

Suicide Safer University Strategy

Sources of Support

As outlined in the [King's Community Charter](#), King's College London seeks to provide culture that promotes positive mental health and wellbeing and supports a proactive and holistic approach, whilst recognising the needs of the individual. All members of our community have the right to a safe and healthy environment for our whole university community, including staff colleagues, students, and other key partner communities, such as intercollegiate residences and placement partners.

We know that the content of this strategy may impact emotionally on those reading the document. Support is always available, and you may find the information below useful.

Samaritans

Samaritans provide confidential, non-judgmental emotional support 24 hours a day to people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or via email on jo@samaritans.org

NHS24 Mental Health Hub

Telephone advice and support on healthcare can be obtained from NHS24 by phoning 111. The Mental Health Hub is open 24/7.

The Listening Place

[The Listening Place](#) is open from 9am to 9pm, 7 days a week and offers face-to-face listening appointments for people who are experiencing suicidal thoughts. You can [self-refer online](#), or call on 0203 9067676

Shout Crisis Line

[Shout](#) is a free and confidential text messaging service, available 24/7 throughout the UK, for people who are struggling to cope.

PAPYRUS HOPELINE247

PAPYRUS Prevention of Young Suicide is the UK charity dedicated to the prevention of suicide and the promotion of positive mental health and emotional wellbeing in young people, up to 35 years of age. If you are having thoughts of suicide or are concerned for a young person who might be, you can contact [PAPYRUS HOPELINE247](#) for confidential support and practical advice. Call: 0800 068 4141 Text: 07860 039 967 Email: pat@papyrus-uk.org.

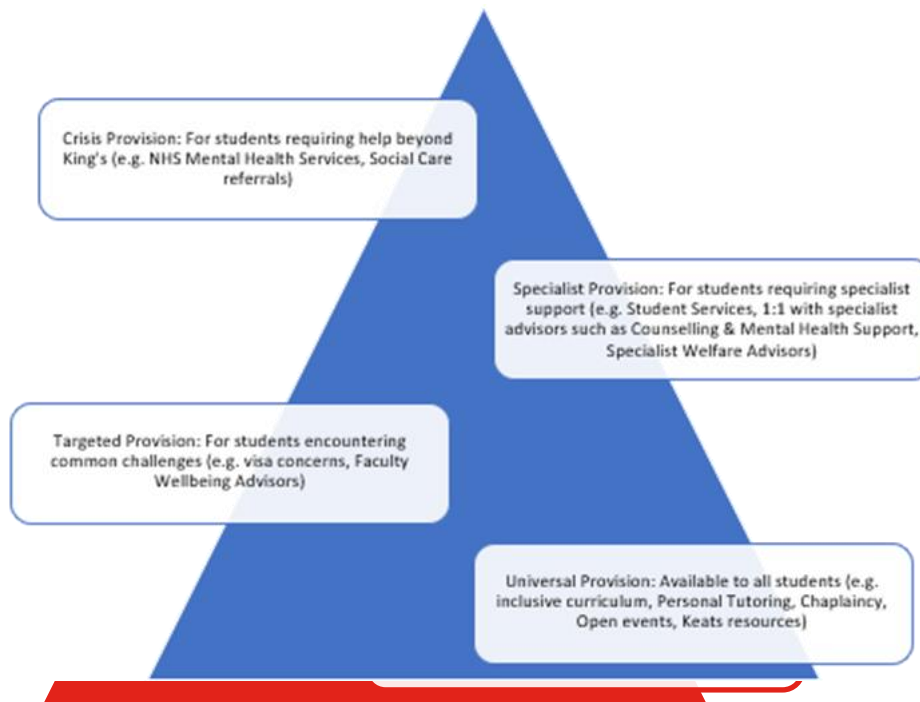
International Advice & Support

[The International Association for Suicide Prevention](#) has information on support available, including a list of crisis helplines for most countries, outside of the UK.

The [StayAlive App](#) also has information about international resources, including more helplines and 'stay safe' plans, for both the UK and overseas.

1. Introduction

- 1.1 We work hard to ensure that our policies and practices do no harm, and so contribute to reducing the risk of suicides, while also providing support for those impacted by deaths of those who are, or have been, part of the King's community. We strive to enhance support by improving community practices; [gatekeeper training](#); outreach, awareness, mental health training; screening and information sharing, both within King's and beyond – as appropriate.
- 1.2 Preventing deaths by suicide is a nuanced, complex issue, as is addressing poor student mental health more widely. There isn't a simple solution. What can help prevent further student deaths is a focus on wellbeing and mental health across the breadth of students' experiences, accountability measures, support, the embedding of wellbeing and mental health as a fundamental ethos, and the way universities – and the wider health system – aid members of our community who are in distress.
- 1.3 There are several factors that may increase the risk of suicide, including, but not limited to: stress encountered at times of transition (such as moving away from home or starting university); age; sexuality and gender identity; ethnicity; substance use; financial pressures; housing issues; physical health, disabilities and impairments; medical concerns; bereavement, isolation or relationship issues (both short and longer term); employment issues; and familial history of suicide. (See Appendix).
- 1.4 Recognition of this drives King's College London to better understand suicide amongst our community, including both current and future patterns, and to implement a robust framework and approach to creating a suicide safer community. Embedding mental health and wellbeing and ensuring that students are supported at all levels of need is a fundamental ethos of the [university](#).
- 1.5 Often, suicide prevention work focuses entirely on emotional support, rather than also looking at other practical issues that students, in particular, may face. The King's Suicide Safer Strategy places focus on both emotional and practical support through an integrated approach, including signposting to directly supporting and advocating with staff and students to facilitate access to practical assistance, for example, financial and housing advice or study support, as well as to specialist and general counselling and wellbeing services.
- 1.6 Our strategy has been informed and developed by colleagues and students across the University and aims to provide a whole University approach aligned with [Universities UK's StepChange Healthy Universities](#), informed by the UUK guidance [Suicide-Safer Universities](#) for both University Leadership and Practitioners, and by [National Institute of Clinical Excellence Quality Standards](#). The recognition of heightened stress for students and the need to have special concern for mental health, including curriculum-embedded wellbeing and resources for early intervention through to accessing crisis support is set out in both our [Vision 2029 and Strategy 2026 statements](#).
- 1.7 We have developed a '[Pyramid of Support](#)' model which aims to recognise and meet these different levels of need with appropriate provision and resources.



Within this model, we will work to ensure that there are appropriate resources and pathways to support from those which are universal and primarily self-guided to those which are intended to support access to external, specialist and crisis services, such as:

- Our Sport and Wellness programmes and online mental health and wellbeing support 'Togetherall', plus general and Pastoral Services such as Personal Tutoring, Faculty Wellbeing Advisors and the Chaplaincy (Universal Provision),
- Student Led Wellbeing in partnership with KCLSU such as Peer Mentoring (Targeted Provision)
- University specialist support services, such as Counselling and Mental Health Support, Mental Health Disability, Specialist Welfare or Money, International and Visa Advice or Housing & Advice (Specialist Provision),
- And clear pathways to support with accessing appropriate external services (Crisis Provision), including NHS crisis support, GPs, Local Authorities, and specialist external partners such as those providing interventions for those experiencing suicidal ideation or who do not feel able to keep themselves safe.

2. Aims

- 2.1 We are committed to promoting a holistic understanding of the reality of suicide from awareness and risk reduction, education and prevention training, through to support and postvention. This begins with identifying lived experiences which may lead to suicidal thoughts and opportunities for early intervention, providing appropriate support to the whole university community, and understanding the impact of suicide on the individual and those around them.
- 2.2 Recognising that we can all support the reduction of suicide in our community, we will work in close collaboration with [key internal and external multi-agency partners](#) to minimise suicide and its impact, with the aim of making King's College London a suicide-safer organisation.

3. Objectives

3.1 Overseen by Student Mental Health & Wellbeing Steering Committee, and in line with the University Strategic Plan, we will continually monitor and review the initiatives already in place for supporting our university community through an ongoing action plan, while working to identify further opportunities to take proactive action to reduce suicide. These will be incorporated into an action plan, reviewed twice yearly by the Student Mental Health & Wellbeing Steering Committee, and shared with College Education Committee on an annual basis.

3.2 To support the Aims, the University will do the following:

- **Increase Awareness** – work to reduce stigma around discussing and seeking support for mental ill-health and suicidal ideation or planning. Develop a stronger understanding of how our diverse community view mental ill-health and suicide, to cultivate a culture of openness.
 - University-wide suicide risk reduction and mental health awareness training, provided by our Mental Health & Counselling Outreach and Training service to be [available for our whole community](#), in line with current research and relevant to the HE population, along with additional role-specific training, including, for example, targeted Mental Health Awareness training, and training to ensure awareness of resources available to support wellbeing and mental health for colleagues in key student-facing roles.
 - Increase awareness about how structural and societal inequalities, alongside intersectional factors impact on the mental ill-health of our community, and potentially create barriers to seeking support, ensuring that we name these barriers as a first step to eliminating them (see ‘Intervention’, below).
 - Actively look for opportunities to participate in [multi-agency partnerships](#) and to develop collaboration with key internal and external colleagues on shared projects and initiatives such as enhanced communications around access to support, including ensuring awareness of external agencies for those who may not feel comfortable accessing in-house support (which we are aware, for example, can be the case for students on professional programmes).
 - Clear guidance for our whole community on responding to and facilitating support for those at risk.
 - Facilitate easy access to clear and informative resources and information for those who may be experiencing suicidal thoughts on how to look after themselves, including crisis support and information and resources for those who are supporting others.
 - Provide spaces for open, safe and supportive conversations around suicide, removing the stigma around help seeking.
 - Encourage all students and staff to look out for and support others who may be feeling suicidal.
- **Work to reduce risk and increase awareness around prevention and early identification** – ensure our community is equipped to identify indicators of suicide and the risk reduction support available.
 - Routinely monitor external data and information for any regional, national, or international, incidents or risk factors that could impact the mental health of or risk of suicide for our University community and take early action to raise awareness of support.
 - A commitment to the development of appropriate systems to help identify members of our university community who may be experiencing difficulties, through a range of methods and existing systems. This can include but is not limited to improvements in collection and use of attendance monitoring data, information on engagement with digital platforms such as Keats, and reviews of Mitigating Circumstances forms, as well as work on supporting transition to University for those with a previous history of mental health difficulties.

- Ensure our community is provided with the [information](#) needed, and have the skills, to signpost to appropriate support services, or understand how to report their concerns, to facilitate a proactive intervention from appropriate services.
 - Ensure that student facing staff, for example, Personal Tutors, are made aware of resources to support them, including the Employee Assistance Programme and Togetherall, as well as a University commitment to develop the provision of advice and guidance resources for staff supporting students who have expressed suicidal ideation.
 - Maintain and appropriately resource internal services to respond to referrals regarding students where there are serious concerns about their safety, mental health or welfare ([Student of Concern](#)), including circumstances where there is a [Prolonged Lack of Contact](#), and ensuring systems are in place for appropriate escalation to external and statutory services (such as GPs, NHS Crisis Mental Health Teams or Local Authority Safeguarding services) and students' named [Trusted Contacts](#) in line with King's College policies and procedures.
 - Seek to establish Service Level Expectations (SLEs) with both internal and external partner service providers to ensure consistent and defined pathways.
 - Monitor the delivery of services through regular publication and review of data reports against agreed Key Performance Indicators (KPIs).
 - Make available support to new members of our community to have a connected transition into local health services when arriving in London (e.g. GP, King's Health Centre), to enable them to be linked to appropriate support.
 - Also, to ensure that up to date directories of resources are maintained for students who are studying overseas, or whose non-term time home addresses are outside of the UK and that there are clear procedures in place regarding the escalation of concerns for those students who cannot be supported by UK-based provision
 - Highlight support available to the community via the Mental Health First Aider (MHFA) network.
 - Develop adequate signposting to useful resources (internal and external websites)
 - Resources to help those who are managing suicidal thoughts and training for all to help others.
 - Highlight ongoing MHFA and other mental health and suicide awareness training and resources.
 - Continue to work with multi-agency groups to focus on suicide prevention, including liaison with other universities.
- **Intervention** – proactive interventions with clear and accessible pathways and appropriate safeguarding action.
 - In collaboration with internal and external support services, monitor key information about our university community to help identify members who are at risk of suicide.
 - Expedite appropriate safeguarding action by ensuring those identified as being at risk or in need of support, including where there is a [Prolonged Lack of Contact](#) are linked to appropriate channels of support through the University's [Student of Concern Welfare and Mental Health Service](#). This may include the Employee Assistance Programme, Occupational Health, Emergency Services or GP/health services or the student's named [Trusted Contact](#) when there is risk to life.
 - Commit to continual improvements around appropriate collection and use of data to identify those whose mental health is impacted by structural & societal inequalities and intersectional factors and to use this information to develop or redesign services across all levels of the Pyramid of Support.
 - Respond to those seeking support from internal support services, within agreed timeframes according to current SLEs and KPIs, and ensure that they are receiving necessary support. This may include referrals to external support services.

- Ensure that all Student Services teams involved in assessing risk are using robust risk assessment methods which are clearly governed, and this is defined in department policy and guidance where relevant.
 - Track and review referrals to ensure colleagues and students are receiving effective support in line with SLEs and KPIs.
 - Provide additional support by utilising existing key university systems such as Support for Study and Student of Concern processes.
 - Where, for example, in the case of many Postgraduate Research, students are also staff members, HR may be included in discussions regarding appropriate support available.
- **Postvention:** Compassionate and robust postvention support both short and long term for the university community, along with clear communication and additional safeguarding.
 - A [Case review](#), facilitated by a senior member of the university unconnected with the case will be conducted in all instances where the circumstances of a student's [death](#) might require investigation by a coroner.
 - Where necessary, external agencies will be invited to lead on this work in collaboration with People Services and/or Student Health & Wellbeing Services.
 - As set out in our [Death of a Current Student](#) Policy and procedure, there will be a [reach out](#) to affected communities and loved ones e.g. family, students, and colleagues and support will be offered via the colleague and student Health and Wellbeing services, including signposting to internal and/or external services as appropriate.
 - Consideration as to those most likely to be impacted (e.g. those on the same programme as the student, those who may have known them through shared accommodation or involvement with Student Union Societies) is a key aspect of the [case conference](#) organised by Student Services following notification of a student's death.
 - Implement learnings and findings that are identified following a death within our community.
 - Ensure support is proactively offered to impacted members of our community at [key times](#) e.g. directly following a death anniversary dates, calls to inquest.
 - Annually review support mechanisms, resources, procedures, and environmental factors to minimise the possibility of suicide amongst the King's College community.

4. Governance

- 4.1 This strategy will remain a live document to ensure further opportunities to identify proactive action are taken, the most appropriate support agencies are up to date and risk factors are continually monitored.
- 4.2 Further documents including an action plan, procedures and guidance will be created by a Working Group and owned by the Student Mental Health & Wellbeing Steering Committee.
- 4.3 Reports on data from our Mental Health and Welfare Student of Concern teams, including any patterns or trends which indicate the need for us to consider how support is resourced or structured will be notified quarterly to the Safeguarding Oversight Group. This will then be monitored by the Group in terms of assigned actions.
- 4.4 Activity in relation to this policy and associated strategy, including actions being overseen by the Safeguarding Oversight Group will be regularly reported to the College Education Committee, particularly in relation to where there are implications for assessment frameworks or King's wider educational offer.
- 4.5 Monitoring and reporting on compliance
The following monitoring will be undertaken to determine how effectively the policy is implemented and where any results will be reported:

What will be monitored?	Frequency	Method	By Whom	Reported to
Review and report on the effectiveness of the Suicide Safer University Strategy and associated action plan	Annual	Consultation	Action Group	Student Mental Health and Wellbeing Steering Committee; Staff & Culture Committee; College Education Committee
Ensure join up with related strategies (Health and Wellbeing Strategy, Step Change – Mentally Healthy Universities/Mental Health Charter) and other King’s College based strategies, KCLSU, Faculty, School, Professional Services and student-led initiatives.	Annual	Consultation	Action Group	Student Mental Health and Wellbeing Steering Committee
Keep updated on sector best practice, policy and strategy and apply these to any action plans. Annual Consultation Action Group Mental Health Steering Group and Health and Wellbeing	Annual	Consultation	Action Group	Student Mental Health and Wellbeing Steering Committee

Approval

Approved by: College Education Committee, Date: 20 March 2024

Effective from: March 2024 (with informal implementation prior to this date)

Review due: Responsibilities to be reviewed annually; full review by March 2027

Executive sponsor: Executive Director, Education & Students

Policy owner: Director of Student Support & Wellbeing Services

Person(s) responsible for compliance: Executive Director, Education & Students; Strategic Director, Education & Students; Director of Student Support & Wellbeing Services

Appendix 1:

Evidence Informing Our Strategy: Suicide Rates and Awareness of Groups where there may be particular vulnerabilities

Evidence has shown that suicide is the leading cause of death in young people (under 25) around the world. Research findings also show that suicide can be preventable, and that with an increase in suicide education, particularly around prevention in England and Wales, deaths by suicide in Higher Education have seen a gradual reduction since 2017; [data recorded by the ONS for 2020](#) show a rate of 3.0 per 100,000 students. This is compared to a rate of [4.7 per 100,000 in 2017](#).

Rates in the general population are much greater than in Higher Education; In [2020](#), they were 2.7 times higher than the rate in the student population in England & Wales. However, we understand that there are particular pressures on people at University which need us to have clear policies, procedures and strategies to meet the needs of this [diverse group](#).

Although Higher Education students have a lower rate of completed suicide in comparison with the general population, data from clinical questionnaires completed by students registering with King's Counselling & Mental Health Service (CMHS) from 2020 – 2023 also indicates that students are reporting higher levels of suicidal ideation, with increasing numbers of students showing elevated risks. Risk data is routinely collected by CMHS through the [CORE-34](#) outcome measure.

There are differences between groups. For example, male students are substantially more at risk ([ONS data](#) showing that between 2017 and 2020 the rate of completed suicides amongst male vs female students was 5.6 vs 2.5 deaths per 100,000). This mirrors differences in rates observed in the general population.

International students (up to 40 % of King's students) may experience [culture shock](#), which can last up to one year; some join us from countries in conflict and as refugees and asylum seekers. The levels of psychological distress amongst international students can develop into more serious mental health conditions if untreated.

The [first year of university](#) also sees the highest risk of suicide attempts for all students. We know that early intervention is key.

Marginalised groups are potentially more at risk, and transitions can be a critical time impacting on mental health. We also want to be aware of risk factors amongst certain groups, for example, students from minority and marginalised groups such as those who are [LGBTQ+](#), Muslim, [Black](#), refugees, neurodiverse and those with a physical or mental health [disability](#).

For some people, an attempt to end their life may occur after an extended period of suicidal thoughts; while for others, it may be more [impulsive](#).

For [students](#), pressures can also include the academic and social expectations of university life and for mature students, postgraduates and colleagues there may also be the additional pressure of balancing research, family life and work commitments.

Suicide affects loved ones:

Those [bereaved by suicide](#) are 65% more likely to attempt suicide and 80% are more likely to leave their work or education environment as a result of their [loss](#).

These difficulties can be exacerbated if loved ones hold [religious beliefs](#) around help-seeking for mental health and suicidal thoughts.

The Zero Suicide Alliance estimate that each individual death from suicide can affect at least [20 other people](#).