



Suicide Policy

Introduction

Suicides are tragic and deeply distressing. Suicides are also the leading cause of death in young people (males and females) with around 200 school children each year taking their life in the UK. When there is a death by (suspected) suicide, there is likely to be a ripple effect; it is estimated that after a death by suicide, around 135 people are exposed to the suicide (Cerel et al 20183). People bereaved by suicide can be up to 65% more likely to attempt suicide themselves and are particularly vulnerable. It is therefore important to prevent suicides and the impact of a suicide.

Potential clusters of suicides should be identified at the earliest opportunity and an early intervention response and effective support for those affected, put in place. Implementation of this protocol is important in delivering this objective. Other aspects of this work include early identification and data sharing on suicide.

When a death by suicide (or suspected suicide) occurs of someone connected to a school/college (student, member of staff, parent for example), the ripple effect is likely to be even wider. In some cases, this has translated into a cluster or contagion effect where several young people have taken their lives following the death of a friend. This clustering can relate to geography, gender, age grouping, ethnic grouping and social connections. Exposure to suicide may be a strong predictor of suicidality (Swanson & Colman, 20135). Schools and communities should be aware of an increased risk for at least two years following a suicide event.

This policy has been developed to help identify and support children who may be suicidal and importantly to consider a wide range of associated issues, in the case of a death by (suspected) suicide. It both supports schools/colleges to prepare in case there ever is a (suspected) suicide, and also how to best respond when a suspected suicide has taken place. This policy will also be developed to support workplaces and communities affected by suicide.

Statement of Purpose

a) Cayton School community is aware that:

- i) Suicide is the leading cause of death in young people;
- ii) We play a vital role in helping to prevent young suicide.

b) We want to make sure that children and young people at Cayton school are as 'suicidesafe' as possible and that our governors, parents and carers, teaching staff, support staff, pupils themselves and other key stakeholders are aware of our commitment to be a suicide-safer school.

Our Beliefs about Suicide and its Antecedents

a) Cayton School acknowledges that:

- i) SUICIDAL THOUGHTS ARE COMMON - We acknowledge that thoughts of suicide are common among young people.

ii) SUICIDE IS COMPLEX - We believe that every suicide is a tragedy. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.

iii) STIGMA INHIBITS LEARNING – STIGMA CAN KILL - We recognise that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. Cayton School is committed to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish. We know that unhelpful myths and misconceptions surrounding suicide can inhibit young people in seeking and finding appropriate help when it is most needed.

Prevention

- Through our PSHE curriculum, children learn their own value and self-worth in a designated unit taught at the beginning of each year.
- When concerns are identified, the pastoral team are informed and interventions are completed to help and support those in need.
- Weekly assemblies are given to the children regarding mental health and well-being to support the understanding of different emotions, how to deal with them and the channels of support they can access if they are struggling with mental health.

What do I do when I have a concern about a child?

Talk to the child and reassure them that you are there to help them.

Explain that you will need to tell someone else who will be able to help them further.

Ensure someone stays with the child while the appropriate people are informed.

Report concerns to SLT/DSL/Mental Health Lead.

CPOM all the details of the conversation, no matter how insignificant it feels as this could be vital information for professional agencies.

Identifying potential suicide risk

Should any concerns be raised for the well-being and safety of a member of the community, staff are to record these concerns on CPOMS and alert the relevant and necessary members of staff.

High-risk warning signs

A person may be at high risk of attempting suicide if they:

- threaten to hurt or take their own life
- talk or write about death, dying or suicide
- actively look for ways to take their own life, such as stockpiling tablets

Some possible signs of suicidal behaviour are:

- **Talking about suicide** – Any talk about suicide, dying, or self-harm, such as “I wish I hadn’t been born,” “If I see you again...” and “I’d be better off dead.”
- **Looking for a way to end their life** – Searching for a method or seeking access to medicines/ other objects that could be used in a suicide attempt.
- **Preoccupation with death** – Unusual focus on death, dying, or violence.
- **No hope for the future** – Feelings of helplessness, hopelessness, and being trapped. Belief that things will never get better or change.
- **Self-loathing, self-hatred** – Feelings of worthlessness, guilt, shame, and self-hatred. Feeling like a burden.
- **Getting affairs in order** – Making out a will. Giving away prized possessions. Making arrangements for family members.
- **Saying goodbye** – Unusual or unexpected visits or calls to family and friends. Saying goodbye to people as if they won’t be seen again.
- **Withdrawing from others** – Withdrawing from friends and family. Increasing social isolation. Desire to be left alone.
- **Self-destructive behaviour** – Increased alcohol or drug use, reckless driving, unsafe sex. Taking unnecessary risks.
- **Sudden sense of calm** – A sudden sense of calm and happiness after being extremely depressed can mean that the person has made a decision to attempt suicide.

What do I do if there is imminent risk of death or harm?

If you determine that a child has acted in a way that puts their life in danger, act quickly to keep the child safe and ensure that there is no imminent risk. If there is, you may need to get immediate professional help to protect the child: you may need to contact the emergency services. You will also need to inform the child's parents or carers, and DSL/DDSL. You may need to accompany the child to A&E and wait there with them until their parent or carer arrives. If the child has taken steps to end their life it is important that the child does not feel judged or shamed for their suicide behaviour.

Try to remain calm, even though you might be feeling scared, confused, upset or frustrated. It is helpful to ask the child whether they are having thoughts of suicide. It may seem obvious in light of their behaviour, but asking clearly about suicide allows you to have an open and non-judgemental

conversation about suicide. Ensure that you are able to have a conversation confidentially and that other children are not around. You may have called for professional help, but in the meantime you might be best placed to stay with the child and to talk about how they are feeling.

Once you have determined that suicide is their focus – just listen. Ask them to tell you about how they are feeling. They might not want to talk, but you can let them know that you will remain with them in supportive silence, and if they do want to talk you are there to listen. Your reassurance will help the child to feel understood and supported.

On their return to school, measures and interventions will be implemented to support the child through the pastoral team.

What information can I share?

Confidentiality is not boundless. Make no promises to keep what they say as secret or 'just between us'. Be clear from the outset that you may need to get some help in keeping them suicide-safe. Make sure you keep informing the child you are supporting that you may need to share some information with other people in order to keep them suicide-safe. A child's parents and primary carers are to be informed of any concerns relating to the child's thoughts of suicide or suicidal behaviour.

Immediate response should a suicide occur within the community

- Contact local and national services (<https://nypartnerships.org.uk/suicide>) for guidance and support.
- Send out a letter (with permission from the immediate family) informing the community of the death and the channels of support they can reach out to.

Parents/carers and all staff need to know:

- In brief what has happened
 - What support the school is putting in place.
 - What actions the school will take with regards to funerals and memorials.
 - Where to find further information about suicide and grief.
 - Where to access support for themselves.
 - What to do if they are worried about someone else.
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- Have class assemblies to help children better understand the situation and how they can ask for help and support. This is to be done by SLT members.
 - Through weekly assemblies, ensure all children know how to access pastoral/ DSL for further support should it be needed.

Samaritans have provided the following information to help with breaking the news.

Samaritans' Step by Step service can work with you to consider the ways in which a school may become aware of a suicide, and how to respond to these to prevent rumour and misinformation and to consider the best actions to take in such cases.

- Establish the facts before acting on news of a suicide. Contact the police or the family as soon as you can to confirm the death and whether or not it is being treated as suicide. Be aware that it is likely to be many months before an inquest (or fatal accident inquiry in Scotland) is held, and that in many cases narrative verdicts may mean that the death is not officially recorded as suicide. It is important to note that there may be a great deal of speculation within the school community, and that schools often have to act on the basis that the death is being treated as suicide.
- Notify the school (or local authority) incident management team. It is important to act quickly, while at the same time preparing the school leadership team and administration for continuous enquiries once the death is made known.
- Breaking the news to young people can be extremely difficult. Tell staff first and give them time to take in the news before addressing students. Make sure that staff know where and to whom they can turn for emotional support.
- Best practice suggests that, where possible, it is better to break the news to students in small groups or classes.
- When breaking the news it is important to be factual but to avoid excessive detail about the suicidal act itself. Rumours may be circulating and people may ask directly but try not to disclose details about the method used, whether there was a suicide note, or its contents.
- Consider preparing a statement for staff to use to ensure consistency across the school.
- Consider providing immediate counselling or emotional support to students and staff at the school. This may be arranged by the local authority.
- Try to strike a balance between sensitivity to those who are grieving and in shock, on the one hand, and the need to maintain the school routine, on the other. It may be helpful to set aside a room where students can go if they are upset.

Handling the media

Dealing with the media can add to what is an already stressful situation. We advise you to appoint a single media spokesperson for the school and discourage other students and staff from making public comments.

The media spokesperson should prepare a statement for the media, and not deviate from it. Avoid giving details of the suicide method or any suicide note, or giving simple 'explanations' of the suicide such as '...was stressed about exam results'

Use phrases like:	Avoid phrases like:
<i>A suicide</i>	<i>A successful suicide attempt</i>
<i>Die by suicide</i>	<i>An unsuccessful/failed suicide attempt</i>
<i>Take one's own life</i>	<i>Commit suicide</i>
<i>A suicide attempt</i>	<i>Suicide victim</i>
<i>A completed suicide</i>	<i>Just a cry for help</i>
<i>Person at risk of suicide</i>	<i>Suicide-prone person</i>
<i>Help prevent suicide</i>	

Communicating sensitively about a suicide

If a suicide has affected the school community you will need to consider how to inform them.

Information provided to the school community in the immediate aftermath of suicide should include and reinforce:

- facts (not rumours);
- an understanding that death is permanent;
- an exploration of normal and wide-ranging reactions to suicide (expressions of anger and guilt are entirely normal);
- an understanding that, with support, people can cope;
- an understanding that fleeting thoughts of suicide are not unusual;
- an awareness of suicidal warning signs and resources available to help;
- an understanding of funeral expectations.

When discussing any suicide that has occurred, it is strongly recommended that the information given:

- is factually correct but does not include detail of the suicidal act itself;
- does not romanticise, glorify or vilify the death;
- does not include details of any suicide note;
- does not include speculation over the motive for suicide.

Further guidance and support

- Suicide prevention: developing a local action plan
<https://www.gov.uk/government/publications/suicide-prevention/developing-a-local-action-plan> 25 October 2016 Guidance
- Preventing suicide: lesbian, gay, bisexual and trans young people
<https://www.gov.uk/government/publications/preventing-suicide/lesbian-gay-and-bisexual-young-people> 13 March 2015 Guidance
- Suicide prevention: identifying and responding to suicide clusters
<https://www.gov.uk/government/publications/suicide-prevention/identifying-and-responding-to-suicide-clusters> 10 September 2015 Guidance
- Suicide prevention: suicides in public places
<https://www.gov.uk/government/publications/suicide-prevention/suicides-in-public-places> 1 December 2015 Guidance
- Support after a suicide: a guide to providing local services
<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>

Phone numbers

Childline 0800 1111

PAPYRUS HOPElineUK 0800 068 41 41 (Text 07786 209 697)

Written By: Mr M Taylor

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