



LINCOLN COLLEGE

**STUDENT SUICIDE MITIGATION AND
RESPONSE POLICY**

**POLICY DOCUMENT
SG/PO/6**

SPONSOR

Head of Student Services and Supported Education

Equality and Diversity Statement

Lincoln College strives to treat all its members and visitors fairly and aims to eliminate unjustifiable discrimination on the grounds of gender, race, nationality, ethnic or national origin, political beliefs or practices, disability, marital status, family circumstances, sexual orientation, spent criminal convictions, age or any other inappropriate grounds.

LINCOLN COLLEGE

SUICIDE MITIGATION AND RESPONSE POLICY

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SUICIDE MITIGATION AND RESPONSE POLICY

1 PURPOSE

1.1 This policy has been produced with the aim of helping to prevent student suicides at Lincoln College. This policy has been written following direction and recommendations within:

- Suicide-Safer Universities produced by Universities UK and Papyrus
- Mental Health and Colleges Report by the Association of Colleges
- Suicide in Children and Young People report produced by the National Child Mortality Database (NCMD) Programme Thematic Report
- Mental Health Foundation
- Rethink Mental Illness
- Samaritans
- Input from the Lincolnshire Suicide Prevention Steering Group

Guidance has also been received from the Lincolnshire Mental Health Support Team (MHST).

1.2 Throughout the policy reference is made to students, which can be Higher Education (HE) students and Further Education (FE) students. Reference is also made to children which includes everyone under the age of 18 years old. The College recognises that some adults are also vulnerable; accordingly, this policy may also be applied to adults at risk of harm. The definition of an 'adult at risk of harm' as defined by the Care Act 2014 is: "Someone who has needs for care and support, who is experiencing, or at risk of, abuse or neglect and as a result of their care needs is unable to protect themselves."

1.3 Throughout this policy and associated procedures, reference is made to teachers. The College accepts that the term teacher includes lecturer or other academic staff.

Related policies that may need to be read in conjunction with this document are:

- Mental Health Policy
- Safeguarding Policy and Procedures
- Equality and Diversity Policy
- Student Death Policy

2 AIM

2.1 This policy aims to provide guidance to staff and volunteers representing the College on how to work in a way to prevent the risk of suicide, as preventing suicide is everyone's business.

2.2 This policy aims to raise awareness of suicide to promote a culture of compassion and openness where people feel able to discuss mental health issues and seek appropriate support.

- 2.3 This policy aims to establish procedures to support a whole College approach and work towards a safer environment.
- 2.4 This policy aims to provide key signposting information to anyone reading it that may need to seek immediate support and help.
- 2.5 This policy outlines the commitment that Lincoln College is making to improve services and can be used to inform the Mental Health Action plan and for departments to self-assess and improve their own practices.

3 INTRODUCTION and CONTEXT

- 3.1 Suicide is the biggest cause of death in young adults. Nearly 1 in 4 young people will experience suicidal feelings at least once in their lives. 1 in 20 will try to take their own life. Only 1 in 3 people who die by suicide are known to Mental Health Services and each suicide affects a much wider circle of around 135 people. (1)
- 3.2 The link between suicide and mental disorders is well established. Many suicides happen impulsively in moments of crisis with a breakdown in the ability to deal with life stresses. (2)
- 3.3 During 2019/2020, there were approximately 2 deaths of children and young people, aged 17 years and under, every week in England that were assessed as being likely to be suicide. (3)
- 3.4 Childhood suicide is not limited to certain groups. Rates of suicide in England are across all areas and regions, including urban and rural environments, and across deprived and affluent neighbourhoods. (3)
- 3.4 There are factors that may increase mental distress in young people, including:
 - life transitions such as moving into new peer groups
 - finance and money worries such as debt and gambling, and social and cultural pressures such as gender, relationship issues, sexual orientation, race, identity and appearance
 - academic drivers such as curriculum design, repeating a year, workload and assessment (1)
- 3.5 Mental health problems such as depression, self-harm, alcohol and drug abuse and suicidal thoughts can affect anyone, but they're more common among people who are LGBTIQ+. (4)
- 3.6 There are factors that may increase the risk of suicide in young people, including:
 - serious self-harm is the most important single indicator of increased risk; age 15-24 is the peak age of self-harming
 - service transition, moving from child adolescent mental health services to adult services
 - health and psychological factors including perfectionism, sleep disturbance, mood instability and physical illness (1)

- 3.7 There are factors that put some groups at a higher risk of suicide:
- those who have been bereaved or affected by suicide in others
 - those with experience of trauma, conflict, bullying
 - males are more than twice as likely to take their own lives than females (1)
- 3.8 There has been male students that were enrolled on courses at Lincoln College that have died by suicide. It is important to look at each case individually to prevent further deaths. The College is committed to reviewing these cases and this policy has been created to recognise the importance of this work and this topic.

4 WHOLE COLLEGE APPROACH

- 4.1 Lincoln College aims to:
- Create a culture of compassion and openness to allow people to discuss mental health issues and ask for support.
 - Promote and raise awareness of mental health difficulties.
 - To outline the support that is available to students who disclose a mental health issue in a variety of accessible formats.
 - To identify students who may be at increased risk of mental health issues or suicide.

This will involve a whole college approach, working closely with links established with the Mental Health Support Teams and the Suicide Prevention Steering Group for Lincolnshire.

- 4.2 Lincoln College is committed to prioritising the Mental Health and Wellbeing of its students and has signed the AOC Mental Health Charter.
- 4.3 Lincoln College has a nominated Governor on the Board of Corporation, with responsibility for Mental Health and Wellbeing to ensure that this topic is raised and discussed at the highest level.
- 4.4 Lincoln College has established a Strategic Mental Health Group which is made up of leaders and managers across the organisation. The Mental Health Strategic Group follow and update the Mental Health Action plan which is presented to the Executive Leadership Team on an annual basis.
- 4.5 The Curriculum Directors receive monthly updates with regards to Mental Health as part of the Safeguarding Update Report. The Executive Leadership Team received termly updates.
- 4.6 Lincoln College is committed to a robust suicide prevention training programme for both staff and students.

5 GUIDING PRINCIPLES

It is essential that the College takes direction from current research and guidance that is available with regards to the Prevention, Intervention and Postvention of Suicide.

- 5.1 Suicide is not inevitable, it is preventable. Suicide is rarely triggered by a single event, it is the result of an accumulation of adversities over time. Lincoln College aims to identify and support vulnerable students to reduce the risk of thoughts or action around suicide.
- 5.2 Hope boxes, keep well plans and self-care activities can greatly support students that are having suicidal thoughts. Lincoln College aims to provide opportunities for students to engage in activities that will support their mental health and wellbeing.
- 5.3 Lincoln College is committed to tackle stigma and discrimination and to create a culture where all students feel supported and valued. The College will celebrate differences and educate those who do not share the same values and ethos.
- 5.4 It's important to use the correct terminology when talking about suicide so as not to stigmatise or criminalise. 'Committed suicide' is mostly viewed as an outdated term as it implies that a criminal act has taken place. Words and phrases of what to say and not to say can be found in Appendix A.
- 5.5 Young people are at an increased risk of suicide contagion and are more likely to be influenced by what they see and hear in the media than other age groups. Lincoln College will follow the Samaritans guide for reporting on youth suicides to ensure best practice and sensitive reporting, this can be found in Appendix B.
- 5.6 Lincoln College recognises that suicide mitigation is a shared responsibility which requires a whole college approach. The College is committed to sharing best practice and upskilling staff to provide a safe and welcoming environment to all students.

6 PREVENTION

- 6.1 The Mental Health Strategic Group meets on a regular basis and has an oversight of this policy. The group will keep this policy under review and add any relevant actions to the College's Mental Health Action Plan.
- 6.2 This policy is available on the Lincoln College website, for ease of access for parents/carers, students and staff.
- 6.3 Lincoln College aims to destigmatise Mental Health support needs and will work towards creating a culture whereby all students can seek support if they are experiencing difficulties. There are a variety of Support services available to Lincoln College students for Mental Health support needs. Support varies between FE and HE students and full details of the types of support available can be found in the provision map in Appendix C.

- All students have free access to 'Togetherall' which is an online psychological student-centred platform. This service is anonymous and can be accessed at all times. Students can find links to this service via the College website.
 - Lincoln College run a Single Point of Contact (SPoC) to enable both staff and students to report Safeguarding and/or Mental Health and wellbeing concerns or to receive advice, which can be done so both anonymously or not. The SPoC can be accessed via text, Whatsapp, telephone, email or as a drop-in service – face to face. Details of the SPoC can be found in Appendix 4.
 - Lincoln College makes available to all students a credit card sized plastic card with support details / emergency numbers on it. These are available during main enrolment and can also be collected at any time via the drop-in service run by the Youth and Wellbeing Team.
 - 16-18 year old students enrolled on full time study programmes, are allocated a Progress Coach (Personal Tutor). The Progress Coaches hold regular one to one tutorials with their students and can support their students to access Student Services.
 - Students that declare they have a Mental Health difficulty through the application and enrolment process, are invited to discuss their support needs with a member of the Special Educational Needs and Disabilities (SEND) Team and / or a Mental Health Co-ordinator. Parents and Carers are welcome to attend these meetings to support their child, regardless of the child's age.
- 6.4 Lincoln College has a Youth Wellbeing Team that is committed to promoting healthy living and support services. The team is well placed to provide support and clubs / activities for students that feel lonely or isolated. The impact of COVID-19 has disrupted social activities and it is anticipated that more young people will need support to reintegrate into society. The Youth and Wellbeing Team support clubs for those feeling lonely and there are common room facilities available on both Newark and Lincoln campuses.
- 6.5 Lincoln College has established a group of Student Wellbeing Champions. The group is being supported by the Youth and Wellbeing Team in conjunction with the Lincolnshire MHST. The College is committed to expanding this project to reach more academic areas and campuses.
- 6.6 Recognising some of the factors that contribute to students being at risk of suicide include bullying and harassment and the lack of tolerance from others. Lincoln College will continue to address peer on peer issues through the Learner Conduct Procedure. The College will also seek to establish a clear antibullying policy / campaign to further support this.
- 6.7 In order to fully support the students, Lincoln College will engage in information sharing between previous education settings, parents and carers and other professionals.

- 6.8 The College has adopted 'R;pple' onto the WiFi and PCs to interject harmful searches and direct students to support.
- 6.9 The College will continue with its training programme of Mental Health First Aiders, ASIST and Zero Alliance Suicide Prevention training for staff and students.

7 INTERVENTION

- 7.1 It is important for the whole College to be alert to signs that a student may be having difficulties and to be confident in how to report any concerns and seek advice. Possible signs can include anything that is unusual for that person, including (but not limited to):
- Not engaging in work
 - Dropping off the radar – attendance issues
 - Conduct/disciplinary issues
 - Not engaging with other students
 - Giving away possessions
 - Physical indicators – changes in appearance e.g., not caring about their appearance or weight loss
 - Use of language – 'I can't take it anymore' showing signs of hopelessness, sadness, worthlessness
- 7.2 Parents / carers, students and all staff should be aware of how to access support and guidance if they become concerned for a student. Raising a concern through the SPoC (Appendix D) will result in the query being triaged and either a member of the Safeguarding Team or a Mental Health Co-ordinator will respond. This service operates during normal College business hours and all communications will be triaged and responded to in order of severity and risk. It should be noted that this is not a crisis service and if there is an emergency/ immediate threat to someone's life, the police and emergency services should be contacted.
- 7.3 A number of College staff have completed the Mental Health First Aid training. If there is a College student on site that requires the support of a Mental Health First Aider, these can be contacted via the normal First Aid route. The Mental Health First Aiders can support by offering an initial signposting service. All contacts with students will then be recorded and shared with the Student Services Team.
- 7.4 The College will treat all information that it receives and holds about a student as confidential. The College will only breach confidentiality if there is a significant risk to the student or others. The College recognises the value of working with others to support students, including parents and carers, and as such will always work with the student to support the sharing of information with others.
- 7.5 Wherever there are concerns regarding suicidal planning and risk, attempts should be made to reduce/remove the means to do so. The College endeavours to be aware of risk areas within its premises and environment and to take steps to minimise risks.

- 7.6 The College works closely with outside agencies to ensure that there is clear signposting to local services. Appendix E outlines the provision available to both Lincolnshire and Nottinghamshire based students.

8 POSTVENTION

- 8.1 The College has a Death of a Student, Recent Student or Prospective Student Policy. This should be followed in the first instance and a Safeguarding Lead will ensure that appropriate actions are taken and become a key contact for the bereaved family.
- 8.2 The College already has a wide range of support options available to staff and students and these services will be available to those directly affected. In addition, the Head of Student Services and Supported Education along with the Head of HR will meet with the relevant leaders and managers of the areas affected to discuss any additional bespoke support, above the current core offer.
- 8.3 Consideration will be given to legacy and anniversaries and each case will be unique in determining appropriate activities and timescales.
- 8.4 Communication following a student suicide death will be carefully managed. The Safeguarding Lead will work with the Director of Marketing, following the Samaritans guidance on reporting a suicide (Appendix B). Care will be given to not sensationalise the event, to avoid details of a suicide method and refrain from using romanticised phrases. These efforts will help to reduce the risk of suicide contagion.

9 REFERENCES

- (1) Suicide-Safer Universities. Universities UK and Papyrus guidance. September 2019. <https://www.universitiesuk.ac.uk/sites/default/files/field/downloads/2021-07/guidance-for-sector-practitioners-on-preventing-student-suicides.PDF>
- (2) Suicide. World Health Organization. June 2021. [Suicide \(who.int\)](https://www.who.int/news-room/fact-sheets/detail/suicide)
- (3) Suicide in Children and Young People. National Child Mortality Database. October 2021. [NCMD-Suicide-in-Children-and-Young-People-Report.pdf \(nspa.org.uk\)](https://www.ncmd.org.uk/ncmd-suicide-in-children-and-young-people-report.pdf)
- (4) Mental Health Statistics: LGBTIQ+ people. Mental Health Foundation. February 2021. [Mental health statistics: LGBTIQ+ people | Mental Health Foundation](https://www.mentalhealth.org.uk/mental-health-statistics-lgbtiq-people)

Appendix A

List of words / phrases to avoid with suggestions of what to say.

Sourced from Suicide-Safer Universities guide.

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.	



➤ Background

There is a public interest in youth suicides and in suicide clusters. However, it is important for journalists to be aware that young people are a particularly vulnerable audience in relation to media coverage of suicide and self-harm.

Young people are at greater risk of suicide contagion and are more likely to be influenced by what they see and hear in the media than other age groups.

Young people and suicide contagion

Young people are more susceptible to suicide contagion for a range of different reasons. Young people are:

- At increased risk of suicide contagion if they have been affected by suicide – for example a death at their school or university.
- More likely to imitate suicidal behaviour.
- More likely to self-harm or have thoughts of suicide.
- May be more likely than other groups to behave spontaneously and respond more emotionally to life experiences.
- May be less likely to possess a level of emotional maturity that would help them see a way through difficult life problems. For example, issues such as a relationship breakdown or anxiety relating to academic failure can feel all-consuming and never-ending, which can increase the likelihood of these being experienced as overwhelming.
- May be less likely to grasp the permanence of suicide, which increases their risk of suicidal contagion. They may not fully comprehend or appreciate that suicide is a very permanent response to what are typically temporary, surmountable problems.

Sensational coverage

Over-reporting is a major issue with media coverage of suicides by young people. The number of articles focusing on suicides and suicide attempts involving young people remains disproportionate to the number of incidents. This can overstate the prevalence of suicide among this age group, potentially normalising the behaviour.

Research shows that stories covering youth suicides are frequently reported in a more sensational and emotive way than for suicides by other groups. This can include romanticised language, lots of images of the young person or young people who have died, outpourings of grief and memorials and often intense speculation about possible causes.

Sensational and excessive reporting has been shown to increase the likelihood of imitational suicidal behaviour among vulnerable people, including young people.

Clusters

Suicide clusters occur primarily among teenagers and young adults. A suicide cluster is a group of suicides or suicide attempts, or both, that occur closer together in time and space than would normally be expected in a given community. Clusters are often linked to a specific place, but the internet and social media mean

geographically spread clusters may be increasing. Research has found links between sensationalist reporting and the volume of suicide coverage featuring young people, on subsequent suicide clusters and suicides by other young people.

In the case of suicide clusters, it is possible that media coverage could increase the risk of further deaths, particularly if the reporting is extensive, sensationalist or prominent and if it details the method of suicide.

Best practice for reporting on youth suicides and clusters

- As with all suicide reporting, it is recommended that journalists follow **Samaritans' Media Guidelines on Reporting Suicide** to make sure that coverage is appropriate and safe. However particular care should be taken when reporting on suicides by young people because of their vulnerability.
- Don't include details of a suicide method as this can significantly increase the risk of imitational behaviour. Refrain from mentioning known methods of suicide (for example by hanging), but also steer clear of reporting new or novel methods. Mentioning a known method can generate prolonged awareness of that particular method and reinforce perceptions that it is lethal, effective or easily available. Studies also show that mentioning a novel method can increase imitative suicides.
- Aim for sensitive reporting that highlights the tragic loss of life without inadvertently romanticising or glorifying a suicide death.
- Language and tone are very important. Don't use sensationalised language. Consider carefully whether it is necessary to include comments posted on social media sites, these can sometimes unintentionally romanticise suicidal behaviour. Unhelpful examples include: "Heaven's gained another angel" and "You're at peace now."
- Don't refer to a possible rise in suicides in a specific place or among a particular group as an 'epidemic', 'spate' or other similar term. Two or more people taking their own lives who, for example, share a similar background, age, or live in a similar geographic area may be a coincidence. Steer clear

of implying a connection where there may be none. Evidence suggests that reference to clusters can lead to additional suicides.

- Avoid speculation around the causes of a young person's suicide. For example, when a suicide is reported and bullying is cited as the cause, this could affect other young people experiencing bullying who may be feeling hopeless about their own situation. Making direct links about causes oversimplifies suicide. Publishing lots of photographs, outpourings of grief or messages about holding people to account for a death, for example directed at bullies, can increase the likelihood of other young people identifying with the person who has died and could lead to suicide contagion.
- It is particularly important to be aware of the risk of inadvertently suggesting that suicide means achieving something through death which may not seem possible in life. This could promote the idea of suicide to other vulnerable young people and make it feel like an option for them too.
- Avoid using photographs of others who have died by suicide, including galleries. Doing so can create links between deaths when there are none, and can give the impression of a larger number of suicides in a smaller period of time than is correct – perpetuating the idea of a 'cluster'.
- Remind your audience that suicide is preventable and encourage help-seeking behaviour by signposting to sources of support, including Samaritans.

Benefits of sensitive reporting

- Research shows that coverage describing a person seeking help and coming through a difficult time can serve as a powerful testimony to others that this is possible and can have a protective effect. This type of coverage can encourage people to seek help and has been linked to falls in suicide rates.
- Aim for coverage that educates and informs. Where possible refer to the wider issues associated with suicide, such as risk factors like mental health problems. Encourage conversations about mental health – discussion of such issues can lead to greater understanding of suicide, including the signs that may indicate a person is struggling to cope and may need help.



How Samaritans can help you

Samaritans' Media Advisory team works closely with researchers, producers and directors, providing expert advice on covering the topics of suicide and self-harm in factual programmes. The team can be reached at mediaadvice@samaritans.org

For general advice and best practice consult [Samaritans' Media Guidelines for Reporting Suicide](#) on our website.

When covering the topic of suicide or self-harm please encourage help-seeking by including sources of support, such as Samaritans' helpline:

*When life is difficult, Samaritans are here – day or night, 365 days a year.
You can call them for free on 116 123, email them at jo@samaritans.org, or
visit www.samaritans.org to find your nearest branch.*

Appendix C Provision map

Provision map for Mental Health and Wellbeing

Tier 0 – Core offer		
These concerns are categorised as short periods of not feeling able to cope. They could cause distress to a student but unlikely to have a long term or lasting impact on wellbeing.		
What are the concerns?	Who should deal with this?	What is the College response?
Worried about workloads of study, may need help prioritising assignments. Might be too shy to ask tutor / others for help.	SEND Team Progress Coach	Carry out a support needs assessment, may create a SEND profile. Allocate an out class 1:1 session(s) to help student get back on track / organised. Provide with a key contact/named person on SEND Team to go to with any worries / problems. Will liaise with academic area to co-ordinate any support efforts. Will carry out a 1:1 tutorial with student to establish what support needs are and may refer to SEND team if required.
Needs help with the content of an assignment, new level of study and needs help with writing and/or study skills.	Library HE Study Support Team SEND Team	Arrange study support sessions, provide advice and guidance plus practical tips around assignment writing, Harvard referencing etc. If student is a Higher Education student, they may access the Study Skills Team for additional group or 1:1 support. If the student has SEND, they could receive out of class support with a Learning Support Assistant.
Anxious about finding where to go, not used to large campus, worried will get lost.	Drop in service / Youth and Wellbeing Team	Will walk to class.
Feels lonely, struggling to make friends.	Youth and Wellbeing Team	Will advise about different clubs and societies available at the College. If studying onsite at Lincoln or Newark, will show common

		room facilities. Can access the Mental Health Drop in service via this team.
Having arguments in class, problems with peers.	Teacher / Progress Coach	Teachers / Progress Coach will listen to concerns and take appropriate action to reassure / resolve classroom issues.
Forgets lunch money, bus money etc.	Financial Support Team	Will support students with one-off issues to ensure they are able to eat and /or get home safely.
Upset / problems outside of College having an impact on studies.	Drop in service / Youth and Wellbeing Team	Will listen and provide signposting to internal and external services if appropriate. If Safeguarding concerns are identified, these will be referred to the Single Point of Contact (SPoC)
Worried that they are on the wrong course and want to leave/ drop out/ change course.	Drop in service / Youth and Wellbeing Team Careers Guidance Team SEND Team	Will find out core reasons for feeling like this to see if any issues can be resolved and work with the academic area. Will explore other course choices and providers – may refer to the LEAP Team to look at external opportunities. If the student has SEND, the Assessment and Support Co-ordinators can advise and seek to resolve issues / check that reasonable adjustments are in place and/or review these.

Tier 1 – Universal offer

These concerns are categorised as longer term and are beginning to have an impact on the welfare and academic progress of the student.

What are the concerns?	Who should deal with it?	What is the College response?
Sustained periods of feeling not able to cope.	Drop in service / Youth and Wellbeing Team	Listen, try and identify any key triggers to the feelings of not coping in order to make any appropriate recommendations / referrals. May signpost to 'Togetherall' or refer to counsellors. If 16-18 years old, offer to contact parents / guardians for support. If student has an Education Health and Care Plan, refer to the SEND Team for more targeted support and help.

Ongoing friendship problems in College that are not being resolved.	Teacher / Progress Coach Drop in service / Youth and Wellbeing Team	The teacher / Progress Coach will listen and act to try and resolve. However, may need support from the Student Services Team if there are any issues around bullying / harassment. Listen, offer to support by contacting the teacher to discuss options to move forward. If student has an Education Health and Care Plan, refer to the SEND Team.
Anxiety regarding specific elements of being at College or getting to College.	Drop in service / Youth and Wellbeing Team	Listen and identify the specific issues that are causing anxiety. Will give advice and guidance around general tips for coping with anxiety and consider other referrals if more support is needed. If 16-18 years old will offer to contact parents / guardians for support. If student has an Education Health and Care Plan will also refer to the SEND Team.
Emotional response to a specific event, but does not cause a Safeguarding concern.	Drop in service / Youth and Wellbeing Team	Will make referral to the in-house counselling Team. If 16-18, may make referral to the Mental Health Support Team. Advice will be given with regards to signposting for external agencies.
Bereavement – extended family member or friend.	Drop in service / Youth and Wellbeing Team	Will listen and provide initial support plus signposting to resources / external agencies if required. Will advise about in-house counselling and complete referral if appropriate. If 16-18 will consider a referral to the Mental Health Support Team (in house).

Tier 2 – Targeted support

Sustained concern which is affecting the wellbeing and possibly academic progress of the student. These could be long term concerns over anxiety, mental health or depression or a response to an incident graded at Tier 1.

What are the concerns?	Who should deal with it?	What is the College response?
Persistent low mood / ongoing emotional regulation difficulties / anxiety.	Mental Health Co-ordinators	Assess the needs and make recommendations, including referrals to internal counselling and external signposting. Review the student on a regular basis to ensure that

		<p>support is being accessed and is effective. If support is needed beyond 6-8 weeks, refer to the SEND Team. If 16-18, discuss parental involvement and support. Create a keep well plan for the student if needed, to be shared with staff that are involved with the student. Remind student of the Drop in Service for one-off support as key point of contact.</p>
Attachment difficulties and triggered responses	SEND Team	<p>Assess the needs of the student and compile a SEND profile to share strategies of support with all those involved with the student, including the academic staff.</p>
Bereavement of close family member	Mental Health Co-ordinators	<p>Assess the needs and make recommendations, including referrals to internal counselling and external signposting. Review the student on a regular basis to ensure that support is being accessed and is effective. If support is needed beyond 6-8 weeks, refer to the SEND Team. If 16-18, discuss parental involvement and support. Create a keep well plan for the student to be shared with staff that are involved with the student. Remind student of the Drop in Service for one-off support as key point of contact.</p>
Historic abuse which causes legacy mental health distress	<p>Safeguarding Team</p> <p>Mental Health Co-ordinators</p>	<p>Assess the historic abuse claims to ensure there are no current Safeguarding concerns.</p> <p>Assess the needs and make recommendations, including referrals to internal counselling and external signposting. Review the student on a regular basis to ensure that support is being accessed and is effective. If support is needed beyond 6-8 weeks, refer to the SEND Team. If 16-18, discuss parental involvement and support. Create a keep well plan for the student to be shared with staff that are involved with the student. Consider if an Early Help referral would be appropriate for the student. Remind student of the Drop in Service for one-off support as key point of contact.</p>

Self-harm	Mental Health Co-ordinators	Assess the needs and make recommendations, including referrals to internal counselling and external signposting. Review the student on a regular basis to ensure that support is being accessed and is effective. If support is needed beyond 6-8 weeks, refer to the SEND Team. If 16-18, discuss parental involvement and support. Create a keep well plan for the student to be shared with staff that are involved with the student. Consider if an Early Help referral would be appropriate for the student. Remind student of the Drop in Service for one-off support as key point of contact.
Suspected eating disorders	Mental Health Co-ordinators	Assess the needs and make recommendations, including referrals to internal counselling and external signposting. Review the student on a regular basis to ensure that support is being accessed and is effective. If support is needed beyond 6-8 weeks, refer to the SEND Team. If 16-18, discuss parental involvement and support. Create a keep well plan for the student to be shared with staff that are involved with the student. Consider if an Early Help referral would be appropriate for the student. Remind student of the Drop in Service for one-off support as key point of contact.
Risky behaviour	Safeguarding Team	Assess the risks being taken and refer to appropriate services, both internally and externally.

Tier 4 – Personalised support		
Serious and possibly life-threatening incidents which require professional intervention outside of the College.		
What are the concerns?	Who should deal with it?	What is the College response?
Diagnosed Mental Health difficulty	SEND Team	Liaise with external agencies that the student has been engaged with or currently engaging with, to agree a plan of support whilst in College.
Disclosure of incident of witnessed	Safeguarding Team	Any staff that receive a disclosure should follow the

<p>domestic abuse. Disclosure of being the victim of any type of abuse.</p>		<p>College's procedures and report this through the SPoC. The Safeguarding Team will assess the risks and take appropriate action, including any referrals made to outside agencies.</p>
<p>Sustained self-harm Suicide ideation or attempts</p>	<p>Safeguarding Team SEND Team</p>	<p>Any staff that receive a disclosure should follow the College's procedures and report this through the SPoC. The Safeguarding Team will assess the risks and take appropriate action, including any referrals made to outside agencies.</p>

SAFEGUARDING & MENTAL HEALTH



Contact the Safeguarding Team
for help and advice

Call **07580 975854**

Or email **safeguarding@lincolncollege.ac.uk**

Appendix E – Signposting.

Agency Name	Summary	Contact Details	Website	Referral Process
CALM (Campaign Against Living Miserably)	Confidential, anonymous free support information and signposting through helpline and webchat. Available 5pm – midnight 365 days a year.	0800 585858	<u>CALM Homepage - Campaign Against Living Miserably CALM, the campaign against living miserably, is a charity dedicated to preventing male suicide, the biggest single killer of men aged 20-45 in the UK (thecalmzone.net)</u>	No referral needed, anyone can call.
Childline	Support for children up to the age of 19 years old. Talk to a counsellor. Telephone support only 9am to midnight.	0800 1111	<u>https://www.childline.org.uk/</u>	No referral needed, anyone can call.
Here4You	The advice line offers support for young people's emotional wellbeing and mental health. It is available to children, young people, parents, carers and professionals in Lincolnshire 24/7.	0800 234 6342	<u>https://www.lpft.nhs.uk/contact-us/need-help-now</u>	No referral needed, anyone can call.
Kooth	Free anonymous online counselling	<u>https://kooth.com/</u>	<u>https://kooth.com/</u>	Anyone can register online to gain access to the service.

	service for 11-25-year olds. Mid-day-10pm on weekdays and 6pm – 10pm at weekends.			
Lincoln Mental Health Crisis Line	If you're feeling low, anxious or stressed and you think that talking to another person may help you cope you can call the new mental health helpline in Lincolnshire which is open 24/7.	0800 001 4331	https://www.lpft.nhs.uk/contact-us/need-help-now	No referral needed, anyone can call.
MIND	Infoline provides an information and signposting service open 9am – 6pm Monday to Friday.	0300 123 3393 info@mind.org.uk	https://www.mind.org.uk/	No referral needed, anyone can call.
Mental Health Matters	Mental Health Matters Support Matters Helplines provide emotional support, advice and guidance to residents registered with a GP in Lincolnshire.	0800 001 4331	Helpline & Webchat Mental Health Matters (mhm.org.uk)	No referral needed, anyone can call.

	Webchat is available through the website.			
Night Life Café	The Night Light Café exists to provide a listening ear and some evening company for people who are experiencing a crisis with their mental health. Lincoln and Newark locations – times vary.	0300 0111 1200 @nightlifecafelincoln on Facebook and Instagram	www.actstrust.org.uk	No referral needed, anyone can call.
Nottingham Mental Health Crisis Line	The service is available to anyone in mental health crisis at anytime, anywhere across Nottingham and Nottinghamshire and is available 24 hours a day, seven-days a week.	0808 196 3779	https://www.nottinghamshirehealthcare.nhs.uk/help-in-a-crisis	No referral needed, anyone can call.
Papyrus	9am- midnight 365 days of the year	call 0800 068 4141 or text 07860039967 or email pat@papyrus-uk.org	www.papyrus-uk.org	No referral needed, anyone can call.
Samaritans	Support and helpline 24/7, 365 days of the year	01522 528282 (Lincoln Branch) or 116-123 (National Number) jo@samaritans.org	https://www.samaritans.org	No referral needed, anyone can call.

SHOUT	SHOUT is a free, confidential, 24/7 text message support service for anyone who is struggling to cope.	text SHOUT to 85258	WWW.giveusashout.org	No referral needed, anyone can call.
Self-harm UK	Online support for 14-19-year olds.	https://www.selfharm.co.uk/	https://www.selfharm.co.uk/	No referral needed, anyone can contact.
Steps2Change	Free CBT Counselling service for 16+.	01476 584004 Referral line: 0303 123 4000 lincs.spa@nhs.net	http://www.lpft.nhs.uk/steps2change	Self-referral form online or can be downloaded and returned via email
The Mix	Anyone under 25 about anything that's troubling them. Free 1-2-1 webchat service available. Open 7 days a week from 4pm – 11pm.	0808 808 4994	https://www.themix.org.uk/	No referral needed, anyone can call.
Togetherall	Togetherall is a safe, online community where people support each other anonymously to improve mental health and wellbeing. It is accessible 24/7, 365 days of the year.	https://account.v2.togetherall.com/register/student	https://account.v2.togetherall.com/register/student	Lincoln College students can access this service by creating an account.
Young Minds	Charity to	Text YM to 85258 24/7.	www.youngminds.org.uk	No referral system –

	support young people's mental health. Crisis Message service – 24-hour telephone call back service.	Parent helpline 08088025544 Mon-Fri, 9.30am-4pm.		CYP/parents can contact using crisis messenger, helpline, online contact form.
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