

Suicide Prevention: Developing a collaborative approach

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Please note this practice example has been drafted from the input Tony provided to our event in March 2026.

Introduction

My name is **Tony Kane**, and I work at the **University of Strathclyde**. I want to start by saying this isn't a piece about how *great* Strathclyde is. Like every university, actually even every workplace, we face big challenges — they're just shaped a little differently depending on context.

What I want to share is **how we approached suicide prevention over the past few years**: what prompted the work, how we went about it, what we learned along the way, and some of the practical decisions we made. This isn't about having all the answers. It's about sharing practice honestly, so we can learn from each other.

Background: Why This Work Was Needed

I was initially employed at Strathclyde on a two-year fixed-term post to develop a suicide prevention strategy for staff and students. The work was overseen by **Dr Susan Rasmussen** as project lead and this collaboration between faculty and professional services has had great benefits.

Since then, my work has evolved into a full-time position focused on strategy and partnerships. But the motivation has stayed the same: **the data and lived experience told us we needed to act**.

Universities are high-pressure environments. Students are often navigating:

- ♥ Academic stress
- ♥ Financial pressures
- ♥ Family expectations
- ♥ Major life transitions

There is strong evidence that many students experience suicidal ideation, even though overall suicide rates among students remain lower than the general population. What concerned us was **change over time** — rising distress, increasing complexity, and growing demand for support.

Universities also face *specific* risk factors:

- ♥ Transitions into and out of study
- ♥ Placement stress



- ♥ International students carrying intense family and financial expectations
- ♥ Students navigating mental health diagnoses across different health systems
- ♥ Increasing numbers of neurodivergent students, including ADHD and autism

We also recognised that suicide prevention couldn't just focus on students. Employment and workplace culture matter. If unemployment is a known risk factor, then **how we support staff wellbeing and create healthy workplace cultures also matters.**

All of this told us: *a fragmented approach wouldn't work.* We needed something whole-system.

What We Did

1. Building the Strategy *with* the Institution

Rather than jumping straight to “what interventions should we deliver?”, we spent time focusing on how we would do the work.

Key decisions included:

- ♥ Early and visible buy-in from senior leadership
- ♥ External expert advice to challenge and strengthen our thinking
- ♥ Advisory groups that included lived and living experience
- ♥ A strong emphasis on *culture*, not just policy

We learned quickly that strategy without culture doesn't work. Behaviour and everyday practice will always trump written documents.

So, at the heart of our strategy we placed shared values — **time, space, compassion** — and asked: *How do these become institutional principles, not just personal ones?*

2. Moving Beyond Simple Categories

National guidance often frames suicide prevention around:

- ♥ Prevention
- ♥ Intervention
- ♥ Postvention

What we found in practice was that **everything overlaps.** Trying to force work into neat boxes didn't reflect reality.

Instead, we developed four strategic priority areas that cut across prevention, intervention, and postvention — with **culture and time, space, compassion at the centre.** This allowed flexibility while still giving clarity and direction.



3. Lived Experience as a Driver for Change

One of the most important parts of our journey came through lived experience.

A student, Scott, approached Susan after a lecture and shared how deeply the content resonated with his own experience of suicidal crisis. Rather than stopping at listening, Susan asked: *“What if we did something with this?”*

Scott and Susan later presented together to senior leadership. From that conversation, **my role was created.**

Lived experience didn't stop there:

- ♥ Scott helped facilitate focus groups with students and staff
- ♥ Students shaped priorities and language
- ♥ We learned difficult but essential lessons about boundaries, support, consent, and supervision

This wasn't straightforward work. It required care, reflection, and sometimes slowing things down. But it fundamentally shaped the strategy in a way no policy document could.

4. Using Creativity to Engage People

We recognised early that **training alone isn't enough**, especially in a university context.

Alongside training, we used creative approaches:

- ♥ Licensing and screening films with mental health or suicide prevention messages
- ♥ Hosting small, supported film viewings in student residences
- ♥ Using accessible films to prompt discussion
- ♥ Supporting the creation of short films with student involvement

These approaches met people where they were and opened conversations in ways traditional training sometimes can't.

5. A Layered Training Approach

We aligned our training with national frameworks but adapted it to our context. Our approach focused on:

- ♥ Awareness for everyone
- ♥ Enhanced skills for front-facing roles
- ♥ Specialist training for those in intervention roles

We invested heavily in **train-the-trainer models**, building internal capacity rather than relying solely on external providers.



Some key learning:

- ♥ Shorter training (like safeTALK and Suicide First Aid (Lite)) had much higher uptake
- ♥ Two-day courses were valuable but harder for staff to access
- ♥ Ongoing supervision and peer support helped retain trainers over time

Training wasn't treated as a one-off – it was part of a supported system.

6. Creating Support Beyond the Campus

We also looked beyond formal services.

Examples included:

- ♥ Hosting confidential peer-support spaces facilitated by external partners
- ♥ Opening those spaces to students and staff from across Glasgow
- ♥ Working nationally with colleges and universities through shared networks
- ♥ Collaborating with local authorities and third-sector organisations

This wasn't about duplicating services – it was about **sharing resources and building capacity together**.

Key Learning Points

- ♥ Culture matters more than strategy alone
- ♥ Everyone in a university is “front-facing” in some way
- ♥ Lived experience involvement must be undertaken ethically and supportively
- ♥ Training works best when it's accessible, supported, and embedded
- ♥ Collaboration multiplies impact
- ♥ Small, well-placed actions can make a real difference

Final Thoughts

This work is complex. It's slow. It's sometimes uncomfortable. And we certainly haven't “nailed it”.

But what we've learned is this: **you don't need to do everything at once**. Build what you can, where you can, with the people around you. Share resources. Learn together. Let culture lead.

That's what we've tried to do – and we're still learning.

