

Public Mental Health Learning Community Learning Set

Welcome, and thank you for joining today's event!
We will start at 14:00

Our speakers today include:



Tom Ayers
Director
National Collaborating
Centre for Mental Health
(NCCMH)



Dr Rebecca Rollinson
Principal Clinical
Psychologist Norfolk and
Suffolk NHS Foundation
Trust



Nadia Jones
Public Health Principal -
Prevention
Public Health – Adult Services
Norfolk County Council



Professor Jo Smith OBE
Professor of Early
Intervention and Psychosis
School of Allied Health and
Social Care
University of Worcester

Housekeeping points before we get started



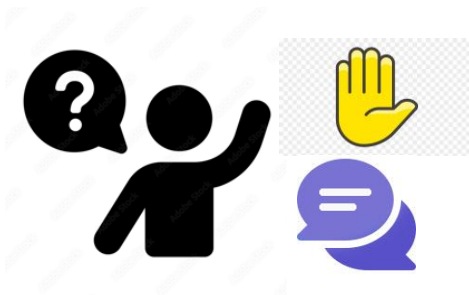
Recording the session



If not speaking, please mute

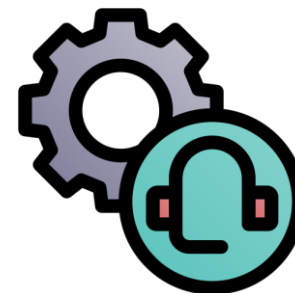


Camera on please,
if comfortable to



Please ask Questions

- Raise your hand
- Use the chat function



Tech issues, please contact
public.MH@rcpsych.ac.uk

Shared principles



Listen with respect and openness

We seek to value learning from different people and stay open to new ways of doing things.



Confidentiality

People may share something they wish to be kept confidential. We require everyone's agreement not to share anyone's information without their permission.



Collaborate

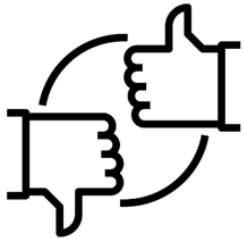
We seek to make decisions by consensus. Everyone's input is **equally** valued.

Shared principles



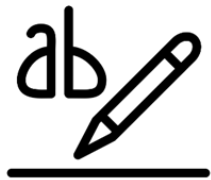
Contribute

We seek to share ideas, ask questions and contribute to discussions. We can also choose not participate at any stage.



Disagree with the point - not the person

We seek to resolve conflicts and tensions.



Use plain language

We seek first to understand, then to be understood. If possible, avoid using jargon and explain acronyms if they must be used.

Today's agenda

Time	Speaker	Affiliation	Topic
14:00-14:15	Tom Ayers	Director National Collaborating Centre for Mental Health (NCCMH)	Welcome and introductions
14:15-14:45	Dr Rebecca Rollinson Nadia Jones	Clinical Psychologist The Better Sleep Programme Norfolk and Suffolk NHS Foundation Trust Public Health Principal - Prevention Public Health – Adult Services Norfolk County Council	Better Sleep Programme: Improving sleep for young people Followed by Q&A
	Break (10min)		
14:55-15.25	Emeritus Professor Jo Smith OBE	Professor of Early Intervention and Psychosis School of Allied Health and Social Care University of Worcester	Collective Responsibility, Collective Action to Prevent Student Suicide Followed by Q&A
15.25-15.30	Tom Ayers	Director National Collaborating Centre for Mental Health (NCCMH)	Thank you and closing remarks



Public Mental Health Leadership: register now for 2025 cohorts

Registration is now open for two further 2025 cohorts:

- **Cohort 1**: Wed 5 February 2025, 9am-12pm & Thursday 5 June 2025, 9am-12pm
- **Cohort 2**: Thursday 25 September 2025, 9am-12pm & Thursday 4 December 2025, 2pm-5pm

Feedback from the initial cohort said:

- 'Excellent content, clear and concise structure, amazing resources and signposting for additional study.'
- 'The interaction with others opened my mind to more ideas that are practicable in my current practice.'
- 'Really comprehensive information and hearing insights from professionals within MH and PH services. It was easy to understand whether you are working in or outside of UK. I loved the enthusiasm of my fellow candidates on this course.'

We look forward to welcoming you to the course!



Public Mental Health Conference

When: Friday 7th February 2025, all day event

Where: Royal College of Psychiatrists (in person) + live stream

Programme highlights will include:

- How psychiatry and public health can work together - Professor Subodh Dave, RCPsych Dean and Professor Kevin Fenton, FPH President
- Data: what do we know, strengths, gaps and challenges - Professor Ann John
- We can't address social determinants without tackling commercial determinants - Professor Mark Petticrew
- Research priorities for public mental health research - Professor Jayati Das-Munshi
- Healthcare, smoking and mental health - Ogechi Anokwuru
- Work, welfare and mental health - Dr Jed Boardman
- Research priorities, findings from NIHR, and how to involve the public - Gillian Samuel, Joyce Coker
- Next steps - Dr Peter Byrne and Dr Jude Stansfield

Better Sleep Programme: Improving sleep for young people

Dr Rebecca Rollinson

Principal Clinical Psychologist

Norfolk and Suffolk NHS Foundation Trust

Nadia Jones

Public Health Principal - Prevention

*Public Health – Adult Services / Norfolk County
Council*

The Better Sleep Programme

Improving sleep for young people

Dr Rebecca Rollinson

Clinical Psychologist, The Better Sleep Programme
Norfolk and Suffolk NHS Foundation Trust

Nadia Jones

Public Health Principal, Norfolk County Council

Young people have poorer sleep



Prevalence of insomnia/sleep difficulties

Adults	10%
Adolescents	20-30%

Vulnerable young people especially



Norfolk and Suffolk
NHS Foundation Trust



Prevalence of insomnia/sleep difficulties

Adults	10%
Adolescents	20-30%
Adolescents with...	
Mental Health problems	60-70%
ASD	80%
ADHD	25-70%
Learning Disability	86%

Why so high?...

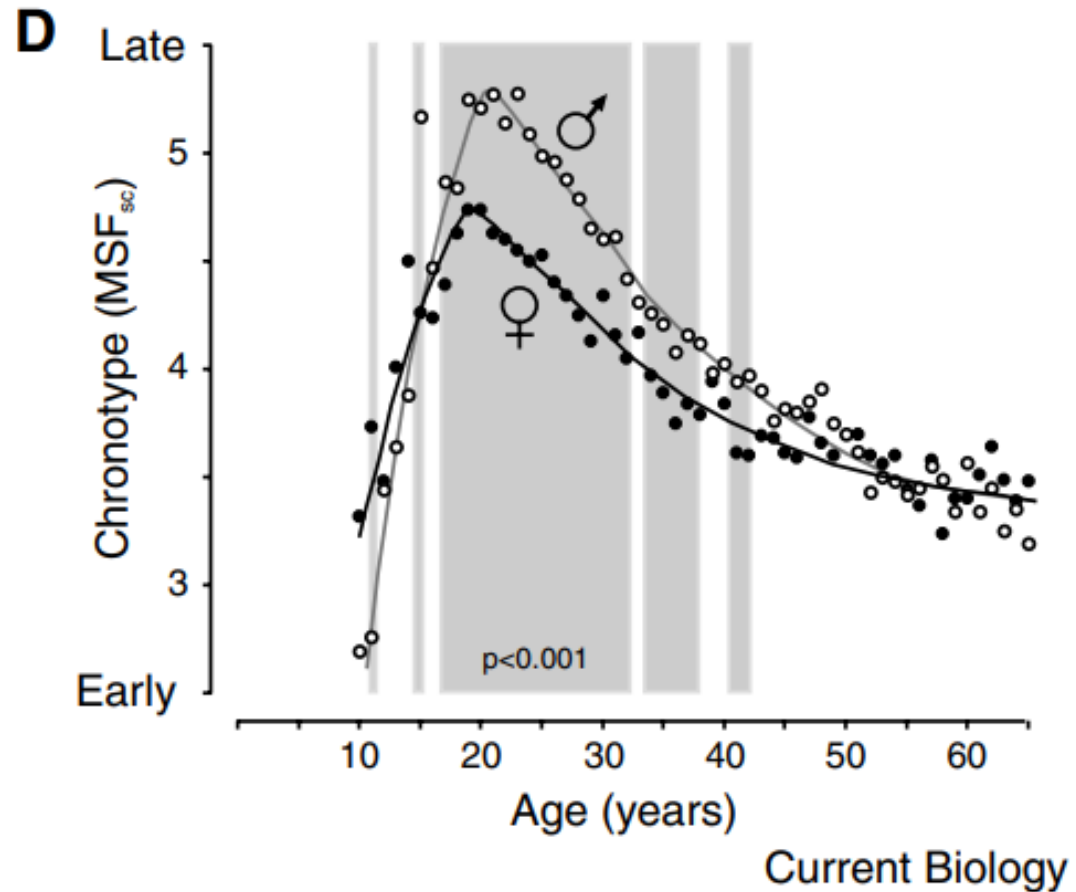


Mechanism – why is sleep so disrupted?

Delayed circadian phase

Roenneberg et al (2004).

- N=25,000 general population Berlin and Switzerland.
- Completed Munich Chronotype Questionnaire.
- Y axis shows middle of night's sleep on average.



Mechanism – why is sleep so disrupted?

Bed early to catch up on sleep?

Leads to long 'Sleep onset latency' (3 hrs average in our data)

Much to distract or distress while lying awake

Increases risk of chronic insomnia

Impact of poor sleep?...















Why the focus on mental health?

Preventative role:

- Insomnia tends to *precede* the onset of mental health difficulties
- Insomnia increases the *risk* of mental health difficulties

(Hertenstein et al, 2019; Orchard et al., 2020)

Relevant to many:

- People with *any* type of mental health difficulty are more likely to struggle with their sleep

(Hertenstein et al, 2019; Harvey, 2008)

Directly benefits mental health:

- Treating insomnia can improve mental health difficulties (Gee et al, 2019)
- Treating mental health difficulties doesn't show same reduction in insomnia.

Treatment approaches

- Whose job is it to help with sleep?
- Good evidence for behavioural interventions such as CBT for Insomnia (NICE first-line treatment).
- Available help limited to **medication** and **sleep hygiene** advice.



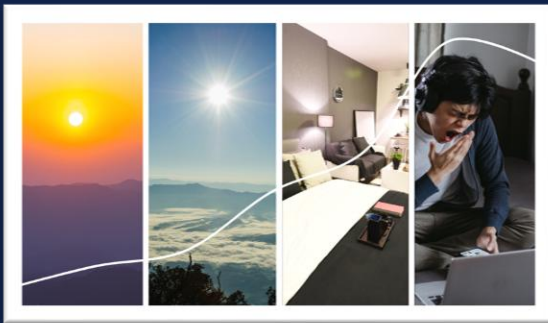
Beyond sleep hygiene



Normal for adolescents to fall asleep later

BED =
SLEEP

Go to bed when ready to sleep



More light in morning, less in evening



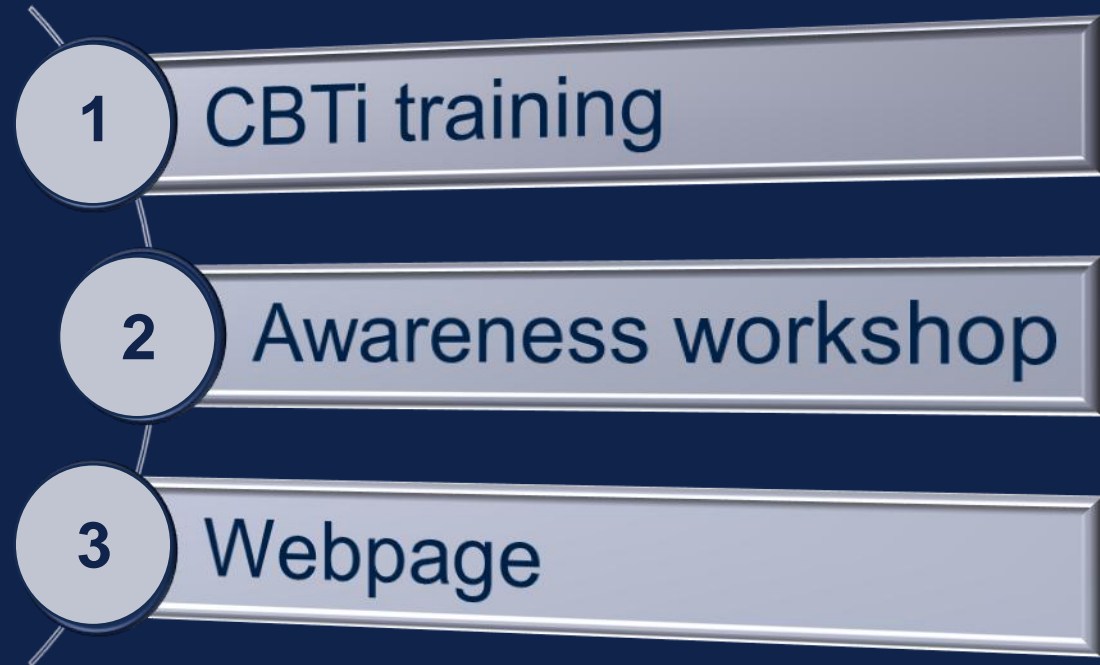
Improving access to
help with sleep in
youth mental health
services

14 to 25 year olds



Norfolk and Waveney
**Children and
Young People's**
mental health service

Programme overview



Therapeutic practitioners only
Training & supervision
Whole service provision
Sleep leads ongoing CPD

250 trained
to date

Half-day online workshop
Open to all in region
Self-help guide

400 to date

Teenage Sleep

Also working with specialist services – Child & Family Services, Crisis Services, LD CAMHS

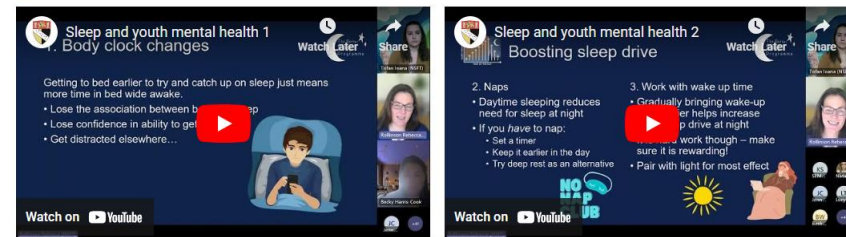
Teenage Sleep

As children transition into their teenage years, they are typically more likely to struggle with their sleep. This is because they experience physical and hormonal changes that can make them want to go to sleep later at night.

This is fine by itself, but added to the expectation to get up at the same time each morning for school or work, it can create sleep difficulties.

Sleep plays an important role in:

- ✓ Processing our emotions
- ✓ Making sure we have energy
- ✓ Improving ability to concentrate and learn
- ✓ Maintaining good mental health.

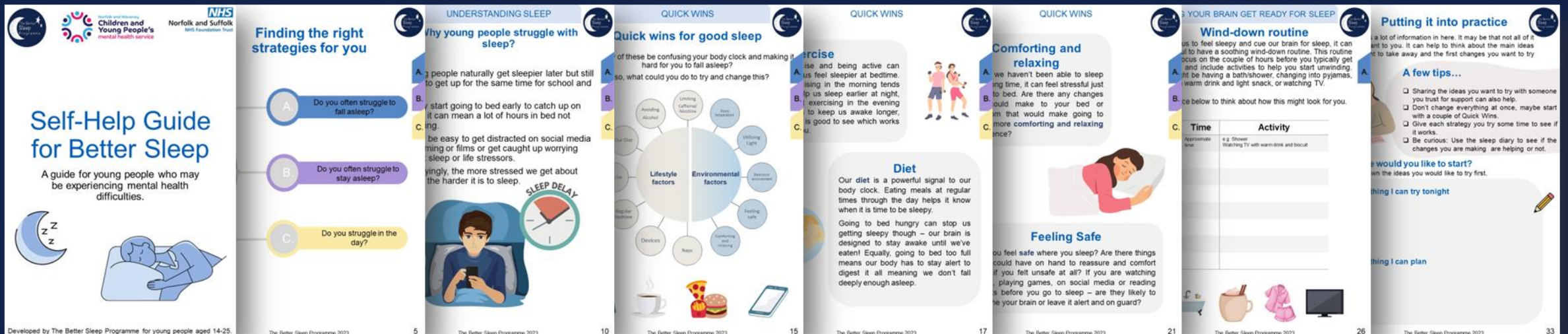


Download self-help guide for better sleep



[Teenage Sleep \(justonenorfolk.nhs.uk\)](https://justonenorfolk.nhs.uk)

[Sleep \(fyinorfolk.nhs.uk\)](https://fyinorfolk.nhs.uk)



Service availability



Information and signposting

'Teen Sleep' webpage for young people and parents
Self-Help Guide
Public Health Campaign with Norfolk County Council
Signposting info for GPs

Workshops and Self-Help Guide

Mind Enhanced Recovery Workers
Mental health practitioners
Benjamin Foundation

CBTi trained

Talking Therapies
VCSE organisations
MHSTs in Schools

Workshops and Self-Help Guide only

Children's Services teams (council)
Supported Accommodation & residential care

Workshops and Self-Help Guide

Mental Health Liaison Teams
Crisis Resolution and Home Treatment

CBTi trained and workshops

Under 18 Mental Health Crisis Team

CBTi training and workshops

Secondary care Youth teams
Therapeutic Schools
LD CAMHS (Waveney)
Children's Services Mental Health Team
Eating Disorders Service (Under 18)
Substance Misuse Services (Youth)
Unaccompanied Asylum-Seeking Children



Implementation paper accepted in upcoming British
Journal of Clinical Psychology Special Edition...

Service availability



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Live Smarter, Sleep Better

Goal:

- ❑ Raising awareness of the health benefits of sleep
- ❑ Increase behaviours that have a positive impact on the quality of sleep

Why:

- ❑ Aimed at 11–24-year-olds. A key group that have some of the worst sleep outcomes.
- ❑ Sleep affects overall health, mental health and wellbeing.

What:

- ❑ A series of YouTube shorts hosted on 'FYI Norfolk' and pushed out via social media and influencers– with input from sleep specialists and young people
- ❑ An update to Ready To Change to include sleep resources for adults

The Results:

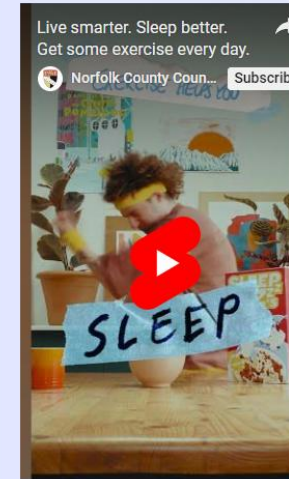
- ❑ Low-cost campaign
- ❑ 337,757 impressions and 13,302 clicks to 'FYI Norfolk' website
- ❑ 6786 visits to 'FYI Norfolk'
- ❑ 100,000 reach achieved on Facebook and Instagram alone

Next Steps:

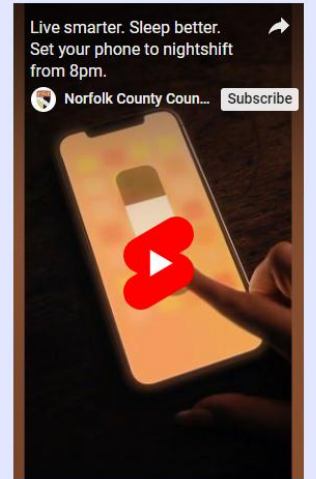
- ❑ Run the health promotion campaign again when funds allow
- ❑ Keep up to date resources available across platforms

Nightshift was the most popular short

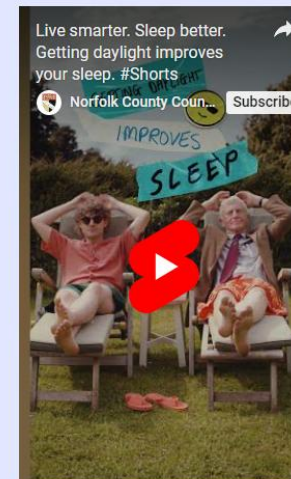
Tiktok had the most traction, influencers the least



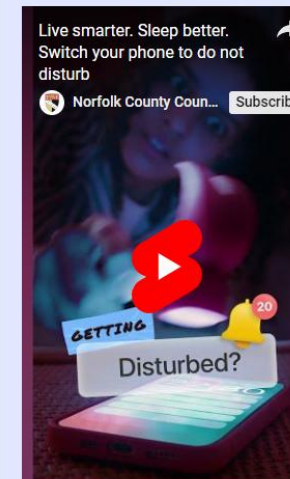
Exercise Every Day



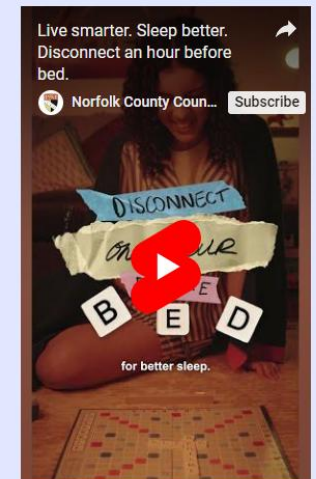
Use Night Shift



Get Daylight



Do Not Disturb



Disconnect

[Live smarter. Sleep better. - YouTube](#)



Norfolk County Council

Live Smarter, Sleep Better



Collaboration -

Norfolk County Council Public Health Team review of mental health literacy

Campaign:

Communications team at Norfolk county council

- Worked with CYP focus group
- Advice from NSFT
- Scope and funds from Norfolk County Council Public Health team
- Utilised existing spaces to push out messages

Required

Cooperation between the Mental Health Trust NSFT, Healthy Child Programme (Cambridge Community Services team), Integrated Care Board and Norfolk County Council Public Health team





Norfolk and Suffolk
NHS Foundation Trust

BetterSleepProgramme@nsft.nhs.uk
@SleepNSFT

Future NHS Collaborative

<https://future.nhs.uk/bettersleepprogrammeawareness>

Dr Rebecca Rollinson, Clinical Psychologist

The Better Sleep Programme, NSFT

rebecca.rollinson@nsft.nhs.uk

Nadia Jones

Public Health Principal, Norfolk County Council

nadia.jones@norfolk.gov.uk



Questions from the audience

Time for a comfort break. See you all shortly.



Collective Responsibility, Collective Action to Prevent Student Suicide

Professor Jo Smith OBE

Professor of Early Intervention and Psychosis

*School of Allied Health and Social Care | University
of Worcester*



Collective Responsibility, Collective Action to Prevent Student Suicide

New guidance on reducing risk and restricting access to means of suicide for the Higher Education (HE) sector

Wednesday 22nd January 2025

Professor Jo Smith

(Jo Smith jo.smith2@worc.ac.uk)

Professor of Early Intervention and Psychosis, University of Worcester

Dr. Simon Merrywest

(simon.merrywest@manchester.ac.uk)

**Executive Director for the Student Experience, University of Manchester and Co-
Chair, Greater Manchester Student Mental Health Service**

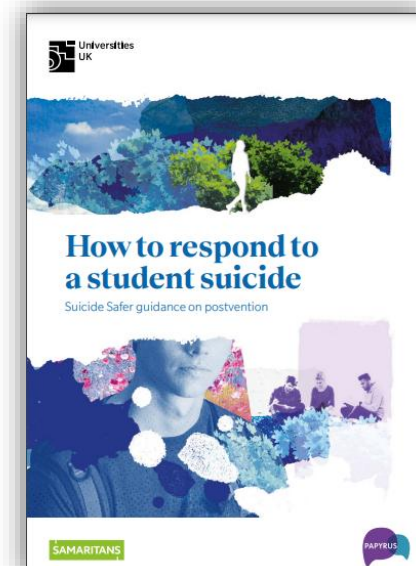
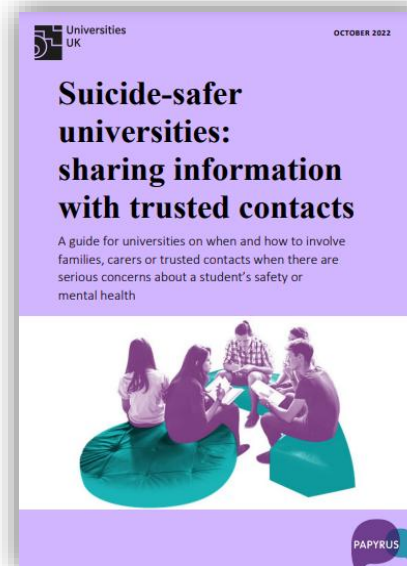
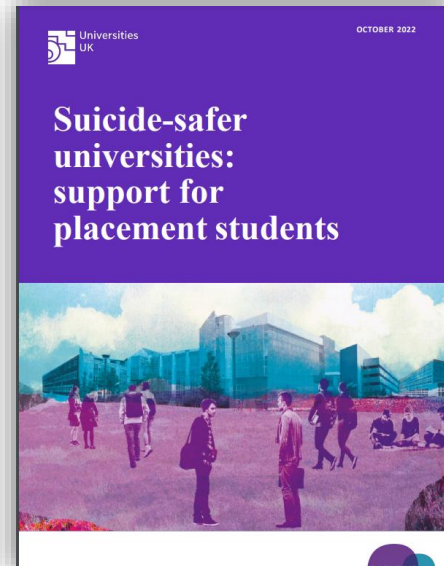
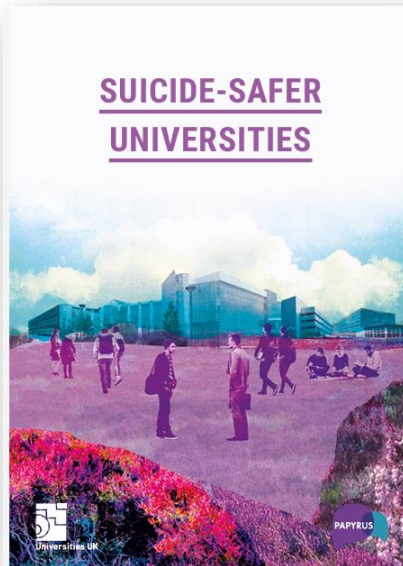
HE sector-specific guidance developed since 2018

[Suicide Safer Universities](#) (UUK and PAPYRUS, 2018) guidance for university leaders on suicide prevention

[Placement Student Guidance](#) (UUK, 2022) guidance on actions universities and placement providers can take to support students on placements facing difficulty with their mental health

[Information Sharing](#) (UUK, 2022) guidance on when and how to involve families, carers or trusted contacts when there are serious concerns about a student's safety or mental health

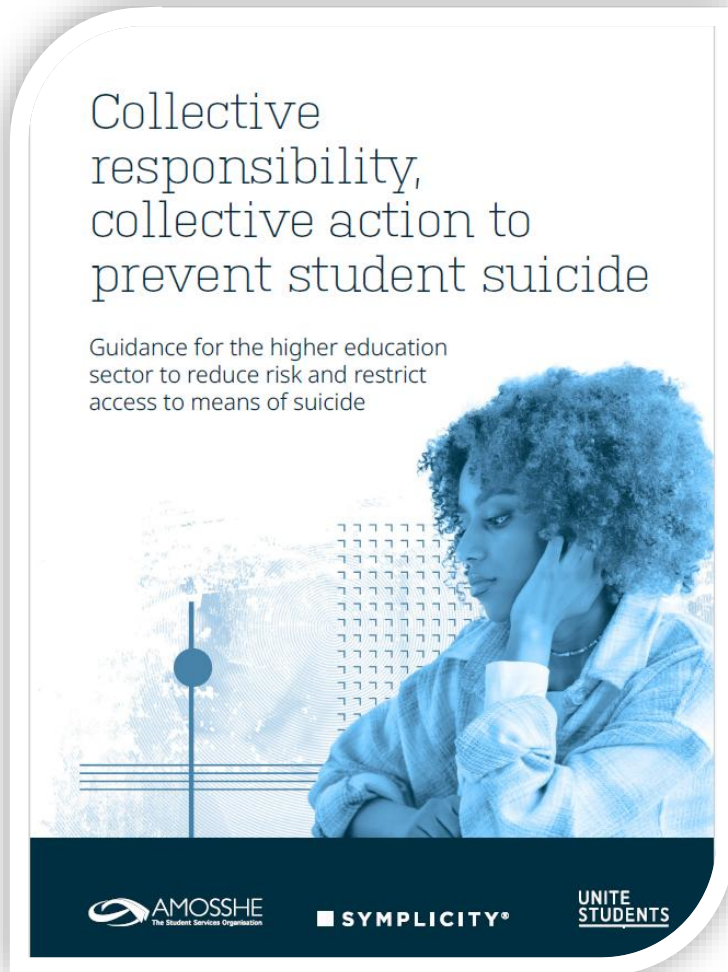
[How to Respond to a Student Suicide](#) (UUK, PAPYRUS and Samaritans, 2022) guidance on actions universities should take in the immediate aftermath of a student death by suicide



What and who is this new guidance for?

- Focus is prevention of suicide and near-fatal self-harm in a HE context.
- Help HEIs consider how to physically reduce access to means to do harm.
- Reduce risk by considering how the psychological and emotional environment in which students and staff live, study and work can be improved.
- Although it includes policy and legislation, **it does not constitute sector wide regulatory policy**.
- Supports all staff (including senior leadership teams, student health and support services, student unions, accommodation services, laboratories, estates, security and procurement colleagues) to anticipate and reduce risk and restrict access to potential means.

Electronic copies can be downloaded from the AMOSSHE website



The work featured in this session has been developed through a significant collaborative effort



hefcw

Cyngor Cyllido Addysg
Uwch Cymru
Higher Education Funding
Council for Wales



CITY
OF
LONDON



student
minds



EmilyTest
Tackling Gender Based Violence in Education



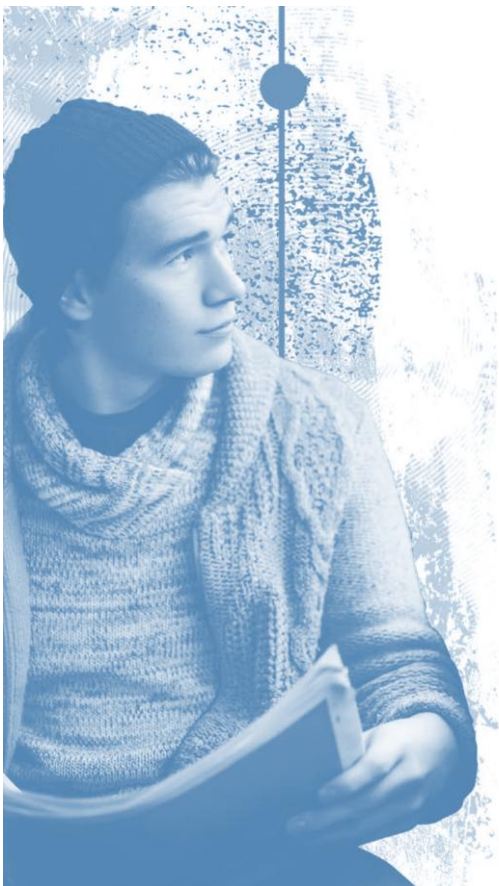
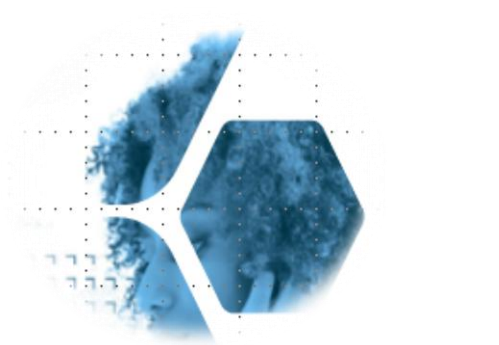
PAPYRUS
PREVENTION OF YOUNG SUICIDE



Department
for Education

SAMARITANS





Organisational Goal
To prevent student suicide

Reducing potential lethality & risks on site
1, 2, 3, 4, 5, 6

1. Procurement processes
2. Building design and planning
3. Estate management and routine safety and security checks
4. Site surveillance and emergency equipment
5. Signage, information, mobile apps and emergency support
6. Restricting access to toxic chemicals and potentially lethal equipment

Increase opportunities, skills and capacity for human intervention
7, 8, 9

7. Suicide prevention, first aid, awareness raising and emergency response training to increase intervention skills and capacity
8. Postvention support for first responders and other staff
9. Online safety/social media

Safety planning and opportunities for help seeking
10, 11, 12, 13

10. Tackling risk factors including drug and alcohol use
11. Risk assessment and case management technology to identify potentially vulnerable individuals
12. Safer prescribing and access to prescription drugs
13. Safety planning and information sharing for students identified to be at risk of suicide

Safety and image of high risk locations
14, 15

14. Responsible media reporting and communications
15. Memorials and vigils at a specific site and influencing the public image and reputation of a site

Serious incident review and local suicide audit
16

16. Learning from the past: serious incident review and local suicide audit

The guidance explores 5 key themes, and associated actions each with a focus on reducing risk and preventing suicide

Colour coded sections identify who this guidance is for

	HEI Leaders	Student Support (e.g. finance and housing)	Student physical and mental health services	Estates	Security	Comms and Social Media	Residences Staff	Academic staff	Student Peers
1. Procurement processes	*			*	*	*	*		
2. Building design/planning	*			*	*		*		
3. Estate planning and routine safety checks	*			*	*		*		
4. Site surveillance and emergency equipment				*	*		*		
5. Signage/info/apps to emergency support		*	*		*	*	*	*	*
6. Restricting access to high-risk means		*		*	*		*		
7. First aid/emergency response training		*	*		*	*	*	*	*
8. Support for first responders	*	*	*		*	*	*		
9. Online safety/social media		*	*			*		*	*

The Guidance Includes a Comprehensive Checklist

Checklist

Procurement

- Brief finance and procurement colleagues on the role of procurement in suicide prevention as part of a whole institution approach
- Identify colleagues within procurement teams who will champion approaches and include suicide prevention in all job descriptions
- Consider championing incorporating suicide prevention standard by external procurement networks and in procurement processes
- Establish relevant requirements and criteria and include in tenders, contracts and contract management
- Provide information for suppliers about suicide prevention; these are a priority for the institution
- Routinely track and audit suicide prevention benefits delivered to senior management



Signage, information, mobile apps and emergency support

- Walk through the sites imagining you are accessing them as a vulnerable person and consider placement of signs where they can easily be seen. Consider students (e.g. students' union officers) to do the walk with you as they may see space in a different way
- Consider the balance of introducing signage and/or emergency support to avoid inadvertently alerting others to the idea of suicide and advertising the means or opportunity for suicide
- Consider the role that printed materials can still play, even in an increasingly digital world; consider the use of a QR code on the back of every student support information sheet
- Be cautious in any media messaging to staff and students about suicide; emergency signage at key locations on the campus as this may have the effect of 'advertising' these locations as a potential means by which someone could end their life.
- Always use approved and evidenced-based messaging, as inappropriate messaging could be counterproductive. Samaritans can advise on the message content of signs as well as suitable placement and number of signs
- Consider offering a range of options that include face to face and online access including for students not on campus
- Explore partnerships with suicide prevention mobile app providers to enhance your local suicide prevention strategy

Restricting access to toxic chemicals and potentially lethal equipment

- Track, monitor and control access to toxic substances and dangerous equipment
- Consider access to equipment storage and activities that may offer access to lethal means through membership of student Clubs and Societies
- Ensure these wider considerations about a student's course and activities are considered in any individual safety plans

Responsible media reporting and communications

- Ensure that people who need to know about specific events such as the inquest are informed in a timely and sensitive way
- Discourage speculation about what has happened, particularly in the immediate aftermath of a death
- Monitor social media for rumours about locations or means and intervene if necessary
- Encourage sensitive media reporting about locations and means and challenge any poor practice
- Work with local and national press regarding coverage to promote following guidance from Samaritans
- Remind the student community that suicide is preventable and highlight support services

Memorials and vigils at a specific site, and influencing the public image and reputation of a site

- Discourage or limit personal memorials at suicide locations in a sensitive manner
- Consider re-naming or remodelling a location to change the perception of the place and remove its association with suicide

Learning from past serious incident and suicide reviews and audits

- Work with local authority and university partners to build integrated approaches to auditing and monitoring
- Use best practice approaches when undertaking serious incident reviews
- Ensure any identified actions have clear ownership, are completed or remain tracked
- Consider inclusion of learning points on the organisational risk register to ensure management oversight and scrutiny

The Guidance Includes a Comprehensive Checklist

University of Fife

Reducing
potential
lethality & risks
on site
1, 2, 3, 4, 5, 6

1. Procurement processes
2. Building design and planning
3. Estate management and routine safety and security checks
4. Site surveillance and emergency equipment
5. Signage, information, mobile apps and emergency support
6. Restricting access to toxic chemicals and potentially lethal equipment

Completed Area

✓

✓

✓

✓

✓

✓

Total Number of RAG



Increase
opportunities,
skills and
capacity for
human
intervention

7. Suicide prevention, first aid, awareness raising and emergency response training to increase intervention skills and capacity
8. Postvention support for first responders and other staff
9. Online safety/social media

X

X

X



Examples and Case Studies from the Guidance



Example 1: Procurement Processes



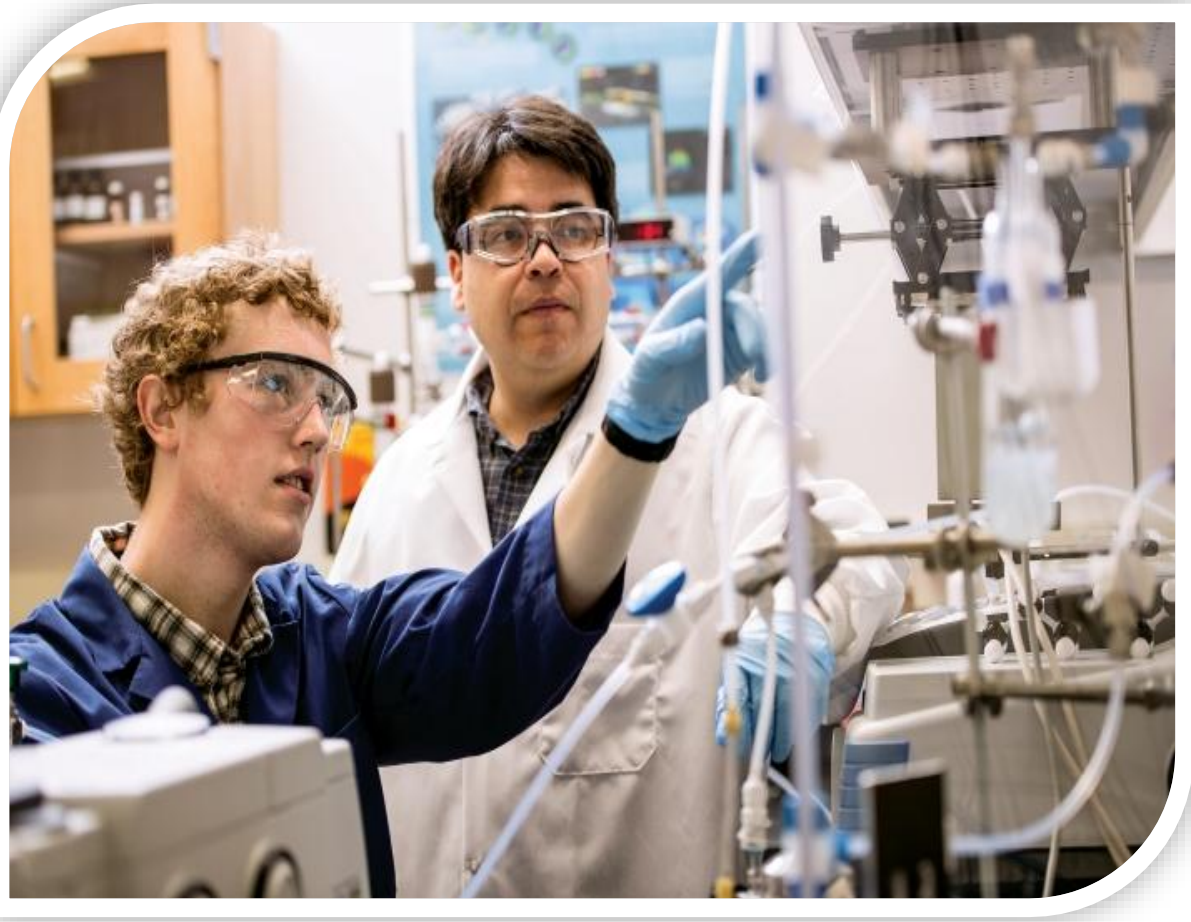
- Procurement and contract management can contribute to a safer physical and psychological environment if suicide prevention is routinely included in the budgeting, contracting and monitoring processes.
- Suppliers can be educated about reducing suicide risk to ensure they recognise and understand their role in supporting these suicide prevention objectives.
- Include relevant requirements and criteria in business cases, tenders, contracts and contract management.
- A similar approach is already often used in HEIs to include sustainability as a priority through procurement.

Case Study: Canterbury Christchurch



- Over 15 months, two students died by suspected suicide in accommodation, with a further near-fatality
- Each incident involved the same method. Once realising they may be linked, the University reflected on what we could do to prevent further incidents.
- Experts agreed that restricting access to means through adapting the en-suite bathrooms in accommodation should be considered.
- They agreed that the accommodation would be adapted, and the work was completed within the year.
- They believe this action significantly reduced the risk of further incidents and may have saved lives.

Example 2: Access to Chemicals and Equipment



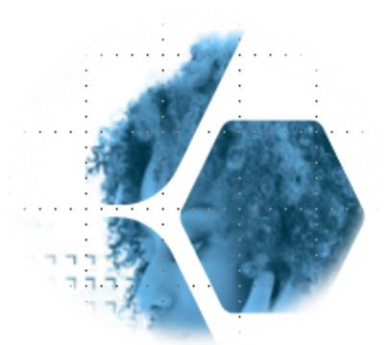
- Individual (mental health) risk assessments should include high-risk places and activities.
- This includes access to toxic substances such as laboratory chemicals and potentially dangerous equipment in workshops and laboratories.
- But...a balance is needed as a student may need unsupervised access to a lab, chemicals and equipment for their degree; restriction may impact academic progress and thus increase their suicidality.
- Consider access to equipment and activities through membership of student clubs and societies e.g. rifle clubs for access to firearms, climbing and sailing/rowing clubs with access to rope.

Example 3: Online Safety and Social Media



- Consider how to safeguard students online as **26% of deaths by suicide in under 20 year olds and 13% in 20-24 year olds involved researching harmful content on the internet prior to their death***.
- Tools can reduce exposure to harmful online content relating to self-harm and suicide.
- Some block content, whilst others intercept harmful searches and redirect the individual to a message of hope and support services.
- HEIs need to consider responsibilities relating to the Online Safety Act 2023. This new law makes provision for and in connection with the regulation of certain internet services by OFCOM.

** Rodway et al., 2023*



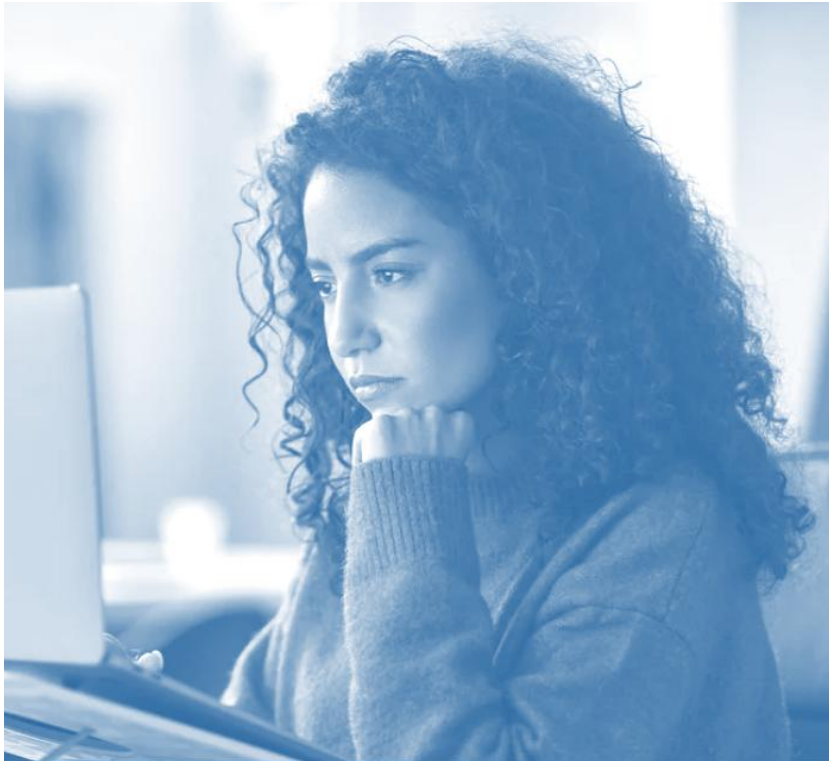
Case Study: R;pple



[Transforming harmful online searches into a journey of hope]

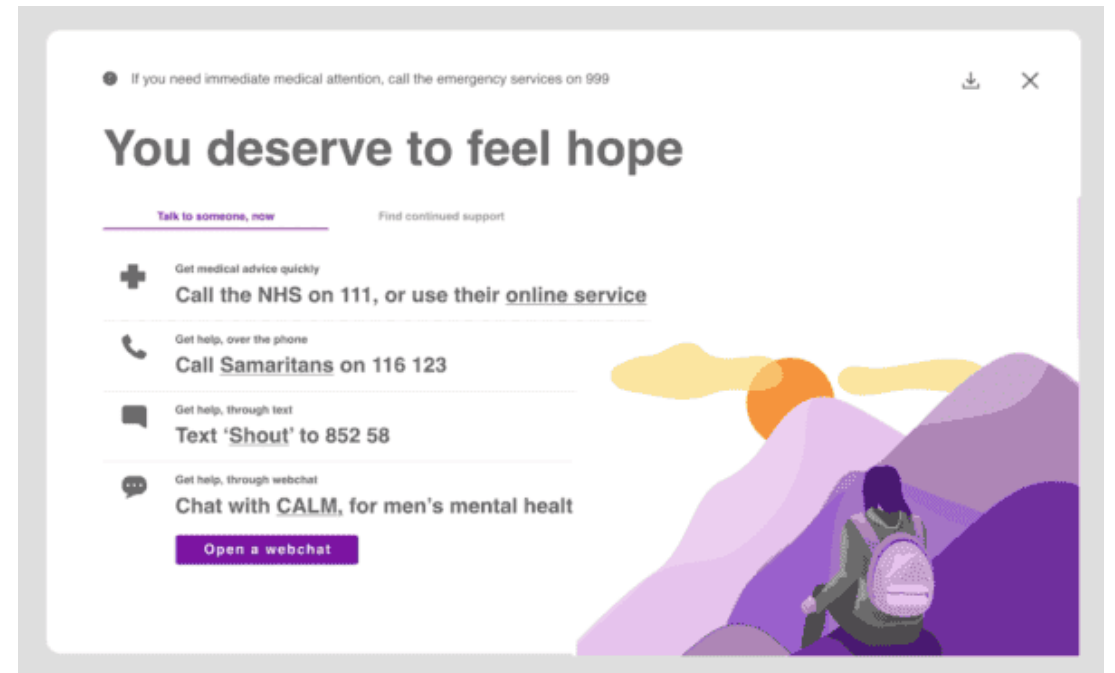
Activation

R;pple works with an extensive database of keywords and phrases relating to suicide and self-harm. If an individual searches for any of the flagged keywords or phrases within our database, the tool identifies it and begins the intervention process.



Intervention

A calmly presented pop-up displays on the device, accompanied with a message of hope. The person in crisis is then provided with a selection of 24/7 helplines and mental health resources, they can access immediately and in the longer term.

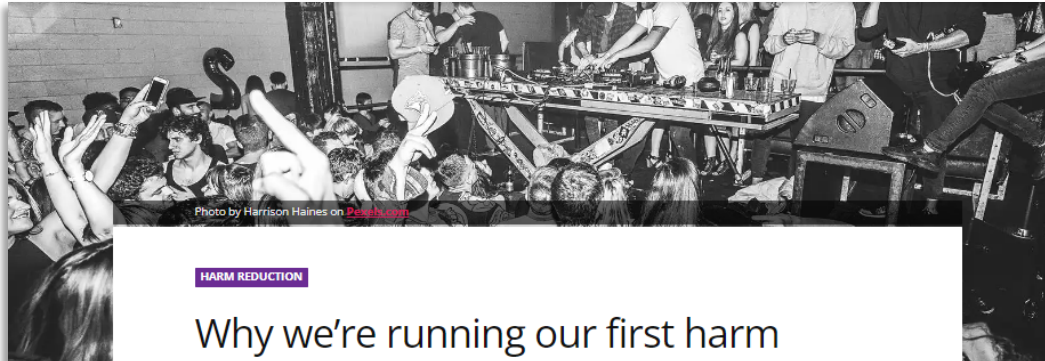


Example 4: Specific Risk Factors Including Drug/Alcohol Use

- Consider mitigations for risk factors more prevalent or unique in a higher education student population:
 - poor academic progress
 - feeling overwhelmed and not able to keep up with studies
 - perfectionism in their studies and never feeling on top of things
 - feelings of isolation having made the transition to university
 - being involved in university processes such conduct investigations
 - cultural changes having moved from a different country
 - previous experience of suicide in their peer group
 - where they are living, on campus or away from campus
 - transition points (e.g. year abroad) or interruption
 - experience of sexual harassment or violence
 - use of alcohol, drugs and activities such as gambling



Case Study: University of Manchester Harm Reduction



HARM REDUCTION

Why we're running our first harm reduction campaign

23 May, 2022

Reading Time: 2 minutes

A message from Simon Merrywest, Director for the Student Experience.

In-line with our [announcement from January](#), in partnership with the Students' Union, that we have moved from a zero-tolerance, to a harm reduction approach to drugs and alcohol; we will be running our University's first harm reduction campaign from the 30 May 2022. We believe we will be the first UK university to do this.

The University of Manchester does not condone the use of illegal drugs or the misuse of prescription drugs. But we know that despite this, some students still choose to use drugs whilst at university. So, we have a choice. We can simply tell students not to take drugs and hope for the best. Or we can try to ensure that students who choose to engage in drug use are aware of the dangers and have access to knowledge and support that allows them to make informed choices and reduce the harm they do to themselves.

We appreciate that some people feel strongly that we should simply tell students to 'just say no' – and we get that view. However, given the increasing purity of substances and issues with contaminants resulting in people becoming seriously unwell and, in some cases, dying after

HARM REDUCTION

Drugs warning: green 'Rolex' and orange 'Donald Trump' ecstasy tablets

27 October, 2022

Reading Time: < 1 minute

Manchester Drug Analysis and Knowledge Exchange (MANDRAKE), an organisation based at Manchester Metropolitan University (MMU) who chemically analyse drugs across the city, have issued an alert over green coloured 'Rolex' and orange coloured 'Donald Trump' ecstasy tablets.

A number of these tablets have been tested and found to contain dipentylone, a synthetic cathinone, a relation to the amphetamine family of drugs.

MANDRAKE have advised that anyone who becomes unwell should seek medical attention.



Example 5: Safer Prescribing and Access to Drugs



- Health care professionals will be aware of the issues that relate to prescribing, stockpiling medication and safer custody of medication options.
- Consider how this can be shared with other teams to raise awareness (e.g. MH teams when developing safety plans, residential domestic staff).
- Safety plans might include barriers to impulsivity (e.g. agreeing that staff will hold medication until needed).
- Consider routes for returning unused medication and encourage peers to report concerns about stockpiling.
- Harm reduction approaches to recreational drug use can encourage more open conversations about interactions with prescription medication.

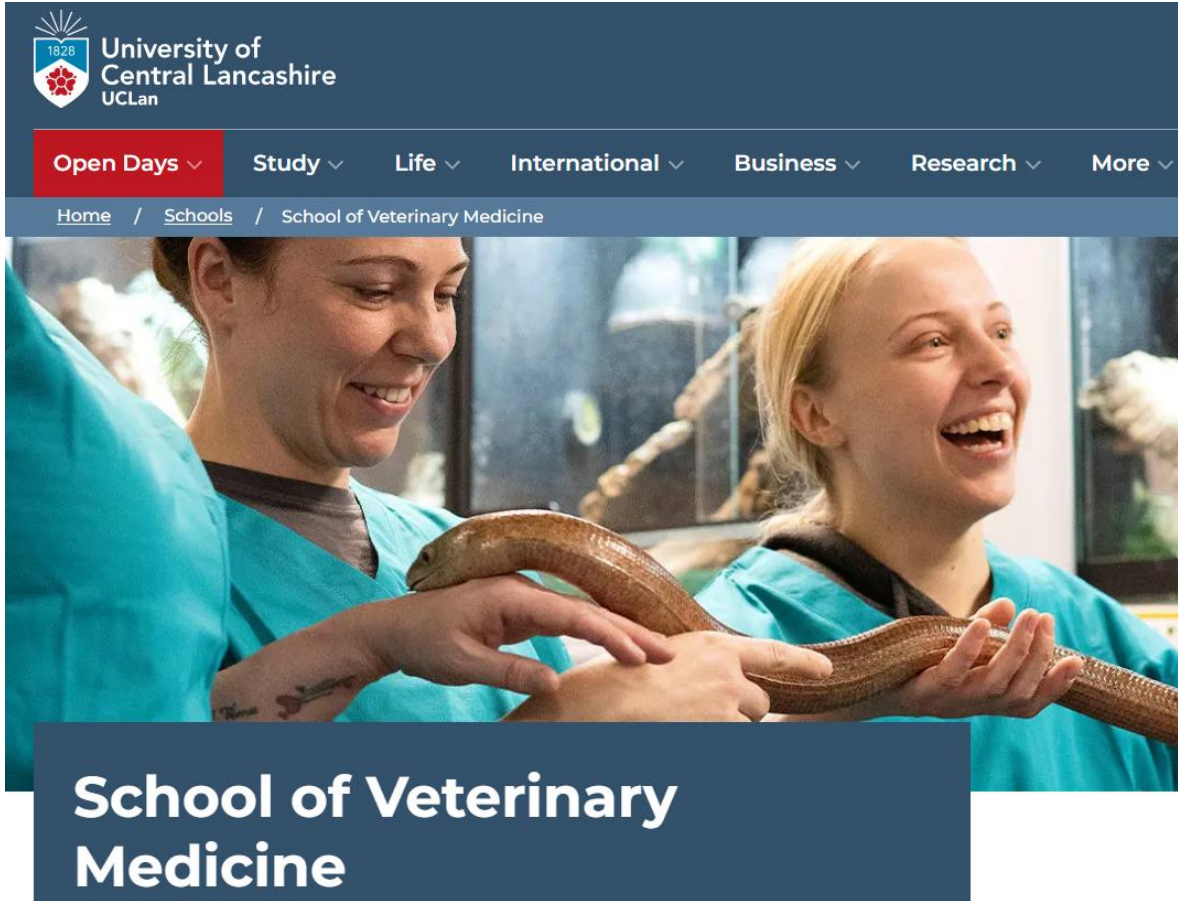
Example 6: Memorials and Renaming Sites

- No strong evidence that leaving tributes, holding vigils, and erecting memorials encourages suicides. They draw attention to locations and make it psychologically available to vulnerable individuals.
- Needs to be managed sensitively to avoid perception that suicide is being hidden or not acknowledged as for other deaths.
- Consider re-naming or re-modelling locations to change the perception. May include improvements to landscaping and furnishing or introducing new amenities.
- Note that the evidence for a beneficial impact on outcome is unclear (c.f. example from Seoul).



Mapo Bridge in Western Seoul

Case Study: UCLAN Veterinary Medicine School



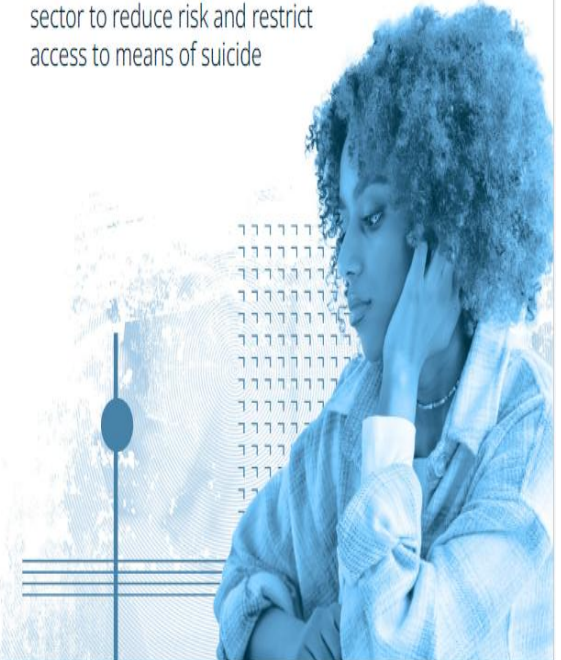
- Set up new Veterinary Medicine School in 2021
- Recognised that this was a profession where the risk of suicide and serious self harm was higher than the age matched population.
- Embedded prevention throughout the curriculum from the outset, including:
 - Recognising the importance of protecting and enhancing mental health and wellbeing
 - Exploring the challenging situations that may be encountered as a vet student, on placement and in work and how they can impact.
 - Identifying ways to recognise worry, anxiety and stress and techniques to manage these.
 - Suicide prevention.

Guidance Launch, Uptake and Implementation

- Published October 11th 2024
- Media releases (WONKHE blog, AMOSSHE and NSPA newsletters) and partnership with 'Contact Hours' film
- English HEI Launch, Oct 11th 2024, University of Manchester
- Scottish HEI Launch, Jan 29th 2025, University of Edinburgh
- Northern Ireland HEI Launch, date TBC, Ulster University
- Welsh HEI Launch, date TBC.
- Ireland HEI Launch, date TBC.
- 671 guidance downloads to date
- AMOSSHE feedback/implementation survey initiated Jan 2025

Collective
responsibility,
collective action to
prevent student suicide

Guidance for the higher education
sector to reduce risk and restrict
access to means of suicide



Time for thoughts,
questions and sharing of
knowledge...





Questions from the audience

Upcoming Events

➤ **Workshop (virtual)**

Monday 17th February 2025, 15.00-16.00

➤ **Learning Set (virtual)**

Wednesday 19th March 2025, 10.00-12.00

If you would like to share your experiences of public mental health practice, including challenges and best practice at one of our future events, please email us at

public.mh@rcpsych.ac.uk

Thank you and closing remarks

Tom Ayers

Director | National Collaborating Centre for
Mental Health (NCCMH)