

THE PLACE OF USEFUL LEARNING

STRATHCLYDE suicide prevention STRATEGY

COMPACT VERSION



University of
Strathclyde
Glasgow



Spotlight: Lived and living experience

My name is Scott, and I attempted suicide on 8th February 2018. Suicide. I know how difficult that word can be for people to say and how it makes them uncomfortable. Too often, people avoid it entirely. But avoiding the word does not take away its reality—if anything, it gives it more power. This is something I am passionate about changing.

Since my own suicide attempt, I have worked to recover, rebuild, and ultimately, to find purpose—not just for myself, but to help others who may be struggling. In 2020, after sharing my story in a tutorial, Dr. Susan Rasmussen, the chair of the Suicide Safer at Strathclyde group, reached out to thank me for sharing my experience and invited me to join the group. As soon as Susan outlined its purpose, I knew I wanted to be a part of it—not just to share my own experiences, but to help ensure that the voices of those who have struggled are heard, respected, and included in shaping meaningful change.

Lived experience is not just a story to be heard, it is a perspective that can drive real change. And ‘living’ experience matters just as much. It highlights that people are still here, still fighting, and still navigating their own journeys. Recognising both lived and living experience helps us understand what truly makes a difference, what barriers stop people from seeking help, and how we can create a culture and environment where no one feels alone in their darkest moments.

Through my own lived and living experience, I have contributed significantly to this project and, by extension, this strategy. I have shared my story to shape conversations, ensuring that the university’s approach to suicide prevention is not just policy-driven but deeply human and focused on the people it is designed to support. I have presented to different groups both within and outside the university, encouraging meaningful discussions that have led to real progress. My involvement expanded when I was invited to join the project board of the Suicide Safer group, where I had a voice in the decision-making process. I have also completed a research internship, co-hosted lived experience focus groups, led suicide awareness training, and attended external advisory group meetings, working alongside a team of individuals with vast knowledge and experience in suicide prevention.

Being part of this project has given me purpose, but more importantly, it has given me hope—hope that we are moving towards a culture where people feel able to ask for help without fear or shame. Hope that suicide will no longer be something whispered about, but something we can openly talk about with care and compassion. Suicide is preventable, and with this strategy, Strathclyde is taking a vital step toward becoming a suicide-safer place.

Boldness, innovation, compassion and great care

My name is John Gibson and I am the CEO of The Canmore Trust (SC051511). The charity was founded in 2022, after our son, Cameron, died by suicide in 2019. He was 24 years old and a young veterinary surgeon, just a few months out of university. Cameron had no obvious psychological distress and left no note. He had always wanted to be a vet and was doing his “dream job”.

He had a great circle of friends and loved the great outdoors of Scotland – hillwalking, kayaking, running and cycling. Cameron’s death is a mystery. However, what is not a mystery is the carnage which we, as a family, have experienced and, indeed, live with every day since. I wish I could show you the reality of the pain left behind by a suicide death – the utter desolation created by two police officers coming to our door to tell us that our beloved son was dead and that he had taken his own life. As a charity, we would do anything to stop any further deaths by suicide. We CAN do more and we MUST do more.

That is why I am very excited to be part of the External Advisory Group which has helped the University of Strathclyde to create and hone its Suicide Prevention Strategy, and to be at the forefront of suicide prevention in Higher Education in Scotland and the wider UK. I congratulate Strathclyde for its boldness, innovation, compassion and great care of its students and staff.

Strathclyde kindly invited me and the team from Canmore to facilitate monthly postvention Safe Space meetings on campus, supporting students and staff who have been impacted by suicide. Good quality suicide postvention today is tomorrow’s prevention. Such a privilege to be part of all of this.

The Canmore Trust currently provide a peer support safe space session at Strathclyde for staff and students who have been impacted by suicide. Appropriate peer support wherever possible will also continue. Through our newly established Higher and Further Education National Network we will extend an invitation to all universities and colleges in Glasgow to make this peer support session available to them.



SCAN QR CODE

Suicide prevention is about people.

Our suicide prevention strategy is built around the wish to identify and support those individuals who are at increased risk of suicidal thoughts and behaviours. Our aim is to promote long-term recovery for those who are experiencing suicidal thinking or have engaged in suicidal behaviours, and to provide support those who have experienced a suicide loss.

We use the Scottish Government's approach of Time Space Compassion as the basis for our strategy. In short, it means we look out for each other and are connected to each other in a compassionate way.

With a student and staff complement of almost 35,000, the statistics suggest that we will have members of our community who are at risk of death by suicide. We can work together to avoid that outcome.

Our strategy also aligns with

[Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032*](https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/) and is based on:

- Lived and living experience
- Theory and research
- Subject matter expertise
- Partnership working

* <https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/>

Vision: To foster a compassionate, connected and safe community for staff, students and visitors, using a whole university approach.

To achieve our vision, we have identified 4 strategic priorities developed using the principles of Time Space Compassion



PRIORITY AREA 1: CAPACITY BUILDING

Our suicide prevention work puts a strong emphasis on the importance of training and building capacity across the university to promote compassionate conversations and to ensure our staff and students are equipped and confident to support positive mental health and suicide prevention. Importantly, it focusses on partnership working both within and outside of the university to ensure suicide prevention can continue to be a core focus within the university.

PRIORITY AREA 3: SAFETY AND SUPPORT

The wellbeing and safety of our community is paramount. Therefore, our plan prioritises work to ensure those who are affected by suicidal thoughts and/or behaviours or are affected by the loss of someone to suicide, have compassionate support available to them when they need it. In addition, we will develop opportunities to restrict access to means and ensure safe spaces for anyone who is in crisis.

PRIORITY AREA 2: COMMUNICATION

At both an organisational and individual level, effective communication is essential for creating a suicide safer environment. Our student members with lived and living experience of suicide identified it as the single most important issue. It is also key to ensuring people receive the support they need, when it matters most.

PRIORITY AREA 4: CONTINUOUS IMPROVEMENT

We will monitor and evaluate the impact of our strategy at an organisational and individual level. It is crucial that our strategy is long-term and sustainable. Our project structure (Figure 6) is designed to create and promote a whole University approach to suicide prevention, and it is in line with Universities UK guidance on making it an institutional priority. Of note is the clear line of communication between our External Advisory Group and our Project Board, which ensures our strategy is continually informed by 'critical' subject expertise.

Our call to action:

Five things you can do to help with delivering on the strategy

- 1. Promote in your area or amongst your peers the informed level suicide prevention and mental health training that includes the ‘Ask Tell Respond’ adult learning resource. This training is embedded on Myplace.

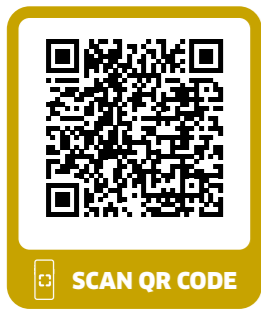
[Staff Wellbeing Training: Mental health and suicide awareness](https://classes.myplace.strath.ac.uk/login/index.php)
<https://classes.myplace.strath.ac.uk/login/index.php>

[Student Wellbeing Training: Mental health and suicide awareness](https://classes.myplace.strath.ac.uk/login/index.php)
<https://classes.myplace.strath.ac.uk/login/index.php>
- 2. Promote the safe space peer support sessions that take place on the last Tuesday of each month. Details of this group and the wider suicide safer work can be found on the following link every month [Suicide Safer Strathclyde | University of Strathclyde](#)
- 3. Join our suicide safer working groups that can help with the operational delivery of our suicide prevention efforts. Some areas of work within these groups include; communication, lived experience, training, safety and support, research and peer support.
To do this please e-mail suicide-safer@strath.ac.uk
- 4. Consider how using creative approaches to suicide prevention can be used either in your area or as part of the student curriculum. The University have a lifetime license to The Low Road Film and have access to a number of films and media that are designed to approach suicide prevention in a creative and engaging manner. Contact suicide-safer@strath.ac.uk
- 5. Can you support our training delivery by volunteering to be a community support resource at our safeTALK suicide prevention training? (In order to do this you need to have attended ASIST training in the last 3 years). Contact suicide-safer@strath.ac.uk

Support within the university

For emergency support, contact Security Services: 0141 548 2222

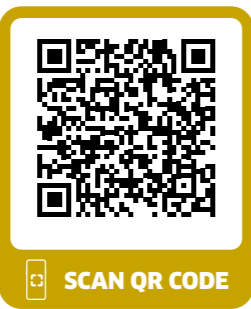
Support for Students:



[Strathclyde Wellbeing Map](https://www.strathunion.com/support/healthandwellbeing/wellbeingmap/)

<https://www.strathunion.com/support/healthandwellbeing/wellbeingmap/>

Support for Staff:



[Wellbeing Hub | University of Strathclyde](https://www.strath.ac.uk/whystrathclyde/peoplestrategy/wellbeinghub/)

<https://www.strath.ac.uk/whystrathclyde/peoplestrategy/wellbeinghub/>

External Support:



[Support for adults | Suicide Prevention Scotland](https://sps-cms-staging.embertech.link/suicide-support-for-adults)

<https://sps-cms-staging.embertech.link/suicide-support-for-adults>

Compassionate language around suicide

Less helpful	More helpful	Why?
Avoid sensationalising or normalising suicide	Remain sensitive and factual in all conversations	Sensationalising or normalising suicide may put others at risk
Never reference the method of suicide in any conversations	Do not be afraid to use the term ‘suspected suicide’ and avoid euphemisms	Excessive information or imagery may put vulnerable people at risk if they over identify with the person who has died
Speculating about reasons for or circumstances surrounding the suicide	Be respectful to the family and don’t speculate	The family have the right to privacy and speculation may also impede ongoing investigations
Commit/committed suicide	Died by suicide	Suicide is a cause of death and should be treated as such. Commit is stigmatising and outdated language with connotations of illegality, shamefulness, and sin
Self-harmer	Person who self-harms	People first language’ recognises and values the person first and foremost. Self-harm may be a way in which someone copes, but it is not who they are
Unsuccessful	Attempted suicide	Any attempt should be taken seriously. We need to recognise distress and provide appropriate, timely and compassionate support. Any notions of ‘failure’ don’t contribute to that

Any language that recognises the possibility of change and recovery is beneficial. Hope is vital. It keeps people alive.

The information in the table is to be used as a guide. Some people bereaved by suicide may choose to use language in the ‘less helpful’ section because they relate to it or find it familiar. We should respect the way those bereaved by suicide choose to talk about it. The main aim is encouraging people to talk.

Please access the link for top tips on talking safely about suicide
[How to talk about suicide safely online | Online Safety Resources | Samaritans](https://www.samaritans.org/scotland/how-we-can-help/workplace/workplace-staff-training/)
<https://www.samaritans.org/scotland/how-we-can-help/workplace/workplace-staff-training/>

Action

The STEP CPD module can be accessed on this [link](#).

<https://strath.sharepoint.com/sites/LandTDev/SitePages/Compassionate%20language%20around%20suicide.aspx>

Other useful resources for developing a compassionate approach to suicide are included in the links below:

Scottish Government's Time Space Compassion Framework

<https://www.gov.scot/publications/time-space-compassion-supporting-people-experiencing-suicidal-crisis-introductory-guide/pages/3/>

Finding The Words – Support After Suicide

<https://supportaftersuicide.org.uk/resource/finding-the-words/>

Mental Health UK has several resources relevant to workplace mental health

<https://mentalhealth-uk.org>

Myths and facts about suicide

Myth

Talking about suicide encourages it.

People who talk about or threaten suicide are attention seeking.

Suicide is a choice and it's not preventable.

Only people with mental disorders are suicidal.

If a person is serious about killing themselves, there's nothing you can do.

Most suicides happen without warning.

Fact

Talking about suicide can save a life by encouraging someone to seek help. It validates to the person that it is something they can share with others.

People who die by suicide have often told someone that they do not feel life is worth living. Someone may talk about suicide to get the attention they need while in distress. It's important to take anyone who talks about feeling suicidal seriously.

Suicide is preventable and often people feel suicidal during times of extreme stress or isolation. Suicidal thoughts can be interrupted and can pass with the correct support in place.

Suicidal thoughts are common. One recent study highlighted up to 25% of students have felt suicidal. Only 1 in 3 people who die by suicide have reached out to mental health services for support, so it's crucial that training is rolled out across communities and not just services.

Often feeling suicidal is temporary and with the correct support, people can and do recover. Being able to listen and have a conversation about suicide is lifesaving. Please refer to Appendix 2 for a range of training that can equip someone with the skills and confidence to have a conversation with someone about suicide.

There are often warning signs before a suicide attempt. Please follow the link to learn more about warning signs of suicide.