Kingston University London

Student Suicide Prevention Strategy

2026-27

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Contents

Contents ..... **Error! Bookmark not defined.**
Purpose and Scope 3
Prevention 4
Intervention 5
Postvention 6
Next Steps 7

Purpose and Scope

1. Any unexpected, sudden death has a significant impact on everyone involved. Death by suicide or suspected suicide can be particularly devastating for family and friends and have a deep impact on the whole University community.

2. Kingston University takes a whole institution approach to preventing student suicide by:
   - reducing risk through creating safer living and learning communities,
   - establishing effective suicide prevention interventions, and
   - ensuring that students and staff who are affected by suicide, or have attempted suicide, are supported to access timely and appropriate support, working in partnership with stakeholders within the University and relevant local, regional, and national agencies.

3. The mental health and wellbeing of our students is a priority, and our commitment to promoting and supporting good mental health underpins the design and delivery of our curricula and services. This strategy forms part of the University's overarching *Mental Health and Wellbeing Framework* and should be read alongside the *Student Death and Serious Incident Procedure* and the *Student Safeguarding Policy*. It sets out Kingston University's approach to prevention, intervention and postvention in relation to student suicide. While this strategy focuses on the University's role in preventing and responding to student suicide and suspected suicide, it recognises the impact that suicide may also have on staff and the wider University community.

4. This strategy aligns with Suicide-safer Universities guidance provided by Universities UK and Papyrus, the recommendations arising from the National Review of Student Suicides, and the Suicide Prevention Action Plan created by the Royal Borough of Kingston. We have also considered guidance published by a cross-sector collaborative team (including AMOSSHE, Symplicity and Unite Students) on reducing risk and restricting access to means of suicide in higher education contexts. Where external guidance is interpreted through the University's Mental Health and Wellbeing Framework, the University's commitments and boundaries regarding confidentiality, consent, self-referral, waiting times and the role of statutory services will apply.

5. This document outlines the roles, responsibilities, and processes through which we seek to prevent suicide (prevention and intervention). It also considers our response when, despite best practice, a sudden death by suspected suicide does occur (postvention).

6. The University is committed to taking reasonable steps to prevent suicide, support students in distress and respond compassionately when a suspected suicide occurs. However, the University is not a healthcare provider and cannot replace the role of NHS and other statutory mental health services. Our approach is therefore based on early identification, supportive intervention, appropriate referral and partnership working.

Prevention

7. Many people experience suicidal thoughts and feelings at some point in their lives. Preventative approaches aim to identify people who may be at risk before they start to plan or attempt suicide. This requires a clear, whole-university approach, and includes consideration of groups where there is a disproportionate risk of death by suicide based on available data.

8. Our *Mental Health and Wellbeing Framework* sets out Kingston University's whole institution and student lifecycle approach to preventing and addressing mental health decline. The Framework is aligned with the domains of the Student Minds Charter for which Kingston University is a signatory.

9. The University has strong links with secondary schools and colleges in the local community through a comprehensive education liaison and outreach programme. Through this work, we seek to ensure a smooth transition to university, supported by our pre-arrival programme, Head Start, and other welcome and induction activities. Through enrolment, induction and reinduction processes, as well as additional communications and campaigns throughout the year, students are encouraged to disclose mental health conditions or support needs so that appropriate support, advice and reasonable adjustments can be considered. Where students declare a mental health condition during the admissions process, the University will make proactive contact to provide information about available support and how to access it.

10. Students can find information about support available to them on the Student Hub (internal link). This includes access to internal services and signposting to external support from NHS trusts, the voluntary sector and other relevant organisations. We also offer NHS self-help guides on a broad range of topics.

11. The University aims to model and nurture good communications, and we provide guidance for all staff on how to raise concerns about a student's welfare so these can be followed up quickly, including what actions to take in an emergency: Students of concern - guidance for staff (internal link). This includes specific guidance on how to respond to a student disclosing self-harm or suicidal thoughts.

12. *Safeguarding Awareness* forms part of mandatory annual compliance training, and modules on *Supporting Student Mental Health and Wellbeing*, and *Implementing Reasonable Adjustments* are also available as essential training for staff. Enhanced suicide awareness and response training is provided periodically to those in frontline and specialist roles, and the University will continue to provide opportunities for all staff to develop their confidence in having supportive conversations with students in distress or crisis, and directing them to appropriate help.

13. The University recognises the negative impact bullying, harassment and sexual misconduct can have on mental health and wellbeing, and will continue to drive forward actions to prevent and take strong action against these behaviours through focused campaigns and our reporting tool, Report and Support.

Intervention

14. Students may disclose suicidal thoughts and feelings, or self-harm, and we aim to create an environment where such disclosures can be made without stigma or isolation. University staff cannot provide clinical assessment or treatment, but they are expected to listen, respond calmly, take concerns seriously and follow University guidelines on seeking appropriate support, escalation or emergency assistance where indicated.

15. We aim to ensure that all members of the University community know how to identify and support someone who may be at risk of suicide through emergency intervention, signposting and/or referrals. This includes academic staff, and is particularly important for staff in the information centre, student engagement, mental health and disability service, accommodation, student conduct and complaints, student advice and student inclusion teams. Guidance is available for all staff about the processes and procedures in place to raise concerns about students who are in distress or disclose suicidal ideation, and how to contact emergency services if this is indicated. In addition, there are specific roles with a particular focus on both signposting and directly supporting students' mental health and wellbeing, most notably in the Student Counselling and Wellbeing service.

16. Institutional safeguarding leads and appropriately trained student wellbeing staff may work collaboratively with students to identify coping strategies, sources of support, and actions that can help maintain safety during periods of distress. The University offers a range of support options for students including one-off wellbeing appointments and short-term counselling. It also has established links and referral processes with external services such as NHS mental health services and crisis intervention teams. Students whose needs require specialist or ongoing clinical care will normally be supported to access appointments with external services.

17. Academic attendance and engagement are monitored by a central student engagement team, as well as course leaders and personal tutors, to help us proactively contact students who show signs of not engaging and direct them to support. Attendance and engagement data can also be used to assist in investigating concerns about a student's welfare (e.g., if they are reported missing).

18. In line with data protection legislation and the University's data protection policy, information about a student will not normally be shared with third parties without the student's consent. Exceptionally, where there is a concern that a student faces a risk of serious harm and sharing information is necessary to protect a student's or another person's vital interests, relevant information may be shared with emergency services, healthcare professionals or, where appropriate, the student's emergency contact (using the most recent details provided by the student). Any such decision will be made on a case-by-case basis, taking account of the circumstances, the information available and the University's general duty of care and legal obligations.

Postvention

19. The immediate aftermath of a suspected suicide can be stressful, confusing, and highly emotive for everyone involved. The University has postvention plans in place to ensure an effective, appropriate, and timely response.

20. The term postvention refers to actions taken following a suspected suicide with the aim of providing compassionate support to the bereaved, caring for affected students and staff, reducing the risk of further suicides and ensuring lessons are learnt to continuously improve suicide prevention policies and action plans.

21. The University recognises that a suspected suicide may affect family members, friends, flatmates, classmates, placement providers, staff and others within the wider community. Our response will seek to balance compassion, confidentiality, cultural and religious considerations, and the need to reduce the risk of further harm.

22. In the event of an unexpected death, including a suspected suicide, the Student Death and Serious Incident Procedure will guide the University's operational response and most of our postvention actions. Roles and responsibilities will be clearly allocated, including liaison with the next of kin, coordination of support for students and staff, management of communications, and liaison with external agencies. The overall response will be overseen by the Executive Director for Students and/or the Director of Student Services.

23. Staff and students who are identified as potentially being affected by any student death will be offered wellbeing support, which may include individual or group counselling.

24. In the event of any death, including a suspected suicide, staff should avoid speculation about the cause of death and should not share unverified information with students, colleagues, external organisations or on social media. Internal and external communications will be carefully coordinated to ensure that information is shared sensitively, accurately and only where appropriate. Communications will avoid providing unnecessary detail about the cause of death, method or location of a suspected suicide and will include signposting to support.

25. Following any student death by suspected suicide, the University will undertake a review of the relevant suicide prevention, intervention and postvention activity in order to identify opportunities for learning and improvement.

26. A full serious incident review will normally be commissioned where there is evidence that the death may be linked to University activity, support processes, communication or other institutional factors, or where significant concerns are raised by the family, staff or students.

27. The review will be led by a person with an appropriate level of independence and experience. Depending on the circumstances, this may include a senior member of staff who has had no direct involvement in the case, or an appropriately

qualified external reviewer. Recommendations arising from reviews will be considered, and actions monitored through suitable committee and governance arrangements.

28. Bereaved families will be offered an opportunity to contribute to the review process and to raise questions they would like the University to consider. The University will seek to answer those questions as far as possible, subject to legal, confidentiality and data protection constraints.

29. Where a suspected suicide occurs on University premises, an appropriate review of the physical environment and any relevant safety measures will be undertaken. This may include consideration of access controls, barriers, signage, lighting, supervision arrangements, information available at the location and any other reasonable measures to reduce future risk.

30. The University recognises the importance of mourning and remembrance for those affected by a death. At the same time, national suicide prevention guidance advises that memorials associated with a specific location should be managed carefully to avoid unintentionally drawing attention to that location. The University will therefore usually discourage the placing of permanent or prominent tributes at the site of a suspected suicide. Arrangements for tributes, memorials or other acts of remembrance will be discussed sensitively with the bereaved family and, where appropriate, with those most directly affected, taking account of cultural, religious and individual wishes.

Next Steps

31. This strategy sets out the University's current approach to creating a suicide safer university. We will continue to develop, embed, and evaluate our approach through engagement with students, staff, bereaved families where appropriate, sector guidance, local partnerships, and learning from serious incident reviews.

32. We recognise that enacting our Suicide Prevention Strategy requires an ongoing institutional commitment and the continued development of joined-up, whole institutional approaches. We will work with staff and students to embed the developments and commitments set out in this strategy and to develop and refine appropriate policies, protocols, and guidance to formalise and embed our approach.

33. Progress against this strategy, including actions arising from reviews following suspected suicides, will be monitored through the Student Life Committee, which will keep the effectiveness of this strategy under regular review and recommend revisions where appropriate.