Educational Psychology Service

Life is for everyone – Supporting pupils who present with suicidal feelings: A guide for school staff

This information has been written and compiled by a team of Educational Psychologists in Nottinghamshire in consultation with colleagues from the Child and Adolescent Mental Health Services (CAMHS). It draws on a number of sources and aims to support schools in understanding achievable and manageable ways to support suicide prevention.

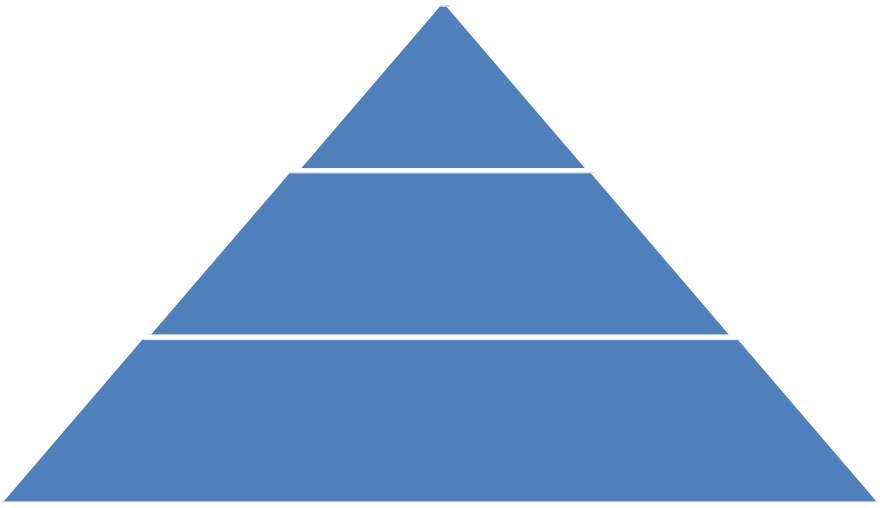
Definition

A death is classified as a suicide by a coroner based on evidence that a person died as a result of a deliberate act to cause his or her own death. In the UK only a coroner can make this determination and the inquest may be many months after the death. The term suicide is used to for clarity, but please note the term unexpected death is used interchangeably.

Introduction

Preventing the suicide of children and young people is no easy task. Suicide is a complex issue often involving several interrelated systems working together at the level of child or young person, family, school and other organisations, as well as being influenced by national agendas e.g. Help is at Hand (Public Health England, 2015).

"***Lives are not saved by specialist intervention, but by the impact of existing relationships."*** Marie Armstrong, 2015. Therefore, although responsibility for suicide prevention rests with all, schools are well placed to offer proactive and support to young people in their care and recognise signs of heightened risk. This document is structured into three sections:



1. **Universal Need:** How schools can promote the resiliency and positive emotional health and wellbeing of all its pupils to enhance the protective factors which support pupil resilience
2. **Additional Need**: How schools can support pupils identified as potentially vulnerable
3. **Individual Need**: Identifying when vulnerability outweighs resilience and managing the associated risk

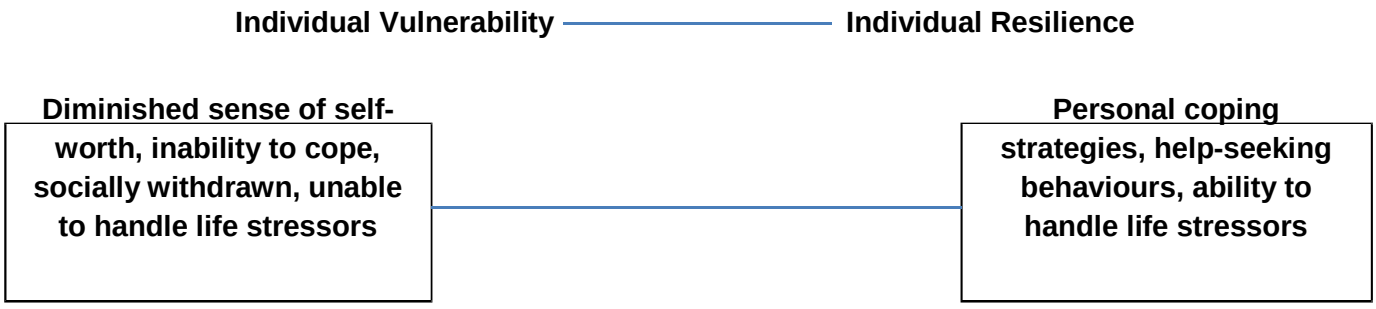
Section 1: Universal Need

Suicidal behaviours, both fatal and non-fatal, result from interactions between a variety of risk factors and a lack of protective factors across a person's life span.

Resilience versus vulnerability

Everyone experiences stress and difficult circumstances during their life. Most people can handle these tough times and may even be able to make something good from a difficult situation. Resilience is the ability to bounce back after experiencing trauma or stress, to adapt to changing circumstances and respond positively to difficult situations. It is the ability to learn and grow through both the positive and the negative experiences of life, turning potentially traumatic experiences into constructive ones. Being resilient involves engaging with friends and family for support, and using coping strategies and problem-solving skills effectively to work through difficulties. At the opposite end of the spectrum is vulnerability. People who have a tendency to respond negatively when faced with difficult or traumatic life events may become discouraged or defeated and potentially even more vulnerable. Many factors contribute to vulnerability, and often they are the same factors that contribute to resilience. For instance, a family environment that is supportive and caring will enhance resilience, while lack of family support or exposure to abuse or trauma may make a person more vulnerable and less able to cope with potentially traumatic incidents. Figure 1 illustrates the relationship between resilience and vulnerability factors.

Figure 1: The continuum of vulnerability and resilience



(Cowley, P., Kilroe, J. and Burke, S. 2004)

Protective factors which promote the resilience and emotional health & well-being of young people

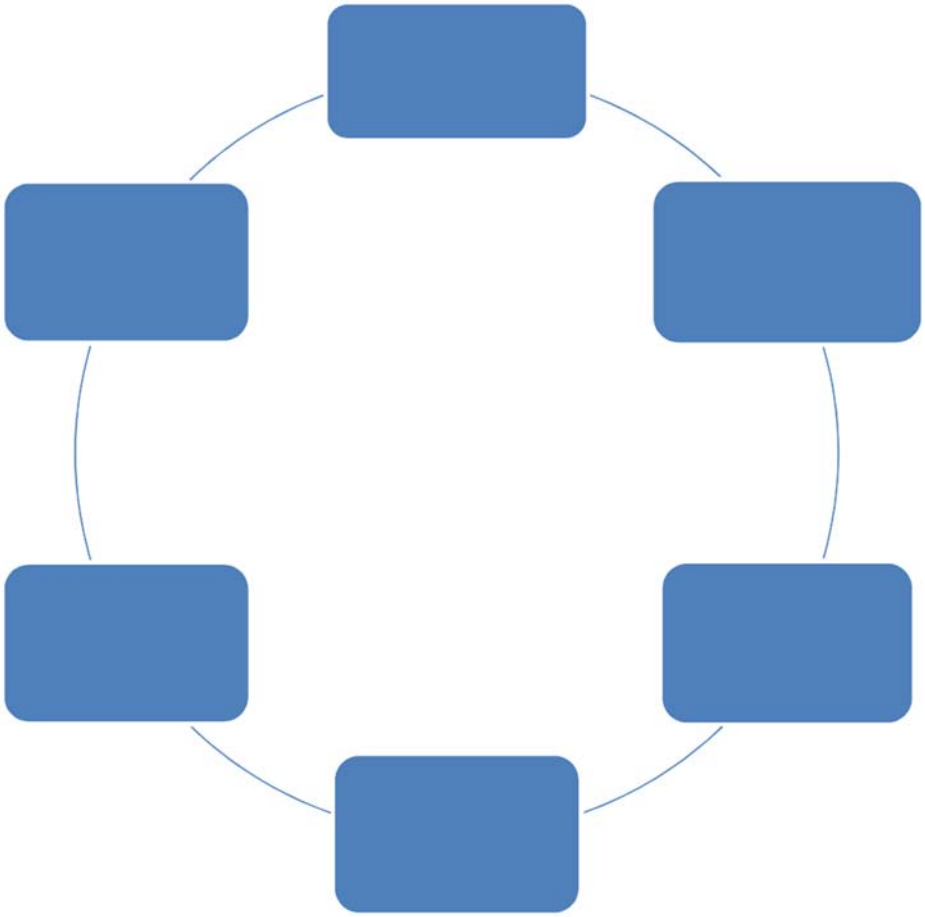
Research has demonstrated that there are factors within a person's life that 'protect' them and subsequently lessen the likelihood of them taking their own life. However, this is by no means an exhaustive list:

Contextual Factors:	Family Factors:	Individual Factors:
Social integration and wide support network e.g. through participation in sport, church associations, clubs and other activities Good relationships with school mates Good relationships with teachers and other adults Support from relevant people Being female Having a strong religious commitment A higher social-economic status e.g. having a high standard of living Extended network of family and friends Connectedness Peer relationships/positive peer influence Social organisations that offer array of services and activities to residents/opportunities for positive activity Consistent expression of social norms and expectations/what constitutes acceptable behaviour Sense of cohesion/community neighbourhoods and neighbours Sense of pride/culture/ identity/of a place Opportunities for young people to participate in community life as a valued members	Highly structured/high expectations Encourages participation in a 'family life' Provides secure attachment experiences (attunes to children and attempts to meet their needs) Relationships provide care/support/create love and trust/offer encouragement in and out of family Warmth, cohesion – family is a 'group' Presence of a caring adult Absence of stress/conflict Authoritative/emotional/ coaching style of parenting Emotionally available & emotionally stable parent	Good social and communication skills Confidence in oneself and one's own situation and achievements Seeking help when difficulties arise e.g. in school work Seeking advice when important choices must be made Openness to other people's experiences and solutions Openness to new knowledge High self-esteem and psychological strength A sense of hopefulness and self-efficacy A flexible coping style Low level of hopelessness, perfectionism, impulsivity, hostility and aggression Easy temperament, personality traits Being female Positive self-image & self-confidence, independent, autonomous Internal types of self-motivation / attributions / self-efficacy & locus of control (e.g. aware that they have an impact on the world around them) Able to relate to and trust others Good communication & social skills (e.g. responsibility; empathy; co-operation, assertiveness, interpersonal skills) Able to regulate strong feelings and impulses and can delay gratification Hope / positive beliefs – curious and creative

(WHO, 2000)

Schools therefore have an important role in supporting the protective factors available to their pupils to support during times of adversity. The next section looks at how schools can support pupils to maximise their resilience and well-being.

The role of schools in promoting resiliency and emotional well-being



Enhancing confidence, self-esteem and psychological strength

Research has demonstrated that children and young people with a positive self-image and high self-esteem are more resistant to developing mental health difficulties and are more likely to cope with difficult or stressful life events (World Health Organisation, 2000). It is worth considering whether your school environment embraces the following.

Providing a sense of purpose, hope and aspiration

Pupils who possess a purpose in life, either through the activities they currently engage in, or via an aspirational goal, subsequently have a reason to plan for their future. Hence, the more schools can do to promote meaningful commitments and achievable goals, the more pupils will internalise a hopeful outlook. However, without a high self-efficacy (belief in one's own abilities to achieve) and self-esteem, this remains a difficult task.

Promoting emotional expression and normalising help seeking behaviours

Supportive schools have an ethos in which pupils feel safe to express their worries and distress; where they can seek advice and support from trusted adults without fear of ridicule or stigma, knowing their concerns will be treated in confidence and with respect.

Pupils should be taught to take their own feelings seriously and encouraged to confide in parents and other adults, such as teachers, school nurses, friends, sports coaches etc. Accessing support networks and guidance in various forms should be welcomed, easily accessible and embedded within the school culture as part of the everyday provision, particularly throughout more difficult or decision making times e.g. transitions, exam periods etc. Such an environment can help prevent a pupil's distress from

escalating unchecked to the point where suicide may seem the only means of relief. As well as internal processes, schools should support pupils to access available external help services, including telephone numbers or websites (see resources section).

According to the research by the World Health Organisation (2000) simply knowing that there is always someone within school who will 'listen' is the greatest intervention available to young people in terms of suicide prevention work.

Knowledgeable school staff

In order to be able to promote help seeking behaviours by young people, it is important that all staff members feel willing and able to listen to pupil and when needed, to give appropriate advice. Training courses for school staff aimed at improving active listening skills and increasing their knowledge about available support are crucial means of suicide prevention (WHO, 2000). Signposting to courses can be found in the resources section at the end of this document.

Integration of policies and provision including being a 'Bereavement Aware' school

Everyone in the school should be enabled to understand and manage the variety of emotions that arise in everyday life which effect attitudes and behaviour. Schools can facilitate this through:

- Opportunities to build social relationships throughout the school day and beyond: through teacher and pupil interaction; friendships; clubs and interest groups; pastoral care / form tutor and other key adult relationships
- Proactive PSHE programme and/or use of Social, Emotional Aspects of Learning materials (SEAL)
- Peer involvement such as peer mentoring, peer mediation and peer counselling
- Access to Nurture groups
- Access to support systems both curricular and social
- Access to validated interventions such as Circle of Friends
- Cross curricular opportunities such as the Healthy Schools Programme – Healthy Schools toolkit, resource modules from the Samaritans and Developing Emotional Health and Learning (DEAL) can enhance an ethos of mutual care and support in the school, and help to promote emotional understanding and resilience in pupils.

Schools should carefully consider the impact on bullying and violence at school - schools should refer to Nottinghamshire's Anti-bullying Policy. Nottinghamshire has a dedicated Anti-Bullying Co-ordinator who can support on policy development including e-safety (lorna.naylor@nottscc.gov.uk).

It is important for schools to take into account the views of their children and young people and to incorporate these into policy and practice. Schools should ensure, wherever possible, that they involve their pupils in the design and review of provisions for supporting emotional wellbeing and positive mental health (such as; policies, protocols, interventions).

Schools should aim to become a 'bereavement aware' environment, where loss is acknowledged and discussed in different forms with staff, parents and pupils. Such a school plans proactive about managing loss and bereavement and this in turn raises the confidence and skills of teachers (and parents) to discuss and manage issues relating to loss and death such that if, and when, a loss is experienced, there is a basis for support and discussion already in place.

Whole school development work might include the development of a bereavement policy and training for staff on issues relating to loss and bereavement. Requests for such support can be made to the EPS during Springboard when organisational issues are considered.

Children and young people are often taught about the importance of physical health, but it is also imperative that we teach them about maintaining their emotional health i.e. how to look after our mind, body and feel good about themselves. Factors to consider include: (i) connectedness; (ii) being active (iii) active learning of new skills / knowledge (iv) giving to others (v) being mindful and (vi) relaxing (including the importance of time away from technology). Further information can be obtained from the NHS Choices website.

School connectedness (sense of belonging)

Increased levels of connection with school have been found to reduce the likelihood of risk taking behaviour whilst promoting positive emotional health and well-being (Loukas *et al*, 2010). Greater feelings of connectedness are associated to (i) A sense of belonging within the school i.e. feeling wanted and cared for, identifying with the school culture, having frequent opportunities to participate in school activities, having the chance to help decide or influence things etc and (ii) having good relationships with school staff and other pupils within the school. Having considered how school can consider provision for all its pupils. Section 2 addresses how to recognise those risk factors which make young people more susceptible to taking their own life.

Section 2: Additional needs - Identifying & supporting pupils who are potentially vulnerable

The reasons that people take their own life are very complex. The many factors that influence whether someone is likely to be suicidal are known as (i) *risk factors* which may increase the likelihood of suicidal behaviour (vulnerability) and (ii) *protective factors*, which reduce the likelihood of suicidal behaviour and work to improve a person's ability to cope with difficult circumstances (resilience).

Risk and protective factors are often at opposite ends of the same continuum. For example, social isolation (*risk factor*) and social connectedness (*protective factor*) are both extremes of social support.

Risk and protective factors can occur at (i) individual level - include mental and physical health, self-esteem, and ability to deal with difficult circumstances, manage emotions, or cope with stress (ii) the social level - including relationships and involvement with others such as family, friends, the wider community and the person's sense of belonging and (iii) the contextual level or the broader life environment and this includes the social, political, environmental, cultural and economic factors that contribute to available options and quality of life.

Risk factors

Research has demonstrated that those young people who have taken their own life are not a group of individuals with similar characteristics (WHO, 2000). However, there are factors which, when cumulative, increase the risk of a person ending their life. These are detailed overleaf:

Contextual	Social	Individual
Financial and employment stress on the family Not having a positive community connections Lack of cultural support	Difficult family patterns and traumatic events Parent/care giver presenting with mental health difficulties Alcohol and substance abuse or anti-social behaviour in the family A family history of attempted suicide and suicide Violent and/or abusive family (physical, emotional and sexual abuse) Frequent aggressive arguments between care givers Domestic violence Divorce, separation or death of a care giver Frequent moves to different residential areas Very high or very low expectations of care givers Inadequate or excessive authority from care givers Lack of time to deal with a pupil's emotional distress and a negative emotional environment e.g. neglect or rejection Familial rigidity	Unstable mood Angry or aggressive behaviours Anti-social or acting-out behaviour High impulsivity and/or irritability Rigid thinking and coping patterns Poor problem solving abilities when difficulties arise An inability to grasp reality or living in an illusory world Fantasies of greatness alternating with feelings of worthlessness A ready sense of disappointment Anxiety, with absence of a significant stressor Uncertainty concerning gender identity or sexual orientation Ambivalent relationships with parents, adults and friends Mental health difficulties such as depression, anxiety, alcohol or drug abuse, eating disorders Noticeable change in behaviour Withdrawn/disconnection

(World Health Organisation, 2000)

It should be noted that Children Looked After, care leavers and young people in the youth justice system are deemed especially vulnerable.

It is recognised that schools can not necessarily change or have an influence upon some of the factors identified above as some are modifiable and clearly others are not. However, there are many factors which school can enhance significantly with respect to balancing protective factors (as discussed in Section 1).

Recognising the Risk

Suicide is usually the result of a complex range of factors, but it is often just one or two things that can trigger a person's actions such as making a suicide plan or finding a means to take their own life. Most people who are thinking of taking their own life do not actually want to die, but can't see any other way out of their situation. They are likely to be deeply ambivalent or confused about their suicidal thoughts or intentions and their state of mind may change rapidly in a short period of time. Given that many pupils experience such risk factors, how can we identify those individuals who are vulnerable? It is useful to move from thinking about the type of events which can tip the balance for a young person

Tipping Points

A tipping point is a trigger or precipitating event which may increase a person's risk of taking their own life. Tipping points vary for every individual. Tipping points can be thought of as the 'final straw' that may lead someone who has been considering suicide to take action. Examples of negative life events and circumstances that may act as a tipping point include:

- Family disturbances including family break-up

- Social isolation or separation from friends, girl/boyfriends, classmates….
- Breakdown in significant relationships, e.g. with parents, boy/girlfriend
- Death of a loved one or other significant person
- Termination of a love relationship
- Peer-group pressure or self-destructive peer acceptance
- Bullying and victimisation
- Disappointment with school results and failure in studies
- High demands at school during examination periods
- Unwanted pregnancy, abortion
- Serious physical illness
- Drug and alcohol use/abuse
- Mental health problems in parents/carers, especially involving self-harm or suicide attempts
- Concern about sexual or gender orientation
- Involvement with police/criminal justice system
- Previous attempts at suicide or self-harm
- Mental health problems, current or past history, in particular depression, eating disorders and psychoses
- The suicide of a family member, friend or public role model
- Media reporting about suicide
- Humiliating event/experience e.g. social media/classroom

We have documented that the potential for suicidal behaviour is determined by a complex interplay of many factors. However, having an appreciation of the tipping points and the subsequent warning signs for potentially suicidal behaviour can be likened to 'signposts' i.e. early warning of the potential for suicidal behaviour. Knowing the main warning signs for suicide and responding to them quickly and effectively may save someone's life. However, it must also be noted that in many cases the warning signs are not obvious and even the most skilled professionals may miss them.

Warning Signs

A warning sign indicates that a person is having serious thoughts about taking their own life and may even be making plans to take this action. This is the earliest indication that someone might be at a heightened risk of immediate suicide.

Suicide warning signs may be a cry for help and they can provide a chance for family, friends and health professionals to intervene and potentially prevent the suicide from happening. If you notice someone acting strangely or particularly out of character it is important that you talk to them about it. Young people thinking about suicide may not seek help directly. However, many will give warning signs and teachers are well placed to notice what has changed or is different. Warning signs might include (but not in order):

- Threatening to hurt or kill themselves. Suicide threats may be direct ("I want to die", "I'm going to kill myself") or indirect ("No one would miss me", "My family will be happier without me")
- Talking or writing about death, dying or suicide (especially when this is out of character or unusual for the person). This includes writing 'suicide' notes, emails, or text messages
- Preoccupation with death and suicide, e.g. in conversation, drawings, diaries or blogs
- Evidence of planning how suicide could be attempted, looking for ways to kill themselves, or talking about their suicide plan
- Making final arrangements such as giving away personal possessions like jewellery or clothes or saying goodbye to family and/or friends; and/or saying they have no reason for living or have no purpose in life
- Showing signs of depression- low, 'flat' mood; expressions of helplessness and hopelessness
- Self-harming

- Poor concentration, unresponsiveness, preoccupation with own thoughts
- Abnormal sleep patterns - not sleeping or sleeping all the time
- Changes in appearance and habits
- Sudden changes in personality, mood or behaviour including expressions of rage, anger or revenge, anxiety or agitation. Suddenly being happy or content can be an important warning that the person has reconciled to end their life rather than the problem has been resolved
- Any sudden or dramatic change affecting a young person's performance, including misconduct in the classroom
- Lack of interest in usual activities including withdrawing from friends, family and community
- Unexplained or repeated absence or truancy
- Increased tobacco smoking, drinking, or drug misuse
- Engaging in reckless or risky behaviours
- Expressing feelings of being trapped, as if there is no way out
- Dramatic changes in mood, such as sudden feelings of happiness after a long period of sadness or depression. It is important to explore dramatic mood changes. This may be due to positive changes and they are feeling happier or it may be that a suicide plan has been constructed and they are demonstrating relief

Although most young people may show some of these signs at some time in their life (especially when they are tired, stressed or upset) it is better to act rather than not to act at all, particularly if someone is showing several of these signs at the same time. It is important to respond quickly by talking to the person and enlisting the help and support of others. Staff wishing to have more support in understanding these issues can access the Applied Suicide Intervention Skills Training (ASIST) training (see resources and signposting section). Staff should be especially alert if a pupil appears to be in a state of unremitting stress, anxiety or unhappiness – especially if over a prolonged period. (WHO, 2000).

What to look out for

The first key principle in suicide prevention is noticing. Being aware of non-verbal communication is extremely important; especially in young men, who may be less likely to seek direct help. It must be stressed, however, that not everyone thinking of suicide will exhibit overt warning signs of the kind described. Some will go to considerable lengths to conceal their feelings and intentions. Many suicide attempts are impulsive acts with little or no prior planning – e.g. reactions to a specific events (World Health Organisation, 2000). For this very reason, paracetamol tablets are now produced in blister packs as the time it takes to push each pill out may be sufficient for the impulse to pass whereas pouring the pills out of a bottle does not provide that buffer to make a different decision. Households where medications are securely and safely stored are a key part of suicide prevention as having to walk to the shop to buy tablets can often be enough to allow the impulse to pass.

Age, consent and confidentiality

Whilst recognising that schools operate differently, all schools should follow existing safeguarding protocols. Colleagues from CAMHS have provided clarification about the issue of age, consent and confidentiality with regards to their service and this is helpful to inform teachers about their response.

- *Young people aged 16 or over are presumed to have capacity to consent unless it is assessed that they do not have capacity. They may consent to having treatment and be happy for parents/carers to be involved - this would be best practice.*

- *If young people do not want their parents to be involved then this right to confidentiality has to be weighed up against risk. For example, the confidentiality of a young person may be honoured in the case of self-harm e.g. superficial cutting (where there may be no immediate/significant risk). However,*

if the young person is deemed to be a high risk of suicide then, despite treatment compliance, risk management may overrule rights to confidentiality and parents/carers would be informed

- *It is important to know why the young person does not want their parents to know and if there is another adult they can tell/involve*

- *If the young person is refusing treatment and there are concerns of a high risk of suicide then a mental health act assessment should be requested. If the young person has a mental health disorder then they may need to be assessed and treated against their will*

- *It is important to use existing safeguarding procedures and protocols*

Section 3: Individual need – Managing risk

It is important to acknowledge that we can never know how many suicides have been prevented by the proactive preventative support undertaken by schools and services. Schools sometimes feel that this is a mental health issue and should be managed by CAMHS. However, analysis shows that many of the young people who have completed suicide in Nottinghamshire have not been known to services such as CAMHS. Therefore having an informed school workforce who are alert to, and who can respond to, the warning signs of potential suicide can be vital in preventing a crisis in a young person's life turning into a tragedy. However, school staff need to realise that warning signs are not always evident, even in those who are seriously contemplating suicide.

Links between suicide and self-harm

Self-harm should always be taken seriously:

- One of the major predictors of suicide is a previous episode of self-harm, including previous suicide attempts
- Research suggests people who self-harm are at increased risk of suicide. However, it is important to note that many young people self-harm with no suicidal intent; harming themselves is their way of coping with life. However, even if there is no suicidal intent accompanying the self-harm, the risk of accidental death is very real
- People who repeatedly injure themselves may come to feel that they cannot stop, and this may lead to feelings of hopelessness and possibly suicidal thoughts
- People who self-injure and those who attempt suicide have similar feelings of hopelessness, often believing that things will never improve or that they have lost all control over their life. Additionally, if self-injury does not relieve tension or control negative thoughts and feelings, the person may injure themselves more severely, or may start to believe they can no longer control their pain and may consider suicide

Assessing the risk of suicide

Assessing the risk of suicide is a multidimensional and complex concept. However, it may be helpful to consider whether:

- The young person has attempted to end their life previously. A previous suicide attempt is the greatest predictor of eventual suicide (Welch, 2001)
- The young person presents as depressed. Many adolescents will demonstrate behaviours associated with depression, such as low self-esteem, despondency, concentration problems fatigue and sleep disturbances. However, the difference is when the problem appears severe and long lasting. Depth, duration, context and response to distraction will be indicative of the persistence of behaviours associated to depression, and this can help staff members identify whether this is a typical healthy response to adolescence or a young person in crisis
- As outlined previously, there are a number of particular circumstances, namely environmental situations and negative life events, that increase risk (see page 8)

Expressions of suicidal thoughts

Staff members may identify that a pupil is experiencing distress, but knowing how to react and respond to a pupil expressing suicidal thoughts can be daunting. It is important to remember that having suicidal thoughts now and then is not unusual. However, suicidal ideation from pupils should be explored and not ignored. It is important to not become complacent and instead actively manage each situation. Suicidal thoughts are considered to be a problem when "the realisation of those seems to be the only way out of their difficulties" (WHO, 2000).

It is likely that pupil will demonstrate ambivalence about whether to accept or reject help that is offered and that this will vary over time. Although it may be easy to view this as a 'controlling' or 'manipulative'; such a response can be typical for those pupils experiencing this level of distress.

A sudden deterioration in a pupil's mood and behaviour, including evidence of self-harming or overt threats of suicide, clearly requires urgent action. However, even if a pupil is not exhibiting obvious signs of suicidal intentions, a tactful and sympathetic approach by a trusted adult should be considered if, for the reasons outlined earlier, it is thought that the pupil may be at risk.

Remember, when staff members respond to a pupil's feelings, validating them in an empathetic and non-judgmental manner, a pupil is more likely to seek them out again in times of emotional distress.

Talk with the pupil:

- Remain calm, but make it clear that you are concerned for their wellbeing
- Validate how they are feeling – how you respond can either open up or close down this crucial conversation
- Ask the pupil what is troubling them, but do not badger or interrogate
- Listen sympathetically and show that you take them seriously
- Try to understand how they see their situation, however unrealistic it seems to you
- Do not judge or appear critical or dismissive. Never belittle their concerns e.g. "that just being 15…."
- Actually ask the difficult question. Are they thinking about suicide? It is very unlikely by asking about suicide to put the idea into their head, and most young people feel relieved to talk about it if they are having such thoughts. Be clear in your language – do they have a plan?
- Reassure them that help is available and discuss how this might be obtained
- Do not go beyond your own knowledge and expertise; avoid offering 'solutions'
- Assure them that you will respect their confidence as far as possible, but that you will have to tell someone if you think this is necessary for their safety

If the young person tells you about their suicidal ideation then they have chosen you for some reason. They have identified a connection with you and this should be utilised.

Alert others:

- If you consider that the young person is at **significant risk** then inform the parents/carers of your concerns, or ensure that an appropriate member of staff is made aware of those concerns and shares this with parents/carers
- For pupils over 16, safeguarding concerns over-ride confidentiality
- If you hold the concern then you should make the referral to specialist services for advice / support as you hold the information. There is always a worker within CAMHS available during school hours for guidance. If the young person is known to CAMHS then contact their CAMHS worker. Be clear with the person taking the call why you are calling as if they are not available then you should be directed to someone who can advise
- If you consider that the young person is thought to be in imminent harm, then Emergency Departments (A&E) have a duty of care to young people and they will admit and assess a young person
- If the young person refuses treatment and there are concerns about high suicide risk, this is when a Mental Health Act assessment would be requested.

Responding to the warning signs and tipping points for suicide

- Be aware. If a young person is showing some or all of the warning signs for suicide and/or has experienced a potential tipping point, you should act immediately to ensure their safety. Remove access to any means of suicide and do not leave the person alone
- Assess the risk. Talk to the pupil who you think may be feeling suicidal and assess the situation. Does the person have a plan to take their own life? Do they have the means to carry it out? If so, the person is at a high risk of suicide and you should take the young person to a place of safety (Emergency Department / A&E). If they or you are in immediate danger, call 999 immediately. If the person is at a lower risk of suicide, talk to them about their suicidal thoughts and develop a Safety Plan together to help keep them safe (see appendix 1 for an example)
- Talk to other people who know the pupil you are concerned about to see if they have noticed anything out of the ordinary
- Don't panic! If someone you know is showing warning signs of suicide or has reached their threshold, try not to over-react. Simply talk to the pupil, validate how they are feeling, assess the situation and respond as quickly and efficiently as possible
- Give the pupil hope. Show them that you understand that they are feeling desperate or are in a difficult position right now, but reassure the pupil that help is available, that they have not always felt this bad, and that with the right help it is possible they could deal with their current feelings
- Know where to go for support. Keep a list of contact details and when services are available. Provide practical help to get them to an appropriate service
- Remove means for self-harm if actively suicidal
- Seek advice and support from a colleague responsible for safeguarding, but stay involved

Managing teaching staff's own responses to a pupil's expressions of suicidal thoughts

As pupils spend a significant time within the school environment, staff members may be faced with situations in which pupils express suicidal thoughts and emotional distress. It is typical for these conversations to bring about our own feelings of anxiety and panic and provide us with an overwhelming sense of responsibility and sometimes, hopelessness.

The management of a pupil's expressions of suicidal thoughts may also cause potential conflict. Some staff members may feel that they lack (i) the specific skill set required to support the young person (ii) the time in order to manage it effectively or (iii) struggle internally with their own personal experience(s) of distress.

In conclusion, in order to care for and support others, we must first look after ourselves and promote our own emotional well-being. Schools should ensure that there are consistent and accessible networks of support and training, particularly for those taking on a pastoral role within the school. It is helpful for the young person to have a named and trusted member of staff to go to and often young people will choose who they approach to share their feelings. Therefore, it is vital that within the school, **all** members of staff share responsibility to safeguard pupil, as well as supporting their colleagues in managing emotive situations.

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Courses / Self-help resources

Harmless

Harmless is a user led organisation that provides a range of services about self-harm including support, information, training and consultancy to people who self-harm, their friends and families and professionals https://www.harmless.org.uk

Applied Suicide Intervention Skills Training (ASIST). In Nottinghamshire, ASIST can be accessed via Harmless https://www.livingworks.net/programs/asist/

MindEd is a free educational resource online training resource on children and young people's mental health for adults to access http://www.MindEd.org.uk

Moodjuice An internet based self-help resource which does not have the facility to offer tailored advice or signposting for individual circumstances. The team is focused on the maintenance and development of the online resources and website itself http://www.moodjuice.scot.nhs.uk

Signposting and Online Resources

Public Health England (2015) *Help is at hand Support after someone may have died by suicide* http://**www.nhs.uk**/Livewell/Suicide/Documents/**Help is at Hand**.pdf

Papyrus - Confidential Young Suicide Prevention Advice

HOPELineUK

0800 068 41 41

email:pat@papyrus-uk.org

Samaritans

Emotional support 24 hours a day for people experiencing feelings of distress or despair

http://www.samaritans.org/

Childline

24 hour counselling service for children and young people.

http://www.childline.org.uk/

Survivors of Bereavement by Suicide

Survivors of Bereavement by Suicide exists to meet the needs and break the isolation of those bereaved by the suicide of a close relative or friend.

A self-help organisation where many volunteers have themselves been bereaved by suicide.

http://www.uk-sobs.org.uk/

Young Minds

Information and support to improve the emotional wellbeing and mental health of children and young people and empower parents and carers.

http://www.youngminds.org.uk/

Kidscape

Support to children and young people under 16 and those around them, to prevent bullying and child sexual abuse.

http://www.kidscape.org.uk/

Written by Dr Nicki Hammill, Pippa Pal, Dr Jo Marriott, Anna Danhall and Dr Katie Chapman in consultation with Rebecca Stevenson (Training Lead & Primary Mental Health Lead) and Marie Armstrong (Nurse Consultant Self-Harm) CAMHS.

Appendix 1: An example of a hypothetical Safety Plan (CAMHS)

Name: Bella J **DOB: 01/01/1999**

GP: Dr Aslam **Home address: 100, Greenacre Lane**

Identified Need:

- Admitted to hospital following suicidal thoughts and cutting on left arm using razor

(Assessed by CAMHS as having no suicidal intent or plans*)

Plan of Care:

- Follow up appointment on 15.04.16
- Liaison with student support at Blue Skies Academy (staff member Ms Brindsley identified by Bella as someone she feels confident to speak with)
- Contacts Childline 0800 1111 and Samaritans 116 123
- Emergency contacts GP, A&E, CAMHS
- Safe storage of medication – advised parents / carers regarding having a safe or lockable cupboard for **all** medications held in the household

Identify Triggers (share with parents/carers):

- Argument with parent
- Pressure of school work
- Fall out with peer group
- Grandad died last year and Bella still really misses him and she used to be able to talk to him

Coping Strategies (identified by Bella and worker):

- Sleep
- Listening to music
- Talking to friends on phone
- Baking
- Text mum if having suicidal thoughts

Alternatives to Cutting (identified by Bella and worker):

- Walk the dog
- Go swimming
- Go to Zumba with friend
- Writing poetry
- Tell student support in school how I'm feeling

Personal resources, strengths and protective factors (identified by Bella and worker):

- Supportive family
- Good relationship with staff in student support
- Concern for younger sibling
- Bella wants to do well school and aims to go to university
- Bella feels she can talk to her best friend Sarah, her best friend
- Bella doesn't want to keep cutting
- Bella wants help to change her situation

Written information provided by CAMHS:

- Exercise, food and mood
- Signposted to Harmless website (for young people and parents/carers)
- Signposted to Moodjuice
- Belly Bio (sleep /relaxation App)

Discussion re danger and long-term outcomes *(harm minimisation*):

- Discussed scarring
- Use of creams
- Reaffirmed that palms do scar

Liaison with others:

- Inform school
- Inform GP

(consider consent of young person and safeguarding)

**It is important to ask Bella what she meant by 'I don't want to be here anymore?' Does Bella have a plan? If there is a plan – what is it? If there is a plan – what has stopped her going through with it? (this will identify potential protective factors)*