



## Suicide Prevention Strategy for Staff and Students

Many of us find suicide difficult to talk about. And yet we should talk about it more. We want our universities to be safe places; places where students and staff can thrive and succeed, where everyone feels that they belong and are part of a supportive and caring community. But we have to recognise that, for some, for some of the time; that is not how they feel. Support is available, but those in need of support sometimes feel there are barriers to accessing the support available or are unable or unwilling to do so.

Suicide is preventable. That is why Dorset's three universities have a shared vision with all our partners signed up to the Pan-Dorset suicide prevention strategy that "no one of any age living in Dorset will reach the point where they believe that they have no other choice but to attempt suicide or to end their life by suicide".

We are committed to working with our partners in raising awareness around suicide prevention and taking action to achieve our shared vision. This strategy sets out the detailed actions that we will take, to ensure that our communities are the supportive and caring places we want them to be, for all members of our community, so that no-one feels that they are left without choices.

A handwritten signature in black ink, appearing to read 'Paul Gough'.

Professor Paul Gough  
Principal and Vice-Chancellor  
Arts University Bournemouth

A handwritten signature in black ink, appearing to read 'Lesley Haig'.

Lesley Haig  
Vice-Chancellor AECC University College

A handwritten signature in blue ink, appearing to read 'John Vinney'.

Professor John Vinney  
Vice-Chancellor, Bournemouth University

## 1. Introduction

The three universities of Dorset- AECC University College, Arts University Bournemouth, and Bournemouth University – have committed to take action to prevent any death of a staff member or student by suicide. This joint Universities of Bournemouth Suicide Prevention Strategy for Students and Staff has been produced collaboratively and sets out the context and commitments of each university in supporting the Pan-Dorset Suicide Prevention Strategy. This Universities of Bournemouth strategy acknowledges the need for action across three interdependent areas: prevention, intervention and postvention (aftercare following a suicide death to support the bereaved and reduce the risk of other deaths).

This strategy aligns with the guidance of Suicide-Safer Universities (Universities UK and Papyrus, 2018) and recognises that it is possible for universities to make effective interventions to build supportive, compassionate cultures and reduce the risk of death by suicide.

Adopting a whole University approach to good mental health is a key part of creating a suicide safer University. The activities identified under the Suicide Prevention action plan in section 5, are about creating an infrastructure that supports student mental health and access to support where staff can access appropriate training and resources and know how to refer students to appropriate support.

Talking about suicide does not increase the risk of death, yet this myth persists in many communities. It is important that we continue to talk about suicide risk as part of discussions about wider student support conversations and training events and try to destigmatise the subject as much as we can on University Campuses.

## 2. National Context

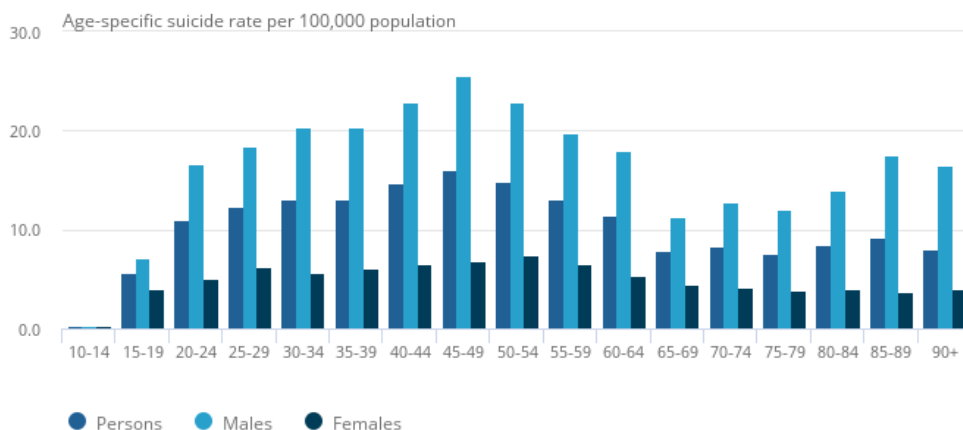
The latest dataset on the general population from the ONS can be summarised as follows;

- In 2019, a total of 5,691 (11.0 deaths per 100,000 population) suicides were registered in England and Wales. This remains in line with the rate observed in 2018 when there were 5,420 suicides registered (10.5 deaths per 100,000).
- Around three-quarters of registered deaths in 2019 were among men (4,303 deaths), which follows a consistent trend from the 2018 data.
- The England and Wales male suicide rate of 16.9 deaths per 100,000 is the highest since 2000 and remains in line with the rate in 2018; for females, the rate was 5.3 deaths per 100,000, consistent with 2018 and the highest since 2004.
- Males aged 45 to 49 years had the highest age-specific suicide rate and for females, the age group with the highest rate was 50 to 54 years.
- Despite having a low number of deaths overall, rates among the under 25s have generally increased in recent years, particularly 10- to 24-year-old females where the rate has increased significantly since 2012 to its highest level.

The following graph from the data report by the Office for National Statistics in 2019 shows the age specific suicide rates registered in England and Wales in 2019.

Figure 6: The highest suicide rates were seen among those aged 45 to 49 years for males and 50 to 54 years for females

Age-specific suicide rates by sex and five-year age groups, England and Wales, registered in 2019

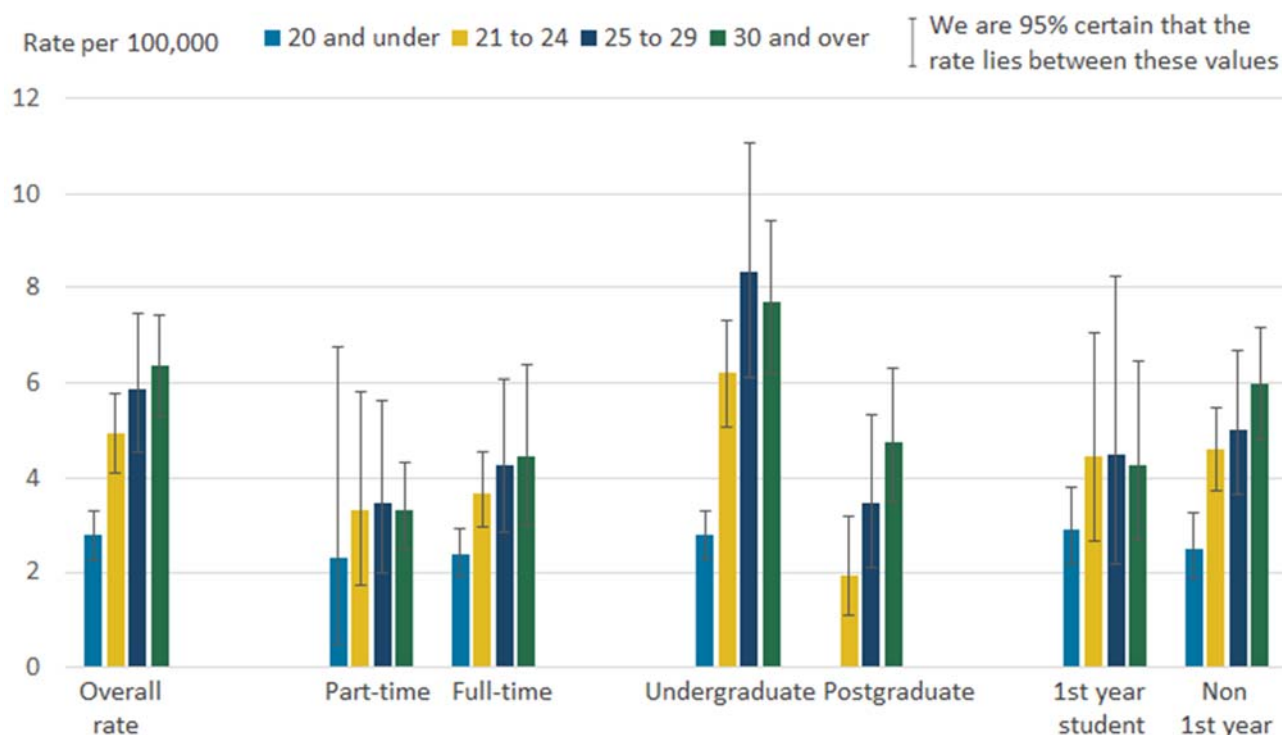


Source: Office for National Statistics – Suicides in England and Wales: 2019 registrations

In 2018, the Office for National Statistics produced from a dataset linking information from individual Higher Education Statistics Agency (HESA) data on university students in England and Wales to the ONS mortality records.

This remains the most recent study published on suicide among higher education students by the ONS and the summary is as follows;

- The number of identified students in higher education who died by suicide between 2000-01 and 2016-17 was 1,330.
- The rate of deaths by suicide in the higher education student population remained at 4.7 deaths per 100,000 students between the 12 months ending July 2015 and the 12 months ending July 2017.
- The number of suicides in the higher education population between July 2016 and July 2017 was 95.
- The rate of suicide for female students was significantly lower than the rate for male students. This was observed when looking at overall student suicides, as well as looking at the difference in studying part- or full-time, whether studying at undergraduate or postgraduate degree level, and the undergraduate year of study.
- 83 per cent of deaths by suicide (1,109) were among undergraduates and the remaining 17 per cent (221) were among postgraduates.



Source: Office for National Statistics – Suicides in England and Wales; 2019 registrations

Although a range of situations and characteristics may heighten risk, some students take their own lives without being known to be in distress or having an established risk profile. Two out of three suicides happen without previous contact with mental health services and in some of these cases the individuals involved do not fall into recognised high-risk groups.

In respect to suicide data specifically relating to staff working in Higher Education, the latest data available from the ONS is for the period between 2012 and 2017 and is broken down as follows:

Year	Number of deaths
2012	5
2013	4
2014	6
2015	5
2016	4
2017	11

*Suicide data for Higher Education teaching professionals in England and Wales, aged 20-64. This relates to deaths registered as suicide in each year rather than occurring.*

There has been increasing concern both nationally and internationally about incidences of suicide and attempted suicide, resulting in several strategies, including:

- National Suicide Prevention Strategy for England (Department of Health and Social Care, 2012)

- Preventing Suicide in England; A cross government outcomes strategy to save lives (Department of Health, 2017)
- Cross-Government Suicide Prevention Workplan (Department of Health and Social Care, 2019)
- Preventing Suicide in England: fifth progress report of the cross-government outcomes strategy to save lives (2021)

Many reports highlight the incidence of mental ill health in Higher Education, with levels of mental illness, mental distress and low wellbeing among students increasing:

- Reducing the Risk of Student Suicide: issues and responses for higher education institutions (Universities UK, 2016)
- Step Change in Mental Health (Universities UK, 2017)
- Suicide Safer Universities (Universities UK, 2018)
- Mental health of higher education students (Royal College of Psychiatrists, 2021)

Over the past 10 years there has been a fivefold increase in the proportion of students disclosing a mental health condition to their university with 94% of universities reporting a dramatic increase in the number of students seeking counselling support (Institute for Public Policy Research, 2017).

A survey of University students undertaken by Dig-In in 2018, which had 37,654 student responses, found that 1 in 10 of those who responded think about self-harming often or all the time. A third of all respondents reported having serious personal, emotional, behavioural or mental health issues needing professional support, of which four fifths reported their symptoms first arose in high school with only 1 in 5 reporting their symptoms first commenced in University. This indicates a significant proportion of students are likely to be arriving at University with previous lived experience of mental health needs.

A YouGov UK survey (2016) found that 27% of students reported some form of mental distress. This was more prevalent in women (34%) than men (19%) and more prevalent still in LGBT students (45%). The most common symptoms were depression (reported by 77% of those with mental health problems) and anxiety (74%). 14% of students said they had an eating disorder; 5% had a 'behavioural or developmental' problem such as attention-deficit disorder, and 5% had a learning disability.

Nearly half of respondents (47%) said that their symptoms interfered with completion of some daily tasks and 4% said they could not complete even simple tasks. 70% said that work from university was one of their main sources of stress. The next biggest concern for students was finding a job after university (39%), followed by family worries (35%). Jobs and relationships (23% each) and friends (22%) accounted for most of the other sources of stress.

Poor mental health can lead to increased risk of students dropping out of university, or in the most severe and tragic cases, death by suicide. Suicide rates rise steeply when people are in their late teens. Between 2007 and 2015, the number of student suicides across the UK increased by 79% from 75 to 134 (Office for National Statistics, 2016).

### 3. Local Context

The three Universities in Dorset, AECC University College, Arts University Bournemouth and Bournemouth University all sit on the Pan-Dorset Multi Agency Suicide Prevention Strategy Steering Group which includes representatives from a wide range of primary and secondary health services, statutory services, third-sector, transport, and education.

It is the shared vision of all partners signed up to the Pan-Dorset suicide prevention strategy that:

“no one of any age living in Dorset will reach the point where they feel or believe that they have no other choice but to attempt suicide or to end their life by suicide”.

The overriding ambition of the strategy is to prevent any death by suicide.

The intention is to achieve zero-suicides – the group’s motivation is that suicide is preventable. This will be achieved by compassionately and consistently providing information, advice and support based on the identified needs, trends and themes emerging from the Real Time Surveillance Data; and from then on, work to ensure that people in Dorset have the right support to enable them to make different choices.

The Dorset Suicide Prevention strategy and implementation plan has six workstreams:

- Development of real time surveillance to include suspected suicide attempts and suspected suicides
- Bereavement Support
- Communications and Media
- Skills and Training in Suicide Prevention
- Develop lived experience champions
- Community and partnership group

More information on the detail of the strategy can be found at

<https://democracy.bcpccouncil.gov.uk/documents/s22820/Enc.%203%20for%20BCP%20Council%20Suicide%20Prevention%20Plan.pdf>

### 4. Targeted groups within the University setting

The identification of “Target Groups” by the three Universities took into consideration the target groups included in both the National and Local Suicide Prevention strategies, which were felt and observed to also reflect the particular vulnerabilities of staff and students in Universities.

We also recognised the additional vulnerability of students moving to a new area where established networks of support were yet to be defined and secured, especially following prior lived experiences during the Covid pandemic, so added this specific target group for the 2021/22 Academic year.

- Young and middle-aged men - staff and students (*National, Local, University-level target*)
- Staff and Students in the care of mental health services, including inpatients (*National, Local and University-level target*)
- Staff and Students with a history of self-harm (*National, Local and University-level target*)
- Staff and Students with a known history of low mood and depression (*National, Local and University-level target*)
- First year students transitioning to university (*University-level target*)

It is important to note that these target groups will be reviewed on an annual basis using both internal and external data analysis and reviews on any suicide attempts and associated risks identified throughout the Academic year. The three Universities will meet quarterly to share intelligence around trends, feedback on experiences of the impact of the strategy from staff and students and updates on local trends and demographics captured by the Pan-Dorset Suicide Prevention Real Time Surveillance and High-Risk working groups.

Analysis and updates will be presented at the annual University Suicide Prevention 'Summit', held in October of each year to align with World Mental Health Day, which will also provide an opportunity to sense check areas for improvement and update stakeholders present. This strategy is a live document, and as such, we are committed to reflect our learning from interventions and postvention as part of our ongoing review of practice, impact and outcomes.

## **5. Suicide Prevention Action across the Universities**

This strategy will incorporate the threads of Prevention, Intervention and Postvention throughout the document, rather than having separate sections on specific support available, which differs between the three Universities. Further information on the specific resources and support available as part of Prevention and Intervention will be published on each university's website, and specific postvention steps in the event of a reported suicide will be led by the Universities incident response lead in the first instance to ensure this can be personalised to each case.

We are mindful that staff and students may require further operational guidance to this strategy which provides detail on the management and escalation of concerns and each University will consider how best to provide this for their staff and student cohorts in line with their organisational practice.

The Government's Suicide Prevention 6 key areas for action have been adopted by all three Universities within this strategy and are as follows:

- a) Reduce the risk of suicide in key high-risk groups
- b) Tailor approaches to improve mental health in specific groups
- c) Reduce access to the means of suicide
- d) Provide better information and support to those bereaved or affected by suicide
- e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour
- f) Support research, data collection and monitoring

The Universities have agreed further specific action areas which align with the Pan-Dorset Suicide Prevention Strategy and which will sit under the government's 6 key areas as follows;

- a) Reduce the Risk of Suicide in key high-risk groups**
  - a. Focus on young and middle-aged men to encompass both the staff and student population
  - b. Ensuring staff and students with lived experience of the impact of suicide contribute to our learning of what works well and where there are gaps in support.
  - c. Working with the Dorset Real Time Surveillance group to respond to and support any University staff and students assessed and identified as high risk
- b) Tailor approaches to improve mental health in specific groups**
  - a. Developing and publishing a clear pathway of Mental Health Support for all staff and students

- b. Raising awareness of the different states of mental health, to improve understanding of the difference between 'distress' and 'crisis' and how to access support.
  - c. Using personal coping and safety plans to enable staff and students to develop personalised approaches to managing self
- c) Reduce access to the means of suicide**
- a. Consider available IT tools to use on University platforms, providing an immediate pop-up pause and signposting to support for anyone searching for information about suicide methods
  - b. To work with staff and students with a known history of self-harm and suicidal ideation to develop a personal coping plan
- d) Provide better information and support to those bereaved or affected by suicide**
- a. To promote the work of and access to Open Door, a Pan-Dorset-based bereavement service for those impacted by suicide
  - b. To maintain specific webpages on bereavement, support available both within the university and in the community.
  - c. To develop a check in system for staff and students known to have been bereaved by suicide to ensure they are reminded of the support available at key milestones beyond the bereavement.
- e) Support the media in delivering sensitive approaches to suicide and suicidal behaviour**
- a. Universities to be members of and represented on the Pan-Dorset Suicide Prevention Communication and Media working group.
  - b. Universities will each develop and share their communication and media strategy to ensure consistency.
- f) Support research, data collection and monitoring.**
- a. Universities will offer follow up conversations with staff and students following confirmed suicide attempts to better understand any gaps in knowledge of available resources or engagement with support.
  - b. An annual 'Suicide Prevention Summit' will be held for staff across all three universities to share good practice and identify learning opportunities.
  - c. Each University will maintain a dataset to inform practice and improvements, alongside identifying future targeted groups.



## a) Reduce the risk of suicide in key high-risk groups

	<b>Action</b>	<b>By when</b>
1	Implementing the strategy through raising awareness with all staff and students through regular communications and focus during national and local social media and awareness campaigns. Engaging and supporting local awareness campaigns specific to targeted groups within the community, e.g, Light On Men's Mental Health campaign.	December 2021
2	Using risk assessments and safety/personal coping plans for staff and students who present as high risk of suicide based on their historical or current mental health needs and disclosure of suicidal ideation or plans. This will include an update for permission to contact next of kin.	
3	Each University will publish their health and wellbeing support on staff and student webpages, outlining resources available, how to access them and how to escalate concerns	
4	An Annual Review event for all staff who work directly with students or as line managers for staff will be held to update staff on the national and local context, share any learning or themes from the year and identify good practice.	
5	Identifying and rolling out appropriate levels of training, in agreement with the University organisational Development and HR teams for all University staff, the levels of which will be dependent on role.  Offer to all staff based on the following three levels:  <b>Level one:</b> Awareness level – Online learning raising awareness in recognising someone who might be in distress and covering suicide prevention literacy. This awareness training is available to all staff and students.  <b>Level two:</b> Developing skills in suicide prevention with people at risk – more detailed online or in person learning in how to have a supportive conversation and signpost those at risk to support. This training is aimed at those who have completed level one and are in roles that provide direct wellbeing to support others.  <b>Level three:</b> Utilising skills in suicide prevention – high level skills for staff who are more likely to encounter individuals who may be thinking about or planning to take their own life. This enhanced training will be held as part of a facilitated workshop for those staff who are directly supporting students and/or line manage staff as part of their role.	Each university will identify staff groups for each level based on roles held by December 2021

## b) Tailor approaches to improve mental health in specific groups

	<b>Action</b>	<b>By When</b>
1	Highlight Mental Health and wellbeing support available during student and staff induction periods and then through an ongoing cycle of awareness and reminder communications through student and staff webpages and emails.	
2	Provide clear pathways to the mental health and wellbeing support available for both staff and students and how to access them.	
3	Implementing a focus on wellbeing within all policies, the curriculum and in the workplace to raise awareness of mental health issues	
4	Provide training for staff who support students on how to respond to colleagues or students who present as vulnerable, to build confidence in understanding of the difference between distress and crisis.	
5	Evaluating interventions to assess outcomes and identify any gaps in resources for specific groups	

### c) Reduce access to the means of suicide

	<b>Action</b>	<b>By when</b>
1	Working in partnership with the Pan-Dorset Suicide Prevention Steering Group to identify local trends coming from real time surveillance to better understand means used in both suspected suicides and attempted suicides	
2	Use real time surveillance data provided by Public Health Dorset to inform our approach and interventions.	
3	Use personal coping and safety plans with students and staff who identify as having thoughts of suicide to help them stay safe.	
4	To regularly communicate with staff and students the resources and support available for anyone having suicidal thoughts, increasing confidence in knowing what to do if there are concerns about self or others.	

### d) Provide better information and support to those bereaved or affected by suicide

#### Immediate support:

Following notification of a suspected suicide, each University will follow their major incident process and will nominate a senior lead professional who will immediately:

- Convene the Universities' incident response team as appropriate, see Appendix 1 for your university process.
- Notify the University Media and Communications lead to implement the Suicide Prevention Communications plan
- The incident response lead will work with lead agencies (NHS, Public Health, Police) to determine further actions in respect of immediate action required.

#### In addition:

	<b>Action</b>	<b>By When</b>
1	Each University to publish support available to those bereaved by suicide on their websites. Including how to access the Dorset Open Door bereavement support service	
2	Where required and appropriate, university staff will be offered a serious incident debrief and provided with information on support available and how to access it, for example, HR support and the Employee Assistance Programme.	
3	Where required and appropriate, students to be offered a debrief and safe space to explore their experience as part of the postvention support offer.	
4	Student and Staff Wellbeing support will be made available and prioritised for all staff and students affected	
5	As part of the postvention support, a peer review of the suspected suicide will be considered to identify any immediate lessons learned in respect of university involvement and support; this will be internally shared with those affected in each circumstance and will involve outside agencies as required.	
6	Universities will work with the Samaritans, Dorset Community Mental Health Alliance and Public Health Dorset to secure support for those affected and identify any gaps in information and resources.	

**e) Support the media in delivering sensitive approaches to suicide and suicide behaviour**

	<b>Action</b>	<b>By When</b>
1	Each University will have a suicide prevention communications plan.	
2	Each University to sit on the Pan-Dorset Suicide Prevention Strategy Communication and Media working group, liaising with partners to promote and raise awareness.	
3	Universities will be clear on the language to be used in suicide prevention awareness and interventions to ensure it is consistent with media guidelines.	
4	The Universities will actively engage in World Suicide Prevention Day, University Mental Health Day and World mental Health Day	

**f) Support research, data collection and monitoring**

	<b>Action</b>	<b>By When</b>
1	Consistently collate anonymised datasets and outcomes from suicide and attempted suicide to inform practice and improvements.	
2	Where appropriate to do so, engage with students and staff who experience suicidal thoughts to better understand the needs of people currently accessing support, and those who are not but who would benefit from support, to inform better targeting of resources.	
3	Undertake an annual survey to identify what staff and students know about resources available and what staff and students would find helpful.	
4	Quarterly review meetings will be held, with senior strategic leads from each University, to monitor progress of this strategy.	

<b>5</b>	Any undertaken research in the fields of Mental Health and Suicidology will be shared at an annual “Suicide Prevention Summit” across the three Universities. The first of which will be held in November 2021	<b>November 2021</b>
<b>6</b>	AECC University College, AUB and BU will adhere to a joint postvention plan, outlined in Appendix 2.	

### Annual review of this strategy:

Each year, the Universities strategic leads for suicide prevention will undertake an annual review in the September, to outline any required changes to the strategy and highlight any learning identified during the preceding academic year.

To inform this review, data analysis from interventions and local Dorset real time surveillance outcomes will be considered to inform any change needed. Updates and any amendments will be presented at the annual suicide prevention summit and published on the webpages of each university under “Suicide Prevention”.

Any learning published with the updated Suicide Prevention Strategy will be themed to ensure there are no identifiable factors. Where there are identifiable factors, this learning will be anonymised as appropriate and shared with the strategic leads only.

The strategic leads from each University will meet quarterly to review the action plan and cross reference implementation in each of the three Universities. Each University has committed to undertaking this peer review approach and to act as a critical friend.

The strategic leads from each university will also meet with the Pan-Dorset Suicide Prevention Strategy Group Leads to raise any operational issues and update on progress.

### Further information and Feedback

For further information or to provide feedback regarding this strategy, please contact the following University leads;

Kerry-Ann Randle – Bournemouth University  
[krandle@bournemouth.ac.uk](mailto:krandle@bournemouth.ac.uk)

Heidi Cooper Hind – Arts University Bournemouth  
[hcooperhind@aub.ac.uk](mailto:hcooperhind@aub.ac.uk)

Caroline Cooke – AECC University College  
[CCooke@aecc.ac.uk](mailto:CCooke@aecc.ac.uk)

Next Annual Review due November 2022



**AECC**  
University College

## Appendix 1 - Incident debrief and peer review

### Incident debrief:

#### Initial debrief

Once it is appropriate to do so after a death where suicide has been reported as a factor, all involved in the case will be invited to participate in an incident debrief to provide an opportunity to reflect on the experience and identify any further support needed regarding the impact. Debriefing is not counselling, but a structured discussion on the event that took place to provide clarity and begin the process of recovery.

- The debrief session will be facilitated by a senior, appropriately trained staff member who is a different staff member from the lead professional involved, to enable them to fully participate and be supported by HR and the appropriate support leads from the institution.
- The debrief will not be a review of what happened and is not a forum to speculate or apportion blame.
- If it is felt to be more appropriate in the context of the incident, the debrief will be led by an independent facilitator from the Bournemouth Samaritans or regional Samaritans critical incident response team.

#### Attempted Suicides

Where a student or staff member has attempted suicide, which directly impacted other staff or students, escalation can be made to the University lead for suicide prevention (see Appendix 3) for consideration for an attempted suicide incident debrief. Where convened, this will follow the same process as above with the same ongoing support detailed below.

#### Ongoing debrief support

The psychological and physical impact of a traumatic experience can develop and occur over time. It is therefore important that participants of a debrief are provided with both immediate support and follow up resources and information about who to contact in the organisation for further support.

All participants will be given information on where to get further support and how to access it.

Debriefs held will be recorded as part of the data analysis of incidents and will monitor the provision of regular check-ins post incident to all participants. The frequency of these check-ins will be agreed at the initial debrief session and will be the responsibility of the lead facilitator or their nominated representative to arrange.

**Peer review and lessons learned:**

In order to ensure any loss from suicide informs our understanding, knowledge and support provision, the Universities have created an internal serious case review model. This process will be separate from any other formal process, e.g., Coroners or Adult Safeguarding Board case reviews and will be led by one of the other three Universities.

The peer review will be held in the context that cause-of-death has not yet been confirmed by the coroner, but that there are factors to indicate a suspected suicide.

The peer review will be facilitated between the three Universities as follows:

- The University strategic lead for suicide prevention, who is a member of the Pan-Dorset Suicide Prevention Strategy Steering Group and trained in suicide prevention, will be appointed as a lead peer reviewer, secured from a University not involved in the incident. This will be agreed amongst the strategic leads.
- Observer/assistant reviewer/s will be identified and secured from the remaining University (AECC UC, AUB, BU) to provide support and sense checking to the lead peer reviewer.
- Reviewers will look at a chronology of the University interventions, to identify any opportunities for learning/improvement and any gaps in processes or resources. The role of the reviewers is to focus solely on the University involvement and not that of any external organisations, friends or families.
- Where appropriate to do so, and agreed in advance with the affected University, the reviewers will speak to key staff involved. Any conversations will focus on process and not individuals' thoughts, feelings or behaviours.
- Students will not be involved in the peer review.

Once the peer review is completed, the review will be confidentially presented to an Independent representative from the Pan-Dorset Suicide Prevention Strategy Group Leadership, acting as a critical friend, and to provide appropriate challenge and comment.

The peer review report will be shared with the respective strategic leads from the affected University. Any outcomes will be anonymised to ensure there are no identifiable details and used as part of ongoing thematic feedback.

## **Appendix 2 – Suicide Prevention Communications plan**

The three University Media and Communication leads will be working together on aligning the Universities plan to the Pan-Dorset Suicide Prevention Strategy Communication plan, and are represented on the associated steering group.

Activities throughout the year will include supporting ongoing awareness campaigns led by both the Local and National Suicide Prevention community in order to share resources and tools that may ultimately help to save a life.

Any loss of life through suicide is felt deeply within our community and we know has a ripple effect on those affected. We are therefore committed to ensuring that any communication regarding suicidal behaviour and suicides is done with great responsibility, supported and led by the respective University designated communications team.



## Appendix 3

Bournemouth University has approximately 18,000 students and just under 2000 staff. Located across two main campuses in Bournemouth, with satellite campuses in Yeovil and Portsmouth. We also have affiliated courses with Wiltshire college.

The University works closely with partner organisations from across our community and are a member of the Dorset Community Mental Health Alliance as well as the Pan-Dorset Suicide Prevention Strategy Steering Group and National Suicide Prevention Alliance (NPSA)

Bournemouth University has an established commitment to providing wellbeing support to students and staff, which is overseen by the Wellbeing Board, co-chaired by the Director of HR and Director of Student Services. The Wellbeing Board is well placed to monitor the progress and effectiveness of the strategy and action plan and will receive regular updates on progress to date.

This strategy is underpinned by the University's core values of;

- Excellence – we strive for excellence in everything we do
- Inclusivity – we value and respect diversity and act to ensure we are inclusive
- Creativity – we are imaginative, innovative and create solutions to problems
- Responsibility – we take responsibility for the impact<sup>6</sup> of our actions and focus all our actions as a learning community on making a positive contribution to society.

## Key contacts

### Concerns about a student:

During office hours, please contact AskBU on 01202 969696.

For escalation or urgent concerns, please email the Head of Student Support and Wellbeing at [krandle@bournemouth.ac.uk](mailto:krandle@bournemouth.ac.uk) or telephone reception on 01202 962222 and ask to speak to the Student Services Executive on call.

Out of hours: Telephone 01202 962222 and ask to speak to the Welfare Duty Officer (WDO) who will be able to assess the risk and escalate if required.

Further information about support for students can be found at <https://www.bournemouth.ac.uk/students/health-wellbeing>



### **Concerns about a member of staff:**

During office hours, please contact Health, Safety & Wellbeing Team via 01202 961213 or 01202 962482 or [HealthandSafetyMailbox@bournemouth.ac.uk](mailto:HealthandSafetyMailbox@bournemouth.ac.uk)

For escalation or urgent concerns, please email the Head of Health, Safety & Wellbeing at [kbutters@bournemouth.ac.uk](mailto:kbutters@bournemouth.ac.uk) or telephone on 01202 96113.

Out of hours, please ring 01202 962222 and ask to speak to the Welfare Duty Officer (WDO) who will be able to assess the risk and escalate as required.

Further information about support for staff can be found at <https://staffintranet.bournemouth.ac.uk/workingatbu/healthsafetywellbeing/>

### **Major Incident Response**

Further information regarding the major incident process at Bournemouth University, which will be considered following the notification of all cases of suspected suicide, can be found at:

<https://intranet.sp.bournemouth.ac.uk/policy/BU%20Major%20Incident%20Plan.docx>