



CAMBRIDGE
SCHOOL OF
VISUAL &
PERFORMING
ARTS

STUDENT MENTAL HEALTH AND WELLBEING POLICY

SUICIDE PREVENTION POLICY

Date of Policy	September 2025
Approved by Head Teacher /Rector	September 2025
Next Review Date	September 2026
Lead for Review	Deputy Head Wellbeing and DSLs

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Introduction

CATS Cambridge/CSVPA (known from here on as ‘the Colleges’, aim to promote positive mental health and wellbeing for its whole community (students, staff, parents and carers), and recognise how important mental health and emotional wellbeing is to our lives, in just the same way as physical health. The College/s recognise that children and young people’s mental health is a crucial factor in their overall wellbeing and can affect their learning and achievement. All children and young people move up and down the mental health continuum during their time in college. However, some face significant life events which can have a serious impact on their emotional wellbeing which can include mental illness.

The Department for Education (DfE) recognises that: “Schools have a role to play in supporting the mental health and wellbeing of children” (Mental Health and Behaviour in School, 2018). Schools can be a place for all students to experience a nurturing and supportive environment that has the potential to develop self-esteem and give positive experiences for overcoming adversity and building resilience. The College/s may also be a place of respite from challenging home lives and offers positive role models and relationships, which are critical in promoting the wellbeing of all young people.

The role of the Colleges is to ensure that students are able to manage times of change and stress, and that they are supported to reach their potential aware of how to access help when it is needed. The Colleges also have a role to play in ensuring that students learn about what they can do to maintain positive mental health, what affects their mental health, how they can help reduce the stigma surrounding mental health issues, as well as how and where they can access support and advice when it is needed.

The aim of the Colleges’ strategy is to help develop the protective factors which build resilience to mental health difficulties and to create a community where:

- All students are valued
- Students have a sense of belonging and feel safe
- Students feel able to talk openly about their problems without feeling stigma or discrimination
- Positive mental health is promoted and valued
- Bullying of any kind and including cyber-bullying is not tolerated

Scope

This policy applies to all staff, volunteers, students, visitors to the Colleges. Related documents:

- Equality and Diversity Policy
- Safeguarding and Child Protection Policy
- SEND and Learning Policy

Legislation and regulation

Mental health and wellbeing may be defined as, *a state of well-being in which every individual can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution their community.*

It is not just the absence of mental health problems. We want all our students to:

- feel confident in themselves
- be able to express a range of emotions appropriately
- be able to make and maintain positive relationships with others
- cope with the stresses of everyday life
- manage times of stress and be able to deal with change
- learn and achieve

Under the Equality Act 2010 a child or young person with a mental health illness is described as having a mental impairment and therefore a disability. A disability is described in law as ‘a physical or mental impairment, which has a long-term (a year or more) and substantial adverse effect on their ability to carry out normal day-to-day activities.’ (Equality Act 2010)

The Equality Act requires early years providers, schools, colleges, other educational settings and local authorities to:

- Not directly or indirectly discriminate against, harass or victimise disabled children and young people.
- Make reasonable adjustments, so that disabled children and young people are not disadvantaged. This duty is known as ‘anticipatory’.

The Colleges will operate within the law. The legal framework, statutory guidance, key policies and government strategies most pertinent to mental health can be found in:

- The Mental Health Act (2007)
- Mental Health (Discrimination) Act (2013)
- The Equality Act 2010
- The Children and Families Act 2014, Part 3
- The Special Educational Needs and Disability Regulations 2014
- The SEND Code of Practice 2015+
- Working Together to Safeguard Children (July 2018, last updated 9 December 2020)
- Keeping Children Safe in Education
- Mental health and behaviour in schools (November 2018)
- Transforming children and young people’s mental health provision: a green paper (last updated July 2018)

Policy statement

The Colleges are committed to supporting the positive mental health and wellbeing of our whole community of students, staff and parents. This policy strongly advocates partnership working across CATS Global Schools and utilising group expertise, local, and specialist agencies, as well as a meaningful student-centered approach to supporting students in manner that is consistent with Mental Health First Aid (MHFA) England ALGEE framework ('Team Spirit'); High aspirations and opportunity ('Think Big'); a commitment to legal compliance and a genuine desire to support all children and young people ('Do the right thing').

We will ensure that:

- All colleges will be proactive in identifying and supporting a child or young person with mental health difficulties, ensuring the student is at the centre of all decisions and take into account their feelings, wishes and views.
- Colleges will work closely with the local authority, external agencies and charitable organisations to ensure appropriate care is accessed to support the student.
- All colleges have procedures and professionals in place to enable them to fulfil their duties and to drive a caring and positive wellbeing centered ethos and vision.

CATS Cambridge applies four key principles throughout its operations and activities which underpin this ethos:

- Turn up
- Try hard
- Be kind
- Smile

CSVPA applies four key principles throughout its operations and activities which underpin this ethos:

- Respect each person
- Use your voice
- Be brave – it takes courage to bring an idea to life
- Creation requires effort... and disappointment... and perseverance

Supporting Students

CATS Cambridge/CSVPA have Mental Health Leads who lead the mental health strategy and provide guidance and support to any member of staff within the organisation.

CATS Cambridge/CSVPA will:

- Provide a safe environment to enable students to express themselves and be listened to
- Ensure the welfare and safety of all students
- Identify appropriate support for students based on their needs
- Involve parents and carers, where appropriate, in their child support needs
- Involve students in the care and support they have, ensuring the voice/views of the young person is always considered
- Monitor, review and evaluate the support with young people and, where appropriate, keep parents and carers updated

The Colleges will utilise the MHFA ALGEE framework to support with crisis situations and to inform support process:

A - Approach, assess and assist the young person

L - Listen and communicate non-judgmentally

G - Give support and information

E - Encourage appropriate professional support

E - Encourage other support

Staff are aware that mental health needs, such as anxiety, might appear as non-compliant, disruptive, or aggressive behaviour which could include difficulties with attention or hyperactivity. This may be related to home problems, English language challenges, difficulties with learning, disability, peer relationships or development.

SEND and Mental Health

College staff and the mental health lead will work alongside the SENCo to support identification and the assessment for a pupil to ascertain if they should be identified as 'SEND Support' under the category of Social, Emotional, Mental Health (SEMH) as part of the SEND Code of Practice (CoP). This may also be classed as a disability within the terms of the Equality Act.

In the SEND (CoP) ADHD is within the broad area of need of SEMH but it is also known that other areas of need such as ASD and dyslexia for instance may also impact on mental health. Additional support or reasonable adjustments will need to be considered. These may include helping the student to develop self-management strategies, later start times, earlier transitions from classes and extra breaks.

If a student has received intensive and/or specialised external mental health professional support, the college has a duty of care to support students and will seek advice from medical staff and mental health professionals on the best way to support young people. We will carry out a risk assessment and produce an Individual Care Plan to support children to re-integrate successfully back to college.

The College/s recognise that when a student is experiencing mental health difficulties it can be challenging for their friends, who often want to help them but are not sure the best thing to do and can also be emotionally affected, therefore appropriate support will be provided.

The Colleges also recognise the importance of support for parents/carers caring for a young person with a mental health difficulty. Where appropriate the Colleges will ensure regular communication between home and college. Staff can signpost additional sources of support outside of the college through the MHFA resources.

If there is a concern that a student is in danger of immediate harm, then the College's safeguarding procedures are followed. If there is a medical emergency, then the college's procedures for medical emergencies are followed.

Training

All staff are encouraged to train as MHF Aiders. The Colleges make use of externally accredited training for this. All staff receive regular updates about how to recognise and respond to mental health issues and how to promote positive well-being.

Responsibilities

The following responsibilities apply in relation to this policy:

- The Head Teacher and Rector are responsible for ensuring a member of the senior leadership team is the designated Mental Health Lead. The Senior Leadership Team have overall responsibility for the implementation and approval of this policy.
- The Mental Health Lead is responsible for overseeing, coordinating, and championing mental health and wellbeing education and provision.
- All staff are responsible for promoting positive wellbeing and identifying and supporting pupils experiencing mental health difficulties.
- Wellbeing Ambassador post on Student Council – to provide an avenue through which the student body discuss and pass on their observations, concerns and suggestions

Monitoring and compliance

The Mental Health Lead will monitor compliance with this policy within the college.

Appendix 1: Protective Factors and Risk Factors

	Risk Factors	Protective Factors
In the Child	<ul style="list-style-type: none"> ▪ Genetic influences ▪ Specific development delay ▪ Communication difficulties ▪ Physical illness ▪ Academic failure ▪ Low self-esteem ▪ SEND ▪ Peer relationships ▪ Trauma 	<ul style="list-style-type: none"> ▪ Secure attachment experience ▪ Outgoing temperament as an infant ▪ Good communication skills, sociability ▪ Being a planner and having a belief in control ▪ Humour ▪ Problem solving skills and a positive attitude ▪ Experiences of success and achievement ▪ Faith or spirituality ▪ Capacity to reflect ▪ Sense of belonging ▪ Positive relationships
In the Family	<ul style="list-style-type: none"> ▪ Overt parental conflict including ▪ Domestic violence ▪ Family breakdown (including where children are taken into care or adopted) ▪ Inconsistent or unclear discipline ▪ Hostile, distant and/or rejecting relationships ▪ Failure to adapt to a child's changing needs ▪ Physical, sexual, emotional abuse or neglect ▪ Parental psychiatric illness or personality disorder ▪ Parental criminality, 	<ul style="list-style-type: none"> ▪ At least one good parent-child relationship (one supportive adult) ▪ Affection ▪ Clear, consistent discipline ▪ Support for education ▪ Supportive long-term relationship or the absence of severe discord

	<p>alcoholism or other substance dependency Death and loss – including loss of friendship</p> <ul style="list-style-type: none"> ▪ Home culture's beliefs and attitudes to mental health inhibiting engagement (and parental acceptance of a need to act on lower level indicators) 	
In the college	<ul style="list-style-type: none"> ▪ Bullying ▪ Discrimination ▪ Breakdown in or lack of positive friendships ▪ Negative peer influences ▪ Peer pressure ▪ Inconsistent implementation of the Behaviour Policy ▪ Poor relationships with staff ▪ Sense of isolation ▪ Cultural change 	<ul style="list-style-type: none"> ▪ Clear policies on behaviour and bullying ▪ Consistent approach from staff ▪ 'Open door' policy for students to raise concerns ▪ A whole-college approach to promoting good mental health ▪ Positive relationships between students and staff ▪ House system ▪ ESL support ▪ Induction ▪ PSHE curriculum ▪ Extra curricular activities

Adapted from Mental health and behaviour in schools (November 2018)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/755135/Mental_health_and_behaviour_in_schools_.pdf

Appendix 2: Further information and advice on specific mental health needs:

Anxiety	Anxiety UK	www.anxietyuk.org.uk
Depression	Depression Alliance	www.depressoinalliance.org
Obsessive Compulsive Disorder	OCD UK	www.ocduk.org
Eating Disorders	B-Eat	www.b-eat.co.uk
Self Harm	National Self Harm Network	www.nshn.co.uk

Suicide	Papyrus	www.papyrus-uk.org
Mental Health Support and Advice	Young Minds Mind	www.youngminds.org.uk www.mind.org.uk
Mental Health Stigma and Discrimination	Time to Change	www.time-to-change.org.uk

Appendix 3: College Action Plan

Ref	Objective	Action(s)	Lead	Time scale	Evaluation
1a.	Promote student engagement with their own mental health and wellbeing and that of others	Complete baseline assessment of student engagement with and perceptions of mental health and well-being	MHL	End of Jan 26	
1b.	Promote student engagement with their own mental health and wellbeing and that of others	Establish a Mental Health and Wellbeing committee	MHL	End of Feb 26	
1c.	Promote student engagement with their own mental health and wellbeing and that of others	Appoint a Student Mental Health and Wellbeing ambassador (Proactive only, reactive should follow the Welfare policies): <ul style="list-style-type: none"> • Publish role description • Define training requirement • Advertise • Appoint • Train 	MHL	End of Feb 26	Based on changes in student engagement and assessment
1d.	Promote student engagement with their own mental health and wellbeing	Complete data collection to support analysis of impact made by 1b. and 1c. End of March End of May	MHL	End of March 26 (end of May 26)	
2a.	Ensure that the College's RSE curriculum is fit for purpose and effectively developed	Ensure that RSE curriculum meets the needs of the College context and its student constituency Make use of 1a and 1d to inform curriculum development	MHL	End of Jan 26	

3a.	Ensure that the College's RSE curriculum is fit for purpose and effectively developed	Ensure that plan for RSE is well communicated and understood by all. Confirm briefing schedule ahead of events and publish Confirm event dates in the College calendar	MHL	End of Jan 26	
3b.	Ensure that the College's RSE curriculum is fit for purpose, effectively maintained and developed	Review curriculum in light: <ul style="list-style-type: none"> • feedback from students and staff • P to P incidents, resulting risk assessment and action plans • Changes to legislative/regulatory frameworks and associated guidance from Government and NGOs 	MHL	On-going, at least annually Aug 26	
4a.	Ensure that the College has the capability to provide an environment that promotes mental health and wellbeing for all members of the College community.	Maintain and develop the College's MHFA capability - Confirm list of existing MHFAers and agree future refresher and full training programme.	DSL	End of Jan 26	
4b.	Ensure that the College has the capability to provide an environment that promotes mental health and wellbeing for all members of the College community.	Development and maintenance of availability of effective 'counselling' for low level support accessible professionally qualified counselling support for mid-level support needs establish links to professional psychologists and medics for referral of high support need cases - Full defined and costs plan in place.	MHL / DSL	End of March 26	
5a.	Develop activities to promote staff wellbeing and resilience	Plan agreed with budget allocation	Rector / Head Teacher	End of Feb 26	

6a	Ensure that the systems and processes in place are fit for purpose	<p>Review of effectiveness of current material and information systems to facilitate the early identification of issues and ensure that appropriate support is in place. Assess the usefulness, and cost/benefits of using the following:</p> <ul style="list-style-type: none"> • https://www.youngminds.org.uk/young-person/your-guide-to-support/guide-to-camhs/) • Use of CPOMS to track and record mental health concerns, support, and impact through the welfare log. 	MHL	End of Feb 26	
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Appendix 4 – Assessment, Interventions, Support

<u>Assessment, Interventions and Support</u>			
<u>Level of need</u>	<u>Assessment and Early Identification Indicators</u>	<u>Interventions and Support Available</u> The kinds of intervention and support provided will be decided in consultation with key members of staff, parents and students	<u>Monitoring</u>
High need	<p>Vulnerable student tracker</p> <p>Target to train all pastoral staff in youth mental health</p> <p>Staff have clear indicators to look out for Children discussed in weekly Safeguarding meetings.</p> <p>SENCo referral system</p> <p>Counselling referral system</p> <p>Whole school student wellbeing measures</p> <p>External agency assessments</p> <p>Parent concerns</p>	<p>Interventions recorded Daily check ins</p> <p>Risk assessment in place and written by safeguarding team and key members of staff</p> <p>1:1 support</p> <p>Regular communications with parents and carers</p> <p>CAMHS referrals were necessary and coordinated through MH lead</p> <p>Signposted to MH noticeboard.</p> <p>Individual support plans</p> <p>Safety plans</p> <p>Crisis plans</p>	<p>Regular reviews of risk assessments</p> <p>Parental views to be included in reviews</p> <p>Attendance and behaviour data</p> <p>Multi agency meetings</p> <p>Whole school wellbeing measures.</p>
Some need	<p>Student mental health sign posting</p> <p>Students discussed in SG meeting</p> <p>Whole school wellbeing measures</p> <p>Shackleton notes</p> <p>Referrals to SENCo</p> <p>Parent concerns</p> <p>"Talk to Us" button.</p>	<p>Daily check ins</p> <p>Regular communication with carer and parents</p> <p>Inclusion interventions SEMH interventions</p>	<p>Baseline and impact measures from assessments and evidence-based interventions</p> <p>Behaviour and attendance monitoring "Talk to Us" button analysis</p>
Low need	<p>Student mental health signposting</p> <p>Students discussed with key members of staff as appropriate.</p>	<p>PSHE lessons</p> <p>Sign posted to mental health and wellbeing noticeboards</p> <p>Daily check ins</p>	<p>Evidence of interventions and evaluations Screening evidence especially pre-arrival</p>

Appendix 5: Suicide Prevention Policy

Effective Date	September 2025
Next Review Date	September 2026
Lead for Review	Head Teacher, Rector and DSLs

Objectives

1. This policy sets out the Colleges policy in helping to create a suicide safer community. The policy cannot cover all eventualities, and it is recognised that not all suicide is preventable. The policy aims to minimise suicide and attempted suicide in so far as is possible.
2. The policy takes account of the framework offered by Universities UK in ‘Suicide-Safer Universities’ as well as Cambridge Arts and Sciences Safeguarding And Child Protection Policy.
3. We recognise that we play a vital role in helping to prevent suicide, and particularly young suicide, and want to make sure that our students and staff are as suicide safe as possible and ensure that all our staff including directors, governors, academics, support staff, the students themselves and other key stakeholders are aware of our commitment to be a suicide-safer College.

What we know about Suicide

- Suicidal thoughts should never be treated as attention-seeking.
- Heightened suicide risk is most often short term and situation specific.
- Asking whether someone is feeling suicidal does not create or increase risk. It may have the opposite effect.
- How we talk about suicide is important: we should use words that do not stigmatise or criminalise
- Those bereaved by suicide often receive little support even though they are at increased risk of suicide themselves
- Preventing suicide is everybody’s business, involving multi-agency teams across multiple settings (World Health Organization (WHO), 2014).
- Many suicides are preventable via interventions that build community resilience and target high-risk groups (WHO, 2014).
- Restricting access to means and high-frequency locations works
- Responsible media reporting saves lives

Principles

Beliefs

1. CASL believes that any suicide is a tragedy.

2. Suicide is Complex

We acknowledge that thoughts of suicide are common among young people and also that that suicide is complex. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.

3. Stigma

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. CASL is committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish. We know that unhelpful myths and misconceptions (as detailed in Appendix B) surrounding suicide can inhibit people in seeking and finding appropriate help when it is most needed. Additionally we recognise that our multi-national cohort may require specific work on stigma by nationality. Information about language to use around suicide is also set out in Appendix B as part of staff training material.

4. Compassionate Community

As Colleges with rigorous safeguarding procedures, we recognise that students and staff may seek out someone whom they trust with their concerns. We want to play our part in supporting anyone who may have thoughts of suicide. We aim to have a compassionate community of students and staff which encourages disclosure of distress and which identifies, signposts and follows up those who are getting into difficulty.

As per safeguarding training, if staff are concerned about any student, they should contact the DSL asap, as well as directing a student to the DSL

5. Talking about suicide does not in itself create or worsen risk

We will provide our students and staff with opportunities to speak openly about their concerns with people who are ready, willing and able to support them. We want to ensure it is possible for everyone to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops anyone from seeking the help they need when they are struggling with thoughts of suicide. As per safeguarding training, if staff are concerned about any student, they should contact the DSL asap, as well as directing a student to the DSL.

6. Support

We will provide a range of support for our staff and students which is accessible and culturally appropriate for those who are experiencing difficulties.

A list of organisations, charities and independent help is provided at the back of this document (Appendix 4A). Specific training will be passed onto Staff (Appendix 4B).

7. Communication

We recognise the importance of openness and will encourage students to involve parents, guardians and others whom they trust early if they are feeling distressed. We encourage good communication between all parts of the Colleges who are involved with student welfare. We will ensure that we signpost all the available support available to staff and students in all relevant areas of the Colleges. This includes both support provided by the Colleges and support available externally.

8. Reduced Access to Means

CASL is aware that evidence shows that suicide risk is lower when there is reduced access to means. Our Health and Safety Policy attempts to ensure that our campus is as safe as possible.

Interventions

1. Alert

As per our Safeguarding Policy, we aim to be alert to signs and vulnerabilities and have systems in place to ensure that patterns of difficulty are noticed where possible.

2. Awareness

We will ensure that all staff have access to training which increases awareness around suicide and enables them to signpost students and colleagues appropriately and we will provide support mechanisms for staff at intervention and postvention level.

We will raise awareness around openness, spotting the signs, appropriate language and similar throughout the Colleges community. We will ensure that our wellbeing and student support staff receive help to develop their skills in recognising when a person may be close to suicide and working in such a way as to enhance safety at all times, whether suicidal thoughts are disclosed or not.

3. Information Sharing

We will keep our Confidentiality Policy under review in order to balance the safety of those at risk and risk against individual autonomy, particularly for students over 18.

4. Support pathways

We will ensure that we have clear and collaborative pathways to support distressed students both within the Colleges and externally to local NHS services and that these pathways are kept under review.

5. Postvention

Our leadership teams will be clear about how we will respond in the event of a suicide, taking into account relevant publications and research. In line with our Death and Bereavement Policy, each member of our response team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.

College staff will be made aware of the importance of the most appropriate way to communicate regarding a suicide. Communication will take into account the Samaritans' Media Guidelines for Reporting Suicide.

Implementation, monitoring, evaluation and review

The Principal/Rector has overall responsibility for the implementation, monitoring and evaluation of the Suicide Prevention policy, and the wider Mental Health Policy.

This policy will be reviewed at least annually and, if necessary, more frequently in response to any significant incidents or new developments in national, local and organisational policy, guidance and practice.

Related College Policies

- Anti-bullying Policy
- Safeguarding Policy
- Student Behaviour Policy
- Equality and Diversity Policy
- Disability Discrimination & Accessibility Plan
- SEND Policy
- Personal Development Policy
- Transgender Policy
- Health and Safety Policy
- E-Safety and Acceptable Use Policy
- Whistleblowing Policy
- Complaints Policy
- Staff Guidance for Safer Working Practice
- Medical Care Policy
- Missing Student Policy
- Confidentiality Policy
- Misuse of Non-Prescribed Drugs Policy
- Pastoral Principals and Welfare Policy
- Use of Reasonable Force Policy
- Death and Bereavement Policy

Related Central Staff Policies

- Dignity at Work Policy
- Equality and Diversity Policy
- Grievance Policy
- Investigation Policy

Appendix 5A: Useful Resources

Mental Health Support Organisations

Police/ambulance/fire services

Call 999 if you or someone else is in immediate danger, or if you need urgent help.

Call 101 for the police if it is not an emergency

24-hour medical advice

Call 111 (NHS non-emergency line) <https://111.nhs.uk/>

Young Minds

In a mental health crisis, you can get text support from Young Minds Crisis Messenger

Text YM to **85258**. Available 24/7, 365 days a year.

Phone: 0808 802 5544

youngminds.org.uk

Information for both parents and young people.

Elefriends

elefriends.org.uk

A supportive community which provides online peer support for anyone experiencing a mental health problem.

Nightline

nightline.ac.uk

Lists contact information for support and listening services run in universities and colleges across the UK.

Mental Health First Response Service

Ring 111 and choose option 2 (24/7, 365)

Samaritans

116 123 (freephone, available 24 hours)

jo@samaritans.org

samaritans.org

Emotional support for anyone in distress.

Student Minds

hello@studentminds.org

[.uk studentminds.org.uk](http://studentminds.org.uk)

Information about student mental health and local peer support programmes.

PAPYRUS HOPELine UK (Support and advice to young people under 35 having thoughts of suicide or for anyone who is concerned about a young person.)

Call 0800 068 41 41 (this does not show up on the telephone bill). Monday-Friday 10.00am-10.00pm.

Weekends 2.00pm-10.00pm. Bank Holidays 2.00pm-5.00pm.)

Text 07786 209 697. (9am-midnight, 365) All texts and emails are automatically anonymised so that advisors do not have any details.

Email: pat@papyrus-uk.org

If it is an emergency and you (or someone else) is in danger, please call 999.

CENTRE 33

We are here to listen and to help

Supporting young people up to the age of 25 with mental health, caring responsibilities, housing, sexual health and more.

Telephone: 0333 4141809

Text/whatsapp: [07514](tel:07514783745)

[783745](tel:783745) Email:

hello@centre33.org.uk

Students Against Depression

studentsagainstd Depression.org

Information and support for students experiencing depression.

University Mental Health Advisors Network (UMHAN)

umhan.com

National network of University Mental Health Advisers.

Domestic & sexual abuse services:

- Cambridge Women's Aid (City, East, South): 01223 361214, <https://cambridgewa.org.uk/> (live chat on website)
- Sexual Healthline (Over 18): 0300 123 7123
- Worth Talking About (Under 18): 0300 123 2930
- National Domestic Abuse helpline: 0808 2000247
- Men's Advice Line: 0808 801 0327
- LGBT Helpline: 0800 999 5428
- National Rape Crisis helpline between 12:00 -14:30 and 19:00 - 21:30 every day of the year: 0808 802 9999 <https://rapecrisis.org.uk/>
- Refuge <https://www.refuge.org.uk/>

Childline for aged up to 19

You can call Childline if you need to talk with someone, 24 hours a day. <https://www.childline.org.uk/info-advice/your-feelings/sexual-identity/sexual-orientation/> ChildLine hotline for children and young people.

Freephone: 0800 1111

Chat online <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

Housing

Under 18

Social Care on 0345 045 5203 between 8am and 6pm Monday-Friday

If it is outside office hours, bank holidays or at the weekend, call the Emergency Duty Team on 01733 234 724.

18 and over

Cambridge City Council – 01223 457918, out of hours – 0844 335 3944, Jimmy's Night Shelter (24/7) 01223 576085

Fenland District Council – 01354 654321 (all hours)

East Cambs District Council – 01353 665555, out of hours – 07710 978900

South Cambs District Council – 03450 450 051, out of hours – 01253 501117, homelessness emergency: 01253 501117

Huntingdonshire District Council – 01480 388218, Out of hours – 01480 434167

Peterborough City Council- 01733 864064, Out of hours – 01733 864157

Sexual health

Contraception and Sexual Health Service (iCASH) Tel: 0300 300 30 30.

The Elms, Sexual Assault Referral Centre, Tel: 0800 193 5434 (9am-5pm) Out of Hours Help Line: 0800 193 5434 www.theelmssarc.org

Emergency Contraception (72 hrs), available from iCASH (above), any chemist (when a pharmacist is present), or your GP.

Sexual Healthline (Over 18) Tel: 0300 123 7123

Emotional Support

ChildLine U 19's- 0800 11 11 (24 hr)

Life Line – (Cambs & Peterborough) , 0808 808 2121 (11am-11pm)

Mind Infoline – 0300 123 3393 (Mon-Fri 9am-6pm)

support via text: Kooth – www.kooth.com (under 19s)

support via text: Qwell – www.qwell.io (18+)

Eating disorders

Beat helpline: <https://www.beateatingdisorders.org.uk/get-information-and-support/get-help-for-myself/i-need-support-now/helplines/>. Helpline is open throughout the entire

Christmas period. From 24th December – 3rd January, the Helpline is open from 4pm – Midnight daily.

NSPCC

<https://www.nspcc.org.uk/>

Child abuse hotline for adults 0808 800 5000 (Monday to Friday 8am – 10pm or 9am – 6pm at the weekends) Email help@nspcc.org.uk

Report child abuse online <https://forms.nspcc.org.uk/content/nspcc---report-abuse-form/>

ChildLine hotline for children and young people 0800 1111

Chat online <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

Homelessness emergency

<https://www.gov.uk/emergency-housing-if-homeless>

Shelter

https://england.shelter.org.uk/housing_advice/homelessness

Helpline 0808 800 4444 (8am - 8pm on weekdays and 9am - 5pm on weekends) Webchat

https://england.shelter.org.uk/get_help/webchat (9am-5pm on weekdays)

Sexuality support

Mind – LGBTQ mental health support

<https://www.mind.org.uk/information-support/guides-to-support-and-services/lgbtq-mentalhealth/useful-contacts/>

The Kite Trust

26 St Thomas' Pl, Ely, Cambridgeshire, CB7 4EX (for post only)

+44 (0) 1223 369508

info@thekitetrust.org.uk

Counselling

NHS

Counselling support <https://www.nhs.uk/conditions/counselling/>

<https://beta.nhs.uk/find-a-psychological-therapies-service/>

<https://www.nhs.uk/conditions/stress-anxiety-depression/self-help-therapies/>

Alcohol and substance misuse

Frank <https://www.talktofrank.com/>

Call 0300 123 6600 (24/7), text 82111, email frank@talktofrank.com, live chat

<https://www.talktofrank.com/contact-frank>

Drink Aware

drinkaware.co.uk

Information about managing alcohol safely

Legal assistance/victim-witness assistance

<https://www.gov.uk/legal-aid>

<https://www.citizensadvice.org.uk>

<https://www.victimsupport.org.uk>

Or call 0808 168 9111

Finance

Money Advice Service

0300 500 5000

<https://www.moneyadviceservice.org.uk>

Free, impartial advice about money matters

The Money Charity

<https://themoneycharity.org.uk>

hello@themoneycharity.org.uk

National charity offering information and advice about managing your money.

Disabled Students' Allowance

Help if you're a student with a learning difficulty, health problem or disability: [Disabled Students' Allowance - GOV.UK](#)

Debt Advice

<https://www.moneyadviceservice.org.uk/en/tools/debt-advice-locator>

Citizens Advice

03444 111 444 (England)

03444 772 020 (Wales)

<https://www.citizensadvice.org.uk>

Confidential advice on a range of issues

National Careers Service

<https://nationalcareersservice.direct.gov.uk>

Information and advice on planning your career

National Union of Students

0845 521 0262

[National Union of Students UK](#)

Promoting and defending the rights of students

Not Going To Uni

notgoingtouni.co.uk

Information and advice about alternatives to university.

Save the Graduate

savethegraduate.org

Information and advice about graduating from university.

UCAS

ucas.com

University and colleges admission service.

Appendix 5B: Student Suicide Concern Information for staff

Q: What do I do when I have a concern about a young person?

A: A concern is just that. It is not a judgement or an outcome; it's a concern.

Whatever it is that makes you worried or questioning about the young person, may well be worth exploring. This may include a conversation with other staff, but it is very important that the young person is your central focus. Check out how the young person is by communicating directly with them. Let the young person know what you are concerned about. What have you seen (do they seem sad or not their usual self?) What have you heard them say that makes you concerned? Is your instinct telling you that something is concerning?

If you are concerned contact the Welfare team asap using a Welfare Concern (Shackleton) or

CSVPA: call/ text Jack Jesson 07912 555773, email jjesson@csvpa.com

CATS Cambridge:

Q: How will I know if a young person is suicidal?

A: If young people are having thoughts of suicide, they will usually find a way to communicate this. This is unlikely to be an explicit verbal communication about suicide. Few young people feel that they can be open about suicidal thinking or tell someone when they are struggling with their emotional health and wellbeing. When suicide is part of a young person's thinking, they usually show this in their behaviour, in how they interact and in how they communicate. It is not possible to provide a definitive checklist of things to look out for to help to identify a young person who is thinking about suicide. Every young person is different. However, when you notice changes in the way a young person is behaving or communicating, and it is causing you concern, you must explore your concern with them.

In order to find out if a young person is suicidal the most effective way is to ask them student directly if they have thoughts of suicide and if they do, you should ask if they have any specific or firm plans to take their own life. If you do not feel able to ask this question, or you know that there is already concern/knowledge about the student, then please contact the Welfare Team asap using a Welfare Concern (Shackleton) or

CSVPA: call/ text Jack Jesson 07912 555773, email jjesson@csvpa.com

CATS Cambridge:

Q: What things can I look out for?

The first step in talking about suicide is recognising that a young person may be at risk. There is no definitive guide on how to know if somebody is thinking about suicide because anybody can be at risk – however there are some things you can look out for.

Often young people thinking about suicide will have experienced a stressful event associated with a feeling of loss. This might be something others might consider to be small but hold great meaning for them, for example the loss of a family pet, or they might have experienced a life event such as parent separation, bullying or domestic abuse.

People who are experiencing thoughts of suicide give out ‘invitations’ to ask for help. Invitations are signs of distress that invite help. Anything the person at risk says, does or makes you feel might be an invitation. Accept invitations: follow your intuition; explore the meaning of things you see and hear. Invitations could be:

Actions:

- Giving away possessions
- Withdrawal (family, friends, school)
- Loss of interest in sports and leisure
- Misuse of alcohol, drugs
- Impulsive/reckless behaviour
- Self-harm
- Extreme behaviour changes

Physical:

- Lack of interest in appearance
- Disturbed sleep
- Change/loss of appetite, weight
- Physical health complaints

Words:

- “All of my problems will end soon.”
- “No one can do anything to help me now.”
- “Now I know what they were going through.”
- “I just can’t take it anymore.”
- “I am a burden to everyone.”
- “I can’t do anything right.”
- “I just can’t think straight anymore.”

Feelings:

- Desperate
- Angry
- Guilty

- Worthless
- Lonely
- Sad
- Hopeless
- Helpless

Almost anything could be an indicator and often the key is that if something feels not quite right it is worth trusting your intuition and exploring what might be happening for the young person.

Q: How do I ask about suicide?

Ask them directly, “Are you thinking about suicide?” By using the word suicide, you are telling them that it’s OK to talk openly about their thoughts of suicide with you. Please read the ‘Language around Suicide’ information to support you. You could say:

- “Are you telling me you want to kill yourself/end your life/die/die by suicide?”
- “It sounds like you’re thinking about suicide is that right?”
- “Sometimes, when people are feeling the way you are, they think about suicide. Is that what you’re thinking about?”
- “It sounds like life feels too hard for you right now and you want to kill yourself, is that right?”

If they are not having thoughts of suicide, that’s OK. They will tell you so. If you are still concerned, then keep exploring why your concerns remain until you are clear that suicide is not part of their thinking. If they are not having thoughts of suicide, nothing is lost by having the conversation; you will have developed suicide-safety for and with that student now and for the future. You may have other actions to follow up on which help them with other issues arising from the conversation.

If a young person indicates that they have been thinking about suicide, listen and allow them to express their feelings. They will likely feel a huge sense of relief that someone is willing to hear their darkest thoughts without judgement. Reassure them that they are not alone, and you can look for support together. Let the young person know that there is help and hope. NOTE not everyone is ready to open up straightaway.

Don’t ask about a suicide plan until you have explored their thinking. Be patient. Don’t suggest: “what about...” Be persistent but wait for their turning point. You will feel it.

At any point if you do not feel safe having this conversation inform them that you are contacting the Welfare team asap using a Welfare Concern (Shackleton) or

CSVPA: call/ text Jack Jesson 07912 555773, email jjesson@csvpa.com

CATS Cambridge:

They may ask you to keep it between the pair of you. Please remind them about confidentiality and that you have to pass this on as a duty of care to them.

Q: How do I talk about suicide safely?

Here are some ways you can continue a conversation about suicide in a reassuring, safe way:

- “It’s not uncommon to have thoughts of suicide. With help and support many people can
- work through these thoughts and stay safe.”
- “There are organisations that offer support like PAPYRUS HOPELineUK. I can give you their
- contact details.”
- “You’ve shown a lot of strength in telling me this. I want to help you find support.”
- “There is hope. There is help available and we can find it together.”
- “It sounds as though things are really hard at the moment... Can you tell me a bit more?”
- “Things must be so painful for you to feel like there is no way out. I want to listen and help.”
- “Take your time and tell me what’s happening for you at the moment.”
- “It’s hard and scary to talk about suicide but take your time and I will listen.”
- “Can you tell me more about why you want to die?”
- “I am so sorry you’re feeling this way. Can you tell me more about how you are feeling?”
- Think about the tone of voice you use and allow plenty of time for the young person to answer and also for there to be periods of silence.
- Be led by the young person and the pace that they want to have the conversation.
- Ask if they have any active plans to take their own life.
- Ask if they want to die or whether they just want whatever is happening in their life to stop/feel better. A positive answer to the latter can be very reassuring for staff and parents alike.

At any point if you do not feel safe having this conversation inform them that you are contacting the Welfare team asap using a Welfare Concern (Shackleton) or

CSVPA: call/ text Jack Jesson 07912 555773, email jjesson@csvpa.com

CATS Cambridge:

There are many support agencies and organisation names and contact details in the Suicide Prevention Policy (addendum to the CASL Mental Health Policy)

Myths about Suicide (Taken from ‘Suicide-Safer Universities’, Universities UK)

MYTH	FACT
SOMEONE WHO IS SUICIDAL IS DETERMINED TO DIE AND THEY WILL ALWAYS REMAIN SUICIDAL.	<i>Heightened suicide risk is often short term and situation specific. While suicidal thoughts may return, they are not permanent. People who have previously had suicidal thoughts and attempts can go on to live a long life.</i>
ONLY PEOPLE WITH MENTAL DISORDERS ARE SUICIDAL.	<i>Suicidal thoughts are common. Around one in five adults say they have thought about suicide at some point. Suicidal thoughts indicate deep unhappiness, but not necessarily a mental disorder.</i>
PEOPLE WHO THREATEN SUICIDE ARE JUST SEEKING ATTENTION.	<i>People who kill themselves have often told someone that they do not feel life is worth living or that they have no future. Some may have actually said they want to die. While it's possible that someone might talk about suicide as a way of getting the attention they need, it's vitally important to take anybody who talks about feeling suicidal seriously.</i>
ONCE A PERSON HAS MADE A SERIOUS SUICIDE ATTEMPT, THAT PERSON IS UNLIKELY TO MAKE ANOTHER.	<i>A prior attempt is a key risk factor for suicide.</i>
TALKING ABOUT SUICIDE IS BAD AS IT MAY GIVE SOMEONE THE IDEA TO TRY IT.	<i>Asking someone if they're feeling suicidal does not increase their risk or worsen the situation. It is a difficult topic to talk about, and due to stigma, people sometimes do not know whom to talk to.</i>
IF A PERSON IS SERIOUSLY THINKING ABOUT TAKING THEIR OWN LIFE, THEN THERE IS NOTHING YOU CAN DO.	<i>Suicide is preventable.</i>
MOST SUICIDES HAPPEN SUDDENLY WITH NO WARNING	<i>It is important to understand what the warning signs of suicidal thoughts are and to look out for them. Even though there are some suicides that occur without warning, the majority have been preceded by verbal or behavioural warning signs.</i>

Language Around Suicide (Taken from 'Suicide-Safer Universities', Universities UK)

WHAT NOT TO SAY	WHY NOT?	WHAT TO SAY INSTEAD
"Commit suicide"	Suicide hasn't been a crime since 1961. Using the word 'commit' suggests that it is still a crime (we 'commit' crimes), which perpetuates stigma or the sense that it is a 'sin'. Stigma shuts people up – people will be less likely to talk about their suicidal feelings if they feel judged.	"Ended their life" "Took their own life" "Died by suicide" "Killed themselves"
"Successful suicide"	Talking about suicide in terms of success is not helpful. If a person dies by suicide, it cannot ever be a success. We don't talk about any other death in terms of success: we would never talk about a 'successful heart attack'.	
"Unsuccessful or failed suicide"	People who have attempted suicide often tell us, "I couldn't even do that right... I was unsuccessful, I failed". In part this comes from unhelpful language around their suicide behaviour. Any attempt at suicide is serious. People should not be further burdened by whether their attempt was a failure, which in turn suggests they are a failure.	"Attempted suicide" "Attempted to take his or her life" "Attempted to take his or her life"
"It's not that serious"	Every suicide attempt is serious. By definition, they wanted to take their own life. All suicide attempts must be taken seriously as there is a risk to life. An attempt tells us that the person is in so much pain they no longer want to live. This is serious.	
"Attention-seeking"	This phrase assumes that the person's behaviour is not serious, and that they are being dramatic to gain attention from others. However, suicide behaviour is serious. People who attempt suicide need attention, support, understanding and help.	
"It was just a cry for help"	This dismissive phrase belittles the person's need for help. They do indeed need you to help: they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous.	
"Suicide epidemic", "craze" or "hot spot"	This normalises and sensationalises suicide.	Suicide cluster
"He's not the suicidal type"	There isn't one.	
"You're not thinking of doing something stupid/silly are you?"	This judgemental language suggests that the person's thoughts of suicide are stupid or silly, and consequently that the person is stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.	