



SUICIDE PREVENTION POLICY

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INTRODUCTION

This policy should be read in conjunction with Oxford International College's Safeguarding and Child Protection Policy, Student Welfare Policy, Anti-Discrimination and Harassment Policy, Preventing Bullying, Drugs, Alcohol and Smoking Policy, Crisis Management Policy and any other College policy or procedure warranted in a given situation.

APPENDICES

Please refer to the Appendices below for college checklists, guides and further information related to this policy:

- Appendix A - Risk and Protective Risk Factors
- Appendix B - Checklist for Suicide Prevention, Readiness and Planning
- Appendix C - Guidelines for Notifying Parents
- Appendix D - Suicide Postvention Protocol
- Appendix E - Suicide Postvention Checklist
- Appendix F - College Climate Checklist
- Appendix G - Media Selection Criteria for the Teaching of Suicide Prevention
- Appendix H - Further Information and Resources

IDENTIFICATION OF KEY COLLEGE STAFF AND COMMUNITY SERVICE PROVIDERS

The Oxford International College Crisis Management Team (CMT) consists of the Proprietor, the Managing Director and Principal, the Deputy Principal for Pastoral Care & Welfare, the Deputy Principal for Teaching & Learning, the Operations Director and the Student Services Manager. In addition to the CMT, staff who can take responsibility for the care of at-risk students include the Director of Studies and the Compliance Officer.

Students at risk of suicide are normally referred to Bury Knowle Health Centre (Tel: 01865 761 651) in the first instance for initial assessment, diagnosis, treatment and referral. The Bury Knowle Health Centre includes GPs who are experienced in the treatment of young person's mental health issues. At the GP's discretion, students may be referred. Where they are sent depends on the student's age (e.g. students under 18 are sent to the Highfield Unit, Warneford Hospital, Headington, Oxford).

Out of hours care is provided by the Emergency Services (Tel: 999).

Students are to declare any pre-existing medical conditions and any prescription medication they are taking and this information is recorded on their *Individual Health Care Plan*. Any medications prescribed to students are kept under lock and key. These are kept on college premises by the Student Services Manager and at Wavy Gate by the House Parent. It is standard procedure for the student to only be

given their prescribed amount of medication on a daily basis. However, students who are 18+ can self-medicate, given parental permission and full disclosure.

All college staff and Tutors, though they may not be qualified to make an assessment, should, in the first instance, report any evidence or suspicions they have about a student's risk of suicide, self-harm and depressive behaviour to The Managing Director and Principal, the Deputy Principal for Pastoral Care and Welfare or the Student Services Manager who will investigate further.

The Managing Director and Principal, the Deputy Principal for Pastoral Care and Welfare and the Student Services Manager maintain professional contact with Social Services, the Local Authority Designated Officer (LADO), a private counsellor and other local support services, who can also be contacted for advice, support and student referrals. A list of all important college contacts and support networks related to the issue of student suicide is included in Appendix H.

GENERAL ISSUES REGARDING THE MANAGEMENT OF SUICIDE

- Do strive to treat all student deaths in the same way. The college's general response to a suicide does not differ markedly from a response to any other sudden death crisis. However, some issues exclusive to suicide require specific attention.
- College managers must allow students to grieve the loss of a peer without glorifying the method of death.
- Under no circumstances should an untrained person attempt to assess the severity of suicidal risk. All assessment of threats, attempts and other risk factors must be left to the student's General Practitioner (GP) and other qualified professional.
- The College's CMT should meet as quickly as possible and as the situation warrants. One member of the CMT should be designated as the Case Manager. They should accompany the student to the Bury Knowle Health Centre (and any other appointments as necessary) and collate and report all relevant information about the case in the student's confidential college *Individual Health Care Plan*. The case manager should also contact parents, guardians and agents as required (see below).
- For cases where there is imminent risk, ensure the safety of the student by providing constant adult supervision. They should not be allowed to leave the college. Supervision should be provided by the Case Manager or by a staff member designated by the Case Manager. If the student is identified as a suicide risk while in residence at Wavy Gate, then they must be accompanied by the House Parent or a Warden until the Case Manager or a member of the CMT can be contacted, has arrived on the scene and is prepared to take over.

- If possible, the Case Manager should also conduct an initial interview with the student on the day of referral to the GP or Emergency Services. In this meeting, the Case Manager should include at least one other staff member who has a positive, caring relationship with the student. The purpose of the initial interview is to determine:
 - The extent of suicidal thinking.
 - The potential plan of suicide.
 - The lethality of the plan.
 - The history of the student's suicidal thinking and attempts.
- Once the initial interview and referral have been conducted, the Case Manager and the CMT should formulate an initial plan of action. This action plan may include:
 - No further involvement.
 - Monitoring by staff member(s) designated by the Case Manager.
 - Referral for follow-up counselling.
 - Asking parents or guardians to immediately come to the college to be part of planning process and making the decision to send the student home (in which case, the student must be accompanied to the airport).
 - Parents or guardians must be contacted regardless of the safety plan decided (unless it is suspected that the parents are the cause of the suicidal behaviour).
 - Always include and respect the student's in developing their safety plan.
 - Depending on the severity, the Case Manager may wish to consult the GP, a counsellor or other external professionals. They may also discuss the case with other staff members affiliated with, and may wish to support, the student.

COLLEGE RE-ENTRY FOR A STUDENT WHO HAS ATTEMPTED SUICIDE

Efforts to respond to suicide attempts and other traumas should be focused on making the student's return to College a comfortable one.

A student who attempts suicide is at greater risk for a suicide in the months following the crisis, it is extremely important to closely monitor his or her re-entry into College and for the Case Manager to maintain close contact with parents or guardians, other relevant staff members and any other persons supporting the student.

If the student is absent for a period of time following a suicide attempt (and possibly hospitalised in a treatment facility), the Case Manager should follow these steps:

- Have the parent or guardian complete, sign and date a disclosure statement giving the college and Case Manager permission to discuss confidential information about the student with the

other professionals and supporters involved. Such a release is normally completed at Student Induction when the parents complete the *Medical Consent Form* and the *Bury Knowledge Questionnaire* and so the Case Manager should check this in place before acting. Consent may also be recorded on the *Medical Conditions Form*.

- Inform the student's teachers regarding the number of probable days of absence.
- Instruct teachers to provide the student with notes, homework and tests to be completed, if appropriate.
- Maintain contact with the student to keep them informed of the latest developments in the college and to maintain a positive connection to the college environment.
- Seek recommendations from the student's GP (and other qualified professionals involved) and write a college Aftercare Plan and include this in the student's *Individual Health Care Record*. If the student has been hospitalised, the College's Case Manager should attend the discharge meeting at the hospital or mental health facility. The Case Manager should convey relevant non-confidential information to appropriate college staff regarding the Aftercare Plan.
- Maintain regular contact with the student once they return to college. Support persons involved will need to re-establish roles with student.
- Maintain contact with the parents to provide progress reports, etc. and keep them informed of any changes to the student's Aftercare Plan.

APPENDIX A: RISK AND PROTECTIVE RISK FACTORS

CONTEXT	PREDISPOSING RISK FACTORS	CONTRIBUTING RISK FACTORS	PRECIPITATING RISK FACTORS	PROTECTIVE RISK FACTORS
Individual	<ul style="list-style-type: none"> • Previous suicide attempt • Depression or other mental health issues (e.g. non-suicidal self-harm, substance use, anxiety, bipolar disorder or conduct disorder) • Hopelessness • Current suicidal thoughts or a wish to die • Significant changes in behaviour or mood • Significant changes in physical or mental state • History of childhood neglect, sexual or physical abuse 	<ul style="list-style-type: none"> • Rigid cognitive style • Poor coping skills • Substance misuse • Impulsivity • Aggression • Hypersensitivity or anxiety 	<ul style="list-style-type: none"> • Loss • Personal failure • Humiliation • Individual trauma • Health crisis • Homelessness 	<ul style="list-style-type: none"> • Individual coping and problem solving skills • Willingness to seek help • Good physical and mental health • Experience or feelings of competence • Strong cultural identity and spiritual beliefs
Family	<ul style="list-style-type: none"> • Family history of suicidal behaviour or suicide • Family history of mental disorder • Family history of child maltreatment • Early childhood loss, separation or deprivation 	<ul style="list-style-type: none"> • Family discord • Punitive parenting • Impaired parent-child relationships • Multi-generational trauma and losses 	<ul style="list-style-type: none"> • Loss of significant family member • Death of a family member, especially by suicide • Recent conflict 	<ul style="list-style-type: none"> • Family cohesion and warmth • Positive parent-child connection • Adults modelling healthy adjustment • Active parental supervision • High and realistic expectations

<p>Peers</p>	<ul style="list-style-type: none"> • Social isolation and alienation 	<ul style="list-style-type: none"> • Negative youth attitudes toward seeking adult assistance • Poor peer relationships • Peer modelling of non-suicidal self-injury (NSSI) • Suicidal behaviours 	<ul style="list-style-type: none"> • Teasing, cruelty or bullying • Interpersonal loss or conflict • Rejection • Peer death, especially by suicide 	<ul style="list-style-type: none"> • Social competence • Healthy peer modelling • Peer acceptance and support
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APPENDIX B: CHECKLIST FOR SUICIDE PREVENTION, READINESS AND PLANNING

There are several steps needed to create safe and effective college-based suicide prevention efforts, ensuring that the college's message is comprehensive, consistent and well-understood by staff. One-time events fragmented or single-lesson approaches are not recommended. The following checklist provides guidance in the initial planning and prioritising of actions for the planning of the college's suicide prevention efforts.

Step 1: Before you begin

1. Our college understands that effective college-based suicide prevention efforts integrate comprehensive healthcare principles and practices (including whole-college approaches and mental health promotion) with specific suicide prevention content.
 - Satisfactory
 - Requires Attention
2. The college is committed to developing and sustaining strategic, systematic and comprehensive approaches to suicide prevention.
 - Satisfactory
 - Requires Attention
3. The college is aware of relevant legislation and subsequent college obligations in this area.
 - Satisfactory
 - Requires Attention
4. The college has a strong understanding of our college profile with respect to suicide risks (including demographics, strengths and weaknesses and risk and protective conditions) and how these should inform our suicide prevention efforts.
 - Satisfactory
 - Requires Attention
5. Our college's management, tutors and staff are aware of the challenges and potential roadblocks for implementing and maintaining a college-based suicide prevention program.
 - Satisfactory
 - Requires Attention

Considerations for the college's suicide prevention planning should include:

- The college's CMT are engaged and involved in the assessment, planning, implementation and evaluation of suicide prevention efforts and these include other managers, tutors, staff, students, caregivers and local community partners.
- The college's CMT have a common understanding about what constitutes effective and safe suicide prevention and essential information is provided to address fear or feelings of ill-preparedness related to suicide prevention.
- There is shared understanding throughout college that suicide prevention is everyone's responsibility and prevention occurs every day through enhancing protective factors and working to reduce risk factors (see Appendix A). Information in this policy should be outlined in the Staff Handbook.

Step 2: Enhancing the college's capacity to respond and intervene

1. The college has developed suicide response policies, procedures and protocols (e.g. what to do when there is a threat, attempt or death).
 - Satisfactory
 - Requires Attention
2. The college has established mechanisms to disseminate and review procedures with all staff.
 - Satisfactory
 - Requires Attention
3. The college has developed a college Crisis Management Plan and nominated a Crisis Management Team to respond to suicidal behaviours and has communicated this to all college staff.
 - Satisfactory
 - Requires Attention
4. College staff are trained to provide different levels of suicide intervention including all staff being alert to suicide risks and smaller numbers of staff being trained to assess and intervene. All staff should know where to refer a potentially at-risk student.
 - Satisfactory
 - Requires Attention

5. The college has identified and established relationships with local external professionals who can assist in responding to suicidal behaviours and risks.
 - Satisfactory
 - Requires Attention
6. The college has a plan that generally includes parents and students in its suicide prevention efforts.
 - Satisfactory
 - Requires Attention

APPENDIX C: GUIDELINES FOR NOTIFYING PARENTS

The Case Manager should contact the parents or guardians as soon as possible after a student has been identified as being at risk for suicide, except in cases where it is suspected that the risk of suicide is caused by the parent or guardian being abusive or neglectful. In such cases, advice should be taken from the GP or other qualified professional who may either contact Social Services directly or recommend that the college's Case Manager do so.

Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy and help-seeking. The Case Manager will apply the following guidelines when contacting a parent or guardian to notify them of a student's potential risk of suicide. The case manager should:

- Identify themselves and state their position within the college.
- Inform the parent, guardian or agent that they believe the student is at risk of suicide and indicate the warning signs or observed behaviours that support the concern. If possible and if the suicide risk is imminent, they should request the immediate presence of the parent or guardian at the college and inform them that the safety of the student will be maintained until their arrival.
- Discuss whether the parent or guardian is aware of the student's mental health issues and inquire whether the student has received counselling in the past and/or present. Discuss whether the parent or guardian intends to obtain an immediate evaluation/counselling for the student and state that the college can help with these arrangements. If necessary, provide the parents or guardians with the contact information of the local mental health service providers (e.g. the GP or counsellor).
- Explain that the student's accommodation at college will be inspected to remove drugs, alcohol, sharps and prescription and over-the-counter medications.
- If the parents reside in the UK and refuse to seek services for their child (who is under the age of 18 and is in danger of self-harm), inform them that it is a legal requirement for the college to inform the student's GP.
- Document the details of all conversations with parents, guardians or agents. Include the date and time, the parent or guardian's response and any other information that requires further action. This correspondence should be both complete and transparent.
- Send a follow-up letter or email home to the parent or guardian reviewing the concern, college procedures, intended follow-up meetings and parental resources.

Supporting parents through their child's suicidal crisis

Family support is critical. When a student experiences a suicidal crisis, the whole family is often in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

- The family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help because they don't know where to turn.
- Informed parents are probably the most valuable prevention resource available to the suicidal young person.

A prior attempt is the strongest predictor of suicide and it is important that the family is aware of the attempt so they can best support their child. The goal of extending support to the parent or guardian is to help them understand how they can intervene appropriately to prevent the young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe and interact with the at-risk individual.

The following steps can help support and engage parents or guardians in the process:

- Invite their perspective. State what you have noticed in their child's behaviour (rather than the results of your assessment) and ask if this is consistent with what they have observed.
- If they live in the UK, advise them to remove lethal means from their home while the child resides there and is at risk of suicide.
- Acknowledge their emotional state, including anger, if present.
- Acknowledge that no one can do this alone and appreciate their presence.
- Listen for myths of suicide that may be blocking them from taking action.
- Explore reluctance to accept a mental health referral, address those issues and explain what to expect.
- Provide support to them in understanding that there are a number of factors that can lead a young person to have thoughts of suicide. Support this understanding without minimising the behaviour.

APPENDIX D: SUICIDE POSTVENTION PROTOCOL

Preparedness is an essential component of effective postvention.

A suicide postvention protocol follows:

1. Discovering an injury or potential suicide death

When an injury or potential death from suicide is discovered (e.g. by a staff member), Emergency Services (Tel: 999) should be contacted immediately. Depending on the circumstances, it may also be possible for the discoverer to provide first aid or notify a college first aider.

2. Notify the Proprietor

The Proprietor of the college needs to be informed of the potential death. He should also be involved in the college's response planning and information dissemination.

3. Mobilise the Crisis Management Team (CMT)

If possible, the College's CMT should meet as soon as possible and nominate a Case Manager and agree an action plan. The response should follow the college's *Crisis Management Policy*. A death by suicide should not be treated differently than any other type of death.

4. Verify the suicide

The Case Manager should contact the police or medical examiner in order to verify the death and to get the facts surrounding the death, including its cause. It is important to know these facts in order to reduce imitative behaviours and to place focus on means restriction strategies for the college as well as the parents or guardians.

5. Contact the family of the suicide victim

Find out if the deceased has any siblings enrolled in other learning institutions. If so, then notify the Principals of those schools or colleges.

Obtain permission from the parents to release the cause of death from the parents. If the parents do not give permission to release the cause of death as a suicide, respect for their wishes should be maintained.

6. Assess the suicide's impact on the college and estimate the level of postvention response

Determine how to share information about the death and what information is appropriate to share.

- Compile a list of all students who were close to the deceased.
- Compile a list of all staff members who had contact with the deceased.
- Update and compile a list of students who may be at risk for suicide (See Appendix A for a list of risk factors)

7. Notify other involved college personnel

This meeting should be arranged as soon as possible. After this has been done, staff can provide critical, appropriate and more consistent support for students.

- Inform all staff about the facts behind the suicide and dispel rumours.
- Allow time for staff to ask questions and express feelings.
- Ensure that all staff have an updated list of referral resources.
- Review the process for students leaving college premises and tracking student attendance.
- Announce to staff how the college will interact with the media and inform staff that the Case Manager will act as the college's media spokesperson. Remind staff not to talk with the press and refer any questions to the designated media spokesperson.
- Review disclosure guidelines for talking to students and plan/format for these small group discussions. Prepare staff for student reactions.
- Remind staff about the risk factors and warning signs for adolescent suicide.
- Provide staff with the supportive services available to them such as counselling opportunities.

8. Contact community support services

9. Meet with all students in classrooms (Small Groups)

Notify students as early as possible following the staff meeting. If possible, the CMT members should notify students in small, individual classrooms.

- If the parents of the deceased student give permission, ensure the CMT members announce the death as "having died by suicide," rather than as "a suicide," or having "committed suicide." The latter two expressions reduce the person to the mode of death, or connote criminal or sinful behaviour.
- Disclose only relevant facts pertaining to the student's death. Do not provide details, such as the method, exact time and location of the suicide.
- Allow students an opportunity to express their feelings. "What are your feelings and how can I help?" is a good question/theme on which to focus student discussions.

- Explain and predict what students can anticipate as they grieve (e.g. feeling angry, guilty, shocked, anxious, lonely, sad, numb, even experiencing physical pain). Express to students there is no one right way to grieve. What is important is to recognise feelings and communicate them to others.
- Inform students of the available support services both in the college and wider community and encourage their use.
- Re-orient students to ongoing classroom activities and responsibilities. Without adding undue stress, keep to a routine as much as possible.

10. Memorials

Memorialisation should focus on prevention, education and living. Encourage staff and students to memorialise the deceased through contributions to prevention organisations such as a suicide hotline, or a suicide survivors group.

11. Debrief the postvention response

The CMT team should be prepared to debrief college staff as required following the postvention so that the concerns/issues that students raise are dealt with in a consistent manner.

12. Follow-up with students who are identified as at-risk

Following the death, on-going monitoring, assessment and follow-up should be maintained for as long as possible with at-risk students. College internet use should be monitored by the Operations Director. Internet use at Wavy Gate may be tracked by obtaining a notification report from StudentCom (the internet Service Provider; Tel: 0333 123 0115).

13. Memorials

A delicate balance must be struck that creates opportunities for students to grieve but does not increase suicide risk by glorifying, romanticising or sensationalising suicide.

14. Routine, social media and other considerations

Stick to the college's regular routine and timetable as much as practical, but avoid undue stress by rescheduling any immediate exams, coursework project deadlines, etc.

Inform parents, guardians and caregivers that the college has the following information available or can put them in contact with qualified professionals who can offer advice on:

- How to respond to their child's questions about suicide.
- The warning signs for young people who may be suicidal.
- Support services available to students at the college.
- Community resources, services and family support organisations they may wish to utilise.
- The special needs of students during this time.

- The likelihood that students may choose to use social media to communicate about the suicide and encourage them to monitor their child's Internet if they are at risk or periodically following a suicidal death.

The college should collaborate with students to use social media effectively to disseminate important and accurate information to the college community and promote suicide prevention efforts so the college can monitor the situation and to help identify students who may be in need of additional support or requiring further intervention. The opportunity can also be used to share resources for grief support and mental health care and promote safe messages that emphasise suicide prevention and minimise the risk of suicide contagion. Some colleges (with the permission and support of the deceased student's family) may choose to establish a memorial page on the college's Facebook page. Such pages should not glamorise the death in way that may cause other at-risk students to identify with the person who died. Memorial pages should utilise safe messaging, include resources, be directly or indirectly monitored by the Operations Director and be time-limited. They should only remain active for 30 to 60 days after the death, then be taken down and replaced with a statement acknowledging the supportive messages that have been posted and encouraging students who wish to further honour their friend to consider other creative expressions. College managers should also join any student-initiated memorial pages so that they can monitor them and respond as appropriate.

APPENDIX E: SUICIDE POSTVENTION CHECKLIST

- Call Emergency Services upon discovery of an injury or potential suicide death.
- Notify the Proprietor.
- Mobilise the Crisis Management Team (CMT) who nominate a Case Manager and agree an action plan, then follow the procedure outlined in college's *Crisis Management Policy*.
- Verify the suicide.
- Contact the family of the suicide victim.
- Assess the suicide's impact on the college and estimate the level of postvention response.
 - Determine what information to share about the death.
 - Determine how to share information about the death.
 - Identify students significantly affected by the suicide and initiate a referral mechanism.
- Notify other involved college personnel.
- Contact community support services.
- Meet with students in classrooms (small groups).
- Organise and monitor memorials.
- Debrief the postvention response. Stick to the college's routine without creating undue stress and monitor social media.
- Follow-up with students who are identified as at-risk.

APPENDIX F: COLLEGE CLIMATE CHECKLIST

Please answer Yes or No:

Does your college provide opportunities for extra-curricular activities such as after college clubs, activities and student organisation meetings?

If yes, are these clubs open and advertised to all students regardless of academic achievement or disciplinary issues?

Are students involved in decisions related to college issues that impact them?

Does the college discuss safety issues openly with staff and students?

Does the college provide clean and safe college buildings and grounds?

Does the college ensure high academic standards?

Does the college meet regularly to discuss students who may be displaying worrisome behaviour?

Does the college have policies which define harassment, bullying and cyber-bullying?

Does the college provide a curriculum to students focusing on harassment, bullying, tolerance and problem-solving skills?

Are there meaningful college-related roles available to all students?

Does your college have a procedure in place to refer students when abuse or neglect is suspected?

Does the college provide training to staff to help them recognise harassment, bullying and warning signs of students who don't feel safe?

Are there specific safety procedures in place to support the personal safety of students and staff?

Does the college provide adequate supervision (e.g. staff or CCTV monitoring) of students at times/places when bullying is most likely to occur?

Is there a procedure in place for dealing with bullying situations?

Does the college stress to staff the importance of a positive relationship with students?

Does every student in the college have a meaningful relationship with at least one tutor or staff member?

Does the college treat all students with respect and care and provide support?

APPENDIX G: MEDIA SELECTION CRITERIA FOR THE TEACHING OF SUICIDE PREVENTION

Educational videos that highlight specific coping skills form part of a comprehensive approach to college-based suicide prevention and are considered to be a universal prevention strategy. Videos or other media are most effective with an accompanying resource or facilitation guide is provided and as part of a larger curriculum on mental health, mental illness and helping friends in distress.

Use the following guidelines to select suicide prevention videos and other media:

Do include media that:

- Teaches, models and emphasises developmentally appropriate help-seeking and help-giving behaviours. The focus should be on 'how to respond' and/or 'how to get help.' The resources available, including contact information, should be highlighted.
- Emphasises prevention and teach students that suicide is preventable.
- Includes helpers as the main characters or heroes.
- Highlights effective treatment for underlying mental health problems. Students should realise that effective treatments for illnesses such as depression are available and are an important method to prevent suicide.
- Is short enough as to allow time for discussion and debriefing immediately following the broadcast.

Avoid media that:

- Depicts someone engaging in suicidal behaviour or that describes methods of suicide as this can increase risk for suicidal behaviour among vulnerable young people.
- Primarily portrays descriptions of behaviours of previously suicidal or depressed young people as these could inadvertently glorify or romanticise suicidal thinking and behaviour in others.
- Includes someone who has died by suicide as its main focus.
- Shows suicide or suicidal thinking as normal or a common reaction to stress.

In addition, do not show suicide prevention media to large groups or assemblies of young people. This is a topic best addressed in small groups and with support staff at hand and ample time allowed for discussion afterward.

APPENDIX H: FURTHER INFORMATION AND RESOURCES

National

1. The Samaritans (24 hour helpline): 116 123. www.samaritans.org.
2. Papyrus - Prevention of Young Suicide: 0800 068 41 41. www.papyrus-uk.org.
3. NHS Choices: <http://www.nhs.uk/Conditions/Suicide/Pages/Prevention.aspx>.
4. Suicide prevention strategy for England (includes strategy, impact assessment, statistics and support information): <http://www.nhs.uk/Conditions/Suicide/Pages/Prevention.aspx>.
5. National Bullying Helpline: 0845 22 55 787. www.nationalbullyinghelpline.co.uk.
6. Self-Injury Helpline: 0808 800 8088. www.selfinjurysupport.org.uk.
7. Chinese Mental Health Association: 020 7613 1008. www.cmha.org.uk.
8. Muslim Youth Helpline: 0808 808 2008. www.myh.org.uk.
9. Cruse Bereavement Care: 01865 245 398. www.oxfordcruse.org.uk.
10. Saneline: 0300 304 7000. www.sane.org.uk.
11. Childline: 0800 11111. www.childline.org.uk.
12. National Society for the Prevention of Cruelty to Children: 0808 800 500.
13. The Children's Commissioner for England: 0207 783 8330. www.childrenscommissioner.gov.uk.

Local

14. Oxfordshire Mental Health Matters: 01865 728 981/247 788.
15. Oxfordshire Safeguarding Children's Board: 01865 810 628. www.osch.org.uk.
16. Social Services Information and Services Team: 0845 050 7666.
17. Social Services Emergency Duty Team: 0800 833 408.
18. Oxfordshire Social Services Assessment Team: 01865 323 048.
19. Local Authority Designated Officer (LADO): 01865 810 603.
20. Oxford Friend (LGBT Support): 01865 726 893. www.oxfordfriend.co.uk.
21. The College Listener (Ianto Doyle): 07799 472 170.

FURTHER INFORMATION

For further information about suicide prevention at OIC please speak with Kim Terrar.

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Principal

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