

Responses and Prevention in Student Suicide: The RaPSS Study

Student suicide creates a profound sense of loss for both those close to the event and for the wider community. This study identified ways in which suicides can be prevented and the distress caused by such losses reduced. Universities and colleges are encouraged to use the recommendations to examine their policies and ways of working and develop services which contribute to the health and well-being of the whole institution.

About this study

This is the first in-depth UK study of student suicide. The study was undertaken by researchers from the University of Central Lancashire and King's College London between 2004 and 2006. Twenty case studies of student suicide which occurred between May 2000 and June 2005 were studied in depth. Information about each student who died was taken from a range of sources, including interviews with family members, students' friends, academic and/or student support staff and from Coroners' records or those of the Procurators Fiscal.

Nine additional interviews were undertaken with parents whose son or daughter had taken their own lives whilst a student before September 2000. The researchers also completed ten 'positive practice' interviews drawing on the experiences and expertise of university/college support services to provide a broader picture.

Authors: Nicky Stanley, Sharon Mallon, Jo Bell, Susan Hilton and Jill Manthorpe

Acknowledgements: The researchers would like to thank all family members, friends and higher education institutions' staff members who participated in this study. We are also grateful to PAPYRUS members and trustees, staff and members of SOBS and Compassionate Friends, Coroners, Procurators Fiscal and their staff, the Project's Advisory Group members and many individuals and groups within the higher education sector who also assisted the project. The research was funded and supported by The Big Lottery Fund and was developed in partnership with PAPYRUS.



Key findings

The students:

- Most students included in this research were young men in their early twenties. In two-thirds of the case studies, they had been diagnosed with a mental health problem at time of their death and in most cases these problems had emerged while they were students.
- A substantial proportion of the students died in periods of transition at the start or towards the end of the academic year. In some cases, this transitional period collided with the student's tendencies towards perfectionism. This combination of factors could be used as an indicator of risk.
- Many of the students who died had disrupted academic histories. Their friends and families described fear of failure as a major pressure for them.
- A number of factors interacted with students' mental health problems including relationship difficulties, heavy use of alcohol and drugs, financial and academic problems. Many of the students included in the case studies were experiencing a web of problems which appears to have left them feeling trapped at a time of change.
- In a small number of the cases studied, students' behaviour was clearly influenced by another death. The vulnerability of other young people close to a young suicide needs to be acknowledged and universities and colleges have a particular role to play in watching out for those likely to be affected.
- Many of the students were concerned about the stigma associated with use of mental health services and some were unwilling to use university or NHS support services.
- Antidepressant medication appeared to be the main intervention offered by General Practitioners. Students' friends and parents reported that a number of those who died had thought taking antidepressants was stigmatising and ineffective.
- Not all university/college support services and NHS services seemed to communicate effectively and some parents thought that more could have been done to keep them informed.
- Most of the students who died were living in private rented accommodation at the time of their death. For a number of these students, the burden of their day-to-day care and supervision at a time of distress fell on their housemates.

Support following a suicide:

- Universities and colleges need to acknowledge the impact of a student suicide on the academic progress of students' friends. Students who were close to a student suicide told the researchers that they valued being 'looked after' by the university/college at this time. This involves seeking out students likely to be affected and offering support in the short and the longer term.
- Universities and colleges need to take a proactive role in breaking news of a student suicide. Staff responsible should take an overview, identify who needs to know, and think about various communication routes. Assuming this responsibility reduces the pressure on students. Universities/colleges need to balance keeping people informed with not encouraging speculation, preoccupation or rumour. Details of method of death should not be circulated.
- Students were more likely to feel supported following the suicide of a friend when one university/college member of staff took responsibility for organising help. Generally, they welcomed support from the university/college around areas such as emotional support, help with practicalities and discussion about their academic studies.
- The person first on the scene of the death should be actively offered support. This may be another student but it might be domestic or security staff. Universities/colleges should have information on bereavement by suicide and relevant support agencies available for students and family members. However, such packs are no substitute for providing face-to-face support tailored to students' individual needs.
- Friends of students living in private rented accommodation can be especially vulnerable to the impact of a suicide. Students are not any less likely to need such support if the death happens in this setting: some of these students struggled with carrying great responsibility for managing the immediate aftermath of their housemate's death. Accommodation issues following a student suicide need to be considered and students offered assistance.
- Staff needs for support following a student suicide must also be recognised and responded to – these needs may be compounded by concerns about blame and a sense of responsibility. Staff involved in co-ordinating the response following a student suicide should be able to share decisions and feelings with a colleague. Senior management should recognise the difficulties of holding key roles in the chain of support and communication.
- Arrangements for memorials, awards, the student's links with the university/college and other matters should be discussed with families so that they can decide what they prefer.

Conclusions and recommendations

- Mental health strategies have the potential to deliver positive messages about mental health across the higher education community. This may help those with emerging problems, as well as students with existing mental health needs.
- Policies on sudden death or bereavement are helpful; especially if they set out the chain of communication in the event of a sudden death and identify who takes on particular tasks. They must be accessible, should identify approaches to media management, include support for students living off campus, and be regularly reviewed and updated.
- Making student support services attractive and accessible to students, particularly to young men, is recommended and more needs to be known about what works.
- University and college support services are advised to review their availability to the students at key transitional periods in the academic year: between April and June and from late August to October. Students need to be made aware of the availability of such services at these times. Students' vulnerability at transitional periods in the academic year also needs to be explored in the settings of schools and further education.
- Students with multiple risk factors, such as mental health problems, alcohol and substance misuse, relationship problems, perfectionism and academic difficulties may be a high risk for suicide and should be offered intensive support, particularly in periods of transition.
- Student support services need to continue to liaise closely with academic services when students are in crisis.
- Policies and services should address the needs of international students and whether services meet their cultural needs and expectations.
- Universities and colleges need to review their links with local NHS services. NHS services should know what support is available to students from universities and colleges.
- Improved communication between universities/colleges and local health services could ensure that student suicides are identified and monitored so that any trends or needs are identified and addressed.

Further information: the full research report is available at a price of £17.50 from PAPYRUS at rapss@papyrus-uk.org, telephone 01282 432555 or write Lodge House Thompson Park, Ormerod Road Burnley BB11 2RU.

For further details about the research contact the RaPSS website at: www.rapss.org.uk or Nicky Stanley at NStanley@uclan.ac.uk.