of suicide^{vii}

The reasons for suicide are complex and rarely caused by one single issue. We know that certain groups and individuals are more at risk of suicide and that several factors can contribute to increasing the risk of suicidal behaviour.

These may include:

- Mental health problems.
- Bullying, prejudice or stigma, such as relating to race, gender, disability or sexual identity.
- Different types of abuse, including domestic, sexual or physical abuse.
- Bereavement, including losing a loved one to suicide.
- The end of a relationship.
- Long-term physical pain or illness.
- Adjusting to a big change, such as retirement or redundancy.
- Money problems.
- Housing problems, including homelessness.
- Isolation or loneliness.
- Feeling inadequate or a failure.
- Addiction or substance abuse.
- Doubts about sexual or gender identity.
- Society's expectations, for example to act a certain way or achieve certain things.
- Other forms of trauma.

4. Strategic oversight

The University's Mental Health and Wellbeing Steering Group reports into Education Committee and is tasked with oversight of the implementation of the suicide-safer action plan. The Mental Health and Wellbeing Steering Group also has responsibility for oversight of the University's ongoing work related to the University Mental Health Charter and the Clinical Governance Framework.

5. Summary

This summary outlines the key areas of strategic focus of the University's suicide-safer work. Focusing on prevention, timely intervention, and postvention responses, we aim to create an environment where members of our community feel connected, supported and able to access help when they need it. The suicide-safer checklist and action plan contains further detail, and regular updates will be published on the University's suicide-safer webpage.

5.1. Prevention

- We will continue to embed a whole-institution approach to the promotion of mental health and wellbeing and the identification of and support for individuals and groups at risk, led by the University's Executive Board and Leadership Group.
- We will continue to foster a compassionate community that encourages disclosure and open dialogue of mental health to reduce the associated stigma.
- The University will continue to work to improve access to support for students through developing partnerships with internal and external services and agencies.
- We will ensure that staff and students have access to suicide prevention and awareness raising training.

5.2. Intervention

- We will ensure we continually explore opportunities for early intervention and identification of risk by improving and reinforcing the University's referral pathways to raise concern about students.
- We will take a structured approach to the delivery of awareness raising activities and suicide prevention training to equip students and staff with the knowledge to recognise warning signs and how to appropriately respond.

- We will provide tailored wellbeing support for high risk student groups and students with particular needs, recognising the wide diversity of the student population.

5.3. Postvention

- We will continue to review investment in professional in-house Student Wellbeing Services to ensure that the University can respond appropriately and compassionately to suicide attempts and deaths by suicide.
- We will take a consistent and thorough approach that ensures appropriate support and guidance is provided to those affected, considers the risk of contagion, by maintaining a structured postvention approach.
- We will provide a high level of support to all students and staff affected by student suicide.
- We will learn from our experiences and continuously improve the University's prevention and response to suicide and death.

ⁱ [Estimating suicide among higher education students, England and Wales - Office for National Statistics](#)

ⁱⁱ [Suicide-safer universities](#)

ⁱⁱⁱ [Responding to a suicide: advice for universities](#)

^{iv} [UMHC Framework - Student Minds Hub](#)

^v [Collective responsibility, collective action to prevent student suicide](#)

^{vi} [Microsoft Word - B&NEs local suicide prevention strategy draft - 2024](#)

^{vii} [Understanding suicidal thoughts and feelings | Mind](#)