

**School / College Guidance**

Responding in the event of a young person’s suspected suicide.

(Example)

***(PLEASE DELETE - Schools / College to edit all red text - PLEASE DELETE)***

**School/College name:** *(School / College Name)*

**Date of policy:** *(Date)*

**Updated by:** *(Name)*

**Policy to be updated:** *(Date)*

***Recommendation : Keep this document in your critical incident file and use it to develop your own policy, as part of your overarching Mental Health and Wellbeing school/college policy and*** [***whole school/college approach to emotional health wellbeing and resilience***](http://www.centralbedfordshire.gov.uk/Images/wellbeing-toolkit_tcm3-29909.pdf)*.*

**Introduction:**

Suicide is a leading cause of death for young people in the UK. Sadly, it is always a possibility that a student, parent or member of staff might take their own life. In young people especially, exposure to suicide may lead to increased risk of their own suicidal thoughts.

Schools and colleges play an important role in reducing the likelihood of copycat behaviour and helping recovery by preparing and responding to the situation appropriately.

National guidance - ***How to prepare for and respond to a suspected suicide in schools and colleges*** recommends that schools and colleges should aim to respond to a suspected suicide within 48 hours. This is necessary to maintain the structure and order of the school/college routine, while facilitating the expression of grief.

This policy has been written with representatives from local schools and in accordance with national guidance, best practice and professional advice.

**Aim:**

This policy aims to ensure that our school/college is prepared with a planned, effective and sensitive response that helps rebuild the wellbeing of our community and reduces the risk of further suicides.

**Statement of Purpose:**

* We are aware that suicide is the leading cause of death in young people;
* We play a vital role in helping to prevent young suicide;
* We want to make sure that children and young people at our school are as suicide-safe as possible and that our governors, parents and carers, teaching staff, support staff, pupils and other key stakeholders share our commitment to this policy.
* We are committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.
* Our governors and leadership team will be clear about how we will respond in the event of a suicide. Each member of our named response team will have a defined responsibility within our plan

This document is intended to provide guidance to schools and colleges in the event of a suspected pupil/student suicide but can equally provide guidance in the event of a traumatic death of a pupil/student (such as by drug overdose or accident) or of a staff member. This guidance forms part of the Community Action Plan (figure 1) for responding to and preventing further suicide in children and young people, since in young people especially, exposure to suicide may lead to increased risk of their own suicidal thoughts.

Schools and colleges play an important role in reducing the likelihood of copycat behaviour and helping recovery by preparing and responding to the situation appropriately. National guidance recommends that schools and colleges should aim to respond to a suspected suicide within 48 hours This is necessary to maintain the structure and order of the school/college routine, while facilitating the expression of grief.

**Definitions:**

**At risk:**

A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behaviour suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain.

**Suicide:**

Death caused by self-directed injurious behaviour with any intent to die as a result of the behaviour.

Note: The coroner’s or medical examiner’s office must first confirm that the death was a suicide before any school/college official may state this as the cause of death. It is recommended that the term ‘traumatic death’ is used, until the verdict has been made public.

**Our School / College Procedure**

**Initial Notification Received:**

Notification of a suspected suicide will be made to *(Head Teacher name or nominated emergency contact)* by Bedford Borough Local Authority Director of Children’s Services using the emergency contact list for all schools held by the Local Authority (updated by schools on a termly basis).

If *(Head Teacher name)* is unavailable, (*Deputy Head Teacher name and emergency contact details)* will be notified

**Where the pupil/ student is 17 years or younger**, the Child Death Overview manager will maintain links with the family, child health services and the multi-agency Child Death Overview Panel (CDOP).

The *(Head Teacher name or nominated emergency contact)* will be invited to a CDOP **Rapid Response** **Meeting**, within 48 hours. The CDOP process is not activated for students aged 18+ years.

***Information sharing will be with the prior agreement of the family***

**School / College Coordination Group Notification:**

*(Head Teacher name/Deputy Head Teacher name*) will notify our school/college co-ordination group, consisting of the following school/college staff:

* *(Contact name and emergency contact details) e.g. Welfare Lead*
* *(Contact name and emergency contact details) e.g. Safeguarding Lead*
* *(Contact name and emergency contact details) e.g. Head of Year*
* *(Contact name and emergency contact details)*
* *(Contact name and emergency contact details)*

Notification will follow guidance at **Appendix A**

*(Head Teacher name/Deputy Head Teacher name*) and members of the co-ordination group will liaise with the Public Health Suicide Response Lead at the Council who will co-ordinate a Suicide Response Team involving all relevant agencies.

**School / College Staff Notification:**

*(Name of staff member/ Head Teacher*) will notify other staff members and Governors.

This will initially be made directly to those involved with the deceased, followed by other staff members.

This will be done accounting for the context.

The following guidance will be used:

* Only include the pertinent facts about the death without the details of the method of death as agreed with the family;
* Normalise the emotions experienced in response to the death;
* Encourage caring for each other and letting staff know if anyone has concerns about other students/pupils;
* Encourage positive ways of managing distress;
* Let staff/students/pupils know that support is available and how to access – i.e. School Nurse ‘Drop-In’ days; the school’s CAMHS worker contact days; school’s counsellor contact details;
* Share useful resources with staff/students/pupils via printed cards, the school website or on notice boards: see **Appendix E**

We will notify our school administration team to ensure standard student / pupil correspondence to the family is stopped.

**Student / Pupil Notification:**

Depending on the context a whole school approach to notifying other students will be put in place

Students/pupils close to the deceased will be informed by a familiar member of staff individually - ideally face to face.

The following guidance will be used:

* Only include the pertinent facts about the death without the details of the method of death as agreed with the family;
* Normalise the emotions experienced in response to the death;
* Encourage caring for each other and letting staff know if anyone has concerns about other students/pupils;
* Encourage positive ways of managing distress;
* Let staff/students/pupils know that support is available and how to access – i.e. School Nurse ‘Drop-In’ days; the school’s CAMHS worker contact days; school’s counsellor contact details;
* Share useful resources with staff/students/pupils via printed cards, the school website or on notice boards: see Appendix x
* Refer to the death as a ‘traumatic death’ until the Coroner’s verdict has been made public

**Identifying those students/ pupils at heightened risk of suicide**

CAMHS and other specialists will liaise with the School Pastoral lead to identify those most at risk. These may include:

* Those closely involved;
* Students who identify with the deceased (same club, class, team or interests);
* Close friends, relative or partner;
* Those affected by depression, substance misuse, who self-harm, who have already experienced suicide, who have had adverse childhood experiences or who lack family or social support.

Also see additional guidance at **Appendix B**

**Working with Services and Partners:**

*(Name of staff member/ Head Teacher*) will liaise with the Public Health Suicide Response Lead at the Council as part of the Suicide Response Team, and will plan appropriate action and support.

**(see Appendix A)**

The Suspected Suicide lead for Public Health will liaise with *(Head Teacher or nominated contact name)* to discuss available support for the school/college and its community. A Whole System Suspected **Suicide Response meeting** will be arranged in agreement with *(Head Teacher or nominated contact name)* to be held at the school/college, within 3 days of notification, to coordinate the support required

in partnership with relevant services which include:

* Our CAMHS school worker *(name and contact details)*
* The CHUMS Suicide and Bereavement Service - Caroline Holley 01525 863924
* Bedfordshire Samaritans (Step by step service) - 01234 211211 Email [jo@samaritans.org](mailto:jo@samaritans.org)
* Our Educational Psychologist
* Our School Nurse
* Bedford borough Local Authority Social Care
* The LSCB representative
* Bedford Borough Early Help

Follow up meetings will be arranged by the Public Health Suspected Suicide Lead in agreement with *(Head Teacher or nominated contact name)* as required.

A 6-month learning review meeting will be arranged by the Public Health Suspected Suicide Lead in agreement with *(Head Teacher or nominated contact name).*and a timeline of future support will be agreed in response to the needs of the school/college. **(Cont’d pg 5**)

The Public Health lead or Bedford Borough staff (in consultation with the Head Teacher) will notify the following school(s) to enable increased vigilance and awareness:

* our feeder school(s)
* schools attended by deceased’s siblings/ relatives

any other *(secondary)* school within the local community, whether in County or over the border

**Parent / Carer and Community Group Communication:**

Good practice would suggest that a letter would be appropriate. This letter should be carefully considered to include:

* Brief pertinent information about the death(s) including what year the student / pupil was in;
* Confirmation of when and what the students were told
* Encouragement to the parents / carers to let their son/daughter know that the letter has been received and that they (parents / carers) will listen to concerns
* Acknowledge any parental concerns about son/daughter’s reaction to the news, and normalise grief reactions
* Information on how the school is responding and supporting students, including provision of ‘Drop-In’ support and specific counselling to those who need it
* Details of staff member to contact if there are any specific concerns/questions
* Acknowledgement that the school will be carrying on their normal routines as far as possible
* Add links to relevant websites
* Refer to the death as a ‘traumatic death’ until the Coroner’s verdict has been made public

**Media Notification and Social Media Coverage:**

We will liaise with the Suicide Response Team and family of the deceased to consider the need to respond to the press.

We will direct all media enquiries to *(named school press officer)* and we will inform all other staff and students not to respond to journalists.

**Suggested Media Response:**

* A young person’s suspected suicide may attract attention from the media – this could be from either local or national news organisations.
* Social media platforms mean that news of such incidents can travel quickly, and you may find yourself being contacted by a journalist seeking a comment within a short period of time.
* Whether you are contacted by email, telephone or face to face, it is important that you don’t feel under any obligation to make any statement without having a chance to properly consider your position.
* Two key issues need to be thought about before issuing any communications:

1. *Whether information about the death is in the public domain and whether the family would be content for you to make any statement that will essentially confirm the death;*
2. *Whether the death could be subject to any police investigation, in which can you may be restricted in making any comment.*

* Assuming that these key issues have been considered, it would be prudent to prepare a statement and to run this past the family as soon as possible.
* If you have not had an opportunity to do so when approached for a comment, it is entirely appropriate for you to say that you are not yet able to share a statement but will do as soon as possible, committing to get back to them directly.
* In drafting a statement, you may wish to consider:
* Acknowledging the tragic loss of the young person’s life and explaining that the thoughts of the teaching staff and governing body are with their family at this very difficult time;
* Reflecting on the unique qualities of the young person, perhaps referencing any particular characteristics or contributions they have made to school life;
* Explaining the support that you will be giving to the pupils of the school (particularly relevant for direct communications with parents/carers).
* Avoid details of the method used or the location;
* Avoid speculation about the ‘trigger’ for the death;
* Avoid making the deceased appear heroic or brave or that his/her death was a solution to a problem;
* Avoid endorsement of myths around suicide;
* Bear in mind the language used;
* Do not over emphasise the school/college community’s expressions of grief;
* Be sensitive to the beliefs and feelings of family and friends;
* Encourage sharing helplines and support organisation details;
* Bear in mind that interest is sometimes generated by campaigning groups/bereaved families, with the aim of raising awareness of the issues.

**Samaritans Media Guidance:**

* Avoid details of the method used or the location;
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* Avoid endorsement of myths around suicide;
* Bear in mind the language used;
* Do not over emphasise the school/college community’s expressions of grief;
* Be sensitive to the feelings of family and friends;
* Encourage sharing helplines and support organisation details;
* Bear in mind that interest is sometimes generated by campaigning groups/bereaved families, with the aim of raising awareness of the issues.

**Social Media Statement:**

If you or someone you know is feeling desperate, help is always available. The best way to honour *(person’s name*) is to seek help if you or someone you know is struggling. If you’re feeling lost, desperate or alone, please contact:

**Samaritans**

Telephone: 116123

www.samaritans.org

**Papyrus (Hopeline UK)**

Telephone: 0800 068 41 41

Text: 07786 209 697

[www.papyrus-uk.org](http://www.papyrus-uk.org)

**Childline**

Telephone: 0800111 11

[www.childline.org.uk](http://www.childline.org.uk)

**Young Minds**

Text: YM to 85258

[www.youngminds.org.uk](http://www.youngminds.org.uk)

**Parents Helpline**

Telephone: 0808 802 5544

**CALM (Campaign Against Living Miserably)**

Telephone: 0800 58 58 58

[www.thecalmzone.net](http://www.thecalmzone.net)

**Harmless**

[www.harmless](http://www.harmless)

**Supporting Pupils / Students and Staff:**

We will

* Support and respond in collaboration with the Suicide Response Team.
* Provide facilities for students/colleagues who require a quiet area and will be offered opportunities for further support.
* Ensure that relevant support resources are communicated to all staff and to our school community (see Appendix F).
* Reassure our students/pupils that grief is a normal response to death, and there is no wrong or right way to grieve. We will believe everyone’s expression of grief and offer support.
* Recognise that student/pupil distress might manifest in their behaviour and/or performance.
* Continue the conversation about suicide in a reassuring and safe way to reduce stigma and encourage openness. We will use helpful language when talking about suicide, following the guidance at **Appendix E.**
* Liaise with our support agencies including CAMHS, CHUMS and our School Nursing Service to develop a plan to support colleagues and students/pupils.
* Debrief colleagues and ‘check in’ with students/pupils and encourage an ethos of care and support throughout the school/college.
* Ensure that staff are familiar with this policy and receive relevant training on
* what to do if there is a concern about a colleague or student/pupil.
* Ensure that staff know what risk factors and signs to look out for in colleagues and students/pupils including self-harm.
* Remember our student/pupil who has died.
* Consult with the family about disseminating the funeral arrangements.
* Consult with the family about an assembly memorial or short-term memorial site, but will avoid romanticising suicide with a prolonged site.
* Be aware that longer term issues may arise, particularly for those at risk and at the anniversary of the young person’s death, and we will facilitate appropriate discussion and support.

**Sharing and Updating the Policy:**

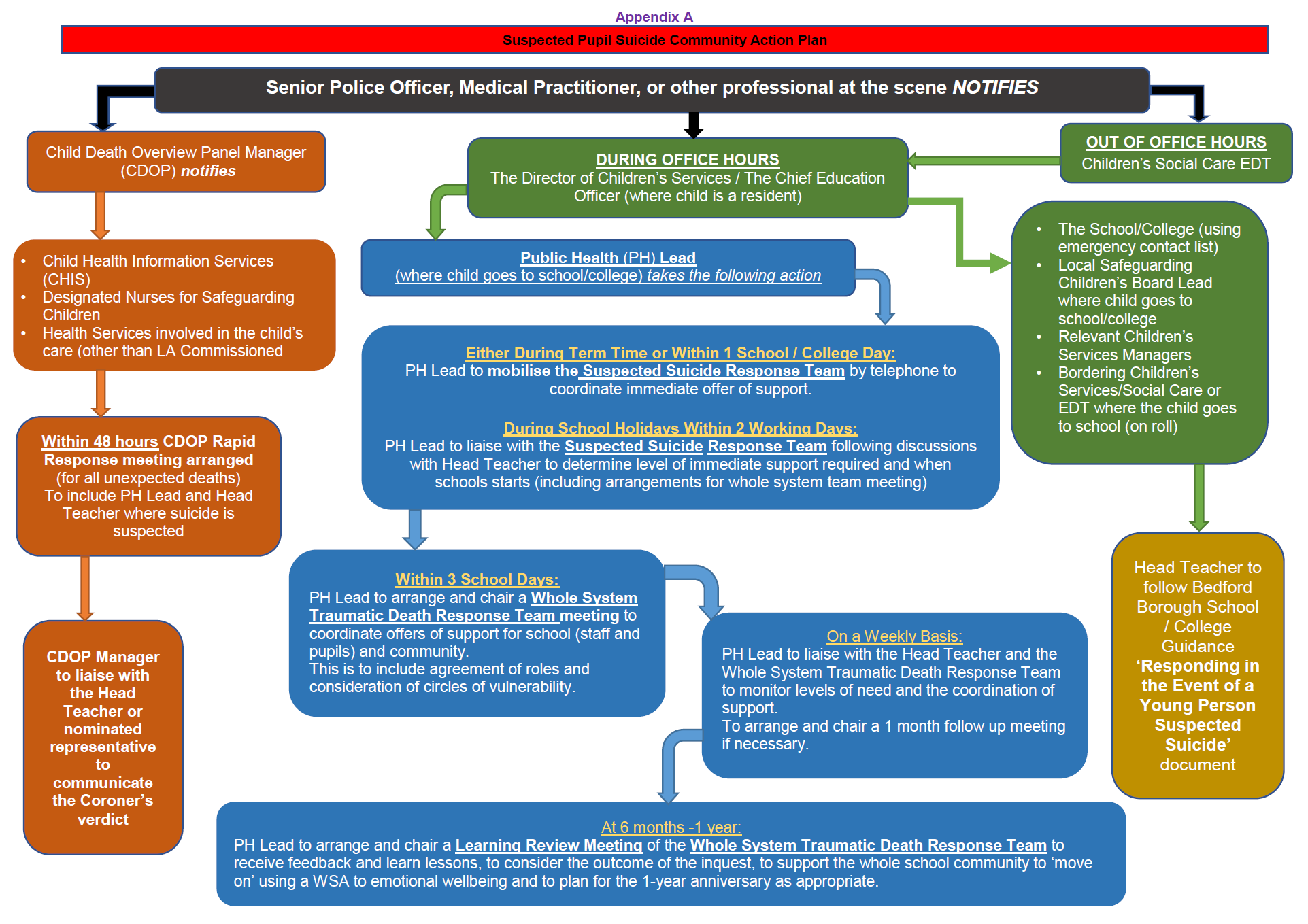
This policy will be brought to the attention of all staff and Governors immediately, or at induction and annually thereafter by (insert responsible staff member)

The policy will be updated annually or when contact information changes, by our nominated Emotional Health and Wellbeing Lead in collaboration with:

* Our Safeguarding Lead
* Our Pastoral Care Lead(s)
* Our Vulnerable Learners Lead (Designated Teacher)
* Members of our senior leadership team
* *(Other staff members as appropriate)*
* Our School Nurse
* Our CAMHS school/college worker
* Our pupils/students
* Our parents and carers.
* Governors

**Links to Our Other Policies:**

* Safeguarding
* Emotional wellbeing and mental health
* Critical Incident Policy
* Supporting pupils with medical conditions
* SEND
* PSHE
* Behaviour and attendance (disruptive, withdrawn, anxious behaviour may be related to unmet emotional or mental health need)
* *(Others)*



**Appendix B**

**Additional guidance when talking to your children / young people.**

Professionals have given us the following advice and guidance when talking to your children and we hope this will be helpful.

* Children can react very differently to news of a death, some may appear to carry on almost without reacting, while others may cry and be completely overcome by their feelings. It is good to remember that there is no right or wrong way to grieve and no rule book to follow.
* Be honest when talking about the death and use sensitive but honest language such as “died by suicide” and “took their own life”.
* Try not to overwhelm your child with information or give more information than asked for. Children may, when receiving news of a death, ask a few questions at a time in order to process the information. Like adults, children may need to hear the story more than once and ask the same questions again.
* It is ok to say that you don’t know why the young person took his/her life, rather than to speculate on things that may have been said, especially on social media.
* Reassure your children that you are available to listen and talk about the death.
* If your child is concerned and upset by how they are feeling it can help to know that other people often feel shocked, numb, angry, sad and overwhelmed by the death.
* Encourage your child to ask for support in school if needed.
* If you are concerned about the emotional and mental health of a child or adult contact a professional. If not school, contact your GP or take them to an A&E department.
* If they or you are worried about them harming themselves, ask them direct questions, such as “sometimes when people feel like you do, they think about suicide and harming themselves, is that what you are thinking about”?
* We have urged children to be especially sensitive when using social media and instant messaging and to respect the family’s privacy at this very sad time.

**See Appendix D Sources of support:**

**Appendix C**

|  |  |
| --- | --- |
| **Helpful Language**  (around suicide or attempted suicide) | **Unhelpful Language**  (around suicide or attempted suicide) |
|  | |
| Ended their life | Successful suicide |
| Died by suicide/ attempted suicide | Committed suicide (it isn’t a crime) |
| Took/attempted to take their own life | Attention seeking/ A cry for help (belittles the pain they are in) |
| Killed themselves | Doing something silly (suggests the person’s thoughts are stupid) |
| ***Whilst the right language is helpful, the most important response is one which is non-judgemental, caring and calm.*** | |

**Appendix D**

|  |  |  |  |
| --- | --- | --- | --- |
| **SOURCES OF SUPPORT** | | | |
| **Organisation** | **Tel** | **Website / Email address** | **About** |
| **The Bedfordshire School Nursing Service** | 01525 631100 | <http://www.cambscommunityservices.nhs.uk/what-we-do/bedfordshire-services/school-nursing-service>  [ccs.beds.childrens.spa@nhs.net](mailto:ccs.beds.childrens.spa@nhs.net) | The 5-19 School Nursing Service works in partnership with children, young people and their families in Bedfordshire to ensure that children’s health and wellbeing needs are supported within their school and their community. They lead on the delivery of the 5-19 Healthy Child Programme and play a key role in addressing public health issues such as emotional health and wellbeing, sexual health, obesity, [asthma](http://eput.nhs.uk/wp-content/uploads/2013/12/Final-Asthma-Schools-Policy-2017.docx) and other health related issues. |
| **Samaritans** | 116 123 | https://www.samaritans.org  <http://www.samaritans.org/sites/default/files/kcfinder/files/help-a-friend-in-need.pdf>  **Samaritans Media Guide (2013)** <https://www.samaritans.org/media-centre/media-guidelines-reporting-suicide> | A national charity: “There for people when they need us, which could be any time of day or night. People talk to us for as long as they like, as many times as they like.  We don't rush, interrupt or push anyone out of the door. We let people lead the conversation at their own pace. There's no waiting lists, and no assessments.” |
| **Papyrus**  (HOPELINEUK) | Call: 0800 0684141  Text: 07786 209 697 | [www.papyrus-uk.org](http://www.papyrus-uk.org)  [admin@papyrus-uk.org](mailto:admin@papyrus-uk.org) | Papyrus is the national charity dedicated to the prevention of young suicide.  They exist to reduce the number of young people who take their own lives by shattering the stigma around suicide and equipping young people and their communities with the skills to recognise and respond to suicidal behaviour. |
| **Childline** | 0800 1111 | [www.childline.org.uk](http://www.childline.org.uk) | Childline is here to help anyone under 19 in the UK with any issue they’re going through. Whether it’s something big or small, our trained counsellors are here to support you.  Childline is free, confidential and available any time, day or night. You can talk to us: |
| **Young Minds** | 0808 802 5544  (Parents helpline) | [www.youngminds.org.uk](http://www.youngminds.org.uk) | The UK’s leading charity fighting for children and young people's mental health. Leading the fight for a future where all young minds are supported and empowered, whatever the challenges. To make sure they get the best possible mental health support and have the resilience to overcome life’s difficulties. |
| **CALM**  (Campaign Against Living Miserably) | 0800 58 58 58 | [www.thecalmzone.net](http://www.thecalmzone.net) | The Campaign Against Living Miserably (CALM) is an award-winning charity dedicated to preventing male suicide, the single biggest killer of men under the age of 45 in the UK. In 2015, 75% of all UK suicides were male. |
| **Harmless** |  | [www.harmless.org.uk](http://www.harmless.org.uk) | Harmless was established to respond to the needs of people who do or are at risk of self-harm and suicide. It is a national voluntary organisation for people who self harm, their friends, families and professionals. |
| **Open Door** | 01234 360388 | [www.bedfordopendoor.org.uk](http://www.bedfordopendoor.org.uk) | Bedford Open Door is a charity providing FREE and confidential counselling to young people. Counselling is provided by a team of fully trained, experienced and friendly volunteer counsellors. |
| **Organisation** | **Tel** | **Website / Email address** | **About** |
| **CHUMS**  (Emotional Wellbeing Service) | 01525 863924 | [www.chums.uk.com](http://www.chums.uk.com) | CHUMS Mental Health & Emotional Wellbeing Service for Children and Young People provides therapeutic support in a variety of ways.  CHUMS has developed a unique service delivery model to ensure that children and young people are able to access a service that supports their individual needs. |
| **Bedfordshire Wellbeing Service** | 01234 880400 | [www.bedfordshirewellbeingservice.nhs.uk](http://www.bedfordshirewellbeingservice.nhs.uk) | The Bedford Wellbeing Service offers a range of free and confidential talking therapies and specialist support to help you feel better. |
| **Child and Adolescent Mental Health Services** | 01582 708999 | [www.elft.nhs.uk/service/189/Central-Beds-CAMHS-North](http://www.elft.nhs.uk/service/189/Central-Beds-CAMHS-North) | The Child and Adolescent Mental Health Service (CAMHS) provides outpatient assessments, support and treatment for children and young people up to the age of 18 experiencing moderate to severe mental health problems. The service works to provide them with a greater knowledge of their condition and improve coping techniques. |
| **Autism** **Bedfordshire** | 01234 350704 | [www.autismbedfordshire.net](http://www.autismbedfordshire.net) | Autism Bedfordshire’s services help break down the barriers to social participation for autistic people and their families by providing places where they can go and feel comfortable, accepted and not judged by society. With the encouragement and support of specialist trained staff we help autistic people build their confidence, self-esteem, and social skills through taking part in social activities and mixing with other people |
| **Child Bereavement UK** | 0800 0288840  helpline | [www.childbereavementuk.org](http://www.childbereavementuk.org) | Child Bereavement UK supports families and educates professionals when a baby or child of any age dies or is dying, or when a child is facing bereavement. Every year we train more than 9000 professionals, helping them to better understand and meet the needs of grieving families |
| **OTHER USEFUL SOURCES** | | | |
| **Calm Harm** |  | [www.stem4.org.uk/calmharm/](http://www.stem4.org.uk/calmharm/) | Self-help app to prevent self-harm |
| **PSHE Association** | [020 7922 7950](tel:020%207922%207950) | <https://www.pshe-association.org.uk/>  [info@pshe-association.org.uk](mailto:info@pshe-association.org.uk) | We are the national association for PSHE education professionals. Providing members with dedicated support, resources, training & guidance. |
| **DEAL**  (Developing Emotional Awareness and Listening) |  | [www.samaritans.org/your-community/samaritans-education/deal-developing-emotional-awareness-and-listening](http://www.samaritans.org/your-community/samaritans-education/deal-developing-emotional-awareness-and-listening) | A free teaching resource aimed at students aged approximately 14 and over and inclusive of all abilities and learning styles. It has been developed by Samaritans in consultation with young people and schools across the UK |
| **Public Health England** |  | <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/459303/Identifying_and_responding_to_suicide_clusters_and_contagion.pdf> | A practical toolkit, based on our understanding of suicide clusters, however incomplete. It provides a framework for action, together with some step-by-steps, that we hope local authorities will adapt to their own particular needs, resources, and strengths |