Postvention Guidance for Educational Settings in Haringey: Responding to a Pupil's Suicide

A guide for educational settings in Haringey

Haringey Educational Psychology Service

www.haringey.gov.uk

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Introduction

Suicide

- Often happens unexpectedly
- Has an immediate and traumatic effect on families, friends, schools and communities
- Leaves schools and pupils struggling to cope
- Moreover, when it appears that a pupil has taken their own life, it can increase the risk of suicide for other vulnerable young people, a phenomenon known by researchers as **suicide 'contagion'.**

It is therefore vital that schools support pupils and staff as they deal with the trauma that follows a suicide.

This guidance aims to support and assist schools in responding to the suicide of a pupil – a process known as ***suicide postvention.***

It is a practical guide that offers suggestions about managing such a traumatic event.
It provides a checklist for action, divided into five sections: what to do straight after the suicide, in the first 24 hours, in the first week, in the first month and then in the longer term.

What Haringey Educational Psychology Service (EPS) can offer

Depending on the levels of training and experience within the school, the EPS can offer four specific types of support in the first days and weeks following a suicide:

- information and advice about action, together with moral support and a trusted sounding board at a difficult time
- advice to school staff about possible emotional responses among staff and pupils, and how to manage these
- support for groups of staff and pupils in managing their emotions
- support for groups of parents in understanding their children's responses and how to manage these

Preparing for an incident

Ideally, staff should be as fully prepared as possible before any such incident happens.

The EPS can help schools develop their own suicide postvention plans and signpost staff to relevant online training and support agencies.

Checklist for action

Immediate response

1. **If the incident has happened at school, ensure the immediate safety of all school staff and pupils.**
   - Ensure no other pupils or staff are in immediate danger.
   - Administer first aid where necessary.

- Call 999 for emergency services.
- Move witnesses to safe locations and organise support and supervision.
- Isolate the site of the suicide from pupils and unauthorised staff.

2. **If the incident has not happened at school, find out the facts.**
   - Follow up 'rumours' about suicide from pupils, parents or staff.
   - Verify reports of suicide that do not come from immediate family members through the police, hospital staff or with extreme sensitivity, the family.
   - Offer your sympathy
   - As and when appropriate clarify with the families what information they agree to share.

3. **Gather information and keep a written record**
   - Gather as much factual information as possible using the questions on the Suicide Postvention Record Form – Appendix K
   - Start a written log.

4. **Contact your Chair of Governors.**

5. **Contact appropriate support agencies including:**

   - Director of Children's Services: T 0208 489 3206
   - Assistant Director Schools and Learning: T 0208 489 3607 / 3424
   - Haringey EPS: T 020 8489 3004
   - Contact the Haringey Press Team: T

6. **Ensure that affected pupils, parents and staff are comforted, supported and not left alone.**
   - Exposure to suicide is a traumatic experience.
   - Ensure the pupil's closest friends (and any other pupils identified as vulnerable) are personally informed of the incident by appropriate staff and provided with immediate support and information about where they can receive continuing assistance at school.
   - Identify who will provide comfort and support until family members can take over.

The first 24 hours

After a suicide, many actions need to be coordinated in a very short space of time. However, unlike other kinds of emergencies, suicide postvention may need to continue for many months.

1. **Form an in-school planning group of staff to draw up an action plan for the next two to three days – a Critical Incident Team (CIT)**

Delegate the following responsibilities to the CIT: Liaison, Communications and Protection.

Role of the Liaison:

- Liaising with mental health professionals
- Liaising with police
- Liaising with department support staff

- Liaising with members of staff who knew the pupil well to collate information
- Liaising with family
    - If a suicide report is made or confirmed by the family, ask them if others can be informed.
    - If the family asks for advice about telling others, talk about:
        - The damaging impact of misinformation.
        - The needs of other affected parents/carers to know, so they can support their own children's grief.
        - The option of only naming their child to their peer group and referring anonymously to the incident with the rest of the school.
- Agree with the family what information should be shared, and with whom - staff, pupils, parents directly involved, wider community, media, social media.
- It is very important that parents of the pupil(s) involved in the incident are in full agreement with whatever is decided and that information is accurate. Agree how to do this sensitively, and who should do it.

Role of Communications

- Documenting all actions
- Preparing written information for pupils, staff and parents. Do not describe the method of suicide.
- Managing all incoming and outgoing information (for example sympathy cards or newspaper notices)
- Managing media contact via Haringey Media and PR Team
    - Tel 020 8489 2963 (9am-5pm Monday to Friday only) or 020 8489 0000 (out of hours and bank holidays) and your query will be passed to the duty media officer, or email pressdesk@haringey.gov.uk
- Informing the wider community, including other parents and neighbouring schools.
- Displaying relevant information about CIT roles and special procedures in the staff room.

Roel of Protection

- Identifying vulnerable pupils, staff and close friends for personal contact and follow up.
- Protecting pupil belongings (e.g. securing the pupil's locker).
- Collection of items of the pupil's work, including art, assignments, and journals (these should be Available to the police if required and then returned to the family).
- If the incident has happened at school, making appropriate environmental changes (e.g. barring access to a roof top; locking away ropes, poisons and other materials).

2. **Set up a safe, quiet, supervised support room for pupils where pupils' grief and needs can be expressed, responded to and monitored.**

- Ensure an empathetic and 'containing' staff member supervises the room at all times.
- Keep a sign-in sheet, so you can monitor which pupils are using the room and may be at increased risk.
- Allow pupils access to this room for several days after the incident. It should offer a containing environment which supports the return to normality.
- Monitor pupil movement to and from the room and ensure pupils are returning to class or being collected by parents or family members.
- Seek affected pupils' cooperation in preventing the spread of sensitive information about the deceased pupil

- Think about how to keep pupils on site until someone can collect / support them
- Contact the parents of these pupils directly so that support at home can be planned

3. **Alert other schools with which the deceased pupil may have had connections e.g. schools attended by siblings or close friends; connections through social media**

Youth suicide can lead to other vulnerable young people being at an increased risk of harm. International research confirms the risk of **suicide 'contagion'**, where a vulnerable person's knowledge of a suicide increases the likelihood of them viewing suicide as an option.

Inform other schools about the possible influence of the exchange of information about the suicide between pupils. Given the instant and global communication networks that young people use, schools need as much advance warning as possible, so that sensitive enquiries can be made between schools and extra monitoring can be put in place for identified vulnerable pupils.

4. **Develop a plan for handling the media**

All calls from the media can be passed on to the Haringey Media and PR Team

Tel 020 8489 2963 (9am-5pm Monday to Friday only) or 020 8489 0000 (out of hours and bank holidays) and your query will be passed to the duty media officer, or email pressdesk@haringey.gov.uk

The team can help you prepare a press statement, and advise you how to deal with phone calls, the media and social media. They will work closely with you and the family to decide what information should be given to the media. Refer all media enquiries to the press team.

5. **Keep lines of communication open**

- Sort out telephone communication to and from school
- Identify a phone line for outgoing calls and keep records of all calls
- Set up strategies for dealing with enquiries

6. **Keep all staff well-informed**

- It is vital that staff are informed of all available information regarding the suicide. This includes all adults who may have contact with pupils in the following 24 hours, such as regular bus drivers, caretaking staff, external sport coaches, canteen staff, school support staff and external tutors.
- Arrange to contact staff who were absent at the time or who are on leave.
- Ideally, staff should meet at the beginning and end of the working day following the suicide. This allows for on-going communication about decisions made by the CIT and also provides space for staff feedback and support.

7. **A lead member of the CIT should call an early morning staff meeting to outline the school's basic response and brief staff about:**

- The facts of the situation, including any parent wishes about information being shared/ withheld. The death should be referred to as an 'unexpected death' at this stage since it requires a coroner to determine the cause of death as suicide.
- The members of the CIT and their roles, particularly identifying the person other staff members should come to if they receive any new or relevant information.
- How phone enquiries are to be managed.

- The response plan for the day, in particular changes to responsibilities or routines, such as more staff on duty.
- Arrangements for use of the supervised support room for pupils (see below).

8. **Brief staff about postvention**

The principles of postvention are to prevent further harm to others by identifying people at risk and by managing the school's responses, so that the apparent suicide is neither glamourised nor made secret.

Following a suicide, one of the school's main responsibilities is to identify, support, refer and monitor the impact on other pupils.

- Ensure the processes for identifying, referring and monitoring vulnerable pupils are well understood and effective.
- Ensure staff understand the importance of not asking pupils for information relating to the suicide but passing on what they are told or observe

9. **Gather information from staff about**:

- Vulnerable pupils or those they consider will need particular support.
- Other relevant information they may have, such as connections with other pupils, particular events that need to be monitored or changed, and possessions of the deceased pupil that need to be collected for the family.

10. **Let pupils know as soon as possible and be considerate on how you deliver the message**

- **Whole school assemblies are NOT recommended**, because pupil reactions are more difficult to manage in this environment, and it is harder to support individuals in a large group.
- **Inform pupils but refer to the death as' unexpected'.** Do not provide details of the method of suicide. You might want to consider a short special tribute at this time
- The CIT should prepare a statement for teachers to read to pupils (see Appendix G)

This is an important way of supporting staff who find the task of informing pupils stressful. It also ensures that accurate and consistent information is provided to pupils, which helps counter the rumours and misinformation that inevitably arise in a crisis. Pupils need to look out for each other at times like these, and this statement should promote this important notion.

The EPS can help you decide what to say and the best approach to take:

- Friends closest to the pupil should be spoken to individually, or in small groups. Depending on their responses, they should be offered the use of the support room. Consider making arrangements for them to be collected by their parents /carers.
- No pupils affected by the news should be allowed to leave the school unaccompanied, unless by direct arrangement with parents.

- Pupils in the same year level should be prioritised. This is done in recognition of their close association with the pupil, their anticipated desire for more information, and their different need for support.
- Pupils in the same class as a sibling will need to be given additional assistance in understanding how to support their classmate once they return to school. It may be

appropriate to have the counsellor or mental health professional speak to this group, as well as to the class teacher.
- It is better to let pupils hear about the incident from someone they know while they are in small, familiar groups. Inform pupils about the incident in Home or pastoral groups, class groups or year level groups if possible, assuming staff are comfortable to do so.

Inform parents (see sample documents at the end of this toolkit for an example letter).

Giving parents/carers immediate and accurate information about the school's response to the suicide is supportive.

- It also protects the school and pupils in a number of ways:
- Limits misinformation and distress to the parent population
- Reduces the number of enquiries
- Encourages actions and attitudes that complement the school's postvention plan
- Helps parents/carers to take supportive and protective action with their own children
- Promotes communication with the school about wellbeing concerns
- Gives parents/carers confidence in the school's capacity to return to a normal routine
- Signposts adults to online resources and organisations

Consider contacting the parents of all pupils in the same class so that they know about the incident before they see their children.

- Consider writing to all parents the same day, informing them of the death (see template letters). Schools using text/email systems to communicate to parents/carers should consider the use of this form of media.
- Contact parents of pupils who may need additional support

The first week

Aim to return to normal as soon as possible but be flexible – constantly review how things are going. Feeling shocked and numbed or feeling a strong urge to talk are normal reactions

- Ensure adults and pupils have opportunities to share their thoughts and feelings with each other.
- Identify vulnerable staff and pupils and make sure they know about available support services.

1. Teaching arrangements

If a teacher has died, what will happen to their class?

- You may need to bring in a supply teacher for extra support.
- Consider moving ancillary staff into specific classes to provide additional support at certain times of the day
- consider changing the times of free periods

Consider extending the tutor time and modifying the timetable

2. Curriculum content

Identify any inappropriate content in the school curriculum

3. Support arrangements

- Contact the EPS for support and advice about other agencies and professionals who may be able to help
- Arrange debriefing for staff and pupils who are directly affected by the incident
- Plan how you will monitor and deal with people's feelings and reactions, including school staff, and keep an eye on the general atmosphere within the school
- Decide how you will deal with pupils who are too upset to attend lessons. Is there a private space they could use?
- Draw up strategies that will allow pupils to express their feelings about the situation if they wish

4. Return to school for affected pupils and staff

- Make sure that a member of staff contacts affected children at home
- Make sensitive arrangements for their return to school
- Arrange alternative teaching if necessary
- If appropriate arrange consultations/drop in for staff with the EPS so that they can better support children. Make sure that everyone has a clear understanding of the purpose of the consultation, and its confidentiality
- Clarify the procedures and support schools to refer children for individual help such as counselling.
- Liaise with parents

5. Monitor pupils and begin assessments of those identified as being at risk

Identify pupils who are immediately or already considered at risk including:

- Siblings of the pupil concerned
- Pupils with a history of suicide attempt
- Pupils who are (or have been) accessing child and adolescent mental health services for depression/suicide ideation/self-harm and pupils known to be struggling with grief or trauma related to other events (such as deaths, accidents, catastrophes, family breakdown or emotional, physical or sexual abuse).

Identify other young people who may be profoundly affected. This can be done with the help of staff, pupil, parent and family networks. This group may include:

- Friends or boyfriends/girlfriends who attend other schools.
- Friends/acquaintances who communicated with the pupil in any fashion in the hours before the incident.
- Pupils who are expressing guilt about 'messages' that they were given by the pupil, but did not act on or share with an adult.

Identify other pupils of concern

- This can be done via referrals from staff, pupils or parents.
- Send home information which encourages parents and pupils to contact the school if they are worried about any young people they know.

- Encourage staff to discuss any pupils they are concerned about with welfare/mental health staff so that they can be referred for support or monitoring.

Develop response and support plans for all identified pupils

As part of these plans, the CIT should:

- Contact the young person
- Contact the identified person's parents (unless it is believed that such contact will place the pupil at further risk)
- Develop a written plan outlining the support the pupil will receive from the school, their family and any external support agencies (this should be given to all the parties involved)

6. Monitor and support staff

- Arrange support for staff who have been affected by the incident.
- Check that monitoring procedures for staff wellbeing are in place and being followed.
- Be visible, as a support person, to help pupils or staff experiencing difficulty.
- Help staff deal with pupil behaviour.
- Have on hand a list of professionals who may be able to help, both in the short and long term
- Arrange some informal mutual support meetings, perhaps in the staffroom at the end of the day, to give staff a chance to share their feelings and reactions.

7. Taking care of yourself

Supporting staff and pupils, as well as managing the processes, can be very stressful. Find time to talk about your own personal feelings with someone you can trust. This might include an educational psychologist.

The first month

- Continue to monitor staff and student wellbeing.
- Plan for relevant events that will be held by the school (year- book photographs, award nights, graduation).
- Gather information from staff that is relevant for a critical incident review.
- Conduct a critical incident review.
- Consider offering parents and/or the community information sessions with a mental health agency.
- Continue documentation of all the school's actions.

Longer term

Note that in some cases the effects of a traumatic incident such as suicide can last for years both within the school and the local community.

- Be mindful of school staff working with painful emotions and sensitive subjects. Continue to support and monitor students and staff.
- Be aware of multi-cultural and multi-faith issues.
- Remember that some people will be looking for someone to blame.
- Find ways to increase levels of support for staff and pupils.
- Ensure new staff know what happened and are aware of pupils and staff affected and are sensitive to their needs.
- Remember legal processes, enquiries and even news stories may bring back distressing memories and cause temporary upset in school.

- Plan the curriculum to work with 'rites of passage' as a matter of course.
- Plan for anniversaries, birthdays and other significant events.
- Consult and decide on whether and how to mark anniversaries
- Implement the recommendations of the critical incident review.
- Include your school's postvention plan in your staff induction process.

Appendices

A. The Grieving Process, Emotions, Coping Strategies and Moving Forward.

For information and support on the grieving process, emotions, coping strategies and moving forward. Please download the After a Suicide booklet by Scottish Action for Mental Health (SAMH): https://www.samh.org.uk/about-mental-health/suicide/after-a-suicide

B. Supporting children affected by suicide – Q+As for teachers

This section summarises common questions asked by teachers in the aftermath of a critical incident or suicide, and provides clear, supportive responses.

Q: I would like to opt out of support-type work for personal reasons. Is this OK?

A: Yes. While teachers are often best placed to support students due to their trusted relationships, no one should feel obliged to take on this role.
You may choose to opt out for personal reasons such as recent bereavement, similar past experiences, or other circumstances. However, it's important to attend staff meetings to stay informed about the incident and the school's response.

Q: I have no qualifications in this area. Shouldn't this be left to the experts?

A: Your skills as a teacher are highly valuable. You know your students and can provide a safe, familiar environment for them to process what has happened.
Your experience in working with children and young people makes you well-equipped to offer initial support.

Q: What should I do in the classroom to be helpful?

A:
- Acknowledge the situation honestly and share known facts.
- Encourage questions and discussion.
- Re-establish normal routines while allowing space for students to express their feelings.
- Promote extra-curricular activities and peer support.
- Signpost sources of help and support.

Q: What signs of grief might I notice in students?

A: Students may react in various ways, including:
- Withdrawal or silence
- Irritability, anger, or aggression
- Mood swings or difficulty concentrating

These are normal reactions. Be patient and avoid showing surprise or frustration. Pay extra attention to students with challenging home circumstances, as they may be more vulnerable.

Q: What if I think some students aren't grieving 'normally'?

A: There is no single 'correct' way to grieve. Some students may cry, laugh, appear giddy, or show no reaction at all. All of these responses are natural. Help students understand that their feelings are valid.

Q: What skills do I have that are important?

A: Listening is key. Students often find comfort in talking. If a student wants to talk, make time for them. Be patient, reassuring, and gently encourage conversation. Let them know you're there to help.

Q: Is there one important thing I should say?

A: Yes. Emphasise that grief is a normal, healthy response to trauma. Everyone grieves differently, and that's okay.

Q: Should I organise a classroom session following a critical incident?

A: Many schools find this helpful. Students often feel safer discussing events with their regular teacher. Speak to the Educational Psychology Service (EPS) for guidance.

Q: What should I do if I think a student needs more professional support?

A: Speak to the Headteacher or school counsellor. They may consult with the Educational Psychologist or other services, and contact the student's parents. A referral may be made if appropriate.

Q: What is the overall message in helping bereaved children?

A: "You will get through this difficult time, and we are here to support you. Take care of yourself and look out for each other. If you or a friend need help, talk to us rather than relying solely on social media."

Q: When should I return to a normal teaching routine with the class?

A: Give students time to process their feelings but gradually return to normal routines. Familiar structure helps reduce stress. Avoid introducing new material immediately, as grief can affect concentration. Consider asking students how they feel about resuming normal activities.

Q: What should I do about the empty chair or a student's belongings?
A: Discuss with students what to do about the empty chair—it can help them move forward. Consider creating a folder or memory box of the student's work to give to their parents at an appropriate time.

Q: Is there a danger that talking about suicide makes it seem like an option for others?

A: Talking helps people make sense of what has happened. Be honest and supportive. Never present suicide as a valid option. Explain that feeling low is usually temporary, while suicide is permanent. Emphasise that help is always available and encourage students to seek support.

C. Links between self-harm, warning signs and suicide

What is Self-harm?

Self-harm is behaviour that is done deliberately to harm oneself. The types of behaviours which have most commonly come to be associated with self-harm include:

- Cutting the skin, for example, on forearms, thighs and stomach
- taking an overdose
- Swallowing toxic substances
- intentionally taking too little or too much medication
- Burning or scalding, for example, directing hot water at a focused point on the skin or inappropriate use of ice.
- Inserting shard objects into the skin or body orifices
- Hitting and head banging
- Skin picking or pulling out hair
- scratching
- Self-strangulation
- Suffocation
- Risky sexual behaviour
- Episodes of alcohol or drug abuse
- Over/under eating at time may be deliberate acts of self-harm

Although some people who self-harm may be suicidal, self-harm is often used as a way of managing difficult emotions without being a suicide attempt. However, self-harming can result in accidental death.

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 is 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.

Reasons for self-harm

Self-harm can serve several different functions:

- To manage extreme emotional upset
- To reduce tension
- To provide a feeling of physical pain to
- Distract from emotional pain
- To express emotions such as hurt, anger or frustration
- A form of escape
- An effort to regain control over feelings or problems
- An attempt to punish themselves or others
- To elicit care from others
- To identify with a peer group

- Self-harm can also be a suicide attempt

Self-harm may be thought of as a short-term way of coping with emotional distress or other problems; whilst it does not change the underlying causes of the distress, it does provide short-term relief from the distress. However, it is important to address the underlying causes and find alternative coping strategies.

Impact and Implications of self-harm

- Self-harm can be a serious problem.
- Repeated self-harm is common following a first episode.
- Depending on the method, self-harm can lead to serious physical damage, including permanent scarring, the medical effects of a dangerous overdose, etc.
- Self-harm may be linked to other problems, such as depression, anxiety, eating disorders or drug and alcohol use, for which specific treatment may be required.
- Individuals who have self-harmed are at higher risk of suicide than other young people, although the risk is still low.
- Even if the intent to die is not high, self-harming may express a powerful sense of despair and needs to be taken seriously. Some people who do not intend to kill themselves may do so because they do not realise the seriousness of the method they have chosen or because they do not get help in time. Public Health England (2016) identified that people who self-harm were a hundred times more likely to die by suicide in the year after the self-harm when compared to the general population.

For these reasons, it is important where possible to tackle self-harming behaviour early.

Finding out about self-harm

- Some children may tell their parents, friends, teachers or medical staff about their self-harm.
- Discovering a child is self-harming can be very upsetting and stressful. Parents/Teachers/Carers may experience a range of emotions, including anger, sadness, helplessness, shame or disgust. It is normal to feel strong emotions and important to try and understand and accept them so that you don't risk misdirecting them at the child. Try to think of their behaviour as an expression of deep emotions that thy can't handle any other way.

How to support a child when you find out they are self-harming

- Have a conversation, but don't bring up self-harm straight away. You could organise this around another activity, like a walk or drive.
- Ask if anything is worrying them and how they are feeling
- Let them know you are not judging them or putting them down, and that you love/care for them and that will not change
- Show that you are prepared to listen to what they have to say
- If they do not want to talk, see if they will write you a note, email or text message about how they feel
- Ask if they would rather speak to someone else (e.g., a GP, counsellor or helpline)
- If your child is able to be open about their self-harm, try to help them work out feelings and situations that may trigger it.
- Try to think together of ways to handle strong feelings that don't involve self-harm.
- Help them think through their problems and see possible solutions.
- Encourage them to think about the long view and how things may change in the future.
- Take talk of suicide very seriously.
- Don't let self-harm become the focus of your relationship with the child.
- Try to deal with self-harm in a matter-of-fact manner.
- Let your child know that their emotions are real and important.

- Remind your child of their strengths and abilities.
- Reassure them that you do not think they are a failure whatever their difficulties.
- Explain to your child that you want to help but may not know the best thing to.
- do, and try to come up with a solution together (e.g., visiting the GP).
- Work out with your child how to make it more difficult for them to self-harm (e.g., by storing medication securely or removing sharp objects).
- Watch for signs of bullying or abuse that may be triggering self-harm.

Suicide 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 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.

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.

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.
- There are a number of particular circumstances, namely environmental situations and negative life events, that increase risk.

What to do if a child is expressing 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 pupils 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 ‘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.

How do I talk with the young person who is experiencing suicidal thoughts?

- 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….”
- 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.

How do I 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.

How do I respond 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.

D. Contagion and informing others within the school community, including the press and social media

The particular type of behaviour used to self-harm may follow a local trend, may differ in different cultural or social groups or may reflect a current soap-opera storyline. The danger is for such 'fashionable' or 'stereotypical' behaviour to be treated less seriously.

Inform the wider community

How you let the wider community know of the death will vary, depending on your school's location and its links to the local community. However, information of this nature spreads quickly, via social media and word of mouth, and can have a profound effect on young people not connected to the school. For this reason, it may be important for the CIT to liaise with local sports groups and other agencies that involve young people.

Help the media report on the incident in an appropriate manner

Press interest: The media can sometimes be interested in youth suicide. However, the reporting of suicide needs to be done with care, as media coverage can increase the risk of suicide contagion. It is important that school refer to Haringey External Communications Team. They will advise and support about how to prepare a statement that contains accurate information which reduces the risk of contagion.

Media and PR Manager, Marc Isaacs
T: 07971113678
Email: Marc.Isaacs@haringey.gov.uk

E. Press and social media guidance

In an emergency, or following a traumatic incident, there is likely to be some attention on the school on social media.

If you need support, Haringey's Media and PR Team can help you decide how to respond. Contact pressdesk@haringey.gov.uk or 020 8489 2963 (9am-5pm Monday to Friday).

F. Memorials and funerals

Memorials

School communities often wish to have a memorial for a pupil who has died. Being compassionate while maintaining the school's primary focus of education can be a tricky balancing act. In the case of suicide, schools must consider how to appropriately memorialise the pupil without increasing the risk of suicide contagion.

It is very important that schools try to treat all deaths in the same way. Having one approach for memorialising a pupil who died of cancer or in a car accident and a different approach for a pupil who died by suicide reinforces stigma and may affect the pupil's family and friends.

It is important to memorialise the pupil in a way that doesn't inadvertently glamorise or romanticise either the pupil or the death. Wherever possible, schools should meet with the pupil's friends and family to work out a meaningful and safe way of acknowledging the loss.

Some schools may resist any kind of memorialisation, for fear of glamorising suicide and risking suicide contagion. But simply prohibiting any and all memorialisation is problematic in its own right. This may be perceived as stigmatising to the pupil's family and friends. It can also generate intense negative reactions, which can make an already difficult situation even worse. It is important to channel the energy and passion of the pupils (and the greater community) in a positive direction. It can be helpful for schools to be proactive. Suggest a meeting with the pupil's close friends to talk about the type and timing of any memorials. This can provide an important opportunity for the pupils to be heard and for the school to sensitively explain why certain activities are allowed and others are not.

Funerals

Note: There may be delays in planning and preparations for funerals whilst police investigations are ongoing.

- find out what the family plans to do about the funeral, and whether they are happy for someone from the school to attend.
- Identify which staff and pupils want to attend, and sort out practicalities, such as staff cover, transport and so on.
- Decide whether the school should close or not.

- Involve staff and pupils in decisions about flowers and/or a collection.
- Consider cultural and religious implications.
- Consult the deceased person's family, and the school community, about plans for a special assembly or memorial service
- Consider an assembly which celebrates a life

G. Sample scripts and letters for staff to share information with pupils and parents

Sample script for staff to share sad news with pupils

Today/yesterday the school was given the very sad news that on ....., one of our pupils died unexpectedly. All of us are thinking of his/her family and friends. Some pupils in our school, particularly his/her friends in Year ... will find this news very difficult. Other pupils – not just close friends – are also likely to be upset, perhaps because it reminds them of another sad event in their own life. A support room has been set up in ... for any pupils to go to if they need to. Someone will be available in the room at all times for the coming days.

A notice is going home today to inform your parents/carers, so they will understand if you want to talk with them today or sometime in the future. Remember to use the normal signing out processes if you need to leave the school grounds, and if you are approached by anyone asking for information, please tell them they should speak with Ms/Mr ...

Please be sensitive to people's feelings, look out for each other and let a teacher or your parents know if you are worried about anything or anyone.

Sample letter to the school community

Please note: Consent from the parents/carers of the deceased must be given if the deceased pupil's name is used.

Dear parent/guardian,

I am writing to you with some sad news about a member of our school community. One of our Year … pupils died unexpectedly yesterday/today/Saturday/during the holidays.
Our thoughts are with the pupil's family and friends.

Today and over the coming weeks, you may be concerned about child's reaction or how they express their feeling about this news. These are likely to be part of the normal grieving process. Many pupils will wish to talk with their parents/carers and I encourage you to let your son/daughter know that you are aware of this death and that you will listen to their concerns at any time they wish to share them. Two important messages to promote are that all of us can seek help from others if needed and that young people should tell an adult if they are worried about a friend's well-being.

Our school will be concentrating on supporting our pupils and staff over the coming months. This means, among other things, returning the school to normal routines as soon as possible whilst recognising that pupils may be affected by this event for some time to come.

Please feel free to contact the following staff if you have any concerns about your son/daughter. Contacting the nominated staff member is an important way of ensuring you receive consistent and accurate information and for us to be aware of all any parental concerns:

Ms X on …….. Mr Y on ……

There are a number of organisations that you could reach out to for additional support should it be needed including:

- www.samaritans.org
- https://www.childbereavementuk.org
- https://kooth.com/
- www.mindinharingey.org.uk

Yours sincerely,

_____

H. Organisations offering further guidance on preparing for and managing suicides

Child Bereavement UK

- Supporting children bereaved by sudden death
- Managing Bereavement: A Guide for Schools (PDF)

Mind in Haringey – Suicide Prevention Group (HSPG)

- Suicide Prevention Services and Resources

Headspace Toolkit for Secondary Schools

- Postvention Toolkit (PDF)

Samaritans

- Main Website
- Step by Step Service for Schools
- North London Samaritans Outreach Service

PAPYRUS – HOPELINK Platform

- HOPELINK Safety Planning Tool

SOBS (Survivors of Bereavement by Suicide)

- Support After Suicide Booklet (PDF)
- Main Website

Winston's Wish

- Schools Information Pack (PDF)
- Beyond the Rough Rock – Book for Supporting Children (£5.99)

I. Support for individuals considering suicide or bereaved by suicide

Local Services – Haringey and Surrounding Boroughs

Haringey Acute Adolescent Outreach Team (AOT)
Provides emergency response for young people (12–18) with serious mental health needs, including severe depression, self-harm, and suicide attempts.
Referrals via CAMHS Access (Single Point of Entry): 020 8342 5927

Haringey 24/7 Crisis Line
Available to all Haringey families and young people.
Telephone: 0208 702 4500

Haringey Mental Health Support Team (MHST)
Support for children, young people, parents/carers, and school staff.
Telephone: 0208 702 6035 (Mon–Fri, 9am–3pm)
Email: Beh-tr.camhstrailblazerinbox@nhs.net

Kooth (Haringey CAMHS)
Free, safe, anonymous online support for young people.
Website: https://kooth.com
Opening hours: Mon–Fri 12pm–10pm, Sat–Sun 6pm–10pm

Mind in Haringey
Mental health support and bereavement counselling (sliding scale from £5).
Website: www.mindinharingey.org.uk
Telephone: 0208 702 6035 (Mon–Fri, 9am–3pm)
Includes the Haringey Suicide Prevention Group (HSPG):
www.mindinharingey.org.uk/our-services/suicide-prevention

North London Samaritans (Bounds Green)
Free, confidential support.
Telephone: 116 123 (24/7)
Email: jo@samaritans.org
Website: https://www.samaritans.org/branches/north-london/

Rethink Mental Illness
Advice Line: 0300 5000 927 (Mon–Fri, 9:30am–4pm)
Crisis Line (Barnet, Enfield, Haringey): 0300 0200 500 (24/7)
Website: www.rethink.org

Support After Suicide – Amparo (North Central London)
Support for anyone affected by suicide in Haringey, Enfield, Barnet, Camden, and Islington.
Website: www.supportaftersuicide.org.uk

National Helplines and Support Services

Childline
Free, 24-hour support for children and young people.
Telephone: 0800 1111
Website: www.childline.org.uk

Child Bereavement UK
Support for families and professionals.
Helpline: 0800 028 8840
Website: www.childbereavementuk.org

The Compassionate Friends
Support for bereaved parents and families.
Helpline: 0345 123 2304
Email: helpline@tcf.org.uk
Website: www.tcf.org.uk

Cruse Bereavement – Hope Again (Youth Support)
Support for young people when someone dies.
Telephone: 0808 808 1677
Website: www.hopeagain.org.uk

Cruse RD4U
Resources for children and young people.
Website: www.rd4u.org.uk

Grief Encounter
Free services for adults and children.
Helpline: 020 8371 8455
Website: www.griefencounter.org.uk

Papyrus HOPELINEUK
Confidential help for young people thinking about suicide.
Telephone: 0800 068 41 41
Text: 07786 209697
Website: www.papyrus-uk.org

Samaritans (National)
Free, confidential support.
Telephone: 116 123 (24/7)
Website: www.samaritans.org

SAMM – Support After Murder or Manslaughter
Emotional support for those bereaved through murder or manslaughter.
Telephone: 08458 723440
Website: www.samm.org.uk

SOBS – Survivors of Bereavement by Suicide
National charity offering peer support.
Telephone: 0300 111 5065 (Mon–Fri, 9am–9pm)
Website: www.uksobs.org
Booklet: Support After Suicide PDF

Support After Suicide Partnership
Information and links for those bereaved by suicide.
Website: www.supportaftersuicide.org.uk

The Mix (Under 25s)
Support and advice for young people.
Telephone: 0808 808 4994 (4pm–11pm, 7 days/week)
Text: THEMIX to 85258 (24/7)
Website: www.themix.org.uk

Turn2Me
Online counselling and mental health support.
Website: www.turn2me.org

Winston's Wish
Support for those caring for a bereaved child.
Helpline: 08088 020 021 (Mon–Fri, 9am–5pm)
Email: ask@winstonswish.org.uk

Text: WW to 85258
Website: www.winstonswish.org/death-through-suicide

Young Minds
Support for young people and parents.
Parents Helpline: 0808 802 5544
Crisis Messenger: Text YM to 85258
Website: www.youngminds.org.uk

J. At a glance: suicide postvention checklist for first week

Immediate Response

- If the incident occurred at school, ensure the immediate safety of all staff and pupils.
- If the incident occurred outside school, confirm the facts.
- Gather accurate information and keep a written record.
- Contact your Chair of Governors.
- Notify appropriate support agencies:
  - **Director of Children's Services** – 0208 489 3206
  - **Assistant Director, Schools and Learning** – 0208 489 3607 / 3424
  - **Haringey Educational Psychology Service (EPS)** – 020 8489 3004
- Ensure affected pupils, parents, and staff are comforted, supported, and not left alone.

First 24 Hours

- Form an **in-school planning group** (Critical Incident Team – CIT) to create an action plan for the next 2–3 days. Delegate responsibilities for:
  - Liaison
  - Communication
  - Protection
- Set up a **safe, quiet, supervised support room** for pupils.
- Alert other schools as appropriate.
- Develop a **media handling plan**.
- Identify phone lines for internal and external communication.
- Keep all staff well-informed.
- Hold an **early morning staff meeting** to outline the school's response and brief staff on postvention.
- Inform pupils as soon as possible.
- Prepare a **statement for teachers** to read to pupils.
- Prepare a **statement for parents**.

First Week

- Aim to return to normal routines as soon as possible, but remain flexible.
- Review:
  - Teaching arrangements
  - Curriculum content
  - Support provisions
- Plan the return to school for affected pupils and staff.
- Identify, monitor, and support pupils considered at risk.
- Ensure staff wellbeing, including your own.

K. Suicide Postvention Record Form

School:
Headteacher (HT): **Chair of Governors:**
Date: **Time of Call:**

Message Received From
Name: **Title:**
Organisation: **Telephone:**

Message Received By
Name: **Title:**
Organisation: **Telephone:**

Message Forwarded To
Name: **Title:**
Organisation: **Telephone:**

Establishing Key Facts

What happened, when and where?
Details:

Are there any injuries or fatalities?
Details:

Were any staff or pupils present when the incident occurred?
Details:

What action is being taken?
Details:

Who else has been informed?
☐ Chair of Governors
☐ Director of Children's Services
☐ Assistant Director, Schools and Learning
☐ Health (see Appendix J)
☐ Educational Psychology Service (EPS)
☐ Haringey External Communications Team (HECT)

What other agencies are involved?
Names and contact details:

Are the police involved?
☐ Yes
☐ No

Is the media involved?
☐ Yes
☐ No