The Mental Health Initiative
a resource manual for mental health promotion and suicide prevention in third level institutions

A partnership initiative between Trinity College Dublin and the Northern Area Health Board

Supported by the National Suicide Review Group, the Department of Health and Children, and the Department of Education and Science

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Note:
This document is posted on the Internet (see www.tcd.ie/Student_Counselling/). The resource materials and the training module are available to download, adapt and use in other third level institutions. When using these materials, please cite 'The Mental Health Initiative' as the source.

Foreword

The initial idea for the Mental Health Initiative evolved from a personal conversation with a friend who mentioned that each of her three young adult children had been affected by the suicide of one of their friends or a friend's family member. Her comment highlighted a thought that I been pondering – that suicide bereavement is a new struggle for our youth that was not as prominent for members of previous generations. Many of today's students know someone who has suicided – a friend, family member or acquaintance. As a counsellor working with third level students for more than a decade, I am accustomed to dealing with their dilemmas of growing up and maturing. Among their issues, I have experienced an increase of students who declare that they have suicidal thoughts and feelings. While many people at some point in their lives will have fleeting thoughts of suicide, young people need to be equipped with adequate coping skills to deal with their distress. My friend's question to me about what she could do to support her children was similar to the many calls from college staff members, as to how they can help distressed students expressing suicidal thoughts and students affected by suicide.

I began considering the role of third level institutions in responding to students' concerns in a helpful manner. How can student services, academics, tutors and the college community support students in addressing issues of mental health and suicide? I set about investigating the possibility of suicide awareness training for college staff. At the beginning of a rewarding collaboration, Teresa Mason suggested developing suicide prevention, intervention and postvention strategies for third level students. The Northern Area Health Board and the National Suicide Review Group funded the proposal, allowing us to explore mental health promotion and suicide awareness within Trinity College Dublin and in the wider Irish context. The Department of Health and Children and the Department of Education and Science granted funding for the printing and distribution of this resource manual.

Many people have been involved with the initiative; they are thanked for their participation and feedback. I would like to thank the workshop facilitators, members of the Steering Committee, Teresa Mason, and, particularly, Amanda Kracen, for their support, contributions and commitment to this project. We are publishing this manual in the hope that it will be a useful resource for staff members of this college and other institutions, when tackling the perplexing issues of youth suicide and mental health.

Deirdre Flynn
Director, Student Counselling Service
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January 2003

Sometime in 2000, Deirdre Flynn contacted my office about developing suicide awareness training for college staff in Trinity College. This need had been identified by staff in the counselling service, based in part, on the feedback of college staff to their department. Their concerns were echoed in a range of other settings (schools, health services, communities) in the context of a growing awareness in Irish society of the increasing rates of death by suicide, particularly among young men. In our initial discussions we decided that it might be possible to initiate a more long-term project, rather than training alone, to identify the information needs of the college sector about suicide. We felt that it was important to set the issue of suicide in the broader context of mental health and to map out what good practices already existed. This broader approach or emphasis seemed justified because of the multifaceted nature of suicide and also because a death by suicide is a relatively rare event in the college setting, while mental health problems are relatively common.

Thankfully we were able to bring in the necessary resources to make this project idea a reality. In particular, we were lucky to attract Amanda Kracen to work on the project; her passion for the issues involved and the care and attention she has devoted to the work have been invaluable. As an outsider I was particularly impressed with how the staff of Trinity College embraced this initiative, and I felt privileged to be involved with the deliberations of a cross-section of the College staff.

I hope that those who read this document will find it a realistic and practical resource to employ in addressing the issue of suicide and promoting mental health in third level settings. I hope it contributes to meeting the recommendation of the National Task Force on Suicide (1998) that 'teachers, at all levels, be supported in respect of the psychological and social dimension of their work'.

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1. Introduction

The National Context of Suicide Prevention in Ireland

The Irish government set up the National Task Force on Suicide in 1995 in response to the country's rising rates of suicide. Their findings and recommendations were published in the Report of the National Task Force on Suicide (1998). The recommendations are currently being implemented throughout Ireland in a variety of sectors, including public policy, healthcare, media and education.

After the publication of the report, two notable structures were established for addressing the problem of suicide in Ireland. Firstly, the Chief Executive Officers of the health boards created the National Suicide Review Group (NSRG). Secondly, each of the regional health boards appointed a Resource Officer for Suicide Prevention. The NSRG and Resource Officers work closely to provide information, training, support for research, and the coordination of various initiatives throughout the country. Additionally, the National Suicide Research Foundation conducts and coordinates research studies. Together with academics, voluntary organisations and committed individuals, there is an emerging community in Ireland dedicated to understanding and preventing suicide.

Rationale for the Mental Health Initiative

The Government's Report of the National Task Force on Suicide highlighted the potential for the third level education sector to address the problem of suicide. While much has been written about suicide prevention in secondary schools, little has been published about good practices in third level education. Staff members and academics alike have been searching for a resource that addresses the issues of mental health promotion and suicide prevention. In response, the Mental Health Initiative commenced at Trinity College Dublin in October 2001 to research these issues in higher education.

Management of the Project

A project officer, Amanda Kracen, was employed for 2.5 days per week for 16 months to carry out the research, deliver training and compile this manual. Deirdre Flynn and Teresa Mason closely managed the project. Additionally, a multidisciplinary steering committee oversaw the project and met six times to discuss the aims and progress. The contributions from the steering committee members were invaluable.

Methodology

The Mental Health Initiative was an action research project. Defined by Carr and Kemmis, action research is a 'form of self-reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own practices, their understanding of these practices, and the situations in which the practices are carried out' (1986). The project's findings and recommendations resulted from a simultaneous mixture of data collection, resource development, implementation, feedback and revision. As is characteristic of action research, the results are evaluative and made available to the community in the hope that they will help third level institutions improve mental health promotion and suicide prevention strategies.

Numerous research methodologies were used throughout a year of gathering information for the Mental Health Initiative. Below is a chart detailing the data collection.

Method	Targeted audience	Explanation
Literature review	N/A	Provided evidence from Irish and international research
Interviews	**Internal:** Key stakeholders in the pilot institution, including: Psychiatrist • Junior-Dean • Senior Tutor • Chaplain • Housekeeping Supervisors • Security Supervisors • Disabilities Officer • Students' Union Welfare Officer • President of the Graduate Students' Union • Director of the Anti-Bullying Centre • Members of the Lesbian, Gay, Bisexual Society **External:** Selected individuals with an interest in the topic, including: Directors of counselling services at two universities • Chaplain at an institute of technology	Provided an insight into the experiences and needs of staff members and student leaders
Questionnaires	• Distributed to chaplains, counselling services and health services at 35 Irish third level institutions • Distributed to 28 staff and faculty members at the Waterford Institute of Technology	Provided information and qualitative data regarding issues and initiatives taking place throughout Ireland
Focus group	Met with eleven undergraduate students (8 women, 3 men)	Provided opinions and needs of students concerning mental health issues
Intervention	15 training workshops within the pilot institution	Provided opportunities for understanding the experiences, needs and feedback from participants
Evaluation	• Presentation at the Confederation of Student Services in Ireland's annual conference (June 2002) • Presentation at the Irish Association of Suicidology's annual conference (Sept. 2002) • Presentation at the European Symposium on Suicide's bi-annual conference (Sept. 2002)	Provided feedback and suggestions from college staff members and international researchers

The Resource Manual: Guidelines for Its Use

Intended audience

While much of this manual may prove beneficial for anyone working with young adults, it was written as a resource for staff of third level institutions. All members of an institution have a part to play in creating a caring college environment, and thus the information is intended for all staff members including lecturers, administrators, counsellors, housekeepers, sport coaches, security guards, doctors, chaplains, etc. A multidisciplinary approach to suicide prevention is advocated to encourage the well-being of both students and staff.

Aims of the resource

- Introduce the issue of suicide prevention within the context of mental health
- Raise awareness of the issues and concerns that arose within the pilot institution while developing suicide prevention and mental health promotion strategies
- Outline findings from the pilot institution's recent experience, presenting recommendations, success factors and difficulties
- Present templates for creating policies, protocols and training modules
- Provide resources and contact details for information, support and research

How to use this resource

This manual is a starting point for examining mental health promotion and suicide awareness within third level institutions. The resource materials and training module will need to be adapted to suit the needs and culture of individual institutions. They are posted on the Internet (see www.tcd.ie/Student_Counselling/). All original resources are available to download, adapt and use in other institutions. When using these materials, please cite 'The Mental Health Initiative' as the source.

Although the manual's information and recommendations are suitable for anyone interacting with college students, it is suggested that only individuals with adequate competence use the included workshop template. As many of the issues are highly sensitive, it is necessary that facilitators have the knowledge, skills and time available to offer training to colleagues. Additionally, it is imperative to provide back-up support services when training. Staff members need to be informed not only of where they can turn in the event of a student crisis, but also of support available for themselves.

If trainers are not available within an institution, the local health board's Suicide Resource Officer may be able to provide details of appropriate personnel (see page 90).

2. An Overview of the Research Literature

Defining Common Terminology

Although the term 'mental health' is often associated with illness and disease, it actually refers to personal strength. The UK's Health Development Agency defines mental health as: 'the emotional and spiritual resilience, which enables us to enjoy life and to survive pain, disappointment and sadness. It is a positive sense of well being and an underlying belief in our own and others' dignity and worth' (Health Development Agency, 2001).

There is often much confusion regarding the definitions of terminology in the field of suicidology, leading to problematic reporting and inaccurate international comparisons of suicide statistics. When using the word 'suicide', this manual refers to the internationally recognised definition, 'death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) that the injury was self-inflicted and that the decedent intended to kill himself/herself' (Rosenberg et al., 1988). In Europe, 'parasuicide' is referred to as 'any non-accidental act of self-injury that does not result in death'; North Americans tend to use the term 'attempted suicide' to describe the same behaviour (O'Connor & Sheehy, 2000). Finally, thoughts of engaging in suicidal behaviour are defined as 'suicidal ideation'.

Suicide: The Current Situation

Suicide is a universal dilemma that has perplexed societies throughout history. Internationally, organisations and individuals have sought strategies to tackle this complex problem. In 1990, the World Health Organisation formally recognised suicide as an issue requiring immediate public health action, and called for member states to develop national prevention programmes. A collaborative team, including members of the National Suicide Review Group and the health boards, is currently drafting a national Irish prevention strategy. It will be published in 2004.

Following a study of 53 countries and using 1996 demographic data, an international rate of suicide of 15.1 per 100,000 people emerged (WHO, 2001). Most countries exhibit a higher rate of suicide for men compared to women and this was seen in the 1996 data. The international rate for males and females was 24.0 and 6.8 per 100,000, respectively. In terms of international suicide rates, Ireland is comparable with other industrialised nations. For instance, a recent study ranked the suicide rates of 82 countries. Using 1995 data, Ireland had the 37th highest rate of 11.2 suicides per 100,000 (Schmidtke et al., 1999; National Suicide Review Group, 2002). Consistent with the international trend, Irish men are approximately four times more likely to suicide than women.

Number of suicides registered in Ireland by gender

(National Suicide Review Group, 2002)

	Males	Females	Total
1998	433	81	514
1999	358	97	455
2000	395	91	486
2001	356	92	448*

*This figure relates to deaths registered in this year.

Suicide in Ireland has been a public health issue for the last three decades. Currently, it ranks as one of the top ten causes of death for people of all ages in Ireland (Aware, 1998). A major cause for concern in Ireland is that the rate of increase in suicide deaths has been one of the highest in the world. In 1945, 71 suicides were recorded, while there were 183 suicides in 1976 and 486 suicides in 2000 (Aware, 1998; National Suicide Review Group, 2001). The rise in suicide is believed to be attributable to a real increase in suicide deaths, especially by young males, rather than due to improved reporting procedures (Swanwick & Clare, 1997). Of the suicides in 2000, 22% of the deceased were between the ages of 15 and 24 years old (109 deaths).

The Universal Question of 'Why'?

Suicide is never a simplistic event with one identifiable cause; instead, it usually results from a complex interplay of factors in an individual's life. While most people experience major disappointments and failures in life, individuals handle situations differently due to their personal history, emotional resources and access to support services. What may seem insignificant to one person may be particularly distressing to another. Therefore, when discussing and trying to understand a suicidal crisis, it is necessary that the situation be considered from an individual's perspective.

In order to conceptualise the three levels at which a person can be at risk for mental health difficulties, the biopsychosocial model is useful. Within this framework, a person contemplating suicide may be affected at each level – biologically, psychologically and socially. The model calls for a variety of interventions and the involvement of a wide range of professionals.

The main commonality among suicides is the biological presence of psychopathology. It is estimated that more than 90% of people who kill themselves have a diagnosable mental illness at the time of their deaths (Barraclough et al., 1974). Of all psychiatric disorders, just a few are associated with most suicides: depression, bipolar disorder, schizophrenia, borderline and antisocial personality disorders, and substance abuse.

Dr. Edwin Shneidman, founder of the American Association of Suicidology, has conducted extensive research into understanding the 'suicidal mind'. He argues that the main cause of suicide is psychological pain, which he calls 'psychache'. Shneidman explains:

'Psychache is the hurt, anguish, or ache that takes hold in the mind... Suicide happens when the psychache is deemed unbearable and death is actively sought to stop the unceasing flow of painful consciousness... What my research has taught me is that only a small minority of cases of excessive psychological pain result in suicide, but every case of suicide stems from excessive psychache' (1996).

Shneidman suggests that, regardless of individual differences and circumstances, there are common features among 95% of all suicides. Readers are directed to his book, *The Suicidal Mind*, for a full discussion.

There are numerous sociological suggestions as to why Irish youths are suiciding at such elevated rates, but a popular argument is linked to Emile Durkheim's theory of anomic suicide (1897). During periods of stability, behaviour is regulated socially and morally, and community expectations are clear. However, in times of rapid social or economic change,

individuals are more likely to be unsure of governing norms and their resulting status. Thus, they experience alienation from society. In Ireland's recent years of economic fluctuation, disintegrating family structures, declining religious affiliation, corrupt political parties, and ever-changing cultural norms, there are numerous societal factors complicating already turbulent normal adolescent development. On a daily basis, third level students may be dealing with problems such as personal growth, role transition, sexual identity, education expectations, divorcing families, alcohol and drug misuse, violence in the media and depression. Contemporary Irish society can be a difficult environment in which to grow and mature in a healthy manner.

Suicidal Ideation

Suicidal ideation is widespread in the general population. Most people would admit at some point in their lives to having fleeting thoughts about attempting suicide. Depending on how the question is posed, studies vary in the percentage of people reporting suicidal ideation. For instance, 3.5% of respondents reported having 'recent thoughts', while 53% agreed when asked if they have 'ever thought about suicide' (Williams, 2001). There is also a wide variation in ideation rates of surveyed university students. Research studies carried out in Europe, Africa and the United States report mild to severe suicide thoughts in 20% to 65% of college students (Jamison, 1999). A survey of Irish third level university students found that 31% had considered suicide at some point (McAuliffe, 1998). Of these respondents, 4% had a fairly detailed plan in mind; suicide risk is higher if there is a plan in place. Although frequent, all suicidal thoughts should be taken seriously and addressed, especially when suicide seems to be the only option out of a difficult situation.

Parasuicide

Parasuicide is a relatively common occurrence and the effects are seen in accident and emergency departments throughout Ireland. Between 1% and 5% percent of the adult general population will state that they have attempted suicide at some point in their lives (Aware, 1998; Jamison, 1999). For each completed suicide, there are an estimated ten to twenty attempts by distressed individuals (Bertolote, 2001). Although some people who attempt suicide may be appealing for help, others are very intent on ending their lives. Repetition is characteristic of suicidal behaviour, and a previous attempt is the single most reliable predictor of a future death by suicide. Up to 40% of people who ultimately die by suicide will have a history of attempts (Kerkhof, 2000). Although slightly lower, a recent study found that 23% of people who died by suicide in Ireland in 1997 and 1998 had a history of self-harm (Suicide in Ireland, 2001).

Parasuicide rates vary across Europe, but there is a consistent trend (with the exception of Finland) of higher rates for females than males. The European female to male ratio of attempt rates varies between 1.5:1 and 3:1 (Retterstol & Mehlum, 2001). Parasuicide is more common in adolescents and young adults than in older age groups. For instance, in a 1994 study in Oxford, England, 71% of attempters were under 35 years of age (Williams, 2001). The most vulnerable ages are between 15 and 19 years for women and 20 and 24 years old for men (National Suicide Review Group, 2001).

Unfortunately, distressed individuals do not always seek professional help, and many suicide attempts are not reported. The lack of epidemiological data is a major problem in understanding parasuicide, but progress is being made in Ireland. The National Suicide

Research Foundation and University College Cork's Department of Epidemiology and Public Health are establishing the world's first registry of parasuicide data. The National Parasuicide Registry will record the personal characteristics of individuals who receive medical care after a suicide attempt. It is hoped that this registry will facilitate research to clarify the relationship between parasuicide and suicide.

Suicide in Third Level Students

Death among young adults is a rare event in Ireland. However, suicide is the principal cause of death for young people when they do die, and it is responsible for more deaths than accidents or cancer. Suicide in children younger than 15 years of age is uncommon, but unfortunately, suicide rates increase as adolescents grow older. For instance, nearly a quarter of all Irish suicides in 2000 were between the ages of 15 and 24 years old (109 deaths of a total of 486 suicides).

Ireland and many industrialised countries, including England, Australia, Canada and the United States, have experienced a rise in youth suicide (Cantor, 2000). The incidence of suicide among young Irish adults has risen drastically since 1976, and the increased rate of suicide among young males between the ages of 20 and 24 years old is a particular concern. For instance, recent statistics show the rate of suicide for this male group is 40.4 per 100,000, compared with a rate of 12.7 for the general Irish population. The rate for males between the ages of 15 and 19 is 19.0 per 100,000 (National Suicide Review Group, 2002). When young Irish people (15—24 years old) take their own lives, the most common method is hanging, followed in descending order by poisoning, firearms and drowning (National Suicide Review Group, 2002).

Number of suicides by age and gender, 1997 - 2001

(National Suicide Review Group, 2002)

	Males	Rate*	Females	Rate*	Total
15—19 years	165	19.0	41	5.0	206
20—24 years	301	40.4	54	7.5	355

*Rates per 100,000

For third level students, the transition to adulthood can often be an exciting, but turbulent time that is hallmarked by uncertainty and confusion. Adolescents are expected to leave a stable support network, forge relationships, adjust to a new educational environment, and make decisions about their future role in the world. Their central task is to become independent individuals. Most students grow and develop during these years, handling these hurdles with little difficulty. However, for those with biological, psychological or emotional problems, the third level educational experience may be a stressful time. Setbacks or failures, whether real or imagined, may compound their problems and subsequently lead to suicidal ideation. Peer pressure and a desire to conform may result in adolescents concealing their problems and distress. Students may regard seeking help as a sign of weakness that is in contrast with their goal of becoming independent.

Dr. Kay Redfield Jamison, an American researcher, believes university students are at a particular risk of mental illness and suicide (1999). Students are often away from home and subject to new stresses. They tend to use alcohol and drugs more heavily, and radically alter their sleep pattern. Additionally, the years of third level education coincide with the ages

during which the first episodes of depressive illnesses and schizophrenia are most likely to occur. Each of these factors puts an individual at a higher risk for suicidal behaviour.

Previous research from the United States and the United Kingdom had suggested that college students had higher rates of suicide than their non-student counterparts. However, these findings have since been attributed to questionable methodology and conclusions (Garrison, 1989). More recent research has indicated that the incidence of suicide among third level students is not significantly different from non-students, and may possibly be lower. For instance, an Irish study examining the suicides that occurred between 1987 and 1996 for 17 to 25 year olds, did not find any significant differences between students and non-students (Power, 1997). In fact, young adults who are not involved in third level education or training are thought to be at a higher risk of suicide.

Vulnerable Students

Some subgroups of the college student population may be more vulnerable to mental health difficulties. A review of the international literature suggests that both young males and gay youth have a higher risk for suicidal ideation and behaviour.

As discussed previously, Irish statistics illustrate that young males have a much higher rate of suicide than their female counterparts (National Suicide Review Group, 2002). Irish society has very rigid gender roles and expectations that may be damaging for young men. A recent Irish report, entitled *Men Talking*, explored the relationship between male gender and physical and mental health. A finding of the report was that 'masculinity rules men's decision-making processes and behaviours, and has far reaching implications for men's health and well-being' (Department of Public Health and Planning, 2001). The men interviewed said that, unlike women, they are unable to express emotions and ask for help. The following are quotes from the focus groups.

'...You have this thing in your head... you have to be big and strong and you can't seen to be weak.'

'Ah sure it will be alright tomorrow... then it will be alright in a week or two, you keep pushing it down and you keep going, you blot it out.'

'It boils down to women... because there is a lot more happening to them in adolescence... there is a lot more happening for a girl than there would be for a boy, and I think it starts there, and maybe even before that girls are taught to take care of themselves and boys aren't and that goes on into adolescence.'

The men were also asked about their perceptions of suicide. The findings are disturbing. The report states: 'Some men suggested that suicide, as opposed to being viewed as a selfish act, could be viewed as a very selfless act. While men may wish to send out warning signals, they are prohibited from doing so due to an in-built belief that they have no right to ask others to rescue them from a plight that is, they believe, of their own making' (Department of Public Health and Planning, 2001).

The issues of suicide and sexual orientation are under-researched and methodologically complex. It is still unclear if completed suicide is more common among homosexuals (Catalan, 2000). However, the stress of hiding sexuality and 'coming out' can have negative

effects on mental health. This supports a study of gay suicide attempters that found that most attempts followed students' awareness of homosexual feelings and came before they disclosed their sexual orientation to others (D'Augelli et al., 2001).

The coming out process often occurs during the undergraduate years. Identifying oneself as a homosexual or bisexual student can be challenging in the college environment. A recent study of American university students found that gay, lesbian and bisexual students, when compared with a control group, had a higher risk of suicide. They were more depressed, more lonely and had fewer reasons for living (Westefeld et al., 2001). The researchers conclude that sexual orientation is not the cause, but rather the associated feelings of isolation, prejudice and loneliness are responsible for the higher risk.

Protective and Risk Factors for the Student Cohort

Although it is not possible to predict most suicides, research suggests certain factors implicated in determining suicide risk. Protective factors are indicators of wellness, stability and resilience; they act to buffer an individual from the risk of suicide. Risk factors are the common characteristics identified in people who have died by suicide. These attributes and experiences increase the statistical possibility of suicide. As the number of risk factors increase, so does the risk of suicide. However, risk factors are not necessarily present in every case of suicide.

An awareness of protective and risk factors is especially helpful when designing effective mental health programmes for young adults. When tackling the issue of suicide prevention, college initiatives should seek creative methods of encouraging the protective factors, and reducing the occurrence and effects of the risk factors. Based on a review of the research literature, the following is a list of factors that are especially relevant to college students. The factors are in no order of importance.

Protective factors

- **Healthy lifestyle** that includes eating and sleeping properly
- **Coping and problem-solving skills** to deal with normal disappointments and failures
- **Social support network** of accepting family and loved ones
- **Institutional integration** into academic course, clubs, societies or social groups
- **Appropriate treatment** for mental and physical health problems
- **Availability of and accessibility** to professional support
- **Potential opportunities** after graduation, such as employment, travel or further study

Risk factors

- **A previous suicide attempt** indicates that a person includes suicide in his or her mental vocabulary as a solution to problems. There is an increased likelihood that s/he may resort to suicide in the future.
- **A psychiatric disorder,** whether diagnosed or not, is estimated to be present in 90% of people who die by suicide. See pages 16 to 18 for descriptions of associated disorders.
- **Feelings of hopelessness** result in a person being unable to visualise the future and being overwhelmed by distress. Suicide may be an escape from the constriction of such a worldview.
- **Male youths** in Ireland have four times the risk of dying by suicide than a female counterpart.

- **Alcohol and drug misuse** not only contribute to depression and other health problems, but also lead to impaired judgement and heightened impulsivity. Alcohol intoxication at the time of death, especially in males, is significant among youth suicides.
- **A loss of a loved one** through a relationship break-up or bereavement creates a vulnerable period in a person's life.
- **Certain personality types**, such as perfectionistic (unrealistic demands of self), isolated (disconnected from social supports) or impulsive (rash and drastic decision-making), may put themselves at risk of suicide.
- **Negative life events**, such as bullying, serious physical illness, legal or disciplinary problems, failure in studies, familial pressure, unwanted pregnancy and abortion, increase stress levels and may act as a trigger for the onset of depression and self-harm.
- **The suicide or parasuicide of a family member, friend or acquaintance** is a model that troubled youths may imitate.
- **Sexual and/or physical abuse** can instil long-term feelings of low self-esteem, inadequacy, guilt and anger. The struggle in dealing with these emotions can be very difficult.
- **Issues involved in understanding sexual identity** can be difficult for young adults. As they come to terms with their sexuality, they may experience isolation, depression and bullying, which can lead to higher risks of suicidal ideation.

Psychiatric Disorders

The following are the psychiatric disorders that are associated with suicidal behaviour in adolescents as indicated by Apter and Freudenstein (2000). In addition, they suggest that conduct disorder is correlated with suicidal behaviour. However, it is believed that this is not as common among the college student population in Ireland. For more information regarding diagnostic criteria, readers are directed to the Diagnostic and Statistical Manual of Mental Disorders (1994). It should be noted that, once diagnosed, these illnesses are often successfully treated, which significantly reduces a person's risk of suicide. Contact details are provided for more extensive information regarding the disorders and their treatment.

Clinical depression

Depression is the most common mood disorder. In Ireland, it is estimated that one in 13 third level students is depressed at any time (McKeon & Mynett-Johnson, 1999). The hallmark of the disorder is the lowering of mood, but there are many social, psychological and physical effects. People may experience feelings of guilt and worthlessness, changes in appetite, insomnia or excess sleeping, and the loss of energy and concentration. They may come to believe that life is not worth living or that the world would be better off without them. Depression occurs at any age and can be experienced as a single episode or recurring bouts. *For more information, check out Aware at www.iol.ie/aware/ or by telephone on 01 676 6166.*

Bipolar disorder

Formerly known as manic depression, the disorder is characterised by marked changes in moods, energy and functioning. Bipolar disorder disrupts the personal, social and work responsibilities of a person due to the cycles of depression, mania or 'mixed' symptoms. Severe depression or mania may include psychosis during which a person may suffer from hallucinations or delusions. Between episodes, a person may have periods of wellness with few to no symptoms. The onset of bipolar disorder usually commences in late adolescence or

early adulthood. *For more information, check out Aware at www.iol.ie/aware/ or by telephone on 01 676 6166.*

Schizophrenia

Affecting about 1% of the population, schizophrenia disrupts the thoughts, perceptions, emotions and behaviour of individuals. There are a number of symptoms associated with schizophrenia, and the expression varies greatly among people. The symptoms are usually categorised into positive symptoms (new, unusual or disorganised thought, such as hallucinations and delusions) and negative symptoms (diminution or loss of abilities, such as depression, withdrawal, flat presentation, lack of speech). The average age of onset is between 15 and 34 years, and males tend to develop symptoms at a younger age than women. Approximately 10% of people with schizophrenia, especially young males, die by suicide. *For more information, check out Schizophrenia Ireland at www.schizophreniaireland.ie or by telephone on 1890 621 631.*

Substance abuse

The misuse of alcohol and drugs is a common problem among Irish college students. A recent study in the pilot institution found that 51% of the undergraduate population had used illegal drugs and 84% drank alcohol on a weekly basis. Twenty-nine percent of men and 27% of women reported drinking more than the recommended weekly limits (Kenny, 2002). Mental health problems and the abuse of alcohol and/or drugs are often interlinked, and both conditions may influence the development of the other. Substance misuse can exacerbate the social and psychological problems of people who experience mental health difficulties. Alcohol intoxication is a common factor in the suicide deaths of young Irish people, especially males. Young people often use alcohol to numb the painful feelings of shame, humiliation or frustration that may occur after a personal crisis (Apter & Freudenstein, 2000). In addition to impairing the judgement of an individual, alcohol also decreases a person's inhibition and facilitates suicidal behaviour. *For more information, check out Alcoholics Anonymous at www.alcoholicsanonymous.ie or by telephone on 01 453 6166. Or check out Narcotics Anonymous at www.na.ireland.org or by telephone on 086 862 9308.*

Eating disorders

The two common eating disorders are anorexia nervosa and bulimia nervosa; both disorders are disturbances in an individual's perception of body weight and shape. Eating disorders are linked with depression and suicide. They usually commence between early adolescence and early adulthood, and 90% of cases occur in women. Anorexia nervosa is characterised by a person's refusal to maintain a normal minimum body weight. It is often called 'slow suicide' because some individuals starve themselves to death. Bulimia nervosa is characterised by episodes of binge eating followed by purging that is induced by vomiting, laxatives, diuretics, fasting or excessive exercise. Bulimic individuals are often impulsive, which may lead to cutting and suicidal behaviour. *For more information, check out Bodywhys at www.bodywhys.ie or by telephone on 01 283 4963*

Borderline personality disorder

Borderline personality disorder is characterised by a 'pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity that begins by early adulthood' (American Psychiatric Association, 1994). A person with the disorder often appears to be in a state of crisis, has unstable relationships, suffers from poor self-image,

constantly feels empty and may be inappropriately angry. Seventy-five percent of people diagnosed with the disorder are women. The disorder has been associated with recurrent non-fatal suicidal behaviour, but recent research suggests that completed suicide is a real concern for people with borderline personality disorder (Linehan et al., 2000). Both the impairment and suicide risk are greatest during the years of early adulthood (American Psychiatric Association, 1994). ***For more information, check out BPD Central at www.bpdcentral.com or the National Institute of Mental Health at www.nimh.nih.gov/publicat/bpd.cfm***

Notes

Trinity College Dublin

Myths of Suicide

Those who talk about suicide are the least likely to attempt it.
Those who talk about their suicidal thoughts do attempt suicide. Our experience shows that many people who take their lives will have told others about it in the weeks prior to their death.

If someone is going to kill themselves, there is nothing you can do about it.
If you can offer appropriate help and emotional support to people who have suicidal thoughts, then you can reduce their risk of suicide.

Suicidal people are fully intent on dying.
Many suicidal people are undecided about living or dying. Many callers to the Samaritans do not want to die but they talk of not wanting to go on living as things are.

If someone has a history of making 'cries for help' then they won't really do it for real.
Those who have attempted suicide once are 100 times more likely than the general population to die by suicide eventually. On average, four out of ten people who die by suicide will have attempted suicide earlier.

Talking about suicide encourages it.
Some people worry that talking about suicide could lead society to think suicide is 'okay' and a reasonable thing to do. We believe that allowing a person to talk through their worst fears and feelings may provide them with a lifeline that makes all the difference between choosing life and choosing to die. Responsible discussion in the media will also educate society about suicide without giving extra encouragement to susceptible people to attempt suicide.

Only mentally ill/clinically depressed people make serious attempts at suicide.
Although the majority of suicides are judged to have had some sort of psychiatric illness (whether diagnosed or not), a proportion of people who take their own lives do not suffer from any mental illness.

Suicide is painless.
Many methods of suicide are extremely painful. Very often people are seriously and permanently disabled by suicide attempts.

Once a person is suicidal, they are suicidal forever.
Individuals who wish to kill themselves may feel this way for only a limited period of time. In our experience, emotional support can help people come through a suicidal crisis. Talking and listening can make the difference between choosing to live and deciding to end pain by dying.

Suicide can be a blessed relief, not just for the individual, but for those that surround him or her.
The effects of suicide are not honourable or courageous. To present it like this is dangerous, and trivialises the person who has died, as well as the whole issue of suicide. For those left behind, the loss of a loved one – particularly in such tragic circumstances – is the start of a nightmare, not the end. It leaves profound feelings of loss, grief and guilt in its wake.

Adapted from the Samaritans & the Irish Association of Suicidology (2000)

3. The Current Situation in Third Level Institutions in Ireland

The progress regarding mental health promotion and suicide awareness varies greatly among individual Irish third level institutions. While some colleges have protocols in place and numerous student programmes operating, others are still organising basic services for students. The barriers of time, resources and management support can hinder the best intentions, and yet there is a general consensus that mental health promotion deserves more attention within colleges. A goal for all third level institutions is to develop mental health promotion strategies that are supported by management, evidence-based, ongoing and evaluated for effectiveness.

Although often on an ad-hoc basis, good mental health promotion initiatives are occuring in colleges across Ireland. Staff members and students themselves are developing creative methods of reaching out to and supporting students. The variety of initiatives is extensive. A student-focused college environment increases the likelihood that students will engage in help-seeking behaviour.

The following are impressive mental health promotion programmes that are taking or have recently taken place in Irish institutions. While not by any means a comprehensive list, these were reviewed for this project.

- Athlone Institute of Technology's *Healthy Campus Project*
- Mary Immaculate College's *Health Promoting College Project*
- National University Ireland, Galway's *Journey to Well-Being for Students: mind, body & soul*
- University College Dublin's *Seminar on Suicide*, held in February 2002
- University of Limerick's *Lifeskills Programme*
- Waterford Institute of Technology's *Suicide Prevention in Third Level Colleges: Suicide Awareness for Staff*, delivered by the South Eastern Health Board

Questionnaire Research

In order to learn about the issues regarding mental health and suicide that face third level staff members around the country, it was decided to survey relevant groups in colleges. First, between November 2001 and April 2002, tailored questionnaires were sent to the chaplains, counsellors and health services at all third level institutions in Ireland. The questionnaires had many similarities, but were not standardised, as each audience received questions specific to their role in institutions. A covering letter requested that each service return one completed questionnaire. Second, in an effort to gain the perspectives of academic and support staff, questionnaires were sent to 28 employees at Waterford Institute of Technology (WIT). The WIT staff had recently completed a series of suicide awareness seminars offered by the South Eastern Health Board.

Although the sample size and combined response rate of 32% did not ensure accurate quantitative results, the questionnaires were qualitatively very useful. Respondents offered extensive lists of initiatives and recommendations for mental health promotion and suicide prevention. Many of these suggestions have been incorporated into this resource manual.

Interestingly, of the total 43 respondents, not one made reference to or suggested utilising computer and Internet-based resources. The absence of such suggestions may indicate the lack of familiarity with and appreciation of these powerful tools that are being used daily by the student population. The following is feedback from the questionnaires, as well as quotes from respondents.

Chaplains, N=12

- Chaplains were asked about the variety of reasons that students discuss suicide with them. They reported that they are consulted most commonly after the death by suicide of someone in a student's life.
- After a student death, chaplains are relied upon for assistance with communication among staff members, liaison with the family, funeral arrangements and student support.

Suggestions/comments from chaplains

'Suicide doesn't arise as a particular issue until someone has been in contact with someone who has died or particularly where a student completes suicide. Then young men especially will admit to having contemplated it sometime, but not seriously. 'Why?' is on everyone's lips all the time.'

'In recent years the issue [suicide] comes up all the time. Students want to talk about it – no more silence or avoidance of the issue.'

'There is an increasing sense of isolation and loneliness in the lives of many young people. Often the spiritual dimension of the person is neglected, with the emphasis on a religious development that is not seen to be connected or relevant to the lived experience.'

'As a serving chaplain for 17 years, I have dealt with many cases of suicide – some were out of the blue and some where there was a long history of depression... I would not take it out of context of student health, it has a place like the prevention of cancer or HIV, heart disease. If we can create a good community environment where students look out for each other and make available supporting emergency help, it will go a long way... The management of each college have to be challenged to provide pastoral care and chaplains have a huge role in developing this in conjunction with students union and student services.'

Student Counselling Services, N=9

- Counsellors reported that the three most common reasons they are consulted by students regarding suicide are: personal suicidal ideation/behaviours, concern about another person's suicidal ideation/behaviours, and bereavement by suicide of someone in their life.

Suggestions/comments from counsellors

'It is not so much the issue of suicide as depression that leads onto suicidal thoughts, etc. We have a large number of students who are depressed.'

'While the prevalence of suicidal behaviour is relatively low, those students who are affected by it experience emotional/psychological distress and often keep their distress hidden from others. Those who do seek help from the support services often require a great deal of time and attention. Such cases usually require a multidisciplinary or interagency approach... other students do relate to the hopelessness and stress that individuals who attempt to take their lives experience.'

'We think that steps to address the areas of suicide/suicide prevention should be part of an overall integrated approach to mental health and not separated out and worked on in isolation.'

'Our aim is to increase communication at every level in the organisation on these difficult issues. We want to be a community that responds with compassion to suicide and is able to survive suicide.'

'I strongly believe that any interventions in this area require a college-wide response, and that college management should be required to fully endorse and support interventions...'.

Student Health Services, N=9

- The health services reported that the five most common associated factors (of a suggested ten factors) for students presenting with suicidal ideation or in a suicidal crisis are: depression, anxiety, alcohol or drug misuse, recent relationship break-up, and sleep disturbance.
- Respondents indicated that they have seen higher rates of suicidal ideation or suicidal crisis among first-year students, students from rural communities and students with Seasonal Affective Disorder.

Suggestions/comments from doctors and nurses

'We believe strongly that this issue [suicide] should be made part of the Health Promoting College programme. We also believe that life skills modules should be part of the first-year student programme. Awareness of this issue should start with the director [president] and work down to all levels in the college.'

Waterford Institute of Technology, N=13

- Nine of the 13 respondents (69%) indicated that they had dealt with students about whom they had concerns regarding self-harm.
- Prior to the training seminars, respondents indicated that they did not feel confident when helping a depressed or possibly suicidal student (average of 7.1 with 1 being extremely confident and 10 being extremely unconfident).
- When asked about their fears and the difficulties of dealing with a student who might self-harm, their responses fell into two categories. First, they were concerned with their personal abilities in handling distressed students. They were specifically troubled by their lack of knowledge of support services, the lack of training and the lack of support for themselves. Second, respondents indicated that the absence of college policy and procedures pose problems, especially the deficiency of protocols for dealing with distressed students and unclear roles and boundaries for staff members.
- When asked to rank topics that are important to discuss in a training workshop, respondents indicated the following as the top six topics (of twelve suggestions) in order of priority:
    1. Warning signs/risk factors of suicidal students
    2. What to say to a student considering suicide
    3. How to support a student affected by suicide of a peer/relative
    4. Issues of confidentiality
    5. Staff's Duty of Care responsibilities
    6. Roles and boundaries of academics and other staff members

Suggestions/comments from staff members

'It should be made clear to staff their duty of care but not to take solely on the burden of dealing with someone suicidal....Education and training is the key...Young males don't always have the vocabulary to express themselves – that gap has to be addressed.'

'Just giving someone time can mean an awful lot. Letting people know you care is so important too.'

'Enable students to feel that seeking help is a sign of strength, not a sign of weakness.'

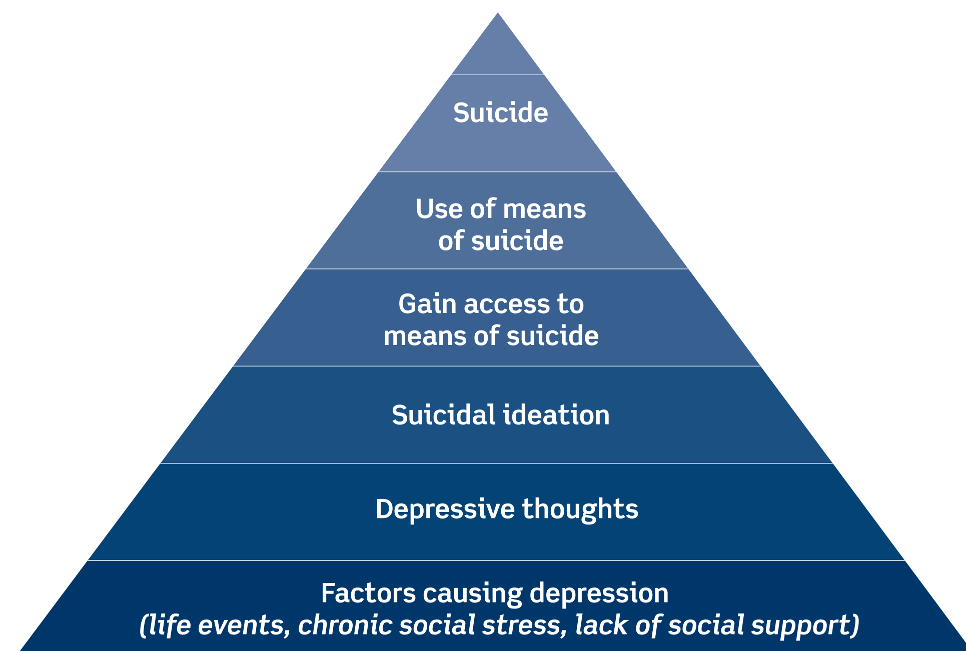
'In general, students welcome a helping hand. They are most likely to be pleased if you show an interest in their well-being. The advice I would give is to not be afraid to show that you care. It most often makes all the difference.'

Notes

4. Prevention of Student Suicide

Suicide prevention seeks to decrease the conditions that lead to suicide. This sounds like a formidable task because suicidal behaviour is such a complex event. Leenaars, an expert in the field, recognises what an undertaking this is when he writes that education and prevention are 'almost tantamount to preventing human misery' (2001). However, the good news is that most Irish third level institutions already employ many beneficial strategies, without considering them under the guise of suicide prevention.

The goal of preventative work is to encourage the development of healthy students and to support them should they experience risk factors. Thus, prevention initiatives target the general student population. Jenkins and Singh's model illustrates the stages that people pass through towards suicide (2000). It is useful for considering the variety of prevention strategies that can be employed to ameliorate depression or other mental states that people are in when they take their own lives. A multifaceted approach is recommended. By offering a variety of initiatives, institutions will appeal to different types of student personalities and expand the safety net. To provide an integrated response, coordination, training and good communication are required in the institution. Therefore, the task for each college is to review recommended prevention initiatives and to develop a comprehensive plan of action.



Pathway to Suicide (Jenkins & Singh, 2000)

Responsibilities

Within an institution, who is responsible for suicide prevention? The general answer is – everyone. There is a shared responsibility among all individuals in a college to create a meaningful and positive community, interact with distressed students and seek appropriate help for them. These are reasonable expectations of any human being. However, besides these basic expectations, members of an institution have different levels and sets of responsibilities that are determined by their roles in the college. The following is a general overview of the responsibilities within a third level institution. This list is not exhaustive, and each group offers additional contributions to the college community.

Individual students
- Maintain personal well-being
- Seek personal support as needed

Student peers
- Support distressed friends and classmates by making referrals
- Maintain personal well-being
- Seek personal support as needed

Frontline staff
(secretaries, librarians, housekeepers, security staff, sports coaches, etc.)
- Have a general knowledge of mental health difficulties
- Be aware of the college support services available to students and staff
- Be able to make a referral to the support services
- Know how to respond in the event of a crisis
- Understand the demands and limits of confidentiality
- Recognise personal and professional boundaries
- Be informed of the college policies and protocols
- Maintain personal well-being
- Seek personal support as needed

Academic staff
(teaching assistants, lecturers, head of departments, etc.)
- Possess knowledge about the issue of student suicide
- Understand Duty of Care responsibilities
- Have a general knowledge of mental health difficulties
- Be aware of the college support services available to students and staff
- Be able to make a referral to the support services
- Know how to respond in the event of a crisis
- Understand the demands and limits of confidentiality
- Recognise personal and professional boundaries
- Be informed of the college policies and protocols
- Maintain personal well-being
- Seek personal support as needed

Student support services staff
(accommodations, disability, careers, chaplains, tutors, deans, etc.)
- Support students and provide specific outreach to distressed students
- Liaise with and refer concerned staff, friends and family members
- Possess knowledge about the issue of student suicide
- Understand Duty of Care responsibilities
- Have a general knowledge of mental health difficulties
- Be aware of the college support services available to students and staff
- Be able to make a referral to the support services
- Know how to respond in the event of a crisis
- Understand the demands and limits of confidentiality
- Recognise personal and professional boundaries
- Be informed of the college policies and protocols
- Maintain personal well-being
- Seek personal support as needed

Mental and physical health staff
(G.P.s, psychiatrists, psychologists, counsellors, etc.)
- Assess, treat and refer students
- Possess comprehensive knowledge of mental health difficulties and student suicide
- Provide recommendations to students for care/support in their communities
- Facilitate the institution's health promotion strategy
- Liaise with and refer concerned staff, friends and family members
- Possess knowledge about the issue of student suicide
- Understand Duty of Care responsibilities
- Be aware of the college support services available to students and staff
- Be able to make a referral to the support services
- Know how to respond in the event of a crisis
- Understand the demands and limits of confidentiality
- Recognise personal and professional boundaries
- Be informed of the college policies and protocols
- Maintain personal well-being
- Seek personal support as needed

Administration
(Provost/president, registrar, communications officer, etc.)
- Provide support and leadership for promoting mental health and preventing suicide
- Liaise with and refer concerned staff, friends and family members
- Possess knowledge about the issue of student suicide
- Understand Duty of Care responsibilities
- Have a general knowledge of mental health difficulties
- Be aware of the college support services available to students and staff
- Be able to make a referral to the support services
- Know how to respond in the event of a crisis
- Understand the demands and limits of confidentiality
- Recognise personal and professional boundaries
- Be informed of the college policies and protocols
- Maintain personal well-being
- Seek personal support as needed

College
- Provide the framework for an environment that encourages mental health promotion

A noticeable prevention strategy that is absent from this section is suicide-specific educational programmes for students. The research literature is unclear about the success of such initiatives. In the past, although the lectures and workshops varied in content and delivery, students were often simplistically taught that suicide is a response to extreme stress. The relationship between mental illness and suicide was rarely made. Students were trained to identify friends at risk. These courses were short, once-off prevention efforts. There are concerns that school-based programmes may have harmful effects, and encourage the normalisation and glamorisation of suicide (Jamison, 1999). Indeed, Schaffer and Gould warn that, 'It cannot be assumed that a didactic programme on suicide will have only beneficial or neutral effects' (2000).

It is more important to address the root causes of distress in students' lives, rather than directly educating them about suicide. Thus, prevention of suicidal behaviour should concentrate on promoting positive mental health and increasing resilience. The following are recommended initiatives to benefit students and to help prevent youth suicide.

Mental Health Promotion

The most important suicide prevention strategy for a college is mental health promotion. Within the context of the third level education, it is defined as any action to enhance the mental well-being of an individual or the overall college community. There are three key aims of mental health promotion:

- Strengthen individuals – enhance emotional resilience, coping styles and adaptability
- Strengthen communities – encourage citizenship and social inclusion
- Reduce structural barriers to mental health – promote health structures and organisations (Friedli, 2002)

According to the UK organisation, Mentality, the effects are widespread:

'Mental health promotion does have a role in preventing mental health problems, notably anxiety, depression, drug and alcohol dependence and suicide. But mental health promotion also has a wider range of health and social benefits. These include improved physical health, increased emotional resilience, greater social inclusion and participation and higher productivity. Mental health promotion can also contribute significantly to the health and well-being of people with mental health problems and has a key role to play in challenging discrimination and increasing understanding of mental health issues'
(Department of Health, 2001).

Mental health promotion is a broad concept. However, once a commitment is made to mental health promotion, specific initiatives can be developed and implemented. It is important that institutions promote health in a creative, student-focused approach that appeals to young adults. Ideally, a team of people (including student representatives) should evaluate mental health promoting activities that already take place in the college, recognise the needs that are not being addressed, and propose a strategic framework for the way forward. Mental health promotion requires theory, policy and ongoing action to be most effective. The following are examples of some common mental health promotion activities for colleges.

Orientation/induction programmes
- Comprehensive programme to include workshops exploring relevant mental and physical health matters, e.g. alcohol consumption, self-esteem, homesickness, etc.

Brochures, posters and fact sheets about a range of issues
- Depression, anxiety, family difficulties, substance abuse, coming out, presentation skills, etc.

Awareness campaigns
- Positive mental health week, depression awareness day, etc.
- Designated days, such as World Mental Health Day (October 10), International Day of Tolerance (November 16), International Day of People with a Disability (December 3)

Talks and workshops
- Managing stress, dealing with depression, mastering study skills, enjoying healthy nutrition, promoting diversity, handling finances, etc.

Speakers
- High profile speakers to discuss mental health topics, can be co-sponsored with student clubs to de-stigmatise the issue

Training
- Communication skills, basic counselling skills, assertiveness, etc.

Wellness and sport classes
- Aerobics, yoga, meditation, tae bo, pilates, tai chi, etc.

Support groups in the college and community
- Groups for students dealing with issues such as depression, alcohol, drugs, bereavement, eating disorders, sexuality, etc.

Other
- Use of computer discussion boards, chat rooms and interactive websites
- Campus radio talks and newspaper articles on mental health topics
- Faith and spirituality seminars

Notes

mind, body & soul programme:
An example of student-focused mental health promotion

Between February and April 2002, NUI Galway offered students 'a journey to well-being'. It was a diverse programme of classes delivered by staff members, community workers, journalists, chaplains, a local beauty salon, etc. The programme was a great success with students. It will be expanded and repeated in 2003. The following is the introduction and list of events from the brochure.

mind, body & soul is a comprehensive student lifestyle programme aimed to help you be what you want to be, but one thing is for sure, we are not going to do it the traditional way. Our programme is influenced by Western pragmatism and Eastern wisdom, inspired by an interesting blend of the esoteric and the usual. So if you are the reflective type or an out and out rationalist, we have something for you. Whatever you want to do – get fitter, look better, feel great, be more effective, to just be more chilled out, join us for a trip through the mind, body & soul.

Event	Speakers & Facilitators
Launch – Wine & Cheese	Dr. Iognáid Ó Muircheartaigh Dr. Margaret Hodgins
Sexual Health Talk	Siobhán O'Higgins, Rape Crisis Ctr & Aids Help West
Hair Care Workshop	Bellissimo
Céilí Dancing	Janas Harrington
Sexual Health Workshop	Siobhán O'Higgins
Grooming – Skin Care Workshop	Bellissimo
A Journey Towards Peace of Mind	Peter Dorai-Raj
Drugs in Ireland, both Legal and Illegal	Dr. Saoirse Nic Gabhainn/Dr. John Kelly
Ceili Dancing	Janas Harrington
Sexual Health Workshop	Siobhán O'Higgins
Aromatherapy & Massage Workshop	Bellissimo
The Successful Student – Part 1 of 2	Matt Doran
Preventing Drug and Alcohol Problems – A Talk	John Fitzmaurice, The Gaf
Food Fair & Bio-Electric Impedance (12—3pm)	Various
Communications & Presentations	Peadar De Burca
Nutrition: 20min Talk. Then choose a workshop:	Liz Kirby
Nutrition Workshop Foods & Moods	Liz Kirby
Nutrition Workshop Sports Nutrition	J. Harrington
Nutrition Workshop Vegetarian Diet	G. Nolan
Ceili Dancing	Janas Harrington
Sexual Health Workshop	Siobhán O'Higgins
Nutrition Stand	Liz Kirby
Cookery Demonstration	Kevin Bites
Telling the Truth of Who We Are	Diarmuid Hogan
The Successful Student – Part 2 of 2	Matt Doran
Using your Mind Successfully: Effective Learning	Prof. Aidan Moran
HLTH 4 U	Dr. Muiris Houston
Communications & Presentations	Peadar De Burca
Ceili Dancing	Janas Harrington
Sexual Health Workshop	Siobhán O'Higgins
Stress Inoculation 1: How to enjoy college life	Jim Byrne
Cookery Demonstration	Kevin Bites
Faith and Sexuality – Becoming Better Lovers	Avril O' Regan
Talking 'Back' – Workshop	Anne-Grete Gormley
Communications & Presentations	Peadar De Burca
'Hooked'	Re O' Laighleis
The Deeper Meaning of Spirituality	Fr. Eugene Duffy
A Question of Mental Health – Talk/Q&A	Dr. Dympna Gibbons
Stress Inoculation 2: It's All in your Head	Jim Byrne
Cookery Demonstration	Kevin Bites
Stress Inoculation 3: Work & Play	Jim Byrne
Cookery Demonstration	Kevin Bites
The Many Faces of God – Protector & Punisher	Avril O' Regan
Communications & Presentations	Peadar De Burca
Dreams & Jung's Contribution to Psychology	Cathy Morrison
Stress Inoculation 4: Success at Exams	Jim Byrne
You are the Light of the World – Our Role	Diarmuid Hogan

Much can be learned about health promotion in an Irish third level institution from a pilot project at Mary Immaculate College. Between 1996 and 2000, the Limerick-based institution developed targets for both health and social gains for students and staff. In order to achieve these goals, numerous sub-projects were undertaken which would 'contribute positively to the overall achievement of the Health Promoting College ethos' (Fleming et al., 2001). The project evaluation report is a useful resource for other institutions to learn from when developing a health promotion framework. To receive a copy of the report, contact Mary Immaculate College by telephone on 061 204 300.

Following Mary Immaculate College's pilot project and the associated conference, 'Promoting Health on Campus – An Irish Experience' in November 2000, a consultative group is implementing the resulting recommendations. One suggestion is for the development of a national network of Health Promoting Colleges. Work on this initiative is continuing. In the meantime, should institutions require assistance in developing strategies, they can contact the health promotion department of the local health board.

Policies and Protocols

Policies and protocols are important in developing a culture that is supportive, respectful and knowledgeable about mental health. To help prevent suicide, the policies and protocols do not have to focus directly on mental health, but rather encourage a safe and healthy community. The following are recommended:

Policies

- Health Promotion Policy
- Alcohol Policy (see page 81)
- Bullying and Harassment Policy (see page 83)
- Student Sickness Leave Policy
- Duty of Care Policy
- Access and Equality Policy
- Equal Opportunity Policy

Protocols *(specifically for distressed/suicidal students)*

- Student Death Protocol (see page 85)
- Crisis Management Protocol
- After-Hours Support Protocol
- Protocol for Staff: Responding to Distressed/Suicidal Students (see page 87)
- Protocol for Security Staff: Emergency Guidelines (see page 88)

Policies and protocols facilitate best practice in an institution. The discussion and development of a document is a valuable process for management and staff members to explore and clarify an issue. Ideally the working group should include cross-institutional representation, as this draws upon the experience and expertise of staff members and leads to increased credibility for the document. New policies and protocols should be evidence based, and thus a review of relevant scientific literature and Irish law is advised.

Policies and protocols exist to clarify an institutional response to an issue. However, they are of no use if not effectively communicated to staff members. Ideally, staff must be introduced to new policies and protocols, as well as have an opportunity to discuss and ask questions about their roles within the response.

Staff Awareness Training

Training for staff is highly recommended as a suicide prevention initiative. A study into prevention methods argues that staff training, often referred to as 'gatekeeper' training, has numerous positive outcomes (O'Carroll et al., 1992). Participants showed an increased knowledge of suicide warning signs and treatment resources. Additionally, they demonstrated a willingness to make referrals to mental health professionals. Similar findings were evident in the pilot institution. The feedback was very positive from the approximately 200 staff members who took part in 15 workshops. Staff considered the workshops to be valuable and useful for their interactions with distressed students. A full discussion of training is included in Section 7, as well as training recommendations and a workshop template (see page 60).

Advertising the Student Services

Students should be aware of the student services that are available to them in the event of a problem or crisis. They need to know the location, costs, and confidential nature of the services. Unfortunately, advertising and marketing this information can be a challenge for college staff members for numerous reasons including:

- annual turnover of students
- lack of funds for producing materials
- stigma associated with seeking help
- students' perception of invulnerability makes them non-responsive to the advertising messages

To be most advantageous, advertising should begin before students enter the institution. It is helpful to provide information in welcome packs posted out to students prior to college commencement. The information and details can be reiterated during orientation activities. However, the first weeks of college are often overwhelming for new students. Therefore, advertising must be continuous throughout the academic year.

It is very important that advertising materials are 'speaking the students' language'. Messages that are understood and accepted by students will normalise help-seeking behaviour and decrease stigma. Students are accustomed to and respond to slick, flashy consumer marketing techniques. Boston University employs an attention-grabbing, multimedia approach because the director of the counselling centre explains, 'To engage the generation grown up on MTV, we tailor it to them' (O'Connor, 2001). Thankfully, with the desktop computer, it is not necessary to have a large budget to produce sophisticated promotional materials. It may prove beneficial to involve students in the design and development process. The pilot institution recently worked with 25 design students from the National College of Art and Design to generate designs to market the Student Counselling Service. The results were very positive and mutual – the service has a pool of trendy materials to use, and the students learned about issues of mental health and stigma.

The following are additional recommendations for advertising college student services.

- Offer extensive orientation/induction activities, including tours of the services and opportunities to meet key staff (tutors, chaplains, nurses, counsellors, course secretaries, etc.)
- Draft and publicise the mission statements of the services to emphasis that seeking help is a sign of strength, rather than an indication of weakness.
- Advertise and emphasise preventative activities, such as peer support programmes, study skills workshops, smoking cessation classes, etc.
- Organise noticeboards in central locations in the college to display information about services and upcoming events.
- Ensure that all marketing materials are inclusive and representative of the diverse student body. For instance, if using photos of students, include a mix of gender, ethnicity, age, etc.
- Send email or text messages to students at critical times of the year (before Christmas, as exams start, etc.) to remind them of the sources of support in college.
- Develop and enhance websites for the individual services.
  - Make more information available, especially 'frequently asked questions' and embarrassing queries.
  - Post photos of college personnel.
  - Provide vignettes of students using the service to illustrate the types of issues that can be addressed.
  - Offer a discussion board for conversations among student users.

Emergency Services

A suicidal crisis may be prevented with the intervention of professional emergency services. Thus, an important prevention measure is to provide staff and students with speedy access to physical and mental health services. They must also be aware of the options that are available in an urgent situation.

Within an institution, it is recommended that both the health and counselling services have daily slots available for emergency appointments. Beyond an institution, staff members can call on the national services (Gardaí, ambulance, etc.) and refer students to local accident and emergency departments. In the pilot institution, it was found that staff members sometimes did not realise that they could utilise these resources in the community. Once an institution has formalised procedures, it is necessary to communicate the details to all staff members, especially frontline staff. As crisis situations are often difficult, it is also helpful to provide suggestions for personal responses. For instance, the 'Protocol for Security Staff: Emergency Guidelines' (see page 88) was developed in consultation with the local gardaí and sexual assault specialists.

Not all student emergencies will occur during college opening hours. Accordingly, provisions should be made for student care in the evenings, on weekends and during holidays. The following are some possibilities for ensuring student care when the institution is closed.

- Designate a dean or other senior personnel to be on 24-hour duty to respond to crisis situations. The responsibility should be shared and rotated. Ideally, designated members would live on or near the college campus.
- Prepare and circulate a handout of places to get help if the college services are closed. For an example, refer to 'Information about 24-Hour Help Services' (see page 37).

- Advertise emergency phone numbers and crisis hotlines that are available to students. It is very useful if they are on official college computer screensavers, the reverse of college ID cards, or printed on small cards that can be kept in wallets.

Substance Misuse

Often considered recreational by students, substance misuse is dangerous. Students should be made more aware of alcohol and drug abuse, and the connection with mental, physical and social problems. In particular, the relationship among alcohol, depression and suicide should be highlighted. The following are some suggestions for tackling the problems of substance misuse.

- Implement a substance abuse policy to provide a framework for the issue.
- Involve and support the Students' Union in educating students about the risks of consuming drugs and alcohol.
- Encourage student research into the subject of substance misuse and its impacts on young adults.
- Monitor drinks sponsorship and advertisements within the institution.
- Provide non-alcoholic alternatives at all college functions.
- Offer substance-free activities for students that do not involve drinking and pubs.
- Establish coffee shops that do not serve alcohol and are open until late in the evening.
- Support students who have substance misuse problems with an empathetic college response, appropriate medical care, support groups, etc.

Lifeskills Programmes

In addition to earning good grades and possessing academic knowledge, today's students must have other personal strengths to succeed in modern society. There is a growing recognition that third level institutions should provide 'transferable skills as part of lifelong learning and towards the more complete development of the person and his/her self adequacy and confidence' (Aherne et al., 2001). The topics addressed in a lifeskills programme will help students with potential relationships, employment and other endeavours. Thus, it is recommended that third level institutions provide such courses to students, especially first year students. Lifeskills programmes are most successful when they are mandatory for all students and integrated into the academic curriculum.

The University of Limerick has been developing a lifeskills module. The aims are 'to promote the education of the whole person, to build confidence in students in a range of different contexts, to teach practicable coping skills and transferable skills as part of a life-long learning process' (Aherne et al., 2001). The module is composed of a series of experiential sessions in which students are encouraged to examine and apply their learning to their own lives. Eleven topics are discussed in the course, including: assertiveness, communication skills, self-awareness, relationship skills, stress management, presentation skills, decision-making skills, self-confidence, study skills, handling emotions, and working in groups.

A recent study, evaluating the effect of University of Limerick's lifeskills module, found that first year students made positive changes in their behaviour as a result of the experience (Aherne et al., 2001). Students enjoyed the course, as well as the opportunity to meet their peers. Additionally, they indicated that that the module was helpful during a time of 'isolation and uncertainty in beginning college life'.

Peer Support Programmes

The peer group is very influential for college students, and research demonstrates that peers are the preferred source of support for students when coping with college life (Moukaddem, 1995). Even in the extreme instance of suicidal ideation, young adults are more likely to talk about their problems with a peer rather than with a parent, teacher or counsellor (Abbey et al., 1989). A peer support programme is an effective method of reaching out to students who are experiencing difficulties, as well as cultivating a positive ethos in an institution.

Peer support programmes train students and equip them with basic counselling skills, especially the abilities of listening and referring. A recommendation to meet with a professional is often perceived as more credible when delivered by a classmate, rather than a staff member. Emphasising the necessity of referrals is important, because peer support is not sufficient assistance or treatment for distressed students. The programme should complement, rather than replace, an institution's support services. Student volunteers must understand their exact role, be aware of their boundaries, and receive supervision from college professionals.

Support For Vulnerable Student Groups

College can be a stressful experience for the most capable students and especially difficult for those who are dealing with issues in their personal lives. Institutions should make a concerted effort to provide support for specific groups, including international and visiting students, mature students, access students, disabled students and students experiencing bullying. Additionally, third level institutions need to ensure mental health promotion initiatives are targeted at young men and gay students because the research literature identifies both groups as having a higher risk of suicide. The following are suggestions for providing support to these two populations.

Young Male Students

- Market information and activities with language and characteristics that appeal to men. It is helpful to frame help-seeking in 'manly' qualities, such as:
  - It requires action and courage.
  - You are taking charge of your life.
  - It is a masculine thing to do.
  - You remain in control – you can leave, hang up or log-off at any time.
  - It will not make you appear weak to anyone you know. (Katz et al., 1999)
- Develop health awareness campaigns specifically for young males.
- Embed lifeskills/personal development modules in the core curriculum.
- Encourage involvement in sports, clubs and societies.
- Promote peer support programmes in traditionally male faculties.
- Provide computer and web-based resources that can be accessed anonymously.
- Offer lectures/forums on broader issues of health and risk-taking.
- Engage speakers who are heroes and role models for young men.
- De-feminise the waiting rooms and offices of college student services.

Lesbian, Gay, Bisexual and Transgendered Students

- Provide institutional initiatives to decrease prejudice, discrimination and harassment.
- Encourage the establishment of a student society to facilitate networking and peer support.
- Offer support and attendance at 'coming out' workshops.
- Deliver training to staff members regarding gay students and relevant issues, such as contemporary terminology, hurdles, concerns, etc.
- Advertise student services staff members as gay-friendly (if this is true).

Crisis Hotlines

In diversifying the support options available in third level, crisis hotlines are a useful method to reach distressed students. They are particularly helpful if staffed by students and operating during the hours when other college services are closed. Crisis hotlines can provide students with anonymous, low-cost, after-hours support from their peers.

Some Irish third level institutions have a student-staffed hotline or collaborate with another college to provide one. For instance, Trinity College Dublin and University College Dublin have jointly run Niteline since 1994, and the Royal College of Surgeons in Ireland became involved in 2001. The crisis hotline has a high rate of name recognition and is a popular source of support for students, especially men. Male students make more calls (more than 65%) to the hotline than female students (Armitage, 1999). If a hotline is not an option for an institution, it may then be helpful to recommend and advertise the telephone services of the Samaritans (telephone: 1850 609 090).

Internet Resources

The development of the Internet has created another tool that can be used by colleges for health promotion. In September 2002, more than 1.3 million Irish users (34% of the population) logged onto the Internet (Irish Internet Association, 2002). Popular with young people, the Internet is very well suited to provide students with information regarding mental health and suicide prevention. For instance, students at most colleges have free access to the Internet, and there is no stigma attached to 'surfing the net'. Communication can be anonymous, and it is a medium that appeals to many young males.

Within colleges, there are many levels at which computer technology can be used as a prevention method. At the most basic, the Internet can provide information about mental health promotion and suicide prevention strategies. Additionally, the Internet can be used for interacting and communicating with students. British, Australian and American colleges are actively exploring ways to communicate with students on-line. The Jed Foundation is a collaborative project that includes the involvement of the University of Arizona, Columbia University and Duke University. The foundation recently launched a website (www.ulifeline.org) that is available for any American college to join. Students can share the on-line resources, such as mental health content, a questions and answers database and diagnostic software.

Going one step further, the Samaritans in the UK communicate directly with distressed people by offering an email service. In 2001, 61 branches offered the email service, and more than 64,000 contacts were made during that year (Langdon, 2002). Email services are also now available in Ireland (jo@samaritans.org). The Samaritans believe people use the service for a variety of reasons, including privacy, anonymity and ease of access (especially by the disabled and people living in rural locations). They have seen a high proportion of students availing of the service.

There are many issues to consider when exploring the variety of uses for the Internet and mental health promotion. O'Connor and Sheehy ask, 'Do we want to foster a society that promotes counselling via email, or one where interpersonal problems are resolved across a computer terminal?' (2000). However, if students are and will be logging onto the Internet, then the uses of this powerful tool require consideration.

Restriction of Access to Lethal Means

People are unlikely to seek out another method of suicide if their preferred choice is unavailable (O'Connor & Sheehy). Thus, restricting the access an actively suicidal person has to lethal means will deter him or her from an impulsive suicide attempt. In the United States, where the majority of deaths involve firearms, efforts have focused on stricter gun storage. However, restricting access to lethal means in Ireland is more difficult, because the most common methods are hanging and poisoning. However, in the college setting, two efforts can be made to deter suicidal behaviour:

- Do not provide students with large doses of medications that could be used to overdose.
- Conduct a risk assessment of the college grounds and restrict access to dangerous locations, such as high buildings and bodies of water.

Postvention After a Suicide

Postvention refers to the activities carried out in the aftermath of a death by suicide. The aim of such work is two-fold: to help people cope with their grief and emotions, and to identify and refer individuals who may be at risk of suicidal behaviour. It is highly recommended that postvention work is strategically implemented within an institution to discourage harmful outcomes among students and staff. For a full discussion of postvention, please refer to Section 6 (see page 49).

Notes

Trinity College Dublin

Sources of Help in College

Student Counselling Service

199—200 Pearse Street
T: 608 1407
E: student-counselling@tcd.ie
Emergency appointments are available. Entrance to the Service is via the college campus; it is adjacent to the crèche.

Chaplains

House 27
T: Richard Sheehy and Paddy Gleeson: 608 1260
Alan McCormack: 608 1402, Katherine Meyer: 608 1901
E: chaplaincy@tcd.ie
The Chaplains run a bereavement support group for those who have experienced loss (please contact the Chaplains). They will also help you make contact with other religious communities in Dublin.

Student Health Service

House 47 (beside the rugby pitch)
T: 608 1556
Appointments may be made in person or by telephone.

College Tutors and Senior Tutor's Office

House 27
T: 608 2551/1095
Tutors are academic staff members who are appointed to look after students' general welfare in an efficient and confidential manner.

Niteline

T: 1800 793 793 (between 9pm and 2.30am from Thursday to Sunday in term time)
A confidential help-line for students run by students

Employee Assistance Programme for all the family

E: eap@ireland.com
Trained, qualified EAP counsellors are available to all College staff for consultation in absolute confidence. This service is free of charge.

The above services are free and confidential.

Trinity College Dublin

Information about 24-hour Help Services

DubDoc

St. James's Hospital, James Street, Dublin 1
T: 454 5607
Outside office hours in cases of emergency, students should contact DUBDOC 6pm—10pm on weekdays and 10am—6pm on weekends and Bank Holidays. This service is based in St. James's Hospital. The DUBDOC triage nurse will give telephone advice, arrange a house call or offer emergency consultation with a G.P. on duty in St. James's Hospital. Students (with the exception of non-Irish E.U. students or students with Medical Cards) will be responsible for any fees incurred for consultation or home visits.

Contactors Bureau

House Calls
T: 830 0244
Outside the above hours, please telephone the Contactors Bureau who will send a doctor on request. Students (with the exception of Medical Card holders) will be responsible for any fees incurred. There is a charge of €13 to €26 payable at the time, except in the case of Medical Card holders, European students with E106, E109, E128 or E111 forms, and students from Northern Ireland and Great Britain.

Hospitals

St. James's Hospital T: 453 7941
Tallaght Hospital T: 414 3501
Students can be seen in the accident and emergency departments of local hospitals. There is a €40 fee to be seen in casualty, but G.P. referrals and medical card holders are not charged. There are no allowances for students.

Niteline

Freephone: 1800 793 793
Thursday to Sunday, 9pm—2.30am (During term only).
Niteline is a confidential telephone helpline for students. It is a joint T.C.D./U.C.D./R.C.S.I. initiative that is organised and run by student volunteers with the support of counsellors from both T.C.D./U.C.D.

Samaritans

112 Marlboro Street, Dublin 1
T: 1850 609 090
E: jo@samaritans.org
The Samaritans is a charitable organisation staffed by volunteers who have undergone a selection and training process. The Samaritans' helpline operates 24 hours a day. The above address also provides a drop-in service from 10am—9pm. There is no waiting list for the Samaritans, and they do not charge fees.

5. Intervention for At-Risk Students

Intervention refers to the treatment and care of students at risk of, or engaged in, suicidal behaviour. The goal of all intervention strategies is to help a student reduce immediate anxiety, recognise options that are available, and seek appropriate psychological and medical treatment. A student at risk of mental health difficulties and suicide is helped by early and appropriate intervention.

The Three Steps of Intervention

There are three steps to the process of intervention. All college staff members might be involved in the first two steps of recognition and action, but the third step requires the participation of professionals who possess knowledge and training in suicide assessment and management. Peers are also often aware of a developing student crisis and play a role in recognition and action (see page 42). The following is an explanation of each step.

Step 1: RECOGNITION
Definition: Becoming aware, through warning signs or alarming statements, that a student is emotionally distressed and may be at risk of suicidal behaviour.
Responsible parties: All staff members who have contact with students may recognise a distressed student.
Responsibility: If a member of staff becomes aware of a distressed student, there is an obligation on behalf of the institution for someone to discuss these concerns with the student. Someone (whether it is the person who noticed the warning signs or a supervisor) must take action as described in Step 2.
Support: If unsure of how to interpret warning signs or comments, staff can seek guidance and advice from a supervisor or the college student services, especially counselling and health services.

Step 2: ACTION
Definition: Initiating a conversation with a distressed student, clarifying the situation, ascertaining who else is involved (family, local G.P., psychiatrist, etc.), possibly asking the question 'Are you considering suicide?', and liaising with the appropriate professional help (see page 87).
Responsible parties: All staff members who have contact with students may intervene.
Responsibility: Staff members, in consultation with the student's Head of Department, have a responsibility to respond to a distressed student. There are two main scenarios:

A) *If the student is being seen/treated by a professional*
If there are concerns of immediate suicidal behaviour and the student has previously been seen by a professional, staff members are required to liaise with the professional to arrange an immediate appointment. If the previous provider is not contactable or is not available, care should be sought from a local professional.

B) *If the student is NOT being seen/treated by a professional*
If there are concerns of immediate suicidal behaviour and the student is reluctant to accept an emergency referral, staff members will need to break confidentiality and involve others.

Give the student the choice about who should be contacted (a mental health professional, family member or significant others).

Support: If there are questions about engaging with a distressed student, staff members can seek guidance and advice from the support services in college, especially counselling and health services.

Step 3: ASSESSMENT
Definition: Conducting a suicide risk assessment and, in conjunction with the student, determining immediate action and a treatment plan.
Responsible parties: G.P.s, psychiatrists, psychologists and counsellors within the college or in the community.
Responsibility: Professionals are obliged to consider the safety of a student.
Support: Staff professionals should feel able to seek another opinion and support from colleagues.

The process of intervention in the third level setting benefits from two recommendations. First, staff members need to receive training to feel adequately informed and comfortable when intervening with students. Second, physical and mental health services should be available to students. The following is an extended discussion of both of these important considerations.

Suicide Awareness Training for Staff

Suicide is a response to overwhelming psychological pain. Anyone who can help ease a person's pain is useful and should intervene. Suicide awareness training is key. Staff members can be trained to recognise students at risk and to take appropriate action. In the third level setting, training should not be restricted to student services staff, but should include all staff members, especially front-line staff who have daily contact with students (e.g. security staff, housekeeping staff, secretaries, sports coaches, etc.). An awareness of mental health, suicide prevention and crisis intervention may be beneficial to staff on the job, as well as in their personal lives.

In general, most college staff members are compassionate and willing to help students. However, prior to training, many staff feel unprepared and have little confidence in their ability to help. They are worried that their involvement or what they say might cause more harm than good. In addition to being a forum for acquiring information, a training session is an ideal opportunity for staff members to ask questions, share strategies and build confidence as a group. It is hoped that staff members will value their own contribution and understand that a brief intervention can be of great importance to a student. Staff members can provide what is most important to any student in crisis – genuine compassion, a listening ear and hope for the future. Staff can then make a referral for professional support.

Staff members must be reminded that they are not mental health professionals, and should not carry such responsibilities. The assessment and management of suicidal students is the domain of such professionals. Staff members are also not ultimately responsible for students and their decisions, especially in third level institutions where most students are legal adults of 18 years of age or older.

A complete training module, entitled *Helping Distressed/Suicidal Students*, and associated resource materials are included in Section 7 (see page 60). It was developed and delivered to approximately 200 staff members in the pilot institution. The module includes information that is recommended for equipping college staff members to deal with distressed students. The following are important topics that are explored with staff members.

- Awareness of mental health and youth suicide
- Warning signs/risk factors of suicidal students
- Roles and boundaries of staff members
- What to say to a student considering suicide
- Referral options in the college and community
- Issues of confidentiality
- Concerned friends and family members
- Self-care throughout a crisis

Ideally, suicide awareness training should be offered to staff annually. It is important that the information and skills are reviewed. Additionally, as staff members join academic communities throughout the year, the training should be available to all new staff.

A Note about Confidentiality

Confidentiality is an important issue when working with distressed students; it is also a topic about which staff members are often unclear and have many questions. Students may swear others to secrecy prior to disclosing suicidal ideation. A staff member should seek to avoid this situation and, instead, promise to support the student through the crisis. To maintain an open line of communication and foster confidence, the staff member should explain the limits of confidentiality. For instance, the student's concerns will be held in the utmost confidentiality and no information will be shared with lecturers, parents or friends. However, if the staff member feels there may be an immediate risk of harm to the student or to others, he or she has an obligation to seek help for the student. The training workshop provides suggested practice regarding confidentiality and an opportunity for staff to discuss the issue, ask questions and share relevant experiences.

If a staff member has concerns about a student, he or she can seek advice and guidance from the student services without breaking confidentiality. Suggestions can be made about negotiating help for the student, and confidentiality maintained by omitting identifying details.

Should a suicidal student be at an immediate risk of self-harm, staff have an institutional obligation to break confidentiality and intervene. Staff members in the pilot institution were extremely relieved to hear of this duty, because it gave them a sense of 'permission' to break confidentiality in extreme cases. If time and circumstances allow, two actions are advisable. First, consult with a G.P., psychiatrist or counsellor to ensure that breaking confidentiality is appropriate. Second, gently inform the distressed student that there is a need to involve others in maintaining his or her well-being. Give the student the choice about who should be contacted (a mental health professional, family member or significant others). By offering the student a choice, it conveys respect and consideration, and is important in the instance that the family is a contributing factor to the suicidal risk (e.g. may be involved in abuse, etc.).

The Provision of Mental and Physical Health Services

Counselling and health services typically provide distressed students with immediate care for emergency situations, assessment, treatment (therapy/medication), referrals to professionals in the community, and support for students upon their return to college. While some colleges offer these services in-house, others institutions contract local clinicians. The most important goal is to have a system that works for the students. To best support students, it is advantageous to have services that are easily accessible, provide care in a timely manner, and are staffed by clinicians who are knowledgeable about mental illness and suicide prevention. The following are considerations for reviewing and enhancing professional care offered in third level institutions.

Easily accessible

- Students and staff must be aware of, and reminded consistently of, contact details for the services (telephone numbers, website, email address).
- Students and staff should also be informed that appointments are free and confidential, and that emergency appointments are available (or other relevant circumstances).
- The hours of the service should be convenient to students, including part-time and evening students. (After reviewing their policies, an emerging trend in Australian and American universities is to offer evening hours to suit the student lifestyle.)
- All front-line staff should be kind, calm and discreet when dealing with students.
- The physical location of care services should be accessible by all students and staff, including those with physical disabilities.
- For crisis incidents that occur outside of business hours, details of emergency services and contact phone numbers should be available. These could be posted in the entry to the service, left on the answering service/machine, and communicated to the college's security staff.

Care in a timely manner

- Services should be able to offer appointments to students within two weeks (one week is ideal).
- Extremely distressed and/or suicidal students usually need to be assessed by a professional on the same day. Therefore, the service must have some flexibility to allow the clinician the time for an urgent appointment. It is useful to have a daily emergency walk-in slot to deal with students in crisis.

Knowledgeable clinicians

- To treat suicidal individuals, professionals must possess an understanding of mental illness and its treatment. A level of skill in dealing with clients who present with mental illness cannot be assumed of all G.P.s and counsellors; it requires ongoing education. Professionals should be supported and encouraged to attend relevant conferences and other educational opportunities.
- As young males and gay youth may be at a higher risk of suicide, clinicians need to feel comfortable interacting with and treating such populations. Professionals may benefit from training regarding the needs of such populations.

Counselling and health services in colleges cannot be expected to provide in-depth, ongoing treatment for suicidal students. It is a myth that young adults in a suicidal crisis are merely seeking attention or simplistically reacting to stress. It is more likely that they are

experiencing psychopathology and are unable to cope with their current situation. In many instances, they require multidisciplinary, long-term help. This may include receiving medical attention, extensive counselling and family therapy. The level of service that they require is often not available in the third level institution. Therefore, professional staff members in colleges should recommend and provide information for treatment services in the community.

In Ireland, staff members of counselling and health services are committed to providing high levels of care for students. However, this is becoming more difficult because of the increasing demand on services. For instance, while international students and students from non-traditional backgrounds are very welcome in third level, some may require higher levels of support. Additionally, during the past decade it has been observed that more students with serious psychiatric problems are entering third level education. This trend is documented in a recent report from the UK's Association of University and College Counselling. They write:

'The survey is sent to all...institutions and includes a question about whether, in the respondent's perception (the respondent is usually the Head of the Counselling Service), the proportion of seriously disturbed students using the Service has decreased, remained the same, or increased. In 1995/96, 62% of university counselling services reported an increase in psychological disturbance among the students they saw. Only 2% said it had decreased. In 1996/97, 63% reported an increase, none a decrease' (Ravi et al., 1999).

The counselling service at the pilot institution has experienced similar rates of increased usage by students with serious mental health difficulties. As such, student services require increased funding and staff resources to support students during their college years.

Student Involvement in Intervention

In times of trouble and distress, students most often turn to their peers for support. Research undertaken in the pilot institution indicates that 78% of students would seek support from a close friend if feeling worried or under stress, as opposed to 46% talking with a parent, 5% meeting with their academic tutor and 4% consulting a student counsellor (Moukaddam, 1995). With regard to suicide, students are very often the ones involved in the recognition and action steps of intervention.

As discussed in Section 4, suicide-specific training programmes designed to educate students about detecting risk are not recommended. There is very little evidence that such initiatives achieve the desired results. Therefore, how do colleges support students in their inevitable involvement with distressed friends and classmates?

1. Staff members can be of most benefit to concerned friends by supporting them to intervene in an appropriate and efficient manner. They may require guidance, information and an adult with whom they can discuss their worries.
2. Staff members must assess the situation if concerned students have intervened with a classmate and he or she refuses to get help. If it is believed that there is an immediate risk of suicide, staff members may need to take decisive action by involving the college student services or contacting the distressed student's family. This should be done in consultation with the Head of Department.
3. Students often take on too much responsibility when helping a distressed student. Staff members can remind students that they need to look after themselves, especially if a crisis is affecting their studies and life. Students may benefit by talking with a counsellor if this is occurring. Staff members can make this referral.

Students concerned about an at-risk friend may never seek the advice of a member of staff. Therefore, it is useful to have a fact sheet, entitled 'Is Someone You Know In Crisis or Considering Suicide?' (see page 47). After being adapted to suit a specific institution, it provides students with information, contact details and encouragement to seek professional assistance. The fact sheet could be displayed in the offices of the Student Unions' welfare officer, chaplain, health service and counselling service. Additionally, it would be helpful to post the fact sheet on the college's website for students to download.

Family Involvement

Involving family members in a crisis situation is often helpful. They can be a significant source of support for students. Ideally, the student should be encouraged to discuss problems with family members. Occasionally, a student may prefer a college staff member to contact his or her parents.

For many reasons, a student may not want to involve the family or specific members. A student should always be given the choice to contact the family. As mentioned previously, this is important because of the rare instance that the family is a contributing factor to the suicidal risk (e.g. may be involved in abuse, etc.).

Self-Care for Staff Members

Intervention work with a distressed student can be very time and energy consuming. Staff members should remind themselves and their colleagues of the limits of their own roles. Additionally, they need to be aware of their boundaries. Similar to the recommendation for peers, staff should be encouraged to look after themselves. They should discuss their experiences with co-workers, take time to relax, and spend time with family and friends. If they feel they require additional support, staff may consider seeking professional help from the college counselling service, a college chaplain, a community practitioner, the Employee Assistance Programme (EAP) or a similar service.

Notes

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Signs of Suicide Risk

Most people who take their own lives do give clues to their upcoming actions. The following are some signs that are associated with suicide. The more signs that are present, the greater the risk of a possible suicide attempt.

Has the person experienced any of the following:

- Previous suicide attempt
- Physical and/or mental illness, especially depression
- History of suicide in the family
- Recent break-up of a close relationship
- Death of a loved one or other significant person
- Major disappointment (failed exams, missed job promotion)
- Separation from friends, girl/boyfriend, classmates, etc.
- Interpersonal conflicts or losses
- High demands of self
- Sexual abuse
- Legal or disciplinary problems
- Peer-group pressure or bullying
- Disappointment with college results and failure in studies
- Confusion or shame regarding sexual orientation
- Unwanted pregnancy or an abortion
- Infection with HIV or other sexually transmitted diseases
- Natural disaster

Is the person:

- Withdrawing from family and friends
- Demonstrating declining academic performance or erratic attendance at lectures
- Finding it difficult to relate to others
- Abusing alcohol or drugs
- Taking less care of his or her physical appearance
- Acting different in some way, for example unusually cheerful
- Appearing tearful or trying hard not to cry
- Feeling irritable
- Finding it difficult to concentrate
- Seeming less energetic and particularly tired
- Eating less (or more) than usual
- Tidying up personal affairs

Does the person talk about:

- Engaging in suicide, self-harm or risky behaviour
- Seeing no hope in the future or no point in life
- Feeling worthless and a failure
- Feeling very isolated and alone
- Sleeping badly, especially waking early

Adapted from the World Health Organization (2000) and the Samaritans & the Irish Association of Suicidology (2000)

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Tips for Referring Reluctant Students

When you believe that a student might benefit from professional help, it is best to be honest about your reasons and express your concern about his or her well-being. Sometimes students may be reluctant or shy in accepting a referral, so here are some suggestions.

Second opinion needed
Present the referral as a help to you. Explain that the student's problem is outside of your area of expertise and that you require a second opinion.

No analysis couch involved!
Dispel myths that surround seeking help, especially as this age group dislikes being anything but self-reliant. Explain that seeing a counsellor does not mean that s/he is crazy or that s/he will spend years on an analysis couch. Encourage the student to schedule 'just one' appointment with a professional. Suggest that to get help is a positive sign of personal strength.

Suggest all options
Some students may not feel comfortable about seeing a counsellor, but will agree to visit a G.P. Others may choose to talk with a chaplain or contact a local support group. Therefore, it is very helpful and often enlightening to present all of the student's options when discussing support services.

Explore the student's reluctance
If the student is reluctant to seek help, ask why s/he is not keen on seeing a professional. Possibly it relates to a previous negative experience. Or maybe there is a misconception that, if s/he sees a psychiatrist or counsellor in College, the information will be passed on to his or her lecturers and family. If you explore the reluctance, you may be able to resolve the concerns.

Get out the telephone book
If s/he is unsure about seeking help, it may be useful to provide the student with names and contact numbers that can be used at a later date.

Help the student make an appointment
Ask if the student would like you to arrange an appointment for him or her with a professional. This is especially helpful if s/he is depressed and lacks the energy to negotiate details. If you arrange the appointment, inform the professional of your specific concerns regarding the student.

Honesty about involving others
If you feel the situation is an emergency (you believe there is the possibility of harm to the student or others) and the student will not see a professional, you may need to speak to someone on his or her behalf. If possible, before doing so, gently explain that you will need to speak with a professional and/or the student's family. Give the student the choice about who you will contact.

What is a CRISIS & what do you do?
A crisis is when you are concerned about a student's immediate well-being. If time allows, you should consult with your Head of Department to share the responsibility. In a crisis, you should seek urgent professional attention for the student from any of the sources listed below. If appropriate, you may want to accompany the student to a professional. A crisis is not when a student cries or if s/he is suffering from an ongoing problem (unless it has become an immediate crisis and his or her well-being is endangered). However, the student still may benefit from seeking help from a professional.

What if the student refuses?
Unless it is an emergency situation, a student has the right to refuse support. Or s/he may just need time to think about a referral. Make a follow-up appointment with the student or offer an open invitation to come back to you. When you see the student again, ask how s/he is and reiterate that support is available if s/he wants it. However, refusal to seek professional help does not mean that you must provide help that is outside your area of expertise.

What if YOU need support?
If you have any concerns about what is best to do, please consult with one of the college student services (phone numbers below). We will support you and help you to clarify the best course of action. Please remember that if you have serious anxieties about a student, it is important that you yourself have adequate support. You need to feel confident that you have done all that you can do to make sure that the distressed student is safe.

Places to Get Help for a Distressed Student in College

Senior Tutor's Office	608 1095/2551
Student Counselling Service	608 1407
Student Health Service	608 1556/1591
College Chaplains	608 1260/1901
Niteline (9.00pm—2.30am in term, Thursday—Sunday)	1800 793793

Places to Get Help Outside of College/After-Hours

DUBDOC (weekdays 6—10pm, weekends/bank holidays 10am—6pm	454 5604
Samaritans (24 hours)	1850 609090
AWARE's Depression Line (10am—10pm)	676 6166
Emergency services (fire brigade, Gardaí, ambulance)	999 or 112
Accident & Emergency: St. James's Hospital	453 7941
Local G.P., psychiatrist, counsellor, community or support group	

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Is Someone You Know In Crisis or Considering Suicide?

Why Do People Kill Themselves?
A suicidal crisis is usually the result of many factors. Although everyone experiences major disappointments and failures, we each handle situations differently due to our personal history and emotional resources. What may seem insignificant to one person, may be particularly distressing to another. Therefore, when discussing a suicidal crisis, it is necessary that the situation be considered from that person's perspective.

Risk Signs
Although some suicides are impulse events, the vast majority of people who take their own lives do give clues to their upcoming actions. Therefore, the following are some signs that are associated with suicide. The more signs that are present, the greater the risk of possible suicidal behaviour.

- Talking about suicide, self-harm or risky behaviour
- Expressing feelings of hopelessness, despair or extreme loneliness
- Suffering from a recent loss, such as a romantic break-up or bereavement
- Abusing alcohol or drugs
- Experiencing depression
- Withdrawing from family and friends
- Declining academic performance or erratic attendance at lectures
- Changing behaviour, mood or personality
- Giving away possessions or making final plans

How You Can Help
- Remain calm. Sit and really listen to what the person is saying. Show empathy and understanding. Take the person's concerns seriously.
- Ask about suicide. Don't be afraid to ask if the person is having thoughts of suicide. You cannot put the idea into his or her mind.
- Express concerns. Tell the person you are concerned about his or her well-being. Reassure the person that the emotional pain can be survived and other options are out there.
- Promise support, not secrets. If a person confides to you that he or she is thinking of suicide, do not feel obligated to keep this information secret. It is preferable to have the person alive and angry with you, rather than gone forever. Offer support to help the person through the crisis.
- Seek professional help. Although you want to help, you are probably not qualified to take full responsibility for the person. You can be of the most assistance by arranging an urgent appointment for the student with a professional.

Myths About Suicide
Myth: You have to be crazy to even think about suicide.
Fact: Most people have thought about suicide at some point in their life. Most suicides and suicide attempts are made by normal, intelligent people who are distressed and expecting too much of themselves in the midst of a crisis.

Myth: If a person is seriously considering suicide, there is nothing you can do.
Fact: People considering suicide want to escape their problems, and most suicide crises are temporary. Concerned friends can assist by finding professional help and offering support to the person through the crisis.

Myth: Talking about suicide may give a person the idea.
Fact: The crisis and resulting emotional distress may have already triggered the thought in a vulnerable person. Your openness and concern in asking about suicide will encourage a distressed person to talk about his or her problems, which may reduce anxiety. It may also allow the person to feel less lonely and possibly relieved.

Places to Get Help for a Distressed Student in College

Senior Tutor's Office	608 1095/2551
Student Counselling Service	608 1407
Student Health Service	608 1556/1591
College Chaplains	608 1260/1901
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Places to Get Help Outside of College/After-Hours

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AWARE's Depression Line (10am—10pm)	676 6166
Emergency services (fire brigade, Gardaí, ambulance)	999 or 112
Accident & Emergency: St. James's Hospital	453 7941
Local G.P., psychiatrist, counsellor, community or support group	

Other Services

- Finances — Citizens' Information Services at 661 6422 (10am—5pm)
- Single parents — Gingerbread at 671 0291 (9am—5pm)
- Sexuality — Gay Switchboard at 872 1055 (Sunday to Friday 8pm—10pm, Saturday 3.30pm—6pm)

Recommended Reading

The Suicidal Mind by Edwin Shneidman (1996)
Night Falls Fast: Understanding Suicide by Kay Redfield Jamison (1999)
Suicide and Attempted Suicide by Mark Williams (2001)

Suggested Websites

Irish Association of Suicidology	www.ias.ie
Samaritans	www.samaritans.org.uk
Mental Health Ireland	www.mentalhealthireland.ie
Virtual Pamphlet Collection	http://counseling.uchicago.edu/vpc/

6. Postvention within the Third Level Community

Suicide is a distressing event that has a powerful impact on the people who are left behind. Each person will experience a death differently, but common emotions may include sadness, loss, guilt, despair, anger, frustration and isolation. Survivors may review their relationships with the bereaved, and question who the person was, and if they really knew him or her. There may be many hindsight realisations and 'what ifs'. The entire process is often a search for understanding, and there are usually many unanswered questions. This manual only briefly touches on the issues of bereavement by suicide, and does not do justice to the complexity of the experience. Recommended resources regarding suicide bereavement include:

- *A Special Scar: The Experiences of People Bereaved by Suicide* by Alison Werheimer, published by Brunner-Routledge in 2001
- *Echoes of Suicide* by L.S. Monaghan, published by Veritas in 2001
- *From Despair to Hope* by the Council on Social Responsibility, published by Veritas in 2002
- The National Suicide Bereavement Support Network has a list of suicide specific bereavement support groups, telephone 024 95561

What is Postvention?

'Postvention is prevention for the next generation.' Edwin Shneidman (1972)

Postvention refers to the activities carried out in the aftermath of a death by suicide. The aim of postvention work is two-fold: to help survivors cope with their grief and emotions, and to identify and refer individuals who may be at risk of suicidal behaviour. It is highly recommended that postvention work is strategically implemented within an institution to discourage harmful outcomes among students and staff.

Student Death Protocol

Any death is traumatic for an institution, and in the instance of a suicide, it is best if a coordinated response commences immediately. In order not to glamorise a death by suicide, it is recommended practice that an institution respond to a suicide in a similar fashion to any other death, such as a road traffic accident or sickness. Therefore, in times of crisis, it is helpful to have a written protocol in place, with individuals aware of and prepared for their roles in the process. All staff members should have an updated copy of the protocol in their files. Protocols should be reviewed and circulated annually.

A community response to a student death that includes all relevant members of the college is ideal. A protocol should be developed and reviewed to ensure teamwork within an institution, rather than singling out one person for all responsibilities. The protocol must sufficiently define members' roles, so that they understand and can prepare for such an eventuality. Additionally, it should outline the flow of information within the institution. A detailed plan ensures that, once an institution learns of a death, the teamwork can begin immediately.

Many third level institutions in Ireland have implemented a student death protocol. In reviewing the protocols of numerous institutions, it is evident that there is variation in what

steps are taken after a student death, and who assumes responsibility. There are many alternatives to accomplishing the same goal; however, the important thing is to have a detailed plan in place.

As just one example of many possibilities, a copy of Trinity College Dublin's student death protocol is included in Appendix 1 (see page 85). Please note that some of the language and titles used are specific to Trinity College, but its inclusion should give readers an idea of a structured response.

Suicide Supplement to the Student Death Protocol

A student death protocol addresses an institution's involvement following a student death, including a suicide. However, because a death by suicide is an especially tragic and newsworthy event, there are additional concerns to consider. It is recommended that third level institutions prepare a supplement to the student death protocol to address the issues that will arise after a suicide. The following are questions to consider when developing guidelines.

1. How and who will look after the class members and close friends of the bereaved?
2. Where and from whom can students get help during the day?
3. Is there help available for students after the college is closed?
4. Who will contact the family?
5. What are the family's wishes regarding discussing the death as suicide?
6. How will the college respond to the media and who will be the spokesperson?
7. Who will draft the media statement?
8. Can outside agencies be of help, such as the health board's Suicide Resource Officer and voluntary organisations?*
9. What support is available for staff? How will this information be communicated to them?
10. Will there be a debriefing meeting for staff to discuss both the event and the institution's response? Not only is this is a good learning opportunity, but it can also provide support for staff.

*In colleges where there is a lone counsellor or chaplain who may have worked closely with the deceased and is quite affected by the death, it may be appropriate and necessary to seek support from outside the institution.

The Class Address

In the pilot institution, the events following a bereavement are organised by the head of the student's academic department and the Senior Tutor's Office or the Graduate Studies Office. To provide additional support for the students and staff, counsellors and chaplains participate as well. Often, one of the most difficult aspects of a student death is finding the words to talk with the friends and class of the deceased. The following are guidelines for informing students, and notes that are used by counsellors and chaplains when addressing a class.

Guidelines For Informing Students

Where: Familiar surroundings and people

Who: Someone who is known to the students (lecturer, tutor, head of department), feels relatively comfortable performing the task, and is supported by a counsellor or chaplain.

When: As soon as is practicable

How Should Students Be Told?

- Talk with students calmly and directly
- Answer questions, address feeling, and reactions
- Provide clarity regarding facts
- Respect family wishes about the nature of the death
- Ask students who else in college is affected and needs to be told
- Identify absent class members and tell them as soon as is possible

Who is Affected?

- Classmates
- Other college friends
- Boyfriend/girlfriend
- Members of clubs and societies
- College staff
- Flatmates
- Family
- Friends outside of college

Support Required

- According to Gibson (1998) – the 9 Ts: talk, tears, touch, telephone, toilets, tea, transport, time, tablets (aspirin, personal medication, etc.)
- Presence of calm adults
- Information regarding the death
- Acknowledgement of death and emotions
- Normalisation of reactions
- Facilitation of peer support
- Deferment of academic deadlines/cancel classes where appropriate
- Referrals immediately or in the months after the death

These guidelines are adapted from Deirdre Flynn's personal notes.

Notes

Notes for Addressing a Class About a Death

Note: This is not intended to be a script for talking with students. An address will need to be adapted depending on who is talking with the class and the particular circumstances of the death.

I would like to extend my sympathy to all of you – both to 'John's' classmates and the staff who taught him. I realise that you are all very shocked by this tragic news. I am sure many of you still cannot believe it has happened. It will take time to come to terms with 'John's' death.

I appreciate that we cannot take away your pain, but I want you to know that your department and the college services will do all we can to help you through this difficult time. Some of you may feel overwhelmed, others may feel less affected, and others may re-experience past losses. Unfortunately there are no shortcuts, and these feelings have to be lived through. There are many ways in which people react to the death of a friend. You might experience a range of emotions, including shock, numbness, anger, fear, regret, etc. Physically, you may be tearful, shaky, lose your concentration and motivation, feel like not eating or sleeping, etc.

(Additional note if the death was by suicide) Any death is tragic, but a death by suicide is particularly difficult for us all. Many of you may feel confused, angry or guilty. You may have lots of questions – why, what could have been done, etc. Give these questions time and talk them through with your friends, family and staff members here in college.

The chaplains and your department staff will attend the funeral with you. In dealing with your grief you might like to:

- Talk with your classmates and families about your feelings.
- Seek help from the college services.
- Meet individually with a counsellor in college. Urgent appointments are available daily at 3pm.
- Have a group appointment with a counsellor if there is a group of you who were particularly close to 'John'. I am happy to facilitate this.
- Attend the bereavement support group that is run by the chaplains.

If you think college can help in any other way, please let us know.

These notes are adapted from Deirdre Flynn's personal notes

Notes for a Chaplain Addressing a Class About a Death

Begin by joining the counsellor in offering sympathy to the class on the death of 'John'. Express your sense that the news must come as a terrible shock to them all and that nothing ever prepares one for a tragedy of this nature.

Encourage the class to ask any questions they have, especially if they are seeking clarification on any information they have been given. Encourage them also to talk to one another about what has happened and to support each other. Indicate whatever practical support the chaplaincy can make available at this time (a room where the students can gather, tea/coffee, etc.).

Indicate if/that you have spoken to 'John's' family and describe how the family is doing. If the family is clear that the death was a suicide and is comfortable about that being said, let the class know that this was the case. If there is some uncertainty as to whether the death was accidental or self-inflicted, tell the class simply that the cause of death is unclear. However, if the cause of death is clearly suicide but the family is unwilling to acknowledge this, indicate to the class that the family believe the cause of death to have been accidental.

If the death is openly acknowledged to be a suicide, then either the chaplain or the counsellor may need to say a bit more about suicide. For instance, suicide is often a response to a variety of factors from which there seems to be no way out; part of the tragedy is that there are always other choices, though the person may not have been able to see them; suicide is ultimately a person's own decision, taken for reasons never fully known to others, etc.

Let the class know if any funeral arrangements have been made, and whether or not the family is seeking the involvement of the students in the funeral service. (This will need to be handled sensitively, as the family, in their own shock and grief, may make arrangements without actually thinking about the role college friends might have in the service.) If 'John's' home parish was some distance from his place of study, then it might be appropriate to mention if a bus is being organised by the department to transport the students to the funeral (and to clarify where such information will be posted). It is also helpful to encourage students attending the funeral to offer their sympathy directly to 'John's' family, in so far as they are able. It may also be helpful to say a few words about the service itself and what form it will take, and to alert students to related customs such as a book of condolences, etc. These things will be familiar to some, but for others, this may be the first funeral they have attended, or the first funeral in a religious tradition which is not their own.

It is also useful to briefly mention that there are a number of other things that students may wish to do later on, both to support the family and to acknowledge their own loss. However, there is no rush to make such decisions. It is much better to take time and reflect on what might be appropriate. The kinds of things that might be appreciated are writing to the family, preparing a collection of letters or photographs for the family, making a memorial gift to a charity, writing to the emergency or medical personnel who responded to the accident/suicide/death or holding a memorial service.

Reiterate that ongoing support is available from the college and will continue to be offered. It is normal for people to respond to the death of a peer by wishing to re-examine their own life

Notes Continued

choices and priorities. The chaplains and others are available to support them if this is how they are feeling, whether now or a year from now. If, in a few months, any students feel the need to talk through some of their own experiences of loss in a group of their peers, a bereavement support group is also an option (the pilot institution runs an annual bereavement support group).

Finally, it is often helpful to suggest that the class observe a minute's silence to think of and/or pray for 'John' and his family.

Written by Chaplains Richard Sheehy and Katherine Meyer

Notes

The General Role of Staff Members

Immediately following a student suicide, staff will need to be informed of their roles in supporting students. Staff members seem willing to help students, provided they are clear about their exact responsibilities. Therefore, the team who is coordinating the response to a student suicide must ensure that they are communicating with and updating staff members. After being adapted to suit the institution, it may be helpful to circulate the following handouts: 'Suggestions for Staff Following a Death by Suicide', 'Sources of Help in College' and 'Tips for Referring Reluctant Students' (see pages 58, 36 and 45).

Staff members are crucial in facilitating postvention work. Their first task is to help students process the news of the death and cope with their emotions. Although staff may feel inadequate and worry that they will say something wrong, they should draw on experiences of death and loss from their own lives. The most important thing that staff members can do is just to be with students and listen. By trying to understand – really understand – what the students are feeling, a valuable genuineness is evoked and usually appreciated. The ensuing dialogue with students provides them with a caring and honest response to a tragedy. In such an atmosphere, young adults are more likely to explore their feelings and deal directly with the loss.

The second area in which staff members are very useful is in identifying vulnerable students and referring them for help. The suicide of a classmate may be a trigger event for students who are suffering from a mental illness or who have a history of distress themselves. Seeing how the bereaved student is missed and eulogised may create a glamorous and dangerous allure. Commonly known as 'copycat' suicide, vulnerable young people are particularly at risk for taking their lives in the following few years, especially on significant dates such as anniversaries and birthdays. Two sub-groups of students are considered to be at risk for copycat suicide – close friends who over-identify with the bereaved and isolated students with weak support networks. Staff members should be vigilant for students who seem to be affected beyond the 'normal' grieving intensity and duration. The most helpful intervention is a simple, kind chat to ask the student how s/he is getting on, and occasionally checking in with him or her. If the opinion is that s/he needs professional support, it would be wise to make a referral to one of the college or community support services. Additionally, if worries persist, staff members are encouraged to consult with the student services about the best course of action to take.

Staff members, especially lecturers of the deceased student, can be very comforting to grieving families. They can help the family by attending the funeral service, sharing a fond memory and answering questions about the student. As with any type of death, parents are usually very appreciative of notes or letters sent by staff members who were well acquainted with the student. This is an opportunity to express condolences and share memories of the person as a student.

Supporting Staff

While the previous suggestions are for staff members assisting students, there needs to be recognition that staff require support as well. In addition to grieving over the death of a student, they may have other issues occupying them. Some may feel responsible for the suicide, or blame themselves that they missed warning signs prior to the death. Others may have experienced recent deaths or suicides in their own lives, or may be dealing with other

stressful personal issues. Therefore, staff members should be given the space, opportunity and respect to declare that they prefer not to reach out to students actively. Additionally, a list of resources available for staff should be distributed. The list should include people/services in college and options outside of college, such as an employee assistance programme (EAP) and a referral list of counsellors.

Interacting with the Media

The media is usually interested in the death of a student by suicide, and therefore, attention must be given to requests for information from journalists. It is first helpful to remember that there is no use battling or evading the media – asking questions and getting the 'story' is their job. It is most useful to be helpful, upfront and professional with journalists.

There are a number of recommended steps that are suggested for an institution when interacting with the media, including:

- Arrange media training for two or three staff prior to a crisis. They will gain experience and confidence from learning how to interact with journalists and answer enquiries.
- Appoint one person to handle media enquires regarding a student suicide. In many third level institutions, the appointed person is the Communications Officer or the College Secretary. Once a person is designated, ensure that he or she is kept briefed on recent developments and is supported in the role. Additionally, other staff should be made aware that all media enquiries are to be directed to the spokesperson.
- Encourage students not to speak to the media about the death, out of respect for the grieving family and as a form of self-protection. Similarly, ask journalists not to interview grieving students. (In previous crisis situations, upset students made comments to the press that they later regretted. This made their grieving process more complicated and traumatic.)
- Respect the decisions of the family when liaising with the media. Some families may not be able to talk about the death as a suicide, while other families will be more open and even find it acceptable to refer to their children's struggles with depression.
- Draft a written statement for the media. It should focus on the sorrow experienced by the students and staff, and the support being offered to students during the difficult time. Have the statement reviewed by colleagues to ensure its appropriateness.
- Consider all conversations with journalists as being 'on the record', so maintain professionalism and calmness at all times.
- Encourage responsible reporting of suicide deaths because it has been demonstrated to discourage the occurrence of copycat suicides. If there are questions about how to write about a death by suicide or to obtain a copy of the booklet 'Media Guidelines on Portrayal of Suicide', contact the Samaritans on 01 878 1822 or the Irish Association of Suicidology on 094 21333.

Other Issues to Consider

Following a death by suicide, there may be sensitive issues that will arise and need to be dealt with by the institution. From the pilot institution's experience and from consulting with other colleges, here are four difficult issues.

Naming the death

In the event of a student suicide, and unless the family requests otherwise, college staff are recommended to use the word 'suicide' when talking about the death. Avoiding the word or using euphemisms does not truthfully portray the death to classmates and staff, perpetuates an air of secrecy regarding suicide, and stifles honest communication.

The funeral service

The funeral service can be an extremely difficult occasion, and for many young adults this may be their first experience of a death or a funeral service. If handled well, the funeral can be a very valuable experience. Wertheimer writes of the funeral service, 'It can help make real the fact of the loss, give people the opportunity to express thoughts and feelings about the deceased, reflect the life of the person who died, and draw together a social network of support for the bereaved family' (2001). The experience of the pilot institution is that bereaved families appreciate and draw solace from the presence of students at the funeral.

Unhealthy student coping strategies

A natural tendency of people following a traumatic experience is to associate with and rely on those involved. Some Irish institutions have found that students, after the death of a peer, relied on one another in an unhealthy manner and to the exclusion of support staff. Additionally, distressed students may not employ helpful coping methods, resorting to drink, drugs, sex and other risky behaviour to manage their emotions. If aware of such reactions, staff can be most supportive by suspending judgement of the grieving students and encouraging them to see a professional about their grief.

A memorial marker

A common dilemma after a suicide death is the appropriateness of establishing a permanent memorial, such as planting a tree. In general, it is suggested that third level institutions remember a student suicide in a similar manner as other student deaths. However, it is not useful to erect a permanent memorial for a student suicide. Not only does a memorial marker create a lasting memory of the suicide, but also such a reminder provides distressed students with a poignant location for a copycat suicide.

If students want to remember their friend, it may be useful to explore other options with them. Depending on the personality and circumstances of the deceased, it may be appropriate to make a gift to a charity, write a letter to the family, thank the medical personnel who cared for the students, hold a memorial service, etc.

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Suggestions for Staff Following a Death by Suicide

After the death of a student, staff members can help classmates process the information and cope with their emotions. Although you may feel inadequate and worry that you may say something wrong, by trying to understand what a student is feeling, a valuable genuineness is evoked and usually appreciated. It is helpful to draw on your own experiences of death and loss. If you have concerns about a student or a group of students, please contact one of the student services listed below.

Respect the family wishes regarding the death. One family may refuse to label the death as a suicide, while another family will find it acceptable to refer to their child's struggles with depression. If you are unsure as to the family wishes, please clarify these with the Head of Department, Chaplains, Senior Tutor's Office or Graduate Students Office.

Listen, care and do not be frightened by tears. Students, like most people, benefit from discussing their thoughts and concerns; this dialogue is a healthy beginning for grieving.

Minimise hysteria by maintaining a stable college environment. In addition to being professional and calm, do not use dramatic, exaggerated or sensational language that will inflame a situation.

Ensure that all information given to students is honest, factual and clear. This honesty works to build trust. It is hoped that if students need support, they will be more likely to feel that they can ask for it.

Use the word 'suicide' when discussing the death. It is best to acknowledge the death honestly for what it is, rather than using euphemisms. By using the word 'suicide', you cannot put the idea in someone's head.

Avoid providing simple explanations or glorifying the deceased student. Suicide is a complex event with many motivating factors, usually including mental illness. When possible, it is more useful to acknowledge the deceased's achievements *and* problems (without divulging confidential information).

Emphasise that suicide is not a good choice for dealing with problems. Unfortunately, suicide will always be an option, but staff members can help students see other ways out of their problems.

Reinforce the reality that death is a permanent solution to temporary problems. A romantic image of suicide may blur the realisation that death is forever, while problems can be dealt with and solved.

Remind students that support and help are available in the college and in the wider community. Although their problems may be perceived as overwhelming, students need to be reassured that people who love them and professionals are available to help them tackle serious issues.

Watch for students who seem to be affected beyond the 'normal' grieving intensity and duration. The suicide of a classmate may be a trigger event for students who are experiencing a mental illness or who have a history of distress themselves. Seeing how the bereaved student is missed and eulogised may create dangerous allure for a potential copycat suicide.

Do not respond to media enquiries and direct journalists to the Communications Officer/College Secretary. Out of respect for the grieving family and as a form of self-protection, encourage students not to speak to the media about the death. (In previous crisis situations, upset students made comments to the press that they later regretted. This made their grieving process more complicated and traumatic.)

Take care of yourself!

The death of a student can be upsetting for everyone involved. Please look after yourself, talk with colleagues, and seek support as needed. Within College, you can seek assistance from the Senior Tutor's Office, Student Counselling Service, College Chaplains or the Employee Assistance Programme (free, confidential counselling service available to all staff members and their families).

Places to Get Help for a Student

Senior Tutor's Office	608 1095/2551
Student Counselling Service	608 1407
Student Health Service	608 1556/1591
College Chaplains	608 1260/1901
Niteline (9.00pm—2.30am in term, Thursday—Sunday)	1800 793793

Places to Get Help Outside of College/After-Hours

DUBDOC (weekdays 6—10pm, weekends/bank holidays 10am—6pm)	454 5604
Samaritans (24 hours)	1850 609090
AWARE's Depression Line (10am—10pm)	676 6166
Emergency services (fire brigade, Gardaí, ambulance)	999 or 112
Accident & Emergency: St. James's Hospital	453 7941
Local G.P., psychiatrist, counsellor, community or support group	

Recommended Reading

The Suicidal Mind by Edwin Shneidman (1996)
Night Falls Fast: Understanding Suicide by Kay Redfield Jamison (1999)
Suicide and Attempted Suicide by Mark Williams (2001)

Suggested Websites

Irish Association of Suicidology	www.ias.ie
Samaritans	www.samaritans.org.uk
Mental Health Ireland	www.mentalhealthireland.ie
Virtual Pamphlet Collection	http://counseling.uchicago.edu/vpc/

7. Training Suggestions and a Workshop Template

Increasingly, staff members in colleges are dealing with the mental health issues of students. Staff need to be informed and prepared to respond to the concerns brought to them. Thus, they require training to enhance their knowledge and confidence.

When developing a mental health promotion strategy within a college, it would be ideal to organise a lecture series throughout the academic year for all staff members. As suicidal students grapple with other personal dilemmas, the series would inform staff about various issues. Workshops could be delivered by in-house staff or by invited speakers. Recommended workshops, include:

- General Mental Health
- Depression – What is it?
- Misuse of Alcohol and Drugs
- Stress and Anxiety Management
- Helping Distressed/Suicidal Students
- Understanding Issues of Sexuality
- Supporting Vulnerable Students
- Supporting Staff Members by Creating a Healthy Work Culture
- Encouraging Personal Development Among Staff and Students
- Valuing Diversity
- Developmental Stages and Tasks of the Student
- Managing Personal Transitions and Developing Coping Strategies

As a component of the Mental Health Initiative, a suicide awareness workshop was created, entitled *Helping Distressed/Suicidal Students*. Following a needs analysis, the workshop was developed and revised in accordance with participants' feedback. About 15 workshops were delivered to more than 200 staff in the pilot institution, including:

Personal tutors	Chaplains	Secretaries/Executive officers
Security staff	Housekeeping staff	Accommodation Office staff
Lecturers	Residential deans	Students' Union officers
Counsellors	Health services staff	Graduate teaching assistants

The following are some of the learning experiences that resulted from the delivery of the suicide awareness workshops.

Organising Workshops

It may seem simple to offer a workshop, and usually it is quite straightforward. However, each group will have particular needs, and sensitivity is required when introducing an emotive subject such as suicide. Careful planning will help ensure that the experience is meaningful and worthwhile for both the participants and facilitators. The following are considerations for organising successful workshops. It is not intended to be an exhaustive checklist, but rather some of the findings from the pilot institution.

Considerations for Successful Workshops

Many of the following are relevant to workshops on any topic, although some are specific to the delivery of a suicide awareness workshop.

- **Training Needs Assessment**
  To make the training relevant and useful to the group receiving it, it is helpful to anticipate the audience's needs and questions. Or better yet, ask them by sending an email or ringing a few potential participants.

- **Facilitators**
  Two facilitators to co-chair workshops is ideal. The approach has many benefits – they support one another, share questions, take notes as needed, monitor body language of participants, etc. Between them, the trainers should possess professional mental health experience, knowledge about suicide, administrative familiarity with the college, and the ability to build trust and rapport in a group.

- **Logistics**
  To deliver an effective session, consider details that will improve or impede the comfort of participants, such as the layout and temperature of the room, adequate seating and refreshments.

- **Advertisement**
  To ensure that the target audience will attend, advertise the event in a variety of different formats, such as an invitation letter, email, poster, etc. When publicising, emphasise the aim of the workshop so that participants are aware of the topics to be covered and will bring questions.

- **Group Size**
  Keep the number of participants small and manageable. An ideal group size is eight to 20 staff members.

- **Registration**
  It is useful to provide a registration sheet and ask participants for their details, such as name, department and email address.

- **Duration**
  Deciding the duration of a workshop can often be difficult. Although college staff members have many demands on their time, a workshop about a serious issue requires a commitment on behalf of participants. In addition to the presentation of material, adequate time for discussion is required because suicide is an emotive topic, and people will have many questions to ask. Indeed, the discussion and learning within the group is often the most valuable experience for participants. Therefore, when deciding a workshop's duration, factor in plenty of time for open discussion.

- **Developing Content**
  The content for a suggested suicide awareness workshop is offered in this manual, so please refer to *Helping Distressed/Suicidal Students* (see page 65). Participants in the pilot institution project especially appreciated the opportunity to discuss their personal

experiences. Therefore, it is recommended to organise activities to encourage such conversations.

- **Composition of Group**
  When conducting a workshop with staff members who have varied roles in a college, bear in mind that they will have different levels of student interaction, experiences, needs and responsibilities. For instance, the security staff will have very different concerns to those of academics with regard to assisting a distressed student. Therefore, training materials may need to be adapted for specific audiences.
- **Timing**
  Delegate one facilitator to keep track of time and progress through the workshop. It is always appreciated when a workshop ends promptly on time.
- **Target the Discussion**
  At the beginning of the workshop, take a few minutes and ask participants for their questions and concerns. One of the facilitators should jot these down. The responses will help tailor the training to meet the group's needs.
- **Active Learning**
  Avoid lecturing to the group, but rather facilitate a discussion that involves the individuals. It may be helpful to use role-plays and case studies to engage people.
- **Sharing and Support**
  Keep the atmosphere upbeat, but respectful. While the tone of such a workshop should be informative, be prepared for people sharing personal stories and the unlikely, but possible, event that someone becomes emotional or upset. As they leave, it is very important to provide participants with contact details of support services in the college and the community, should they require assistance after the workshop.
- **Conclusion**
  1. Before concluding a session, allow a few minutes for remaining questions. At this time, it may be helpful to consult the list of original questions asked by participants. Has each question been answered or discussed?
  2. Offer to email the presentation to participants. People like to refer back to written notes that can be kept on file.
  3. Distribute handouts and contact details of support services.
  4. Keep to the designated closing time.
- **Evaluation (see page 77)**
  Participant feedback is extremely important when reflecting on and improving a workshop; therefore, the evaluation form is an integral tool. To ensure that the forms are not forgotten about at the end of a workshop, place them on each chair prior to the workshop's commencement.

Workshop for College Staff on Helping Distressed/Suicidal Students

Workshop Template

This is an introductory mental health and suicide prevention workshop that is appropriate for use with college staff. It is suggested that only individuals with adequate competence facilitate the workshop. As many of the issues are highly sensitive, it is necessary to have the knowledge, skills and time available to offer training to colleagues. Additionally, it is imperative to provide back-up support services when training. Not only do staff members need to be informed of where they can turn in the event of a student crisis, but also of support available for themselves.

As this guide is intended for use by potential facilitators, it contains both workshop materials and notes about delivery. While some of the details may be specific to the pilot university, the workshop is posted on the Internet as a Powerpoint document (at www.tcd.ie/student-counselling). After downloading the document, please feel free to modify it for use in other institutions. If using these materials, please cite the 'Mental Health Initiative' as the source.

Acknowledgements

- Members of the Mental Health Initiative steering committee, specifically Deirdre Flynn, Teresa Mason and Sinéad O'Brien
- Counselling service staff members, Claire Moloney and Tenia Kalliontzi, who kindly co-facilitated this workshop and made suggestions
- Staff of the Lancaster University Student Mental Health Project who provided training recommendations, many of which have been incorporated in format and content
- Trinity College Dublin staff members who participated in various versions of this workshop and offered valuable feedback

Optimum time required
2—3 hours (depending on the incorporation of additional discussion activities)

Aim
Educate staff members, thereby increasing their confidence when helping distressed and/or suicidal students

Accomplished by

- Raising awareness of positive mental health
- Introducing the issue of suicide
- Exploring the roles and responsibilities of staff members
- Discussing common institutional issues regarding distressed students
- Providing staff with an opportunity to share their experiences and ask advice

Recommended group size
8—20 people

Materials

- Registration sheet
- Presentation overheads
- Overhead projector/computer
- Evaluation sheets
- Handouts
  1. Myths of Suicide (see page 19)
  2. Signs of Suicide Risk (see page 44)
  3. Protocol for Staff: Responding to Distressed/Suicidal Students (see page 87)
  4. Tips for Referring Reluctant Students (see page 45)
  5. Sources of Help in College (see page 36)
  6. Information about 24–Hour Help (see page 37)

Method

Presentation of issues by facilitators and group discussion

Evaluation

Participants to complete evaluation forms (see page 77)

Notes

Workshop Slides and Notes about Delivery

Helping Distressed/Suicidal Students

1. **To introduce participants to the subject matter and create a supportive atmosphere**

   It is important to 'set the scene' for participants by:

- Introducing the facilitators
- Explaining the context of the workshop – why is it taking place?
- Outlining the aims of the session and inviting questions throughout the workshop
- Acknowledging that the issues are: A) sensitive topics, B) that participants may have dealt with difficult situations previously, C) that they may have even lost a student, family member or friend to suicide

Take ten minutes before commencing and ask participants to share specific questions, topics or previous incidents that they would like to discuss. This will help frame the presentation and make it more relevant for those in attendance. To ensure the issues are addressed during the session, it may be helpful for one of the facilitators to jot them down.

MENTAL HEALTH IS ...

"The emotional resilience that enables us to enjoy life and survive pain, disappointment and sadness. It is a positive sense of well-being and an underlying belief in our own and others' dignity and worth."

Definition from the UK's Health Development Agency

2. **To remind participants that mental health is a normal, positive aspect of life, and to offer a wider context for discussing the issue of suicide**

   Unfortunately, people often have negative connotations of the words 'mental health'; therefore it is important to offer an alternative definition. It may also be useful to draw a parallel between mental and physical health to illustrate that people possess both types of health.

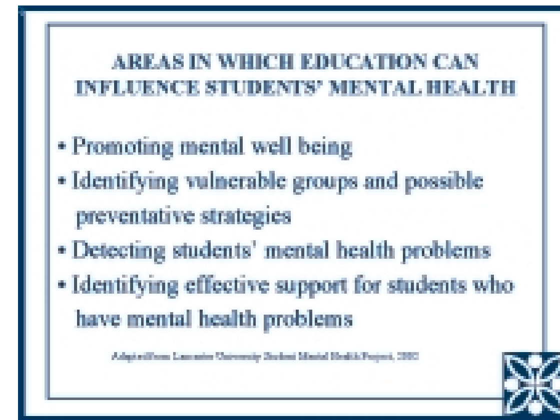
   If time allows, this would be an appropriate time to discuss the relationship between mental health and stigma.

DO STUDENTS EXPERIENCE MENTAL HEALTH DIFFICULTIES?

- One in 13 Irish college students is currently depressed and 38% report having been depressed in the past (Prevalence of Depression in Third Level Students, 1998).
- The median age of a first schizophrenic episode is in the early to mid-20s for men and in the late 20s for women (DSM IV, 1994).
- Nearly 9% of female and 13% of male students surveyed at the Athlone Institute of Technology reported that they had seriously considered attempting suicide in the previous 12 months (Lifestyle Survey, 2000).
- It is estimated that up to 1% of women aged 15-30 suffer from anorexia, 2% from bulimia and up to 15% experience some form of 'binge eating' (UK's MindOut Campaign, 2002).

3. **To highlight some of the mental health difficulties which are common among students**

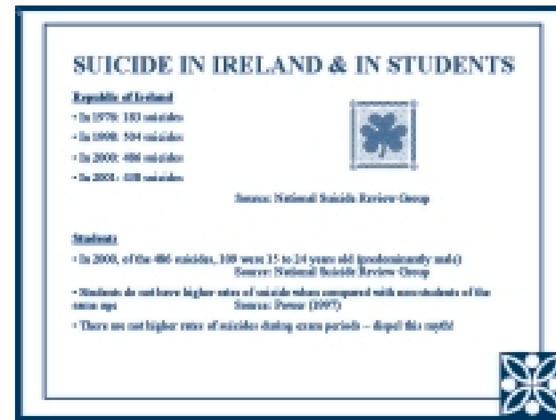
   While not being sensationalistic, it is useful to recognise that young people struggle with a variety of mental health difficulties. It should also be stressed to participants that most students are healthy and happy, and have sufficient coping skills to deal with turbulent times. Those who do experience mental health difficulties usually get proper support, and enjoy successful personal and academic careers.



4. To encourage participants to consider their roles and responsibilities in higher education

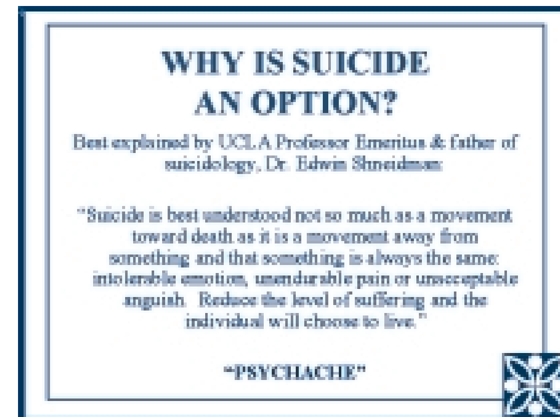
As these areas are abstract, it is usually helpful for the facilitator to provide concrete examples from the college.

If time allows, the workshop will be more meaningful if participants brainstorm examples.



5. To provide a concise overview of suicide in Ireland

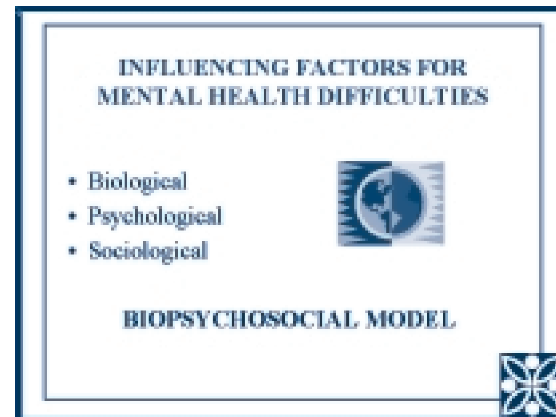
While the rates of suicide have more than doubled in the last 25 years, suicide is still a rare event (12.7/100,000). Research does show that students have equal/lower rates of suicide than their peers who are not enrolled in third level education. This may be due to protective factors, such as the availability of support services, plans for future employment, network of peers, etc. Additionally, while exams are a source of stress for students, research demonstrates that exam periods do not correlate with elevated levels of student suicide.



6. To offer a general explanation of why people take their lives

This explanation may be helpful in emphasising that suicide is usually not a desire to die, but rather a solution for escaping unbearable conditions. A useful analogy is that feeling suicidal is like wearing blinkers – people who reach this level of pain and anguish see suicide as the ONLY option that is available to them.

Shneidman suggests that suicide is caused by psychological pain. He developed the term, 'psychache', to describe the 'hurt, anguish, or ache that takes hold in the mind.' For a fuller explanation, read Shneidman's excellent book, *The Suicidal Mind.*



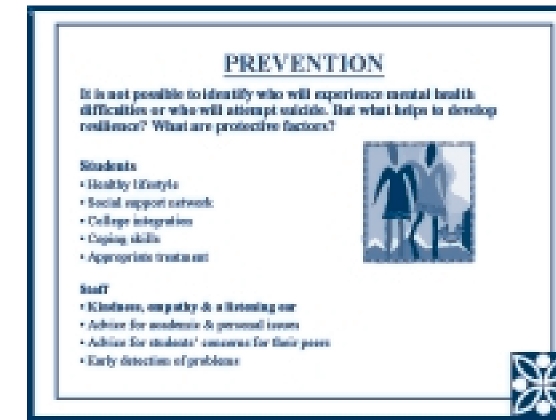
7. To emphasise that suicide is not a simplistic response to an event or situation, but usually involves complex, interrelated problems at three levels

Within a biopsychosocial framework, there are three levels at which a person can be at risk for mental health difficulties. Usually a person contemplating suicide will be affected at each of these levels – biologically, psychologically, and socially. Therefore, for successful prevention efforts, it is necessary to understand what puts a young person at risk. The facilitator may want to brainstorm or provide examples of possible factors. Some examples include:

Biological – a predisposition for depression, schizophrenia, addiction, mood disorders, etc.

Psychological – emotions, moods, stress levels and coping skills related to early development, family of origin, life experiences, etc.

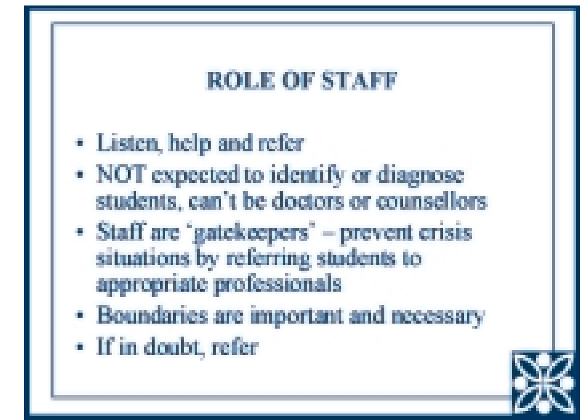
Sociological – family relationships, friendships, religious affiliation, employment prospects, political climate, etc.



8. To understand factors that protect college students from reaching a suicidal crisis

Past participants in this workshop have suggested that the most important message of the presentation is in this slide. As crisis situations are stressful, staff should be reminded that their best contribution is through offering kindness, empathy and a listening ear! Students often just need somebody to listen, take them seriously, and help them realise that help is available. It will be useful to explain what is meant by each protective factor.

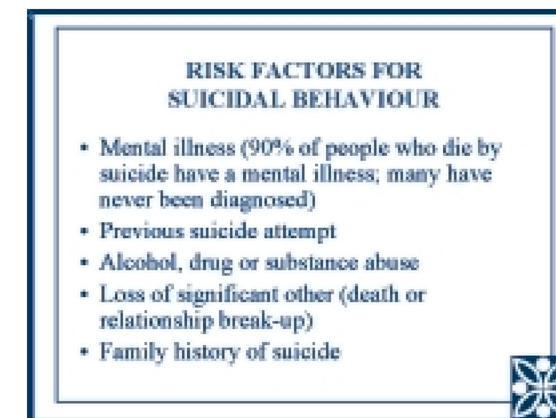
- Healthy lifestyle – Adopting beneficial sleeping, eating, and exercise habits
- Social support network – Having a support network of family, friends and trusted others to turn to in times of need
- College integration – Developing a sense of belonging in college, possibly through making friends, joining club and societies, participating in sports, etc.
- Coping skills – Possessing a healthy style of coping that may include communication style, problem solving, flexibility, etc.
- Appropriate treatment – Receiving suitable and prompt treatment for mental and physical illnesses to avoid aggravated stress



9. To define the role and boundaries of staff members with regard to assisting students with mental health difficulties

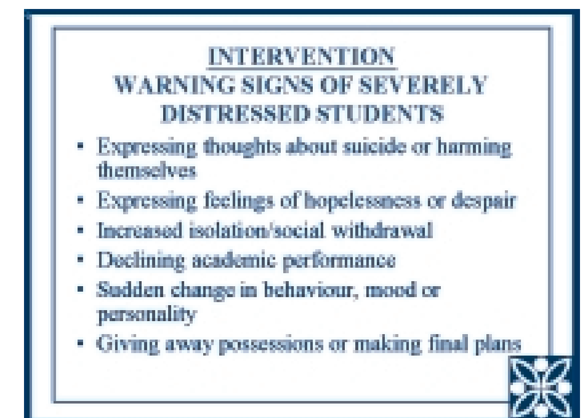
One of the most common questions staff members asked was, 'What is my role and what are my responsibilities?' While levels of responsibility will vary depending on their position within college, most staff have similar roles. They are not expected to be doctors or counsellors, nor should they attempt to take on a professional helping role with students. Instead, staff members are considered to be 'gatekeepers', which entails possessing the knowledge and skills of knowing how, when and where to refer. There are limitations and boundaries for all staff members, of which they should be reminded. Additionally, staff should be encouraged to consult with professionals in college if they have questions or concerns about how to best support a student.

If time allows, staff members may appreciate the time and space to discuss their previous experiences of establishing and maintaining boundaries.



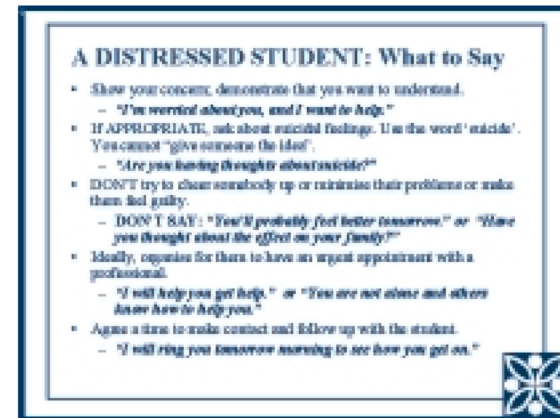
10. To outline characteristics which may predispose an individual to consider suicide

This is not a comprehensive list, but rather risk factors that are common in the college cohort.



11. To list common psychological and behavioural indicators that may be observed if a person is distressed and/or suicidal

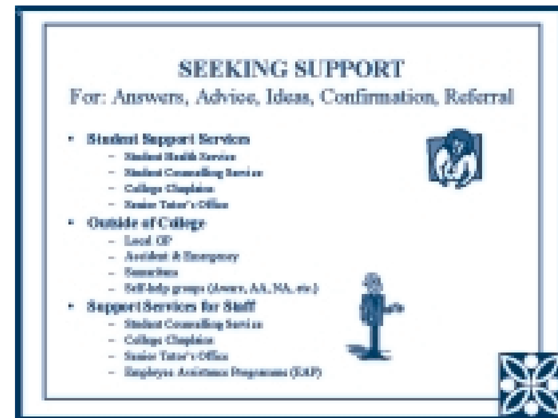
This is not a comprehensive list, but rather warning signs that are common in the college cohort.



12. To provide examples of what to say when speaking with a distressed student

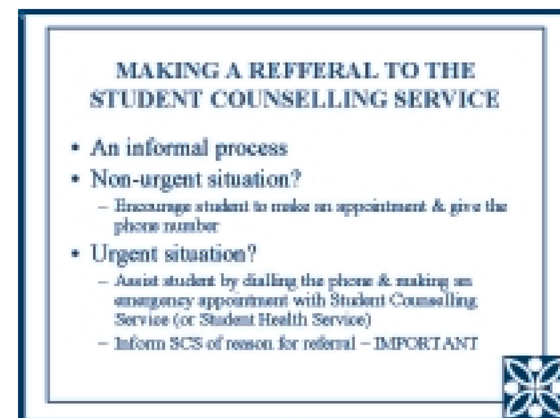
It should be emphasised to participants that this is not a script. The suggested phrases are examples of the types of responses that are appropriate with distressed students. Each person will have an individual style; the important message to compassionately convey to students is that help is available. If there are serious concerns, it is appropriate to ask students if they are considering suicide. They may be relieved to hear someone address what is going on in their heads.

If time allows, it may be useful to role-play talking with a distressed student. In dyads, one participant can take the role of a distressed student, while another participant can practice initiating and maintaining a conversation. If triads are preferred, a participant observer can observe the conversation and offer feedback. To ensure sensitive and appropriate criticism, guidelines should be given for how to offer feedback.



13. To provide a list of places where help, support and advice are available

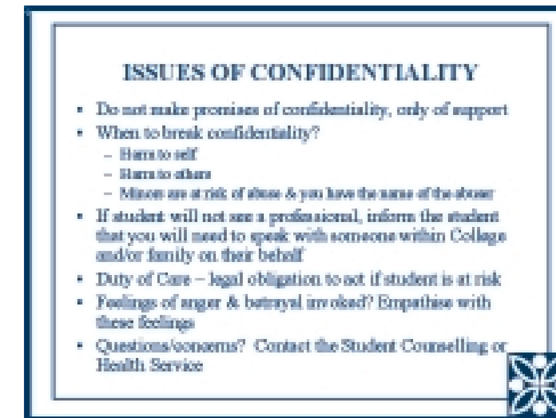
Staff members need to be reminded of the support services in college that are available when seeking help for a student or themselves. As questions are often asked about where to refer a student, it may be useful to provide a few scenarios (i.e. where to refer a depressed student, a tearful student, a bereaved student, a student not in touch with reality, etc.). It may also be helpful to explain the internal referral system among the student services. Past participants have been very relieved to hear that, if they successfully encouraged a student to attend one of the services, the student was then taken care of within the network of college services.



14. To offer instructions for making a referral to the support services

The current information is for making a referral to the counselling services because the facilitator was based there.

The ability to make a swift and appropriate referral is a skill that requires discussion, especially as staff members tend to have many questions regarding the process. As a result of staff queries, the handout 'Tips for Referring Reluctant Students' was developed (see page 45). For those who ultimately refuse a referral, staff should be reminded that most students are adults who have a personal right to choose not to seek professional help. However, this does not mean that staff should be responsible for offering services that are outside their skill and comfort levels. If a student chooses not to seek help, staff members can offer an open-door policy and assistance in the future if the students change their minds.



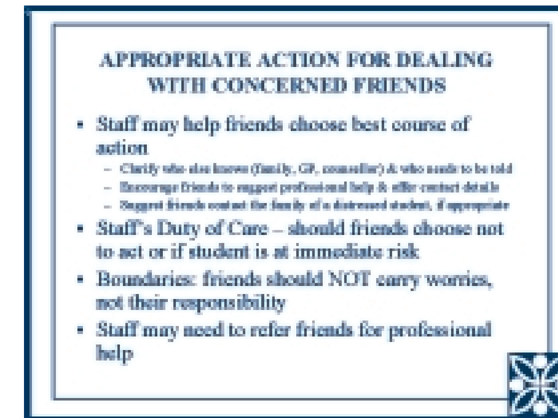
15. To examine the complex issues surrounding confidentiality

Prior to the presentation, the facilitator may need to clarify the institutional position regarding confidentiality and Duty of Care. These positions/policies should be explained during the discussion.

Staff members often have numerous questions about how to phrase an offer of support that does not bind them to secrecy. It is helpful to provide an example. For instance, 'Sarah, I am here to listen and offer confidential support, but I cannot promise secrecy under certain conditions. If I believe x, y or z, I may need to get guidance and discuss the situation with appropriate professionals.'

The topic of Duty of Care is a difficult issue, and its implications will vary depending on the audience members and their roles in the institution. Staff members were often relieved to hear of their Duty of Care obligation. Rather than add responsibility to their duties, it gave staff a legitimate excuse for breaking confidentiality with students about whom they are seriously concerned.

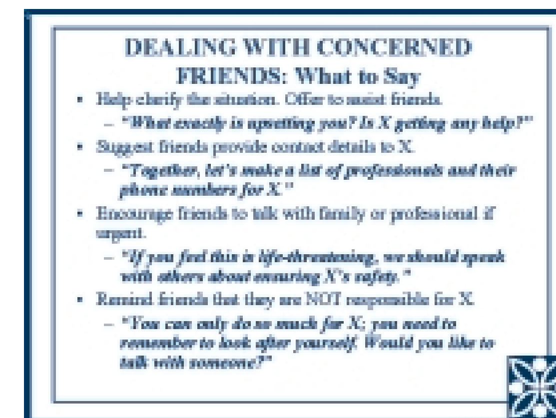
For this discussion, it is useful to ask participants to draw on their experience and provide anonymous case studies regarding confidentiality.



16. To consider staff members' roles when approached by concerned friends

Depending on the severity of the situation, staff should ideally support friends in their attempt to reach out to a distressed student. If the friends do not successfully intervene, staff must remember that they have a Duty of Care and an institutional responsibility. Therefore, staff members will need to intervene in serious situations by contacting the appropriate services in college.

At this age, students are often not aware of boundaries, and may get involved to the detriment of their health and welfare. Friends should be reminded that there is only so much that they can do; their health and academic studies are their first priority. Should friends become upset, it may be helpful to suggest that they speak with someone in the support services about how the ordeal is affecting them.



17. To provide examples of what to say when speaking with concerned friends

If time allows, it may be useful to role-play talking with concerned friends. In triads, two participants can take the roles of concerned friends, while another participant can practice negotiating help for a distressed student.

APPROPRIATE ACTION FOR DEALING WITH A CONCERNED PARENT/RELATION

- 3 approaches – Personal choice of staff members
  - Complete non-disclosure
  - Facilitate meeting between student & family
  - Non-disclosure, but address family anxieties and offer suggestions
    - Balance between confidentiality & reassurance
    - If uncomfortable, refer family calls to the Student Counselling Service

18. To suggest three approaches that can be taken when dealing with concerned parents or relatives

Often parents feel relieved to speak with someone in college about their child. Depending on the personal situation and the policy of confidentiality at the institution, the approach may vary. In the pilot institution, staff members maintain confidentiality on behalf of students. Keeping this in mind, there are three approaches to dealing with relations:

1. Explain to family that the staff member's role and duty is to the student. Listen to the family's concerns and suggest that they discuss them with their child.
2. Ask the student if s/he is willing to meet, in the presence of the staff member, with the family to discuss concerns.
3. Explain to the family that staff members are unable to provide information about a student; however, address their specific concerns. For instance, if they are worried that 'John' is depressed, the staff member could offer to have a chat with John, remind the parents that there is a counsellor in college available for free consultation, encourage the parents to contact Aware, etc.

POSTVENTION:
AFTERMATH OF A SUICIDE

- TRYING TO UNDERSTAND WHY??
  - Why do people kill themselves?
  - Why did God allow such a tragedy to occur?
  - Why did my friend/relative die by suicide?
  - Was it an accident?
  - Did I really know him or her?
  - Could I have done more for him or her?
  - Did I miss something that he or she said?
  - Why do I feel this way?
  - Am I the only one who feels ________ (sad, angry, guilty, etc.)?
  - Etc., etc., etc.

19. To provide some of the common questions asked by survivors in trying to make sense of a death by suicide

A death by suicide often leaves people searching for answers and trying to find clues to understand the event. The questions above are normal responses to a suicide and therefore deserve consideration in a discussion about how to support survivors.

If time allows, it may be useful to print out a sheet of the 'why' questions as a handout for participants. Often such an exercise can generate discussion regarding other areas of the subject of suicide that may be useful to explore in a group.

ORGANISING THE RESPONSE

- Death Within College
  - Outlined in College's Student Death Protocol
  - College response organised by Senior Tutor's Office/Graduate Studies Office & Head of Department
  - Student Counselling Service & Chaplains involved
- Death Outside College
  - Student may be affected by suicide of friend or relative – ask how student is coping & would they like to talk with counsellor or chaplain
  - Support offered in College by Tutor, Counsellor or Chaplain
  - Support offered in community by counsellor, parish priest, bereavement group, etc.

20. To review the events which take place after a death of a student and to discuss staff members' involvement with a suicide of someone known to a student outside of college

Some of this information is very specific to the pilot college and will need to be altered in accordance with policies of other institutions.

Staff members may need to be made aware or reminded of the process that follows a student death. Not only will this knowledge make them more comfortable, but also ensures that a death is handled sensitively within an institution. It is useful to distribute copies of the college student death protocol, if it is available. After guiding participants through the process and highlighting the individuals with specific roles, they may have questions or comments about the procedures.

It may happen that a student knows someone outside of college (friend, relative or acquaintance) who has died by suicide. If a staff member is aware of such a loss, it would be very helpful to acknowledge the death and just ask a simple question such as, 'How are you doing?'. It may be an appropriate time to remind students of the support services available in college and in the community.

AFTER A STUDENT SUICIDE

- Role of Staff
  - Listen to students and/or parents
  - Offer support AFTER the funeral to the parents (send card, phone)
  - Acknowledge the death before class – important for students
  - Advise students of support services available for them
  - Watch for vulnerable students
- What to say
  - Listen with compassion, expect pain & tears
  - Don't provide simple answers for the cause of suicide
  - Use name of deceased & don't be afraid to use the word 'suicide'

21. To outline the involvement of staff following a death of a student by suicide

While a death by suicide is an especially bewildering loss, staff can be most effective by being available, compassionate and honest with students. Most adults have experienced loss in their personal lives. Therefore, it is helpful to reassure participants that they can draw on their own experiences of death when interacting with students.

In order to avoid glamorising a suicide, staff should not portray the deceased as a perfect person, or provide simple reasons for their death. Keep in mind that suicide is often the result of numerous related problems. When possible, it is more useful to acknowledge the deceased's achievements and problems (without divulging confidential information). For example, 'John was popular, handsome and a great debater; he also had a long history of struggling with depression,' or 'It probably was not just the stress of breaking up with her boyfriend, but rather a series of events that led Sarah to take her own life. She was extremely bright and fun-loving, but it seems the recent months had been really difficult for her'.

SELF-CARE FOR STAFF

- Take Care of Yourself
  - Share your experience and emotions with colleagues and/or partners
  - Take part in or organise a debriefing session
  - Resist coping with alcohol, drugs or cigarettes
  - Reduce stress levels through:
    - Exercise, hot baths, family events, etc.
  - Seek professional help if required

22. To prompt a discussion about the impact that a student crisis situation can have for staff members

It is important to close the session by discussing the personal difficulties of supporting students after a student suicide. Dealing with a student suicide can be emotionally draining and upsetting for staff members. They should be encouraged to take care of themselves and to support each other. Staff should be provided with names and contact details for people they can turn to if they require advice or support (i.e. counselling/health service, chaplains, employee assistance programme, local organisations, etc.).

Do not forget to have participants complete the evaluation forms (ideally before they leave the workshop).

Notes

Additional Training Exercises

1. Sentence Stem Exercise

(Adapted from: Ralph Rickgarn's *Perspectives on University Student Suicide*, 1994)

Time required: 45 minutes

Aim: To explore personal values and experiences regarding suicide

Recommended group size: 8—20 adults

Materials: A writing instrument and a sheet of paper for each person with the following sentence stems typed on it, allowing space for completing the sentences

I believe that suicide is ...
I believe that anyone who attempts or commits suicide is ...
I am/am not comfortable discussing suicide because ...
If a student told me that s/he was considering suicide, I would (emotional reaction) ...
If a student told me that s/he was considering suicide, I would (action taken) ...

Method: After handing out the sheets of paper, ask participants to individually complete the sentence stems with the first words that come to them. Then have them organise into groups of three or four people and discuss their responses for 20 minutes. After coming together, ask the entire group to share their personal reactions and highlights of the group discussions.

2. Case Studies

Time required: 30 minutes per case study

Aim: To discuss and learn from difficult student situations

Recommended group size: 8—20 adults

Materials: Case studies can be handed out to participants or displayed on an overhead projector

Method: Organise participants into groups of three or four people to discuss their reactions for 15 minutes. After coming together, ask the entire group to share their personal reactions and conversations in the small groups.

Note: Depending on the audience, the case studies may need to be adapted. To make the discussion more relevant, ask participants to bring case studies drawn from their own experiences with them to the training session (highlight the need to ensure anonymity). The following examples are based on experiences of staff members in the pilot institution.

Case Study A

Ann, an extremely distressed student, comes up to you screaming for help; she has just discovered her friend, Siobhan, lying on her bed in college rooms, unconscious with a bottle of pills next to her. You follow Ann to the room. There are a number of students in the corridor outside; some are very upset.

1. How do you respond in this situation?
2. Who else do you involve?
3. How do you manage the other students?
4. What are the most difficult aspects of a situation like this?

Case Study B

Antonio, an Italian student, with a history of psychological problems, approached his lecturer (Mary) and said that last night he had considered killing himself. Antonio gave Mary permission to contact his parents, but they seemed nonplussed and felt it was a minor issue of getting medication regulated by his psychiatrist. The parents organised a flight for the next day, but Mary wondered whether Antonio should stay alone in his flat on the night before his departure. As she knew of no other options, Mary invited him to stay at her home, which would be a major inconvenience to her family. Antonio refused but agreed to stay with some other students. Mary, very anxious, rang a few times during the night and asked the college chaplain to drop in to the flat. The students drove Antonio to the airport, and he returned to Italy. The students later told Mary that they sat up all night worrying about Antonio.

Antonio was back in college the following week.

1. If Antonio approached you, how would you handle the situation?
2. What are the most difficult aspects of a situation like this?
3. What is the lecturer's role regarding Antonio after his return to college?
4. In clarifying her role with Antonio, with whom in college could the lecturer discuss her concerns?

Case Study C

A student (Sarah), whose family home was two hours away from college, lived in an apartment. On a Friday evening at 6pm, Sarah's mother rang her lecturer to ask for help. Sarah was locked in her apartment and had taken an overdose. Her mother was loading her four other children into the car and driving from their home, but did not think she would make it in time to help Sarah.

1. If Sarah's mother contacted you, how would you respond in this situation?
2. Who else could you involve?

Case study continued (to be shown to participants after they have discussed the first two questions) The lecturer, who was to be collecting his small children from a crèche, tried contacting college services but all were closed. He debated about the appropriate action and whether to break confidentiality, ultimately deciding that he would prefer Sarah to be alive and angry with him, than dead. While catching a taxi to Sarah's apartment, he called emergency services and instructed them to break the door down if necessary. By the time he arrived at the apartment, they had arrived and resuscitated her. Understandably, the lecturer was very shaken by the incident and asked about how not to 'take the problems home' with him.

3. What are the most difficult aspects of a situation like this?
4. How could the lecturer learn to not 'take the problems home'?

3. Role-Play Scenarios

Time required: 40 minutes

Aim: To practise talking with students and to find a personal conversation style for discussions which may be difficult

Recommended group size: 8—20 adults

Materials: No materials are required, as long as there is a place to post the three role plays (i.e. overhead projector, whiteboard, flipchart, etc.)

Method: In triads, one participant takes the role of a student, while another participant practices initiating and maintaining a conversation as a staff member. The third participant observes the conversation and offers feedback. Ask participants to role-play the three scenarios for 20 minutes, making sure to swap roles. Use the remaining 20 minutes to come together and have a group discussion on the experience of interacting with students.

Three Suggested Role Plays

Role Play A: Asking if someone is depressed and considering suicide
Role Play B: Making a referral to a support service
Role Play C: Talking with a student after the death of a peer

Guidelines for Feedback

Feedback should always be given in a respectful manner. To ensure that this is done, it is useful to present guidelines for offering constructive criticism. The sequence for feedback is:

1. Staff member
2. 'Student'
3. Observer

Feedback is given in the following way:

1. The staff member shares his or her overall impressions of the experience. S/he should be encouraged to comment on:
    a. Thoughts
    b. Feelings
    c. Aspects which went well
    d. Aspects which were difficult
2. The 'student' gives feedback by commenting on the four topics.
3. The observer gives feedback by commenting on the four topics.

Common Questions Asked by Staff Members During Training

The workshop material inevitably raised many questions among participants. The following are some of the most commonly asked questions.

Warning Signs and Reactions

- How do I identify a depressed and/or suicidal student?
- What do I say to a distressed student?
- What do I do if a student tells me that s/he made a suicide attempt a few years earlier?

Involvement

- What is my role in assisting students?
- What are appropriate boundaries for myself?
- At what point does my responsibility to a student end?
- How do I leave student problems at work and not carry these concerns into my personal life?
- What is the EAP (Employee Assistance Programme)? How do I contact it?

Duty of Care

- What is Duty of Care and what are the legal implications?

Confidentiality

- How can I offer confidentiality without promising secrecy?
- When do I break confidentiality?
- Should I inform the student that I will need to speak with someone on his or her behalf?

Student Services

- What student services are available in College and in the community?
- How do I make a referral, especially with a reluctant student?
- What if a student refuses to see a professional?
- How do students access support services and make appointments?
- How do I know a student is being cared for and my responsibility ends?
- When dealing with a distressed student, from whom in College can I get advice about choosing a course of action?
- What are treatment options outside of College?

After Hours

- What do I do if a situation arises after College hours?
- Who do I contact?

Friends/Parents

- How can I best help students who are worried about a distressed friend?
- How do I respect confidentiality among friends?
- What do I say to parents who contact me and are worried about their child?

Aftermath

- What is my role after a student's death?
- Should I use the deceased student's name and acknowledge the death as suicide?

Other

- How do I treat a student if s/he has returned to College after a suicide attempt?
- What is the readmission policy for students who take medical leave?
- Is an eating disorder a form of slow suicide?

Evaluation of Training Workshops

Workshop evaluation is often neglected because it is viewed to be superfluous and time consuming. However, a simple assessment of a workshop is an important component of the training process. In addition to having a written record of the experience that can be referred to in the future, evaluation can provide valuable insights for facilitators. Future sessions can be modified and enhanced for participants. Therefore, here are simple suggestions for trainers.

- Allow a few minutes at the end of each workshop for verbal feedback that should be noted by a facilitator.
- Distribute a short evaluation questionnaire and request that participants complete it (see page 77). If possible, ask that they return it before leaving the workshop.
- Encourage participants to contact you if they have comments or suggestions in the future. Provide contact details.
- Record your personal impressions and recommendations regarding the session as soon after it as possible (i.e. allow more time for an exercise, find a larger room, etc.).
- Evaluate the questionnaires and revise the training as necessary.

Notes

Course/Workshop Evaluation Form

Course:

Date:

Facilitator(s):

In terms of my needs or concerns, I found this course to be:

Very Helpful ☐ ☐ ☐ ☐ ☐ ☐ Not at all helpful

If it was not helpful, why not?

I learned something useful in this course:

Very true ☐ ☐ ☐ ☐ ☐ ☐ Not at all true

In general, the facilitator's presentation was:

Very effective ☐ ☐ ☐ ☐ ☐ ☐ Very ineffective

Will you make any changes as a result of this course? Yes ☐ No ☐

If 'Yes', what will they be? If 'No', why not?

Please rate the overall usefulness of the course:

Very useful ☐ ☐ ☐ ☐ ☐ ☐ Useless

Any other comments:

Thank you for completing this evaluation.

8. The Way Forward

In addition to their other duties, staff members of third level institutions are increasingly managing the mental health needs of students. They need to be supported in this task. It is hoped that this manual has communicated this important message, as well as provided recommendations and resources for staff members. However, this resource manual is only a starting point for examining mental health promotion and suicide prevention in the third level setting. There is still much research and work to be carried out in Ireland. Among many other issues, Irish colleges will need to:

- Explore the implications of using the Internet and computer-based programmes for service support and provision
- Formalise policies about students with mental health difficulties leaving and returning to college, e.g. Student Sickness Leave Policy
- Develop a Duty of Care policy to clarify the ethical and legal responsibilities of institutions, staff members, parents and students regarding mental health issues

After discussing the support options available to students, a staff member in the pilot institution recently commented, 'Students should realise how lucky they are to have such resources on their doorstep'. And she was right. The most resounding conclusion of this project was the recognition of the caring individuals, services and institutions in Ireland. In general, college staff members want to help students who are experiencing mental health difficulties or contemplating suicidal behaviour. It is with this genuine concern that the third level sector will continue to be a setting in which students can develop, grow and flourish in a healthy manner.

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Appendix 1: Policies and Protocols

Trinity College Dublin

College Alcohol Policy

1. Background and Rationale

1.1 One of the actions recommended by the National Alcohol Policy (1996) was the development and implementation of campus alcohol policies for universities and other third-level educational institutions in Ireland. Disappointingly little progress had been made on this front until 2001, when Professor Roger Downer, President of the University of Limerick and Chairperson of the Conference of Heads of Irish Universities, convened a working group on campus alcohol policies. College was represented on the working group and following the launch of its report Framework for Developing a College Alcohol Policy by the Minister for Health and Children in October 2001, this report was used by the Health Promotion Committee as a basis for developing a College alcohol policy.

1.2 It is accepted that alcohol consumption in our society is legally and culturally normative and that there are many advantages associated with moderate consumption. Students who are over the age of eighteen – and the vast majority of College students are in this category – are legally entitled to purchase and consume alcohol. It is also clear, however, that alcohol consumption contributes to an array of personal and social difficulties, both of an acute and a long-term nature. While regular consumption of even moderate amounts of alcohol may create health risk, the research evidence suggests that patterns of consumption amongst younger drinkers may involve binge drinking – that is substantial intake during a single episode of drinking interspersed with periods of low or no intake – carrying with it a particularly high risk of behavioural and health difficulties. During the process of consultation leading to the drafting of this policy document, the Health Promotion Committee was made aware of the following alcohol-related problems which academic staff and others involved in student services identified as being sufficiently serious and sufficiently common as to warrant a policy response: alcohol-related deterioration in academic performance, leading on occasion to exam failure and drop-out from College; drunken behaviour – on campus, in halls of residence or in sporting facilities – which causes offence or creates risk for other members of the College community or of the wider community; unprotected sexual activity following excessive drinking, potentially leading to unplanned pregnancy and also carrying a risk of infection with sexually–transmitted diseases; physical health problems caused directly by alcohol consumption or indirectly as a result of alcohol-related accidents; serious mood disorders to which alcohol is a major contributory factor.

1.3 The theoretical rationale for the policy proposals being made here is that of health promotion, which emphasises the role played by environment in influencing and shaping individual lifestyle choices. While not discounting the role played by individual predisposition or vulnerability, the health promotion perspective suggests that environmental strategies have an important role to play in fostering moderate or low-risk drinking practices both in the general population and amongst specific sub-groups, such as third-level students. The drinks industry, for understandable commercial motives, advertises and otherwise promotes its product throughout society, but it would appear that the promotion of alcohol in third-level colleges has been particularly aggressive, leading at times to a normalisation of high-risk drinking. Campus alcohol policies based upon health promotional principles represent an explicit attempt by college authorities, in partnership with student unions and student societies, to counteract such aggressive alcohol promotion.

2. Aims and Objectives of the College Alcohol Policy

2.1 Within this health promotional framework, the broad aim of the policy is to create and maintain a College environment which is conducive to the health and well-being of students and staff. Specifically, the objectives are to: provide an atmosphere free from pressure to drink for those who choose not to drink; promote low-risk drinking and discourage high-risk drinking amongst those who choose to drink; to inform all members of the College community of the risks involved in alcohol consumption and of the nature of alcohol-related problems; to reduce the incidence of alcohol-related problems amongst College staff and students; to provide a caring environment and an effective response system for those who develop alcohol-related problems.

3. College Alcohol Policy

3.1 Controlling Marketing, Promotions and Sponsorship

College does not approve of the practice whereby drinks companies appoint a student representative to promote their products on campus; drink company sponsorship of student society events should primarily be in monetary rather than material form; but, where sponsorship is provided in the form of product, this arrangement must be made through a nominated member of the relevant capitated body and a monitoring system should be in place to ensure that no more than two free drinks are given to anyone attending the event; recruitment by student societies during Freshers' Week should not identify access to free or cheap alcohol as a primary incentive to membership; the advertisement of specific events by student societies should not identify access to free or cheap alcohol as a primary incentive to attendance; posters or other advertisements promoting alcohol consumption should only be displayed in the Buttery and the Pavilion bars; no events should be organised which encourage the rapid consumption of alcohol, nor should alcohol be awarded as a prize or reward for competitive events.

3.2 Encouraging Alternatives and Choices

In collaboration with the Students' Union and other capitated bodies, College will support the provision of attractive, alcohol-free environments for those who wish to spend an alcohol-free evening with friends, and will encourage the organisation of activities and events which are alcohol-free.

3.3 Responsible Serving of Alcohol on Campus

Staff serving alcohol in the Buttery and Pavilion bars should be provided with training in the Responsible Serving of Alcohol (RSA), and others who serve alcohol at College events should be regularly reminded of the risks involved in serving

alcohol to people who are already intoxicated. Non-alcoholic drinks and food should be served at events at which alcohol is provided.

3.4 Increasing Awareness of Alcohol and Associated Problems
The Students' Union should be encouraged and assisted to provide accurate and non-moralistic advice on alcohol-related problems in its handbook which is given to students at the beginning of the academic year; advice on alcohol should routinely be included in orientation talks to first-year students during Freshers' Week, and the Students' Union should be encouraged to repeat such advice as part of its welfare activities during the course of the year; College Tutors should be encouraged to refer to alcohol-problems during their initial meetings with first-year students.

3.5 Providing Support Services
The Student Health Service and the Student Counselling Service should continue to play a key role in intervening with identified problem drinkers and in supporting other members of the College community who are in a position to help in this area; as part of the existing scheme of training and support for College Tutors, specific training modules on alcohol-related problems and on the value of brief interventions should be provided; training on alcohol-related problems and their management should also be provided for the Junior Dean, the Warden of Trinity Hall, the Facilities Officer, the Chief Steward and their assistants; although intoxication should not be regarded as exonerating those who misbehave on campus or in other premises under the control of College, the Junior Dean and other College officials who become aware of such alcohol-related misbehaviour should be encouraged to refer offenders for assessment and counselling.

4. Monitoring the College Alcohol Policy
4.1 Once it has been adopted, the Student Services Committee should set in place a system for monitoring the College Alcohol Policy at least every two years.

5. Financial Support
5.1 Successful implementation of this policy will be dependant on financial support from the Board and alternative sources for student societies and clubs in view of the predicted drop in sponsorship by the drinks industry.

Sub Committee on Alcohol of the Working Party on Health Promotion
Dr. Shane Butler (Chairman)
Dr. David Thomas (Convenor)
Ms. Carmel O'Sullivan (Assistant Warden)
Mr. Brendan Tangney (Junior Dean)
Mr. Terence McAuley (Facilities Officer)
Ms. Elizabeth Drew (Graduate Students' Union)
Ms. Eimear Nic An Bhaird (Welfare Officer, Students' Union)
Ms. Tenia Kalliontzi (Student Counselling Service)
Mr. Joseph O'Gorman (Central Societies Committee)

Prepared by the Sub Committee on Alcohol of the Working Party on Health Promotion.
Approved by Board on 17 April 2002

Notes

Trinity College Dublin

Policy and Procedures for Dealing with Complaints of Harassment Including Sexual Harassment

1. Purpose
To set out Trinity College's policy in regard to bullying in the workplace including sexual harassment and other forms of harassment.

2. Policy Statement
2.1 These guidelines aim to provide guidance towards creating such a work environment, and a framework for dealing effectively with complaints of workplace bullying, including sexual harassment and other forms of harassment when they arise.

2.2 Trinity College is committed to supporting the right of all members of the College community to work and study in an environment which is free from all forms of workplace bullying, including sexual harassment and other forms of harassment. Such behaviour can create an intimidatory, hostile atmosphere and is unacceptable. It can damage an individual's welfare and can also undermine the College community.

This anti-harassment policy is underpinned by equality legislation, in particular the Employment Equality Act 1998. Breaches of the policy may constitute grounds for disciplinary action and, in serious offences, disciplinary action up to and including suspension or dismissal.

3. Definitions
3.1 Definition of Bullying
Bullying is unwanted and unwelcome behaviour, which is persistent and repeated, is offensive or threatening to the recipient or which leaves the recipient isolated or vulnerable. While an isolated incident of aggressive behaviour - clearly unacceptable - does not in itself constitute bullying, if the impact of the incident subsequently serves to intimidate on an ongoing basis, then such an incident could be regarded as bullying.

Bullying can take many forms, from open aggression, threats, and shouting to subtle comments or exclusion. It can be verbal, physical or psychological. It is destructive and may have serious consequences. The impact of the behaviour on the recipient will be taken into consideration when dealing with cases of bullying. It should be noted that the issuing of reasonable work related instructions would not be construed as bullying.

3.1.(a) Examples of Bullying
Verbal: personal insults, demeaning remarks, humiliation in front of others, nicknames, ridicule, persistent picking on a person 'as a joke', threats
Non-verbal or indirect: exclusion, hostile attitude, spreading malicious rumours
Abuse of power: excessive criticism, withholding essential information
Physical: aggressive behaviour, physical intimidation, unwelcome physical contact up to and including assault.

3.2 Definition of Sexual Harassment
Sexual harassment is any act or conduct by a perpetrator, which is unwelcome to the recipient and could reasonably be seen as sexually offensive, humiliating or intimidating to the recipient. The unwanted nature of sexual harassment distinguishes it from flirtatious or sexual behaviour, which is entered into freely and mutually. It is the damaging impact of the unwanted behaviour on the recipient, not the intention of the perpetrator, which counts. The impact of sexual harassment is taken into account when cases of sexual harassment are investigated.

3.2.(a) Examples of Sexual Harassment:
Verbal: unwelcome sexual advances, suggestive jokes and innuendo, requests for sexual favours, threats
Non-verbal or indirect: sexually suggestive pictures or written material, leering or gestures; spreading rumours about a person's sexual behaviour or orientation
Electronic: sexually suggestive messages or images transmitted by computer
Physical: unwelcome physical contact, up to and including assault

3.3 Definition of Other Forms of Harassment
Any act or conduct by a perpetrator is considered to be harassment if it is unwelcome to the recipient and could reasonably be seen as offensive, humiliating or intimidating to the recipient, in relation to one or more of the following characteristics of the recipient:
Gender; marital or family status; sexual orientation; religion; age; disability; race (including national or ethnic origins); membership of the Traveller Community.
Such behaviour can take many forms, similar to those of sexual harassment or bullying. It should be noted that such behaviour may be destructive and is unacceptable.

4. Responsibility
4.1 All members of the College community share the responsibility for ensuring an environment that is free from any form of bullying or harassment.

4.2 Department Heads, Deans, Managers and Supervisors in College have a specific responsibility to support and implement this anti-bullying and harassment policy, to provide a reasonable work and study environment, and to ensure that appropriate codes of behaviour are maintained in the workplace.

4.3 Individual members of College also have a responsibility to help to ensure that unacceptable behaviour does not continue unchecked or unreported. Individual responsibility includes awareness of one's own behaviour and its potential effects on others. Those who are concerned about incidents of bullying, sexual harassment, or other forms of harassment, e.g. as colleagues, friends, witnesses, or as people against whom an allegation has been made, should feel free to seek confidential help and advice from the sources of help listed overleaf.

4.4 There is a concomitant obligation on the College authorities to ensure that managers and supervisors are provided with the necessary information to enable them to do so.

5. Reporting an Incident
5.1 Experience in College suggests that it is preferable for a person who feels that she / he is being bullied or harassed to use one or all of the following steps. A person may prefer to proceed directly to the formal process.

5.2 Informal Process
- Get support. Talk to someone you trust.
- Make it clear to the perpetrator that the behaviour is unwelcome and unacceptable and ask them to stop. If this is not possible, approach one of the sources of help.
- Keep a record of incidents as they occur: what happened, dates, times, places, witnesses (if any), your response and the impact on you.
- Discuss the matter with one of the Contact Persons. They are appointed by the Board to help to resolve such cases. They offer a confidential, informal service and act only with your agreement. They:
  - Listen, provide support
  - Help you to solve the problem
  - May mediate informally on your behalf with the alleged perpetrator
  - Advise about other sources of help
  - Inform you about formal complaints procedures and provide personal support during any formal complaint procedures

5.3 Formal Process
If you wish to proceed to a formal complaint, the person to approach depends on the position of the alleged perpetrator:
- Academic Staff
  Head of Department or Faculty Dean or Senior Dean
- Non-Academic Staff Member
  Head of Department and/or the Staff Office
- Student
  Head of Department or Faculty Dean or Junior Dean
  A formal complaint involves providing a written statement. Staff members are entitled to have a representative present at any meeting regarding a complaint.

6. Investigation
Every formal complaint is investigated and the outcome communicated to all parties. Where appropriate, the College will process the matter through the relevant stages of the disciplinary procedures.

7. Sources of Help
7.1 The College's Contact Persons are:

Ruth Torode: Social Studies.
E: rtorode@tcd.ie
Ext: 1025

Geraldine Ryan: Berkeley Library.
E: gryan@tcd.ie
Ext: 1658

Myra O'Regan: Statistics.
E: moregan@stats.tcd.ie
Ext: 1834

Ann Mulligan: Drama Studies.
E: amullign@tcd.ie
Ext: 1239

Sheila Maher: Housekeeping.
E: shmaher@tcd.ie
Ext: 1573

Tim Jackson: Germanic Studies.
E: tjackson@tcd.ie
Ext: 1501

Pat Holahan: Psychology.
E: patrick.holahan@tcd.ie
Ext: 1091

Anne-Marie Diffley: Library.
E: annemarie.diffley@tcd.ie
Ext: 2320

7.2 Other sources of help in College
For Staff:
Heads of Department

Line Managers

Staff Office (Ext. 1678)

Staff Representatives

Occupational Health Service (Ext. 1556)

College Chaplains (Ext. 1901/1260/1402)

Student Health Service (Ext. 1556)

Employee Assistance Programme

T: 4964219/087 2455894

E: eap@ireland.com

www.tcd.ie/Secretary/Policies/harass.html

Leaflet entitled
'Preventing Sexual Harassment and Bullying'

For Students:
Students' Union Welfare Officer (Ext. 1268)

Graduate Students' Union Welfare Officer (Ext. 1169)

College Tutors
(Senior Tutor's Office Ext. 2551)

Student Counselling Service (Ext.1407)

College Chaplains (Ext. 1901/1260/1402)

Student Health Service (Ext. 1556)

www.tcd.ie/Secretary/Policies/harass.html

Leaflet entitled
'Preventing Sexual Harassment and Bullying'

Trinity College Dublin

Student Death—College Response

The death of a student is a serious matter for the whole College community, especially the student's close friends, peers and staff in the student's faculty of study. Thus it is important that College reacts to such an event in a way that recognises the loss of one of its members and deals sensitively with the aftermath and also supports those most seriously affected by the loss.
The main areas in this plan of action are:
- Coordination of information flow within College
- Identification of College's role in relation to the family
- Provision of support for the bereaved
- Recommendation of Departmental response

Coordination of information flow
There is a clear need for a rapid flow of information between relevant areas in College so that an appropriate response can be planned. Consideration of the major points in this plan should show that while some responses are of an institutional nature and can be well measured, many others directly affect staff and students and, as a result, some forethought will be necessary to ensure that matters are handled with sensitivity and discretion. The key role of all College staff who are in daily contact with students cannot be over-emphasised.

The accompanying sheet shows the proposed flow of information. On receipt of notification of a student death, the Senior Tutor's Office (in the case of an Undergraduate student) or the Graduate Studies Office (in the case of a Postgraduate student) should be the first point of contact and it will notify the Secretary's Office immediately. The Secretary's Office will notify each of the relevant administrative areas to ensure that, in the future, they respond appropriately, e.g. no financial demands are sent out and that class lists are properly and promptly amended and circulated with a covering note. Outstanding administrative business should be conducted via the Senior Tutor or the Dean of Graduate Studies who will liaise directly with the family.

The Senior Tutor's Office (Undergraduate student) or the Graduate Studies Office (Postgraduate student) will be responsible for alerting staff in the academic areas and the relevant student services. If the student has siblings or other close relatives in College, their Department will also be informed. If the Senior Tutor's Office/Graduate Studies Office is closed, the Secretary's Office will contact the academic areas in addition to the administrative areas.

The manner in which a deceased student's classmates are advised of the student's death is of great importance. Normally, responsibility for this delicate issue will rest with the Head of Department, who may wish to delegate the task to a member of staff who has had closer contact with the student's class. The Senior Tutor/Dean of Graduate Studies, Student Counsellors and Chaplains will be available to give support at that time. In most cases, it will be necessary to cancel classes for the remainder of the day to give fellow students time to react. It may also be desirable to cancel classes on the day of the funeral. A notice of the student's death will be sent by the Senior Tutor's Office to all Tutors by e-mail. The Senior Tutor/Graduate Studies Office will ensure that a notice will be printed in the next available issue of the Gazette.

Identification of College's role
The Provost will write to the family and others may do so, as appropriate. The Senior Tutor/Dean of Graduate Studies will, whenever possible, attend the funeral (and any memorial service which may be held in College at a later date) as the official College representative. If the Senior Tutor/Dean of Graduate Studies is unable to attend, another senior College Officer will be nominated to act as the official representative. It is important that the acting representative is identified not only to the family, but also to students and officiating clergy. At a later stage, a certificate of attendance can be presented to the family at a brief ceremony.

Support for the bereaved
A memorial service, if requested by the Department concerned or by the student's class, may be held in College and an invitation will normally be given to the family to attend the service. Support for both students and staff will be provided as required by the Chaplains (including the Bereavement Support Group), the Student Counselling Service, the Student Health Service and the Senior Tutor's/Graduate Studies Offices. Staff can help by looking out for individual students who are finding it difficult to cope and by encouraging them to talk to their Tutor/Supervisor, a Student Counsellor or a Chaplain.

The relevant academic areas should consider taking whatever action is appropriate for the bereaved classmates. For example it may be desirable to defer an assessment or to extend coursework deadlines, etc. It would be appropriate for the relevant Departments to post a notice of the student's death on their noticeboards.

Claire Laudet, Senior Tutor, September 2002

Student Death—Departmental Response

Sadly, with an ever-increasing student population, the number of Academic Departments facing the trauma of a student death may rise in the years ahead. Heads of Department (or their authorised Deputies) should adhere to the following guidelines on receiving notification of the death of a student:

- Ensure that all departmental members (including administrative, technical and house-keeping staff) along with the Postgraduate students are informed of the death. Members of staff who are on vacation or Sabbatical leave should be notified on their return to College.
- Inform the student's classmates of the death – this task may be delegated to a member of the academic staff who has had closer contact with the deceased student's class – as soon as possible after receiving the news (which helps to dispel rumours and speculation, etc).
- Ensure that amended class lists are promptly prepared for all lectures, tutorials, laboratory practical classes and examinations, where the student's name has been removed from the list (rather than simply crossing out the name – which may appear unfeeling and cause distress).
- Post a notice of the student's death on the Departmental Noticeboards.

Note: Requests for assistance from Garda Síochána or hospital authorities in relation to death of a student should be dealt with promptly by contacting the Secretary's Office.

It is also strongly recommended that:
- Class should be cancelled for the remainder of the day, and also on the day of the funeral.
- One of the Chaplains and Student Counsellors should be invited to address the class.
- The student's death should be acknowledged by each lecturer and tutorial assistant at the start of their first lecture or tutorial period held with the class following the death.

In addition, it may be desirable to:
- Defer imminent assessments and/or extend coursework deadlines, etc.
- Arrange minibus transport for members of staff and students who may wish to attend the funeral where this takes place outside Dublin.

Note: In the case of a student enrolled in a course involving several disciplines (e.g. two subject moderatorship), it is important that the death should be acknowledged by each of the associated departments.

Student Death—Information Flow

Senior Tutor's Office / Graduate Studies Office
↓
Academic Areas
↓
Tutors
↓
Faculty Office(s)
who will notify the relevant School(s), Department(s)*
and Staff
↓
Student Health Service
↓
Student Counselling Service
↓
Chaplains
↓
Careers Advisory Service
↓
Disability Office
↓
Mature Students' Officer
↓
Bank of Ireland (679 9029) and Allied Irish Bank (677 5461)

* Schools and Departments must consider carefully which groups of students should be informed and by what means and then act accordingly.

When passing news of a student death to the Secretary's Office, which acts as the primary link for information flow, please remember to mention who has already been notified and enquire whether anyone else should be informed. If the Senior Tutor's Office is closed, the Secretary's Office will inform the academic areas.

Secretary's Office
↓
College Administration
↓
Provost's Office
↓
Senior Lecturer's Office
↓
Examinations Office
↓
Student Records Office
who will notify Information Systems Services
↓
Student Fees Office
↓
Accommodation Office and Housekeeping Manager
↓
Library
↓
TAP Office
↓
Students' Union President & Welfare Officer and Administrative Officer

Intended for college staff **Sample Handout**

Trinity College Dublin

Protocol for Staff: Responding to Distressed/Suicidal Students

If a student says to you that s/he is distressed, very depressed or indicates that s/he is having suicidal thoughts and feelings, the following is a recommended action plan for you.

Starting step:
Be kind and empathetic. Ask who else knows about his or her feelings (i.e. friends, family, G.P., counsellor).

1. If s/he tells you that s/he is attending a G.P. or counsellor:
- Ask if the G.P. or counsellor is aware of the extent of his or her distress. Also, ask when the next appointment is booked.
- See if s/he will make an earlier appointment (i.e. immediately).
- Ask if s/he would like you to help organise the appointment (people experiencing depression often find it difficult to energise themselves to do this on their own).

2. If the student tells you that s/he is not seeing a G.P. or counsellor and that nobody else knows about his or her feelings:
- Ask if s/he will go and see a G.P. or counsellor. If the student agrees, organise this with him or her – help make an appointment.
- Inform the G.P. or counsellor of your specific concerns.
- If the student does not wish to speak with a professional and you continue to be concerned about his or her safety, tell the student you will have to speak with someone on his or her behalf. Ask whom the student would prefer you to contact – the Head of Department and/or the family.
- If the student does not make a decision, contact the student's Head of Department and decide together who will inform the family/next-of-kin.

If you have any concerns about what is best to do, consult with the Senior Tutor's Office or the Student Counselling Service. They will support you and help you to clarify the best course of action. Please remember you should not hold serious anxieties about someone else on your own. You need to feel confident that you have done all that you can do to make sure that the distressed person is safe.

Places to Get Help for a Distressed Student in College

Senior Tutor's Office	608 1095/2551
Student Counselling Service	608 1407
Student Health Service	608 1556/1591
College Chaplains	608 1260/1901
Niteline (9.00pm—2.30am in term, Thursday—Sunday)	1800 793793

Places to Get Help Outside of College/After-Hours

DUBDOC (weekdays 6—10pm, weekends/bank holidays 10am—6pm	454 5604
Samaritans (24 hours)	1850 609090
AWARE's Depression Line (10am—10pm)	676 6166
Emergency services (fire brigade, Gardaí, ambulance)	999 or 112
Accident & Emergency: St. James's Hospital	453 7941
Local G.P., psychiatrist, counsellor, community or support group	

Trinity College Dublin

Protocol for Security Staff: Emergency Guidelines

It is not possible to prepare a comprehensive protocol for handling emergency situations, because all incidents are different. Instead, the suggestions below are general guidelines for how to handle distressed students. As you can see, the recommendations are about what you, as a representative of the College, can bring to a situation. Your presence and words can greatly benefit the students. Additionally, the suggestions may increase trust from students and ultimately make your job easier and less stressful.

Reminder: Only staff at Front Gate should call for emergency services. All other security staff should contact the Front Gate on x1317/1999. To contact the emergency services (Gardaí, fire brigade, ambulance, other), dial 999. To contact the Junior Dean, ring the Front Gate on x1317 or x1999.

What To Do

- Front Gate security staff: Contact the appropriate authorities (dial 999)
  Ensure that you give clear and exact directions, remembering that outsiders may not be acquainted with the College. It may be helpful to send someone to meet the Gardaí, ambulance or fire brigade at an exact location.

- Be kind, compassionate and respectful with the distressed student
  Although it may sound sappy, do try and put yourself in the other person's shoes. Consider how s/he may be feeling (scared, hurt, angry, vulnerable, etc.).

- Try to understand the situation
  Everyone has a unique history and will be affected by the same situation in different ways, depending on past experiences, mood, time of day, etc. How people deal with a situation is based on how they perceive it.

- Stay confident and calm
  While crises are often characterised by panic and confusion, acting confidently and calmly will help ease the situation. When someone is distressed, it may help him or her to feel stability and reassurance from people in authority. Therefore, speak clearly, do not raise your voice and move slowly.

- Attend to emergency needs
  It is important to deal with emergency needs immediately, e.g. medical concerns, physical threats, etc. If a student is acting oddly, ask if s/he has been drinking or taking any drugs (legal or illegal) in case s/he loses consciousness.

- Diffuse the situation
  While every event is unique, attempt to 'deflate' the situation. Your tone of voice and mannerisms are extremely important. Also, be aware of the needs of those affected. Do they need to be reassured that someone is in control?

- Contain the area from bystanders
  To prevent further difficulties and to maintain the privacy of students/staff, politely encourage other people to be on their way. If possible move the situation to a private, comfortable space, but maintain the site for the Gardaí if the situation has legal implications.

- Allow input from friends
  Close friends of a distressed student should be allowed to remain, when possible, as their presence is usually comforting. Additionally, friends may allow you the time to attend to other immediate concerns (making phone calls, dispersing bystanders, etc.).

- Just be there
  While waiting for the arrival of other authorities, it is best to be supportive of the distressed student – whatever that means in the specific incident. Remember to be kind, understanding and gentle.

Take care of yourself!

An emergency incident can be upsetting for everyone involved. Please look after yourself, talk with colleagues and seek support as needed. Within College, you can seek assistance from your supervisor, the College Chaplains, the Student Counselling Service, the Student Health Service or the Employee Assistance Programme (free, confidential counselling service available to all staff members and their families).

Appendix 2: Contact Information

Health Board Suicide Resource Officers

East Coast Area
Mr. Martin Kane
East Coast Area Health Board
Southern Cross Business Park
Boghall Road
Bray, Co. Wicklow

Midland
Mr. Billy Bland
Midland Health Board Office
The Old Maltings
Coote Street
Portlaoise, Co. Laois

Mid Western
Ms. Mary Begley
Mid Western Health Board
St. Joseph's Hospital
Musgrave Street
Limerick

Northern Area
Ms. Teresa Mason
Northern Area Health Board
Health Promotion Department
Park House, 3rd Floor
North Circular Road, Dublin 7

North Eastern
Mr. John Maguire
North Eastern Health Board
Health Promotion Unit
St. Bridgit's Hospital
Ardee, Co. Louth

North Western
Mr. Tom Connell
North Western Health Board
Public Health Department
Bridgewater House, 3rd Floor
Rockwood Parade, Sligo

South Eastern
Mr. Sean McCarthy
South Eastern Health Board
St. Patrick's Hospital
Front Block
Johns Hill, Waterford

Southern
Ms. Brenda Crowley
Southern Health Board
St. David's Hostel
Clonakilty Hospital
Co. Cork

South Western Area
Ms. Catherine Brogan
South Western Area Health Board
Oak House, Limetree Avenue
Millennium Park
Sallins, Co. Kildare

Western
Mr. Matt Crehan
Western Health Board
St. Brigid's Hospital
Ballinasloe, Co. Galway

Irish Contacts Regarding Suicide

Irish Association of Suicidology
St. Mary's Hospital
Castlebar
Co. Mayo
T: 094 21333 ext. 2084
E: info@ias.ie
www.ias.ie

National Suicide Bereavement Support Network
Community Centre
Main Street
Killeagh, Co. Cork.
T: 024 95561
E: nsbn@eircom.net

National Suicide Review Group
Western Health Board Office
10 Orantown Centre
Oranmore, Galway
T: 091 787 056/787 061
E: info@nsrg.ie
www.nsrg.ie

National Suicide Research Foundation
1 Perrott Avenue
College Road
Cork
T: 021 4277499
E: nsrf@iol.ie

Samaritans
112 Marlborough Street
Dublin 1
T: 01 872 7700
Helpline: 1850 609 090
E: jo@samaritans.org
www.samaritans.org

Support Services

AIDS Helpline
Dublin
T: 01 872 4277
Helpline: 1800 459459

Anti Bullying Centre
Trinity College Dublin
Room 3125
Arts Block
Dublin 2
T: 01 608 2573/01 608 3488
E: lmcguire@tcd.ie
www.abc.tcd.ie

Alcoholics Anonymous
General Service Office
109 South Circular Road
Leonard's Corner
Dublin 8
T: 01 453 8998
E: ala@indigo.ie
www.alcoholicsanonymous.ie

Aspire: Asperger Syndrome Association
Carmichael House
North Brunswick Street
Dublin 7
T: 01 878 0027
E: asperger@email.com
www.aspire-irl.com

Aware Defeat Depression
72 Lower Leeson Street
Dublin 2
T: 01 661 7211
E: info@aware.ie
www.aware.ie

Bodywhys
Bodywhys Central Office
PO Box 105
Blackrock, Co. Dublin
T: 01 283 4963
Helpline: 01 283 5126
E: info@bodywhys.ie
www.bodywhys.ie

Carmichael Centre for Voluntary Groups
Carmichael House
North Brunswick Street
Dublin 7
T: 01 873 5702
E: carmichaelcentre@eircom.net
www.carmichaelcentre.ie

Citizens Information Centres Administration Office
C/o Social Services
71 Lower Leeson Street
Dublin 2
T: 01 661 6422

Comhairle (Civil and social rights)
7th Floor
Hume House
Ballsbridge, Dublin 4
T: 01 605 9000
E: comhairle@comhairle.ie
www.cidb.ie

Financial Information Service Centres
Chartered Accountants House
87/89 Pembroke Road
Ballsbridge, Dublin 4
T: 01 668 2044

Gamblers Anonymous
Carmichael House
North Brunswick Street
Dublin 7
T: 01 872 1133

Gay Switchboard
Carmichael House
North Brunswick Street
Dublin 7
T: 01 872 1055
E: gsd@iol.ie
www.gayswitchboard.ie

Gingerbread (Lone parents)
Carmichael House
North Brunswick Street
Dublin 7
T: 01 814 6618
E: gingerbreadireland@eircom.net
www.gingerbread.ie

GROW (Mental health issues)
11 Liberty Street
Cork
T: 021 4277520

Irish Family Planning Association
Solomon's House
42A Pearse Street
Dublin 2
T: 01 474 0944
E: post@ifpa.ie
www.ifpa.ie

Legal Aid Board
Quay Street
Cahirciveen, Co. Kerry
T: 066 947 1000

Mental Health Ireland
Mensana House
6 Adelaide Street
Dun Laoghaire, Co. Dublin
T: 01 284 1166
E: mhai@iol.ie
www.mentalhealthireland.ie

Narcotics Anonymous
Head office:
4-5 Eustace Street
Dublin 2
T: 01 830 0944
E: na@ireland.org
www.na.ireland.org

National Association for Victims of Bullying
Fredrick Street
Clara, Co. Offaly
T: 0506 31590

National Youth Federation
20 Lower Dominick Street
Dublin 1
T: 01 872 9933
E: info@nyf.ie
www.nyf.ie

Niteline
UCD/TCD/RCSI joint initiative
T: 1800 793 793
(during term time)
www.ucd.ie/~niteline

Overeaters Anonymous
Various locations
T: 01 278 8106

Outhouse (Sexuality issues)
105 Capel Street
Dublin 1
T: 01 873 4932
M: 086 349 9007
E: info@outhouse.ie
www.outhouse.ie

Parentline
Carmichael House
North Brunswick Street
Dublin 7
T: 01 878 7230
Helpline: 1890 927 277
E: parentline@eircom.net
www.parentline.ie

Rape Crisis Centre
70 Lower Leeson Street
Dublin 2
T: 01 661 4911
Helpline: 1800 778 888
E: rcc@indigo.ie
www.drcc.ie

Schizophrenia Ireland
38 Blessington Street
Dublin 7
T: 01 860 1620
Helpline: 1890 621 631
E: info@sirl.ie
www.sirl.ie

Victim Support
Haliday House
32 Arran Quay
Dublin 7
T: 01 878 0870
Helpline: 1800 661 771
E: info@victimsupport.ie
www.victimsupport.ie

Irish Websites

Aware Defeat Depression
www.aware.ie

Black Dog (young male focus)
www.theblackdog.net

Irish Association of Suicidology
www.ias.ie

Mental Health Ireland
www.mentalhealthireland.ie

National Suicide Review Group
www.nsrg.ie

Samaritans
www.samaritans.org

Surviving Suicide
www.survivingsuicide.com

International Websites

American Association of Suicidology
www.suicidology.org

Association for Suicide Prevention
www.afsp.org

International Association for Suicide Prevention
www.med.uio.no/iasp

Jed Foundation
www.ulifeline.org

Lancaster University's Student Mental Health Planning, Guidance and Training Manual
www.studentmentalhealth.org.uk

Men's Health Forum
www.menshealthforum.org.uk

National Institute of Mental Health
www.nimh.nih.gov/research/suicide.cfm

National Youth Suicide Prevention Strategy
www.ysp.medeserv.com.au

Student Counselling Virtual Pamphlet Collection
http://counseling.uchicago.edu/vpc/

World Federation of Mental Health
www.wfmh.com

World Health Organisation
www.who.int

Youth Suicide Problems (gay/bisexual male focus)
www.virtualcity.com/youthsuicide

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Notes

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