



Prevention of Youth Suicide Guidance Toolkit for Schools

Spring 2015

(This resource may also be used by any professional working with children and young people)

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Where to go for help and advice

Where to go for help and advice

When a young person is at risk of immediate harm

Take to A&E / dial 999 *OR*

Family Operations Hub

(previously *Initial Response Team*)

Mon – Thurs: 08.45 – 17.30 Phone: 0845 603 7627
Fri: 08.45 – 16.30

OUT OF HOURS Phone: 0845 606 1212

When a young person has emotional wellbeing and mental health issues or is at risk of self-harm and you want to seek advice from CAMHS

CAMHS GATEWAY

Consultation and advice on emotional wellbeing issues, signposting and access to Child and Adolescent Mental Health Services (ECC Tier 2 services and NHS Tier 3 services)

Clinician on duty Mon – Fri 14.00 – 17.00

<u>South Essex</u>	<u>North East Essex</u>	<u>Mid Essex</u>	<u>West Essex</u>
Phone:	Phone:	Phone:	Phone:
01277 355956	0845 556 4210	0845 556 4212	0845 556 4215

OUT OF HOURS CRISIS Phone: **01206 334600**

If a young person is already open to CAMHS then by contacting the gateway the professional will be directed to the young person's care co-ordinator at any time of the office day. If it is urgent by phoning the gateway you will be put through to a duty clinician anytime between 9.00-5.00pm

General information and advice

Family Operations Hub (previously *EARLY HELP AND ADVICE HUB*)

Information, advice and guidance to support a child / family (at Level's 2 & 3*)

Mon – Thurs: 08.45 – 17.30 Phone: 0845 603 7627
Fri: 08.45 – 16.30

*For more information about levels of services see ['Effective Support For Children and Families in Essex'](#)

Introduction

This toolkit has been produced to support schools in promoting positive emotional well-being and mental health, but also to offer advice and guidance should they experience a death in their community due to suicide. However, it may be used by any professional working with children and young people as a source of information and support. In addition, the advice contained within it to support pupils will be relevant to a range of issues.

In November 2013 the Essex Safeguarding Children Board held a conference on preventing youth suicide. Following this, and in response to feedback from professionals and young people on the day, the Safeguarding Adviser for Schools was commissioned to produce materials to support schools with issues of suicide and self-harm. This toolkit has been produced by a multi-agency group and has undergone consultation with young people, schools and other professionals (see [Acknowledgements](#) section).

The government's strategy document '[Preventing suicide in England, a cross-government outcomes strategy to save lives](#)' (HMG, 2012) set out its objectives to reduce the suicide rate in the general population in England; and to provide better support for those bereaved or affected by suicide. It identified groups for whom a tailored approach to their mental health was necessary if their suicide risk was to be reduced. These included:

- children and young people, including those who are vulnerable such as looked after children, care leavers and children and young people in the youth justice system;
- survivors of abuse or violence, including sexual abuse;
- people living with long-term physical health conditions;
- people with untreated depression;
- people who are especially vulnerable due to social and economic circumstances;
- people who misuse drugs or alcohol;
- lesbian, gay, bisexual and transgender people; and
- Black, Asian and minority ethnic groups and asylum seekers

The document specified that children and young people had an important place in the strategy, as did schools, social care, the youth justice system and charities. It highlighted problems such as bullying, low body image and lack of self-esteem as risk factors. It stated that an inclusive society that avoids the marginalisation of individuals and which supports people at times of personal crisis will help to prevent suicides.

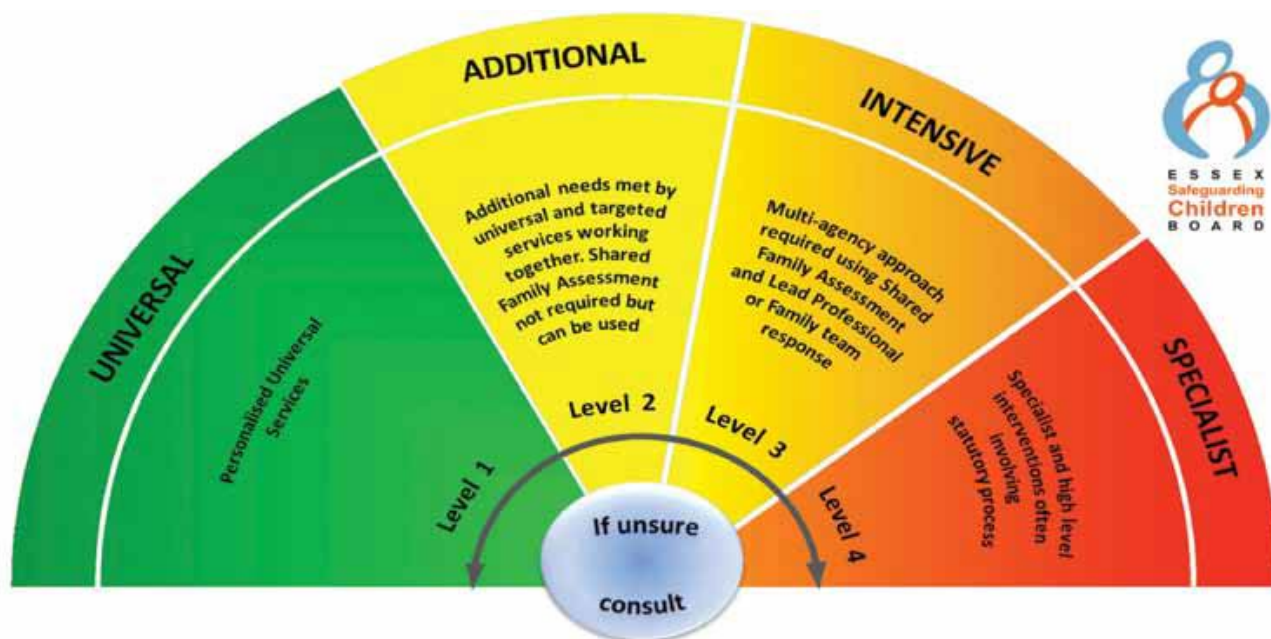
The strategy was reviewed and HMG produced its document '[Preventing suicide in England: One year on, first annual report on the cross-government outcomes strategy to save lives](#)' (HMG, 2014). This document set out that schools and colleges in conjunction with commissioners of mental health services had a key role to play in promoting good mental health for all children and young people and in intervening early when problems become apparent.

Recent guidance from the DfE '[Mental Health and Behaviour in Schools](#)' (DfE, 2014) states that schools will often be able to support children, intervening before mental health

problems develop. It talks about how schools can promote the mental health of its pupils (*this is explored further in the [Green Section](#) of this pack*).

Local Context

The Essex Effective Support Windscreen



Safeguarding and promoting the welfare of children is the responsibility of everyone in Essex who works or has contact with children and their families....Partners and professionals who work with children and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support.

(from '[Effective Support for Children and Families in Essex](#), ESCB, 2013)

The Essex Safeguarding Children Board (ESCB) has adopted the government strategy for the prevention of suicide and has produced an action plan to set out how Essex will implement it. This guidance toolkit is part of that plan and has been produced to support schools and the wider school community.

Suicide within a school community can be incredibly sad, often unexpected and at times challenging as schools try to operate within a sense of shock. Loss due to suicide may leave the school feeling uncertain about how to respond or what to do next.

Schools may be supported with some of these issues through:

- A clear understanding of their approach and contribution to the prevention of suicide and how to promote positive mental health ([Universal Needs – Green Section of this Guidance Pack](#))
- A clear structure and system for supporting young people who have social, emotional and mental health difficulties ([Additional Needs – Amber Section of this Guidance Pack](#))
- Pragmatic guidance about how to implement the school ‘Critical Incident Management Plan’ (CIMP) so they can support their pupils, staff and wider school community should such an event occur ([Intensive / Specialist Needs – Red Section of this Guidance Pack](#))
- Access to reliable information about suicide and what supports young people and families with bereavement and loss

Positive mental health is the concern of the whole community and schools play a key part in this. When considering prevention of suicide, schools should consider the ways in which they can promote the development of good mental health and emotional well-being for all its pupils and staff.

Prevention of Youth Suicide Resource - Outline of Contents

Complex Needs: how to support a pupil who has tried to take their life. How to respond should a sudden death or suicide occur in the school community

- See Contact Details on page 2 for immediate action if you have serious / immediate concerns for safety
- Risk assessment plans & joint agency working
- Implementation of a School / Critical Incident Management Plan
- Seeking support from the Local Authority

Additional Needs: how schools can support pupils experiencing social, emotional or mental health difficulties and those who would benefit from further support to develop their resilience:

- Clarity between self-harming and suicidal behaviours
- Warning signs that a person may be considering suicide
- Supporting a young person you have concerns about (see diagram * also)
- Risk and Protective Factors
- Liaison with family and other agencies
- The Essex One Planning Environment / Support Plans
- Provision Guidance; interventions and Commissioning

Universal Needs: Whole School / Service approaches to promoting positive emotional wellbeing and mental health in schools:

- Ethos and culture to foster development of resilience
- Opportunities for connections / relationship development and pastoral systems
- Links to whole school policies and opportunities within the curriculum
- Use of the Essex Provision Guidance
- Supporting the emotional development of all young people, especially their ability to 'emotionally regulate' their emotions (understand, communicate and manage feelings)
- Planning for a 'critical incident'

UNIVERSAL NEEDS - GREEN

This section outlines the various ways in which schools contribute to the prevention of youth suicide by developing the emotional wellbeing and mental health of everyone within the school community.

Promoting positive mental health and resilience in school

There should be a whole school approach to positive mental health and emotional wellbeing. This should include promoting the emotional wellbeing and resilience of all students and staff, as well as specific support for those with difficulties. In order to achieve this, schools need to have a clear vision, objectives and plan. This should include the whole school community having a shared understanding of what constitutes good mental health. Governors and senior school leaders are crucial in building and sustaining a culture and ethos of an emotionally healthy school life. Poor mental health undermines educational attainment and schools with healthy cultures are more likely to create effective learning environments

Resilience is the ability to adapt to situations of stress and adversity and to recover from these experiences. It is fluid and dependent on various external factors which are present at any one time. Resilience can be fostered and grown through the connectedness that is experienced within relationships we have with others around us. Resilience develops through gradual exposure to difficulties at a manageable level of intensity.

There are risk factors that increase a person's vulnerability and protective factors that can promote or strengthen resiliency. The more risk factors present in a person's life, the more protective factors or supportive interventions need to be in place to counter balance and promote further growth of resilience. (*The Amber section of this pack provides more detail on such factors*).

The International Resilience Project (2006) researched young people's experiences from various countries across the world. Among the themes that evolved from this research were thoughts about what resources young people had within themselves and how strong the culture and community were around them to support the development of these internal resources.

Some young people and adults in schools may feel more disconnected, or unsafe in their school environment due to factors such as:

- feeling lonely
- having negative or stressful experiences such as being bullied
- finding social interactions very stressful and difficult to navigate
- managing emotions arising from experiences such as bereavement and loss; parental ill health; domestic violence in the home.

These factors may prevent a pupil from easily building relationships in school and therefore strengthening their resilience. School communities present many opportunities to develop resilience in their pupils and staff and school structures should form a 'safe base' from which the school can introduce emotional and mental wellbeing into the curriculum, assemblies and existing school systems. There should be a strong, nurturing pastoral system (Weare, 2003). Teachers, learning mentors, teaching assistants, learning support

assistants and school nurses, to name a few, are important resources to support students who may have difficulties.

Essentially, 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.
- PSHE programme and use of SEAL materials (Social, Emotional Aspects of Learning)
- Peer involvement such as peer mentoring, peer mediation and peer counselling
- Nurture groups
- Circle time
- Support groups
- Circle of friends
- [Healthy Schools Programme](#) – Healthy Schools toolkit.
- Across the school day there should be opportunities to develop and promote interactions and relationships between pupils; between adults; between adults and pupils and between the school and community. A sense of connectedness is crucial for the development of emotional wellbeing and resilience

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 (*see Appendix N*). 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).

Being a 'bereavement aware' school

Schools should aim to become a 'bereavement aware' environment, where loss is acknowledged and discussed in all kinds of ways with staff, parents and pupils; including planned approaches (laid out within a Bereavement Policy) and wherever the opportunity arises. Schools that consider how to be more 'bereavement aware' will take time to plan proactively what things might help their school think more about loss and bereavement and in turn will raise the confidence and skills of teachers and parents to discuss issues about loss and death. When adults and pupils take up opportunities to discuss and think about death, loss and bereavement in everyday situations they develop a common language and emotional literacy among the school community so 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. An example of a Bereavement Policy (developed by Primary Schools and Child Bereavement UK) is provided here:



Broadgreen example
bereavement_policy.

There are various providers of training for school staff including the Essex Educational Psychology Service; Child and Adolescent Mental Health Service (CAMHS) teams and charities such as Child Bereavement UK (<http://www.childbereavementuk.org>).

Research at Child Bereavement UK suggests that schools who work towards increasing their awareness and inclusion of issues of loss and bereavement within their curriculum and wherever the opportunity presents have a good foundation for exploring feelings and supporting staff, pupils and the wider school community if the school experiences a bereavement of someone within their school community.

Links to other policies

Prevention of suicide is already well-supported by many policies in school. These may include the following (although names of policies may vary from school to school):

- Child Protection
- Anti-bullying
- Behaviour
- Code of Conduct (staff and pupil)
- SEN / Local Offer
- Social Media (including mobile phone use) / E-safety
- Health & Safety
- Security of Premises
- School / Critical Incident Management Plan (sometimes referred to as School Emergency Management Plan or a School Incident Management Plan)

School / Critical Incident Management Plan

A critical incident is one which has the potential to cause disruption and distress to a school when members of the school community are affected by a significant loss, event or on-going situation. Examples could include:

- The sudden death of a member of staff or a pupil attending the school.
- Coping with the terminal illness of a member of the school community.
- A serious accident involving pupils or staff inside or away from school.

Schools should have a plan in place to outline how they will respond should a critical incident occur within the school community (*the **RED / Intensive section** contains further information on what to include in this*). Schools may, as part of the plan, identify a Critical Management Team – a group of staff members who are made familiar with the plan and may have specific roles within the plan itself. Support is available for schools when there has been a Critical Incident. The Educational Psychology Service has produced a leaflet for schools outlining support available and which may be displayed in the school for information (*see Resources section*).

ADDITIONAL NEEDS - AMBER

This section outlines how schools can support pupils experiencing social, emotional or mental health difficulties and those who would benefit from further support to develop their resilience.

Self-harm is often thought to be directly linked with suicide. However, this is not the case. The two sometimes get grouped together because both are responses to distress and people who begin with self-harm may later commit suicide. The main difference is one of intent. Generally, people who self-harm do not wish to kill themselves; whereas suicide is a way of ending life. Self-harming behaviours may be a way of coping and trying to live with difficulties in life, rather than making a plan to end their life. The act of self-harm is not believed to lead on to suicidal behaviour, but the pain and complex life issues that may lead a person to self-harm may also be the same reasons for another person to take their life by suicide. Research suggests that people who have shared plans to, made attempts to, or carried out plans to end their life are likely to have previously also self-harmed, (NICE, 2004).

It is very important that self-harming behaviour is acknowledged as a way of indicating emotional distress and is taken seriously and responded to in a supportive way. Early intervention can help a young person to manage distress in alternative ways. Many of the suggestions within this guidance pack will also be helpful when supporting a young person who is self-harming, such as the use of the support plans, advice for adults building relationships with the young person, the importance of listening to the young person and being person-centred in your planning and actions.

Warning signs that a young person may be considering suicide

The following could be signals or indications that a young person is thinking about suicide. It might be helpful to consider these as 'invitations' – behaviours inviting others to notice, hear or see things about how someone is feeling.

- Speaking about wanting to die; plans to or threats to end their lives; use of 'hopeless' language (e.g. 'there is no point' 'I am at the end')
- Speaking about being a burden on others
- Saying goodbyes to family and friends, tying up loose ends / putting affairs in order
- Giving away prized possessions or meaningful items
- Preoccupation / focus on death via medias such as art, poetry, music or writing about suicide / death on blogs / internet / in diary
- Changes in mood – particularly if the young person is showing feelings of calm and contentedness following a period of distress or depression (as they may be feeling 'at peace' with a decision to follow through with a plan of suicide)
- Actively seeking out supplies or artefacts to assist with a suicide e.g. stockpiling medication, searching online for methods
- Suicide notes or plans
- Increasing use of alcohol or drugs

- Sudden changes in behaviour that may be linked to emotionally difficult situations
- Withdrawing or isolating themselves
- Expressing feelings of loneliness
- Loss of interest in hobbies or things that please oneself

Risk and protective factors

There are sets of risk and protective factors that may be present in someone's life and these factors interact to form feelings, thoughts and actions. The more risk factors present in a person's life, the more protective factors are needed to counterbalance the areas of risk. These factors exist on an individual level, within families and within wider communities.

	RISK FACTORS FOR VULNERABILITY	PROTECTIVE FACTORS FOR EMOTIONAL WELLBEING
I N D I V I D U A L	Prenatal trauma / Premature birth / Birth Trauma / low birth weight Physical illness especially if chronic or neurological Learning difficulties & disabilities Communication difficulties Developmental delay Being separated from parents Difficult temperament Low self esteem Learned helplessness External types of self-motivation / attributions / self-efficacy Find it difficult to trust others Experiences of sexual or physical abuse Failing academic performance / impending exams / exam results	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
F A M I L Y	Lack of secure attachment experiences Family structures – single parent / separated families (e.g. army / blended families / divorce or separation (ending of relationships) Parent / caregiver with mental health difficulties (e.g. depression, drug / alcohol abuse) Domestic Violence Abuse Poverty	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

	<p>Unemployment / job loss / problems at work</p> <p>Bereavement – death of a close family member or friend</p> <p>Family history of suicide or violence</p> <p>Impending legal action</p> <p>Recent imprisonment or upcoming release</p>	<p>/ carer</p> <p>Highly structured / high expectations</p> <p>Encourages participation in a ‘family life’</p>
C O M M U N I T Y	<p>Separating families (e.g. children from parents whilst in hospital)</p> <p>Lack of extended family and friends</p> <p>Birth experience – hospital approaches</p> <p>Gang culture</p> <p>Ethos / Attitudes / beliefs</p> <p>Lack of community cohesion</p> <p>Violence</p> <p>Drugs</p> <p>Unsafe living area</p> <p>Unemployment / poverty areas</p> <p>Lack of a sense of power or input / involvement in community</p> <p>Exam time in schools and colleges; exam results events</p>	<p>Extended network of family and friends</p> <p>CONNECTEDNESS</p> <p>Peer relationships / positive peer influence</p> <p>Social organisations that offer array of services and activities to residents / opportunities for positive activity</p> <p>Consistent expression of social norms and expectations / what constitutes acceptable behaviour</p> <p>Sense of cohesion / community neighbourhoods and neighbours</p> <p>Sense of pride / culture / identity / of a place</p> <p>Opportunities for young people to participate in community life as a valued members</p>

Particular risk factors linked to suicide have been indicated in bold. (Source of bold content: www.befrienders.org)

What to do if you are concerned about a young person leaving invitations or showing warning signs, or where the risk of suicide has been identified

The risk of suicide is raised where someone has been identified as potentially suicidal because they have directly or indirectly expressed suicidal thoughts, or demonstrated other clues or warning signs.

- Take all threats of self-harm or suicide seriously. Reassure the young person that sharing their thoughts and feelings is ok and that they will be listened to.
- Decide with the young person who needs to have this information shared with them and take immediate action (*at all times acting in accordance with safeguarding procedures*)
- Someone close to the young person could talk with him/her in a quiet, private setting to clarify the situation and provide appropriate support

- If there is a designated member of staff trained in suicide prevention, they should be contacted to meet with the young person and carry out a basic screening that includes specific inquiry as to the existence of a suicide plan
- Parents / carers must always be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will exacerbate the situation (*if there is reason to suspect that a young person has been or is likely to be abused or neglected, this must be referred in accordance with safeguarding procedures*)
- The individual who notifies the parent / carer should be someone who has the experience / expertise and / or a special relationship with the young person and parents / carers. The same person should follow-up with the parents / carers within a few days to determine what action has been taken and to discuss support for the young person
- Document actions taken as required by your protocols

Interventions to support individuals or groups of vulnerable young people

Effective prevention of suicide can be hindered by the stigma attached to it. This stigma may prevent young people from seeking help as they may fear they will be judged, dismissed as attention seeking or that people will think there is something wrong with them or that they are weird.

Stigma surrounding suicide may also prevent adults such as parents, carers, teachers and other professionals from talking with young people about suicide for fear it may increase the likelihood of suicidal behaviour. They may also lack confidence about what to say and what to do next.

Schools have a key role to play in challenging and tackling stigma, the result of which can lessen the amount of shame felt by those who are touched by or impacted on by suicide. Tackling stigma can begin with planned and regular experiences of mental health and wellbeing education in schools. This may be through PSHE but also through other opportunities within the curriculum to be most effective. In order for the impact of this to be maximised, continued support and training for teaching and support staff (including all members of staff interacting with pupils) is paramount. Training should aim to raise the confidence of staff to have conversations with pupils about emotional wellbeing, mental health and issues such as self-harm and suicide. MindED provide staff training in issues of mental health (<https://www.minded.org.uk/>).

Young people and the digital world

Two main issues are pertinent to young people and the internet with regards to their emotional wellbeing and mental health.

1. The risks and possible complications of using the internet when feeling vulnerable are well documented. Concerns are around social interaction and friendship building, access to inappropriate sites and communities who may either encourage suicidal thoughts or access to methods of self-harm. Cyber bullying can increase a person's unhappiness, loneliness and isolation.

2. Alternatively, the internet can play a very proactive part in enabling a young person or adult to access support via groups such as the Samaritans; Young Minds or ChildLine. Counselling and listening services are increasingly being accessed via email or online services, particularly at times best suited or needed such as weekends and at night times. Supportive information can be accessed any time of day.

Young people are growing up in a world with technology that can both help and hinder their emotional wellbeing and mental health. Adults should be vigilant and aware of young people's use and interaction with the internet and actively seek information about this part of their lives when gathering information and getting to know them as a person.

Liaison with family / carers

A member of staff (preferably one who already has a relationship with the family or has the availability to build this) will need to act as a liaison between home and school. It is important to be transparent with the young person about talking with family members and, where possible, agree with the young person what information is shared and how this will be done and who it will be shared with. Supportive materials such as leaflets and helpline telephone contacts could be readily available when staff speak with parents and more freely via display in school or on their website. (*See Resources Section for some suggested websites for materials*).

Some young people may exhibit signs of depression or express suicidal thoughts as a result of honour based abuse (for example, forced marriage). In these cases, it is important to understand that involving the family and the community may increase the risk of significant harm to the child or young person. The family may deny that the child or young person is being forced to marry and they may expedite any travel arrangements and bring forward the marriage. Any such concerns should be discussed in the first instance with the Initial Response Team Consultation Line.

Liaison with other agencies

There may be professionals or agencies already involved with the young person and or their family. Or it may be felt appropriate to refer on to another agency to request support for the young person, their family and / or the school. Referrals to Child and Adolescent Mental Health Services (CAMHS) are co-ordinated through a Gateway within each quadrant area of Essex. Guidance on what services are on offer and how to refer to CAMHS can be found in the resources section of this pack.

It is important that all services and support strategies are co-ordinated. General Practitioners (GPs) are often involved in assessing or making referrals to mental health support services for their young people. Schools collaborating and working in partnership with any other services involved will be beneficial to the young person and forms one of the underpinning principles of Person Centred Planning in that a 'team' is formed 'around the child or young person and their family'. This enables 'One Planning' to be undertaken whereby all professionals contribute and align their own professional work within 'One Plan' which can regularly be reviewed.

The Essex One Planning Environment and Essex Provision Guidance

Any plans for a young person requiring additional support around their mental health should be made in accordance with the Essex One Plan and Provision Guidance.

One Plan is the Essex Approach to ensure genuine involvement of parents, carers, children and young people in decision making, through a process of person centred planning. A major principle underlying this process is that planning should start with the individual, taking account of their wishes and aspirations, the outcomes they seek and the support they need to achieve them. (SEN Code of Practice, DfE 2014)

The Essex Provision Guidance provides an evidence-based reference for schools and other practitioners with advice on how to meet the needs of children with special and additional educational needs. The Provision Guidance draws on good practice in schools, and evidence-based, applied psychological theory and research. It is organised on the categories of need specified in the new Code of Practice for Special Educational Needs (DfE, 2014). It can be used to consider what is already available for the student and what other provisions could be put in place to support the development of their Social, Emotional and Mental Health needs. The Provision Guidance also contains information about various areas of emotional development which may be of interest to staff wishing to develop their knowledge further.

(For further information on Essex One Planning and Provision Guidance, see the [Resources](#) section).

INTENSIVE / SPECIALIST NEEDS - RED

This section explains how to support a student who may have taken action to seriously harm themselves and how to implement a School / Critical Incident Management Plan (S/CIMP) should a sudden death or suicide occur in the school community. It includes information about what support can be accessed from the Local Authority.

Please refer to the Contact Details on page 3 if you have concerns of serious risk or immediate harm to a child or young person.

When speaking to CAMHS Gateway, if a young person is already open to them, the professional can be directed to the young person's care co-ordinator. For urgent contacts, a duty clinician is available between 9.00am – 5.00pm. (Less urgent contacts are responded to between 2.00 – 5.00pm by a duty clinician). Please ensure you have relevant and appropriate information to hand when making a referral as CAMHS cannot respond effectively without this.

Where there are significant concerns about a young person or where serious incidents have already occurred, it would be helpful to compile a Risk Management Plan (see *Appendix B*). *Appendix C* outlines some helpful procedures to follow when a student returns to school following an incident of self-harm.

School / Critical Incident Management Plan (S / CIMP)

Schools should have a plan in place to outline how they will respond should a critical incident occur within the school community. This may be referred to as the School / Critical Incident Management Plan (S/CIMP). Schools may, as part of that plan, identify a Critical Management Team – a group of staff members who are made familiar with the Management Plan and may have specific roles within the plan itself. This plan should be reviewed regularly, by a key team of staff members to ensure that it is current and relevant.

Critical incidents in school communities

A critical incident is one which has the potential to cause disruption and distress to a school when members of the school community are affected by a significant loss, event or on-going situation.

Examples include:

- The sudden death of a member of staff or a pupil attending the school.
- Coping with the terminal illness of a member of the school community.
- A serious accident involving pupils or staff inside or away from school.

If such an event affects your school please contact the Schools Communication Team via the telephone numbers listed below:

Schools Communication Team	01245 434745	Office hours (9.00am – 5.00pm)
Emergency Duty Service (EDS)	0845 606 1212 07717 867525	Out of hours, weekends and public holidays

The Schools Communication Team will be able to link you to various services within the Local Authority; including the Critical Incident Team (Educational Psychology Service).

The Educational Psychology Service has experienced Educational Psychologists who can respond rapidly to a critical incident. Senior Specialist Educational Psychologists are trained to co-ordinate response work with other professionals from CAMHS or community groups to provide support to schools.

The following can be provided:

- Initial consultation with the School Senior Management Team (either by phone or in person).
- Advice on an appropriate plan of action and implementation of a plan.
- Advice to school staff and parents on appropriate ways of understanding and managing children and young people's reactions to loss and bereavement.
- Support to staff and parents from the Educational Psychology Service

References Green Section:

'Preventing suicide in England, A cross-government outcomes strategy to save lives' (HMG, 2012)

'Preventing suicide in England: One year on, First annual report on the cross-government outcomes strategy to save lives' (HMG, 2014).

'Mental Health and Behaviour in Schools' (DfE, June 2014)

Weare, K. (2003) *Developing the Emotionally Literate School*. PCP Professional

The International Resilience Project Main Report (2006). www.resilienceproject.org/

References Amber Section:

National Institute for health and Clinical Excellence (NICE) guidelines, *Self-harm: The Short-term physical and psychological management and secondary prevention of self-harm in primary and secondary care*, National Clinical Practice Guideline Number 16, p25. (2004).

Egan, G. (2001) *The skilled helper: a problem-management and opportunity-development approach to helping* (7th ed), Pacific Grove, California: Brooks/Cole



SEND Code of Practice: 0-25 years (DfE, 2014)

On the edge: ChildLine spotlight: suicide, NSPCC (2014)

References Red Section:

Step by Step: How to prepare and respond to suicide in schools. The Samaritans (2013)

Resources:

CAHMS Gateway Guidance	<u>CAMHS Gateway Guidance</u>
Child Bereavement UK	<u>http://www.childbereavementuk.org/</u>
Children and young people's feedback on the Essex Emotional Wellbeing Mental Health Service Model (April 2014)	 CYP EWMHS model feedback FINAL Repc
Commissioning Counselling; Information for Schools (CAMHS Stakeholder Partnership, 2014)	<u>Commissioning Counselling</u>
Cruse Bereavement Care	<u>http://www.cruse-essex.org.uk/</u>
Effective Support in Essex for Families and Children in Essex (ESCB)	<u>Effective Support in Essex for Families and Children in Essex</u>
Guidance to Schools on Critical Incidents (Essex Schools Infolink)	<u>Critical Incidents</u>
Essex One Planning Environment (Essex Schools Infolink)	<u>Essex One Planning Environment</u>
Essex Provision Guidance (Essex Schools Infolink)	<u>Essex Provision Guidance</u>
Essex Educational Psychology Service (Essex Schools Infolink)	<u>Essex Educational Psychology Service</u>
Essex Educational Psychology Service Critical Incident Leaflet	 EP Critical Incident Support.pdf
Essex Safeguarding Children Board (ESCB)	<u>http://www.escb.co.uk/</u>
Essex Schools Health Education Unit Summary Report 'Supporting the Wellbeing of Children and Young People in Essex 2014'	<u>SHEU Report 2014</u>
Essex Schools Safeguarding page (Essex Schools Infolink)	<u>Essex Schools Safeguarding</u>
Help is at Hand (NHS, 2010) – document to support those bereaved by suicide	 help is at hand.pdf
HopelineUK – confidential youth suicide prevention phoneline	0800 068 41 41
Kidscape	<u>www.kidscape.org.uk</u>
Managing Self-harm in Young People (Royal College of Psychiatrists, 2014)	<u>http://www.rcpsych.ac.uk/files/pdfversion/CR192.pdf</u>
Mental Health and Behaviour in Schools (DfE, 2014)	<u>Mental Health and Behaviour in Schools</u>

Mental Health First Aid (MHFA) - educational course which teaches people how to identify, understand and help a person who may be developing a mental health problem	http://mhfaengland.org/
MindED – Mental Health and Emotional Wellbeing Online training portal for professionals working with children and young people	https://www.minded.org.uk/
<u>NHS 111</u>	
<u>NHS Choices</u>	
NICE (National Institute of Clinical Excellence)	http://www.nice.org.uk/Guidance/PH12 - Primary http://www.nice.org.uk/guidance/PH20 - Secondary
NSPCC	On the edge: ChildLine spotlight: suicide
Nurture Dogs	http://www.nurture-dogs.co.uk/
Papyrus – charity to prevent youth suicide	https://www.papyrus-uk.org/
Resilience and Results (Children and Young People's Mental Health Coalition, 2012) <i>This document contains many other resources and links to other relevant organisations</i>	
Samaritans	www.samaritans.org
SET Procedures (ESCB, 2011)	SET Procedures 2011
Winston's Wish – childhood bereavement charity	www.winstonswish.org.uk
<u>Working together to safeguard children</u> (DfE 2013)	

Acknowledgements:

This guidance has been produced by a multi-agency group involving the Child and Adolescent Mental Health Service, Commissioning Support Service, Essex Educational Psychology Service, Essex Involvement Team and the Standards and Excellence Service (Education). In addition, schools and other partners have been consulted and have contributed to the toolkit.

Prevention of Youth Suicide Guidance Toolkit for Schools Appendices

Spring 2015

(This resource may also be used by any professional working with children and young people)

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Appendix A: Support Plan for schools managing young people with self-harming behaviours

Information in this plan could be gathered using person centred tools as part of a One Planning Environment). [Essex One Planning Environment](#)

Date plan completed:	
Date updated:	
Date to be reviewed:	
Is this part of a One Plan / SEN support?	

What is the self- harm behaviour? (Please tick/add other relevant information)	
• Drug or alcohol use	
• Restricted eating	
• Cutting, scratching, burning or other	
• Absconding	
• Exposing self to risks	
Are the parents / carers aware and involved in the management plan?	
• Name of parents / carers:	
• Contact details:	
• How frequently are school staff in contact with parents / carers to liaise in relation to support?	
• Views of parents / carers:	

It is essential that the young person has a support network within school and that staff that are allocated to offer this can do so reliably. Consideration therefore needs to be given to who is available to offer this and how this person will receive their support. It would be preferable if this member of staff has some training in supporting young people who self-harm.

Does the young person have a support person within school who he/she is able to communicate with? <i>(this should be an adult not peer or prefect)</i>	
• Name of support person:	
• How often is there contact?	
• Who will provide this is support person not available?	
• Any notes of what support is most helpful and any special arrangements (e.g. time out card, daily check-ins)	
Does the young person have friends who are aware of the self-harm and are supportive?	
• Are these relationships consistent?	

<ul style="list-style-type: none"> How are the friends managing this supportive role? 	
Is the young person's GP aware and is the young person receiving any treatment or medical support?	
<ul style="list-style-type: none"> Name of GP and contact details: 	
Is the young person known to CAMHS?	
<ul style="list-style-type: none"> Name of care co-ordinator and contact details: 	
Is the young person receiving counselling?	
<ul style="list-style-type: none"> Name of organisation providing counselling: 	
<ul style="list-style-type: none"> Name of counsellor and contact details: 	
Are any other agencies involved in supporting this young person and/or their family?	
<ul style="list-style-type: none"> Name of organisation and key worker: 	
Is the young person in Care or subject to a 'Child Protection' or 'Child in Need' plan?	

Any notes made between supporting agencies and young person and family in relation to management of the self-harming behaviour:	
Any changes of behaviour that may need to be monitored and communicated to those involved in supporting the young person:	
Any activities within school which will need additional support, should be avoided or may act as a trigger of self-harm behaviour (consideration needs to be given to sensory needs when a young person has special educational needs):	
Any known specific dates that may trigger distress for the young person (e.g. anniversary of a significant loss):	

**This information should be treated confidentially. However, the young person's safety is paramount and therefore it is necessary to liaise with those involved with the care of the young person as appropriate to ensure his/her safety.*

Monitoring and review arrangements

For information on how to hold Person Centred Review Meetings click here: [Person Centred Reviews](#)

Dates plan updated/ Reviewed	Key person/ co-ordinator	Those involved in development of plan	Agreed actions

Appendix B: Risk Management Plan for schools managing young people with self-harming behaviours:

Information in this plan could be gathered using person centred tools as part of a One Planning Environment).
[One planning Environment](#)

Date plan completed:	
Date updated:	
Date to be reviewed:	
Is this part of a One Plan /SEN support?	

What is the self- harm behaviour? (Please tick / add in other relevant information)	
• Drug or alcohol use	
• Restricted eating	
• Cutting, scratching, burning or other	
• Absconding	
• Exposing self to risks	

Are the parents / carers aware and involved in the management plan?	
• Name of parents / carers:	
• Contact details:	
• How frequently are school staff in contact with parents / carers to liaise in relation to support?	
• Views of parents / carers:	

It is essential that the young person has a support network within school and that staff allocated to offer this can do so reliably. Consideration therefore needs to be given to who is available to offer this and how this person will receive their support. It would be preferable if this member of staff has some training in supporting young people who self-harm.

Does the young person have a support person within school who he/she is able to communicate with? (this should be an adult not peer or prefect)	
• Name of support person:	
• How often is the contact?	
• Who will provide this is support person not available?	
• Any notes of what support is most helpful and any special arrangements (e.g. time out card, daily check-ins)	
Does the young person have friends who are aware of the self-harm and are supportive?	
• Are these relationships consistent?	
• How are the friends managing this supportive role?	

Is the young person's GP aware and is the young person receiving any treatment or medical support?	
• Name of GP and contact details:	
Is the young person known to CAMHS?	
• Name of care co-ordinator and contact details:	
Is the young person receiving counselling?	
• Name of organisation providing counselling:	
• Name of counsellor and contact details:	
Are any other agencies involved in supporting this young person and/or their family?	
• Name of organisation and key worker:	
Is the young person in Care or subject to a 'Child Protection' or 'Child in Need' plan?	

Any notes made between supporting agencies and young person and family in relation to management of the self-harming behaviour:	
Any changes of behaviour that may need to be monitored and communicated to those involved in supporting the young person:	
Any activities within school which will need additional support, should be avoided or may act as a trigger of self-harm behaviour (consideration needs to be given to sensory needs when a young person has special educational needs):	
Any known specific dates that may trigger distress for the young person (e.g. anniversary of a significant loss):	

*This information should be treated confidentially. However, the young person's safety is paramount and therefore it is necessary to liaise with those involved with the care of the young person as appropriate to ensure his/her safety.

Monitoring and review arrangements

How to hold Person Centred Review Meetings: [Person Centred Reviews](#)

Dates plan updated/ Reviewed	Key person/ co-ordinator	Those involved in development of plan	Agreed actions

Appendix C: Guidance – Support following a student’s absence related to an incident of self-harm

As best practice, it is important to organise a return to school planning meeting. A number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session.

It is very likely that some of the school staff, the family, the mental health professional and the student will express concerns.

Some of the more common issues are listed below:

Social and peer relations

- Schedule a meeting with the student’s friends prior to his or her re-entry so you can discuss their feelings regarding them, how to relate and when to be concerned
- Place the student in a school-based support group, e.g. a Circle of Friends, or use peer mentoring or a buddy system (but not as the buddy)
- Be sensitive to the need for confidentiality and how to restrict gossip.

Transition from a hospital setting or home

- Visit the student in the hospital or home to begin their re-entry process with permission from the parent/carer
- Consult with the student to discuss what support he/she feels that they may need to make a more successful transition. Seek information about what the student would like communicated to friends and peers about what happened
- Request permission to attend the treatment planning meetings and the hospital discharge conference
- Arrange for the student to work on some school assignments while in the hospital or at home
Include the therapist or counsellor in the school re-entry planning meeting

Academic concerns upon their return to school

- Ask the student about their academic concerns and discuss potential options
- Arrange tutoring from peers or teachers
- Modify the schedule and adjust the course load to relieve stress
- Allow catch-up work to be adjusted and extended without penalty
- Monitor the student’s progress

Appendix D: Guidance - Understanding and responding to common reactions to overwhelming stressful events *(adapted from Bridgend Critical Incident Pack)*

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposures and cultural traditions all play a role. Below are some reactions to a suicide and suggested responses.

Reaction	Suggested Response
Shock and denial. At first there may be remarkably little response. The reality of the death has yet to be absorbed. 'You are kidding, right?' 'This is just a joke – it can't be true'.	<i>Acknowledge the shock, anticipate the reaction to come, demonstrate a willingness to talk when child, young person is ready.</i>
Anger and protection. Generally speaking, 'black and white' thinking sets in. Students want someone to blame for this and may openly express/direct anger at the deceased's parents/teachers/ boy/girlfriend. 'Why did you let this happen?', 'It's all your fault that this happened!'	<i>Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don't understand. Suggest that suicide is a very complicated human behaviour and that there are always multiple reasons and that blaming another individual may put that person at risk of suicide also.</i>
Guilt. Young people close to the deceased may blame themselves. 'If only I had called him back last night; I should have known.... I should not have teased him....'	<i>Remind young people that only the person who kills him/herself is responsible for having made that decision.</i>
Anger at the deceased. This is surprisingly common, among close friends as well as those who were not close to the deceased. 'How could she do something so stupid?'	<i>Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal response when grieving. Acknowledgement of anger often lessens its intensity.</i>
Anxiety. Young people sometimes start to worry about themselves and/or other friends. 'If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends).'	<i>Help young people differentiate between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.</i>
Loneliness. Those closest to the deceased may find it almost impossible to return to a normal routine, and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive.	<i>Encourage young people to help each other move forward in positive ways. Notice anyone who seems to be isolating themselves from others and reach out to them, offering resources to help with the grieving process.</i>
Hope and Relief. Once the reality of death has been accepted, and the acute pain of the loss subsides, young people find that life resumes a large degree of normality and they come to understand that over time, they feel much better. They can remember their friend without extreme pain.	<i>Simply remain open to listening to the young people's feelings, especially on the anniversaries (two weeks, months, years, etc.). Recognise the importance of both mourning and remembering</i>

Appendix E: Checklist for Critical Incident Management Plan

Initial Actions: Day 1

Action	Information, Notes & By Whom
<p><u>Gather and record accurate information</u></p> <p>What has happened? Who was involved? When did it happen? How did it happen?</p>	<p>It is important to establish the facts otherwise rumours may take over and add to the distress of those involved. Specific details should include the names of everyone involved including any children/staff from other schools/settings.</p> <p>By Whom</p>
<p>Contact the affected family</p> <ul style="list-style-type: none"> • Find out their wishes • Establish clear line of communication • Plan further contact. 	<p>Contact should be made with family or families within the school community who are directly affected by the incident within 24 hours if possible. The nature of the contact should be guided by the wishes of the family although it may involve a home visit by staff representatives to extend sympathy. In some cases it may involve planning for return to school of bereaved children.</p> <p>By Whom</p>
<p><u>Assess the situation and provide immediate emergency response</u></p>	<p>When an incident takes place on or beside school premises an emergency response may involve: ensuring immediate safety of all students and adults; contacting emergency services; administering first aid.</p> <p>By Whom</p>
<p>Notify the Local Authority of Critical Incident via Schools Communication Team (01245 434745)</p>	<p>By calling this number the Schools Communication Team will run through for you the various Local Authority services that may be of use to you including the Critical Incident Team via the Educational Psychology Service.</p> <p>By Whom</p>
<p><u>Ensure a dedicated emergency telephone line is operational</u></p> <p>.....(number)</p>	<p>During major incidents phone lines may become jammed. Agree on which phone line is to be kept open for outgoing and incoming emergency calls. Swap mobile phone numbers with key agencies.</p> <p>By Whom</p>
<p>Contact school governors and outside agencies</p>	<p>An Emergency Contact List should be collated in advance and kept in an accessible location.</p> <p>By Whom</p>
<p>Alert the Media team</p>	<p>Support can be given by the press office on the preparation of an official statement. Individuals should be strongly discouraged from talking to the media as partial information, speculation and personal opinion can cause significant distress to families, especially when inaccurately reported; this is also true of information posted on social networking sites.</p> <p>By Whom</p>

<p>Convene a meeting to brief the Critical Incident Management Team to:</p> <ul style="list-style-type: none"> • Brief the team • Make specific plans • Delegate roles and responsibilities 	<p>Depending on the incident it may be advisable to meet the evening before or early in the morning to ensure a plan is in place for the school day. At this meeting determine what information is to be shared beyond the group and with whom (in sensitive cases this may involve liaison with the family).</p> <p>By Whom</p>
<p>Establish procedure for informing/ briefing staff to</p> <ul style="list-style-type: none"> • Inform about the incident • Discuss plans for the day • Discuss how to support students (and each other) 	<p>It is important that staff receive accurate facts and are kept updated. This may require two separate groups to allow supervision of students. The meeting would normally be led by the head teacher or senior member of staff. It may be helpful / appropriate for an EP, a member of the clergy or a police officer to have some input to this meeting. Staff should be given advice and share ideas on how best to support students during this time</p> <p>By Whom</p>
<p>Establish procedure for informing students</p> <ul style="list-style-type: none"> • In groups • In a familiar environment • From people they know and trust 	<p>Whole school announcements should be avoided. Students should be informed in class or tutor groups by people they know and trust. Outside professionals can provide advice and support to staff where needed. Students who are likely to be particularly affected (e.g. close friends of a deceased pupil) should be told separately first.</p> <p>By Whom</p>
<p>Compile a list of vulnerable students and adults</p>	<p>Vulnerable individuals (students and staff) need to be identified and monitored. Additional support may be put in place either from adults or peers. Staff can be reminded that their colleagues may need some additional support such as a phone call later that evening</p> <p>By Whom</p>
<p>Plan adjustments to the day and in school support including</p> <ul style="list-style-type: none"> • whole school activities • class/tutor group activities • quiet room with support 	<p>General principles include keeping routines as normal as possible; adapting the tasks to reduce stress and providing opportunities to express feelings in a safe, supportive environment.</p> <p>Where potential impact is considered severe and affects large numbers of students in class support sessions may be appropriate. An EP may support this by offering advice or by co-facilitating the session.</p> <p>By Whom</p>
<p>Establish a procedure for informing parents / carers</p> <ul style="list-style-type: none"> • By letter • In a meeting 	<p>Depending on the nature and timing of events parents may already be aware of the incident. An appropriate letter should be compiled to be sent home with pupils. It may be appropriate to involve outside agencies, such as the police, clergy or EPs. EPs can assist with the drafting of communication to parents or refer to examples for ideas of how to structure the information. Have your own school draft letter that can be adapted and personalised if required.</p> <p>By Whom</p>

Arrange for staff to meet at the end of the day to debrief and plan for following day

Although already an emotionally exhausting day it is important for staff to meet for a short session at the end. This gives an opportunity for an update on any developments (including any specific concerns that have arisen), allows planning for next day and provides an opportunity to talk things through with others, offering emotional support, after a difficult day.

By Whom

Further Actions: Day 2 onwards

Action	By Whom Information & Notes
<p>Convene a meeting of Critical Incident Management Team to</p> <ul style="list-style-type: none"> • consider any new developments • actions and events to date • plan for the day • identify tasks/ assign roles 	<p>Sometimes the first day appears quite calm as people may be in shock. Day 2 can present more issues as events begin to sink in so it is important to meet each day until the school returns to normal functioning.</p> <p>By Whom</p>
<p>Convene a meeting for staff to</p> <ul style="list-style-type: none"> • update staff on any new developments inform staff of plans for day • give staff an opportunity to ask questions / raise concerns 	<p>In major critical incidents staff should be brought together at the start of the following day. As well as practical purposes this gives emotional support in difficult circumstances and allows a reminder that both staff and students may need some nurturing and time to talk. Plans should be made for subsequent meetings as required.</p> <p>By Whom</p>
<p>Continue to monitor and provide additional support to</p> <ul style="list-style-type: none"> • vulnerable individuals previously identified • other students (or staff) causing concern 	<p>Following a Critical Incident a level of shock, anxiety and distress is normal, especially amongst those closest to the incident. Most people will have returned to normal functioning within six weeks. Further support may be required for individuals continuing to show significant signs of distress many weeks beyond this.</p> <p>By Whom</p>
<p>Liase with affected family including</p> <ul style="list-style-type: none"> • visits by staff or pupils to injured or bereaved • family's wishes and plans regarding funeral arrangements • return to school of bereaved 	<p>Contacts/visits should be planned/ made to anyone injured, either at home or in hospital, with cards and get well messages from staff and students. There may be possessions to be returned to the family and timing of this should be considered.</p>
<p>Begin to plan school response to memorial to include</p> <ul style="list-style-type: none"> • the wishes of the family • active involvement of the peers and friends of the deceased 	<p>A lasting memorial and/or a ceremony give an important message about the value of the deceased; offers comfort to friends and family and may provide a sense of closure.</p> <p>By Whom</p>
<p>Make a note in the school calendar of important dates</p> <ul style="list-style-type: none"> • anniversary of incident • birthday of deceased • inquests or court cases • events where the deceased would have a part 	<p>The anniversary of a Critical Incident can trigger emotional responses and the school may wish, in consultation with the family, to acknowledge and commemorate the date.</p> <p>By Whom</p>
<p>Review Critical Incident response and amend plan</p>	<p>Once the school has returned to normal functioning it is important to reflect on the response to the incident including what went well and what lessons can be learned. This can be used to evaluate and amend the Critical Incident Management Plan.</p> <p>By Whom</p>

Appendix F: Sample Letter to send to parents to inform them of a death from illness

Dear Parents / Carers

I am sorry to inform you that your child's tutor had the sad task of informing the children today of the death of <Name>, a pupil in <Year>. They were told that <name> died from an illness called cancer and that sometimes people who have cancer can get better, but other times people die from it. <Name> had been ill with cancer for a long time and died at home yesterday.

When someone dies, their family and friends have lots of feelings of sadness, anger, and confusion - these are all normal. The children have been told that their teachers are willing to try and answer their questions at school, and you can help by talking to them at home and answering their questions honestly. Support will be available to the school if your child is having difficulty coming to terms with this loss. Please contact your child's form tutor if you wish for further support.

The funeral will take place at <Named Church or Crematorium> on <Day and Date> at <Time>. Your child may wish to attend the funeral. If this is the case you may collect your child from school and accompany them to the church. Please inform the school of your child's absence, if this is the case.

Yours sincerely

Headteacher

Sample letter when a pupil/teacher has died

Dear Parent / Carer,

It is with great sadness that I have to inform you about the (sudden) death of xxx (name if possible), one of our pupils/members of staff in Year x. The children were told this morning by their class teacher.

Xxx (or a child / member of staff in our school/ in year x) died as a result of **** / the full detail surrounding the death are not known at this stage – but children have been reassured that this is something that does not happen very often. Your child may or may not want to talk about it, but it is likely that he/she will need your special care, attention and reassurance at this difficult time.

We are all deeply affected by the death, but we are trying, for the children's sake, to keep the school as normal as possible over the coming days, whilst allowing the children opportunities to talk about xxx (the person who died) if they want. We have access to professionals who are providing guidance and support; enabling us to give emotional support to the children and each other through this difficult time. If you feel that your child needs extra support, please let us know.

Our thoughts are with the family at this difficult time, and the whole school community sends them our most sincere sympathy and support. If you have any questions or concerns, please do not hesitate to contact me.

Yours sincerely,

Headteacher

Appendix G: Advice for parents / carers and those working with young people

Warning Signs

The following are signals that a young person may be thinking of suicide:

- Suicidal threats in the form of direct and indirect statements
- Suicide notes and plans
- Prior suicidal behaviour
- Making final arrangements (giving away possessions)
- Preoccupation with death or dying
- Changes in appearance, thoughts, feelings and/or behaviour

What to do

Young people who are suicidal are unlikely to seek help directly. Parents and those working with young people and peers can recognise the warning signs and take immediate action to help keep them safe. The following actions should reduce the risk to the young person:

- Remain calm
- Ask them if they are thinking about suicide
- Listen - Do not judge
- Focus on concern for their wellbeing
- Reassure them that help is available
- Provide supervision in a calm manner to avoid intensifying anxieties
- Remove means for self-harm
- Get help. Peers should not agree to keep suicidal thoughts a secret and should tell a responsible adult. Parents should seek help from the school, GP, support services, help-lines or consider taking young person to the local A&E department if immediate concerns.

Key telephone numbers

Childline:	0800 1111	Papyrus: HopeLineUK:	08000 684141
Kidscape:	08451 205204	Samaritans:	08457 909090
		Young Minds: Parent Helpline:	0808 8025544

Local numbers for professionals:

Child and Adolescent Mental Health Service (CAMHS) Gateway:

South Essex: 01277 355956,
North East Essex: 0845 556 4210,
Mid Essex: 0845 556 4212,
West Essex: 0845 556 4215

Early Help and Advice Hub: 0845 603 7627

*(Adapted from the **Bridgend County Borough Council 'Preventing teenage suicides' Conference 21st November 2013**)*

Appendix H: How to support a child or young person who is grieving

Avoid:

- Giving a lot of advice
- Arguing over trivial matters
- Making moralising statements about the person who died
- Minimising the loss
- Discouraging or time-limiting the grieving process
- Assigning new responsibilities right away

Do:

- Learn about the grief process
- Be absolutely genuine and truthful
- Demonstrate love and respect by being attentive
- Encourage talking about feelings and about the deceased friend
- Listen, no matter what!
- Offer to accompany the grieving young person to the funeral
- Allow crying – perhaps lots of crying
- Expect laughter – a sign of happy memories
- Follow the lead of the ‘survivor’ with patience and kindness
- Offer opportunities for remembering (e.g. special events or birthdays)
- Expect that your presence may be important, while talking may be limited (‘silence can be golden’)
- Share some of your own experience of loss, but keep the focus on the young person you are supporting
- Help to identify others to talk to (e.g. a trusted adult, school/ youth counsellor, church minister, Samaritans)
- Understand that memorials can be very comforting (e.g. writing a poem, a song, a letter, recording a tape, making a scrapbook buying flowers)
- Believe in healing and growth.

Websites:

Child Bereavement UK: <http://www.childbereavementuk.org>

Winstons Wish: www.winstonswish.org.uk

Cruse UK: <http://www.cruse-essex.org.uk>

(Adapted from the **Bridgend County Borough Council ‘Preventing teenage suicides’ Conference 21st November 2013**)

Appendix I: Supporting the family through a suicide crisis

Family support is critical

When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

- First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help – they don't know where to turn.
- Second, informed parents / carers are probably the most valuable prevention resource available to the suicidal adolescent.

The goal of extending support to the parents / carer is to help get them to a place where they can intervene appropriately to support their child or child in their care. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

Common parental reactions to hearing that their child is suicidal

- Acute personal shock and distress
- Very confused, puzzled, or in denial
- Blamed, stigmatised
- Totally paralysed by anxiety
- Embarrassed
- Angry, belligerent, threatening

Concerns of the helper / professional

- Safety of the youth
- Professional responsibilities
- Gaining co-operation from parent(s)

Concerns of the parents / carers

- The safety of the young person
- What to do and where to turn for help
- Maintain some balance and perspective

Parents/ carers may need support to

- Overcome their emotional reactions
- Accept the seriousness of the situation
- Recognise their key role in helping their child/ or child in their care
- Recognise the importance of finding (professional) help
- Understand the importance of removing dangerous objects from their environment
- Identify personal coping mechanisms and support systems
- Understand their limits
- Establish some hope

How school staff and external professionals can help

- 'Just be there' through the immediate crisis
- Reflective listening – acknowledge the impact, the fear, the anger, etc.
- Avoid judging or blaming
- Provide information and referrals
- Emphasise safety. Recommend removing items that someone can use to harm themselves from the home
- Support any and all acceptance of responsibility and efforts to help
- Model limit-setting and self-care

Things you can ask or say once the immediate crisis has passed

- 'How can I help?'
- 'How are you coping?'
- 'Who can you talk to?', 'How are you in touch with these people?', 'Would it help if I called them for you?' (Some people can't face picking up a phone to do it themselves. If they think about using social media e.g. Facebook, offer to discuss whether or not it is appropriate in the circumstances)
- 'I can appreciate how this has turned your world upside down. It is great that you have been willing to get help. None of us can do this alone.'
- 'How have we (professionals) been helpful? What has not been helpful to you? What could we do better?'

Useful Contacts:

Papyrus www.papyrus-uk.org Phone: 0800 068 41 41

(Adapted from the *Bridgend County Borough Council 'Preventing teenage suicides' Conference 21st November 2013*)

Appendix J: Guidance - How to help Pupils who are supporting others with issues of suicide

NSPCC On the edge: [ChildLine spotlight: suicide report](#) (2014) noted that children often spoke to a Childline counsellor about worries they had about friends or a parent who was expressing suicidal thoughts and they were supporting them. Difficulties that children shared with Childline about the impact on this for them included feeling drained and exhausted from worrying and being there constantly to support the people concerned; staying off school to keep an eye on / look after their parent; staying awake at night for fear that parents would feel more suicidal at night time; feeling as though they are the only person that their friend can talk to, being worried about whether to tell someone else.

Schools can support pupils in these situations by encouraging them to try things like:

- Active listening skills (schools could provide information and training sessions similar to that given within Peer Mentoring or Peer Listening Schemes). Ensure access to listening adults for those young people who find themselves listening to others regularly
- Encourage their friend or parent to seek professional help and to know where to access support information (e.g. via leaflets or online support areas: schools could provide these or display them clearly around school).
- Feedback to their friend or parent positive things in their life and their strengths; encourage them to talk about how they have managed difficulties in the past and think about what has helped before.
- Encourage their friend or parent to join them in activities that contribute to them both feeling good, such as going out for walks; play sports; going to the cinema or other outing or fun activity.

Appendix K: Implementation of a School / Critical Incident Management Plan

Use the checklist to make notes on and plan, building in shorter and longer term timescales. The following information will guide through the development of your plan of action and for advice should you need it:

Guidance for staff members who are part of the Critical Incident Management Team (CIMT): What to do when a Critical Incident occurs

1. Planning by your Critical Incident Management Team (CIMT)

Gather your CIMT to plan who needs to do what (see Roles and Responsibilities within your S/CIMP and the Checklist for planning and reviewing the response).

2. “Facts First”

Seek as much information about what has happened as quickly as you can. Staff may find that information grows gradually as the initial hours / days pass and it is important to clarify and hang on to the facts.

The importance of clarifying basic facts is paramount to minimising speculation and rumours; particularly in the social media world when ‘hearsay’ and opinions can circulate rapidly, often raising the emotional thermometer of the school community.

Information can be clarified from sources such as speaking with family members when they are able to or the Police.

What Key Facts might the CIMT clarify? (Some immediately and some over time)

- Who should be liaising within the family
- Cause of death (and clarification of what is ok to be shared with others) *
- What agencies / organisations are involved currently
- (Over time not necessarily an immediate question) Arrangements for funeral

3. Communicating facts and information to the School Community

It helps to communicate known facts to people within the school community (staff; pupils; parents) as and when you can. Often schools hold staff meetings to make initial announcements – remember to include all members of your staff community not just teaching staff (which may mean several meetings). Ensure that staff are told before pupils so that they can begin to digest the news. Tell staff where and how they can gain emotional support and encourage colleagues to support one another.

When sharing sad news with pupils best practice is to try and structure the delivery of news in small groups with familiar adults on hand to support the students, if possible in classes or forms. Decide whether classes will be told at the same time by different staff members or whether a key adult (such as the Head Teacher) will share the news class by class. If helpful draft a script for adults to use – stick to facts. Use clear concrete language such as ‘sadly died’ and avoid euphemisms such as ‘passed away.’ Consider which group of children / young people might benefit from being told first e.g. those most impacted upon. If staff believe that some young people may be extremely distressed

such as close friends it can be helpful to contact parents to come to the school to support their child.

Some people will be upset by sad news or may not have an emotional reaction and others may display a seemingly inappropriate reaction such as giggling or asking questions that might seem insensitive. (Be aware that some children with Special Educational Needs may react in different ways). It is important to reassure people that whatever reaction they have is ok and acknowledge the varied emotions that people may experience. Allow space in classrooms for pupils to support each other if they are upset or wish to talk together. Some pupils may wish to continue with structured activities / their timetable to gain a sense of predictability or because they are feeling ok enough to continue as usual. See [Appendix C](#) for information about Responding to reactions).

When sharing news with staff or pupils, it is totally ok to say that you do not know something at this time and that you will share more as further information is available.

What to communicate: cause of death

If the cause of death has not been named or confirmed as a suicide; perhaps there is an on-going investigation or family may wish certain facts to not be disclosed. School staff on the CIMT may feel challenged about how to move forward and share information. Check with those you speak to about what is ok for you to share with others (highlighting the need for one of the CIMT to be in close contact with the family and outside agencies supporting the family such as the Police).

If the cause of death is unconfirmed this is what can be shared with others. Staff sharing information with others should acknowledge feelings of uncertainty that 'not knowing' might fuel but affirm the need for sensitivity and that rumours about what might have happened or why something might have happened can be hurtful to the person who has died and their family and friends.

Difficulties may arise if pupils are discussing suicide despite this not being clear (sometimes students may know of information via close family members or having witnessed something in relation to the events). School staff may feel compromised and confused about what information to speak about or share.

It is at these times incredibly helpful and reassuring for staff to distinguish between the 'facts' to be shared regarding the person that has died and information that can be shared about the issue of suicide in general in order to support students, staff and members of the wider school community and allow for discussion about what to do if someone was considering suicide or you had concerns about someone else.

Staff could use the following scripts as a guide:

"We do not have confirmed information about the cause of _____'s death" or "At this time we are not able to confirm the cause of _____'s death."

“We are aware that there has been a lot of talk about whether this was a suicide death. Since this topic has been raised, can we take this opportunity to give you accurate information about suicide in general and think about how we can prevent suicide and what to do if you or someone you know may be feeling suicidal.”

“As soon as we do have confirmation / more information about what happened to _____ we will let you know, until then please try to not participate in discussions that are not based on fact, for rumours and hearsay can be very hurtful to people close to _____ at what is already an incredibly painful time.”

Remind the school community about sensitive use of social media and to refrain if possible from comment/discussion on social media sites. (Pupils will often use social media for memorial type pages, to express grief and loss; however there are risks with internet troll responses and/or use of quoting from memorial pages for use in newspaper articles which may cause further distress. Staff should be even more aware of confidentiality and not putting information or comments onto social media sites).

If it has been confirmed that it was a death from suicide, try to avoid including any of the following types of information communications to others:

- Anything about the method of suicide or contents of any notes / letters left
- Wording that may glamorise, glorify or vilify actions
- Speculation about the reason for the action taken

Communicate facts to your school community usually via a letter or email sent on the day of the news so that parents are informed as soon as their children arrive home. (For pupils close to the person who died it is helpful to ask the young person if they would like their parent/s phoned and told in person). The Samaritans resource ‘Step by Step’ written to support schools following a death by suicide suggest that the following aspects are included in communication:

- What has happened (in brief)
- Appreciations about the person who has died
- What support systems the school has in place
- Information about funeral if known
- Where parents can access information about grief and suicide
- How they can access support for themselves
- What they should do if they are worried about something or someone

4. Communicating with the Media

The School may be approached by media personnel for comment on what has happened. If Schools contact the Schools Communication Team as previously listed they will be offered liaison with the Essex Local Authority Media team who can advise on or carry out on behalf of the school drafting press statements and contact with the media. Please alert school staff and pupils in briefings to be aware of possible media interest and suggest that contact is declined.

5. Grieving in school and adjustment to a loss

In the days, weeks and months that follow a death or loss there will be ok days and days where the emotions are high. Keep the school running as usual with flexibility to adjust normal activities to respond to the needs of the staff and pupils in the school. Monitor vulnerable students and families, not only those in direct association with the person who has died but also those who may be requiring extra support due to other bereavements or traumatic experiences they have had. Educational Psychologists can assist staff in considering who may need support using a tool named 'Circles of Vulnerability.'

Some students and / or parents may become more anxious about everyday events following a sudden or traumatic bereavement. It is common to worry about our own lives and families when a tragedy occurs within their community. Events like this can make some of our fears about terrible things that might happen seem more real. Gradually in time, people experiencing these feelings will rebuild a sense of resilience and belief that the world is mostly a safe place to live in.

Be mindful of dates that will be trigger points for remembering the person who has died, such as birthdates, anniversary dates of events and of the day they died. With those close to the person, sensitively acknowledge these important times to let them know that you are thinking about them.

Check curriculum 'hot spots' for topics of issue or loss – not to avoid them but to enable staff to consider how best to deliver the topic and how it could be flexible to respond to the needs of the young people in the class and the staff. If the school is working towards becoming a 'bereavement aware' school as described in the [Green Section](#), then there should be plenty of forethought into opportunities to revisit issues of loss and grief throughout the curriculum and school day for on-going exploration of all these issues.

6. Expressions of grief and longer term memorials

When a community experiences a loss or bereavement sometimes flowers are used to signify a tribute. Messages can allow for expressions of people's feelings and act as a link to the person who has died. Think about where these tributes are laid with a balance between the ease of access for people to come and see the tributes/ make a contribution and a sense of privacy or serenity.

When thinking about memorials there should be an equality of all deaths, with no particular types of death being treated differently. However, in order to avoid glamorising suicide or feelings of adulation about suicide for others who may be feeling vulnerable, it is advocated that schools should consider what kinds of memorials are decided upon. One way of avoiding this is to encourage memorials to be about positive actions leading from grief to benefit others with emotional wellbeing mental health difficulties such as charity fundraising / educational events about positive mental health or relevant charity linked to something meaningful for the person who has died.

7. Adjusting to school life without the person who has died.

This can be very hard for some people to continue with their day to day life but within a framework of loss and grief. Give thought to how staff will support young people to manage experiences such as the empty seat in the classroom, or personal belongings / work in school or re-arrangement of the register.

Siblings or children returning to school following a bereavement or loss will need individual preparation to consider what will be helpful for them on their return. Encourage staff to acknowledge these difficult times and agree together how best to proceed. Involving young people in decisions or giving time to explain a decision that an adult has made will validate their feelings and sense of importance.

Appendix L: Guidance – speaking with a young person about suicide or self-harm:

Ensure you are clear about levels of confidentiality - for example, at the beginning of the conversation (and at any other time also during the conversation) say something like “some things that we speak about can be between you and I, but if you tell me something that makes me worried about your safety or the safety of someone else then I have to tell someone else about that. We can discuss together who that will be and I will tell you if this is what I am going to do.” This is to ensure that the young person can make an informed choice about whether to share something with you or not, with the knowledge that information may need to be shared with others. If a young person is unwilling for information to be shared with their parents, staff should consider their wishes, but at all times having regard to and working in accordance with safeguarding procedures.

Listen carefully to what they want to say to you - use a SOLER model of attending behaviours (Egan, 2001) that form the basis of active listening and the points following:

SOLER formula: **S** - squarely facing the client, **O** - openness of posture, **L** - leaning forward (slightly), **E** - eye contact, **R** – relaxed.

- **Acknowledge:** show appreciation for the other person's efforts
- **Encourage:** Let the other person know that you are interested and want to hear more
- **Paraphrase:** Reflect back basic message in your own words
- **Clarify information:** Use examples or ask for examples, ask for help in understanding, keep the discussion clear and focused, ask questions
- **Check your perceptions:** Make sure that you understand accurately what is being said
- **Ask questions:** Use both open ended and closed questions appropriately
- **Reflect feeling:** Let the other person know that you understand how they are feeling about the situation
- **Reflect meaning:** Let the other person know that your understanding is the same as what was intended
- **Prompt and lead:** Use prompts or leads like “tell me more about this” to help to stimulate further discussion, find fuller answers to questions
- **Summarize:** Review progress and emphasize main points, themes, facts and feelings

Show support in an empathic and non-judgemental / non-emotive way (try not to look shocked)

Reassure the young person that they are not alone and that help is available.

Remove means of self harm / suicide if known and give information about support availability (e.g. helplines and online support)

Use a ‘strength-based’ approach – during your conversation focus on emotional wellbeing and connectedness / relationships that can be grown / strengthened / built upon. Draw out **coping strategies** and previous ways in which distress has been managed without considering suicide

Seek help – do not promise to keep this information between yourselves. The young person should be encouraged to choose an adult to share the information with (supporting the young person themselves to speak with others where possible).

Discuss clearly what options there are for next steps and with the young person, produce a support plan for them (see [Appendix A](#)). Use '[Person Centred Planning](#)' tools and approaches' in line with the [Essex One Planning Environment](#) (see [Resources](#) sections for links to sites to support this).

Identify a key person in discussion with the young person – it should be someone able to fulfil this role and someone the young person is comfortable with. The key person should ensure the young person is involved in any planning / decision making and kept fully informed of the outcomes.

Be aware of how you are feeling yourself and seek support from colleagues. The only way we can challenge stigma is to grow in confidence to speak more openly and without fear about issues around suicide.

Appendix M: Examples of interventions and provision

- **Individualised planning** (from Person Centred Planning approaches/tools to find out what is important to and for the young person). Personalised plans may include: an adapted timetable (building on strengths of the young person); allocation of time for accessing supportive activities to further promote positive mental health and wellbeing; ideas and changes to take account of the social and emotional needs of the young person across a school day and consideration should be given to any issues that are of concern/ worry/ stress to the pupil with strategies to support them.
- Identifying a **key additional adult figure in school** (for example mentor, Head of Year, learning support assistant, pastoral member of staff). The member of staff selected should be someone who is able to establish trusting relationships with young people and understand the systems in school for supporting emotional wellbeing and mental health). Louise Bomber's book 'Inside I'm hurting' (ISBN: 9781903269114 2004) outlines some preferable personal qualities of people taking on this kind of role and is a good resource for adults in schools to read when developing relationships with young people who may find it difficult to trust an adult. Being a key person to someone can be an emotionally demanding role and so systems in school should also support the supervision and care of adults taking on the role of key additional adult figure in school.
- **Train learning support assistants with a focus on supporting emotional wellbeing / mental health**, roles (depending on training received). This role may be termed 'emotional first aider' 'wellbeing worker' or 'ELSA' (Emotional Literacy Support Assistant). These adults may take on the role of a key adult for young people and, if so, will require supervision for the work they undertake.
- **Identify young people to take on role of peer support / peer listeners / peer mentors / mental health or emotional wellbeing champions** and so on. Good systems of support and supervision is required to ensure that the young people develop their skills in listening to others and promote good practice in terms of how to meet emotional needs are supported themselves and that they understand how to refer peers to adults where appropriate. Pupils have told us that they are more likely to speak to someone of a similar age than an adult.
- **Create opportunities to develop resilience** - Mostly, resiliency is developed and grown through the supportive relationships of people we already have in our lives such as friends and family or members of staff in schools. Sometimes schools commission other agencies to support young people who would like to speak with someone e.g. counselling services which young people may be able to self-refer / drop into or be referred to by school staff. Please see the following document for more information if you as a school commission counselling services or access counselling services on behalf of young people in school. It is advisable to consider some key points in deciding what to commission and think

about how it may support young people and staff most appropriately in school as well as meet needs regarding confidentiality and safeguarding.

- **Nurture Groups.** Doctoral research carried out recently within the Essex LA (Educational Psychology service) investigated how Secondary Schools in Essex are making use of Nurture Group interventions and how staff understood the psychological underpinnings of this approach. There is no one model for Secondary Schools currently but the research did highlight good practice in schools and identified some themes that schools might wish to consider when developing nurture group approaches. Some Primary Schools in Essex also have established Nurture Groups or found ways of embedding the principles of nurture and attachment theory within their classrooms.
- **Informal support groups or safe spaces in school** – these may operate as drop in sessions during lunch times and breaks, for pupils who may feel more vulnerable within the larger and unstructured times of day to interact with a smaller group of people and perhaps with opportunities for more structured activities such as board games or access to computer equipment
- **Relaxation in schools, Mindfulness approaches** - www.relaxkids.com has resources for schools and families to use for children and young people of all ages, from pre-school children to teenagers. For Secondary School students there CDs designed to aid exam stress for example. Mindfulness is a way of life, a philosophical approach. If schools wish to utilise some of the ideas of mindfulness, such as stopping, focusing on the here and now and just 'being' in the current moment; there are Mindfulness in Schools websites such as www.mindfulnessinschools.org, offering information and training. However, any undertaking of mindfulness should be within an environment where adults in school are regularly practicing mindfulness approaches in their own everyday life as well as within school.

Note - When undertaking relaxation activities in school, ensure that adults have received some training in the psychology of relaxation so that they are able to support young people who may find it very difficult to relax and allow their survival systems (or 'fight or flight' systems) to be lowered – relaxation sessions can be a time when young people may feel very vulnerable and unable to for example close their eyes to join in with a guided visualisation. Behaviour such as giggling or keeping eyes open should be acknowledged and understood as indications of such vulnerability and not interpreted as 'misbehaviour'. It will take time for children and young people who may have spent many years in a highly aroused or hyperactive state to learn what it feels like to relax their muscles and body. Progressive Muscle Relaxation activities can helpful to teach awareness and control of the differences between tense and relaxed muscles.

Appendix N: What Essex young people have told us

Engagement background

For some considerable time Essex County Council (ECC) has engaged with young people in a variety of ways to hear what they have to say about emotional well-being and mental health services.

In 2012 ECC held workshops, focus groups and online surveys to obtain feedback from professionals, children, young people and their families / carers on child and adolescent mental health services for children and young people. These findings were used to inform partnership working with colleagues in the health service to develop a new integrated model called The Emotional Health and Wellbeing Service.

For the last 8 years ECC and the [Schools Health Education Unit](#) (SHEU) have collected information and produced an annual report about children and young people's lifestyles. This document has included a section on emotional and wellbeing health and wellbeing and bullying (see [Resources](#) section for 2014 SHEU Report).

In November 2013 the Essex Safeguarding Children's Board (ESCB) arranged a multi-agency conference 'Preventing Teenage Suicides'. Professionals and young people were invited to learn from the experience of Bridgend Local Authority and to explore how this could be developed in Essex. Feedback from those involved was captured and has contributed to the development of the guidance toolkit. During 2014 ECC again held workshops, focus groups and online surveys to ask professionals, children and young people and their families/carers if the integrated model ECC was proposing (The Emotional Health and Well-being Service) was the model they had described to us. This feedback was then used to develop the service specification.

During November 2014 focus groups with young people were held. These included the ECC Take Over Day where children and young people worked with adults for the day and were involved in decision-making. Some of the groups shared their views on aspects of this guidance toolkit.

The overall summary of what young people told us

(November 2014 focus groups)

'It's good to have one guidance document for all professionals so everyone does the same things and works in a similar way.'

'Would be good if this was made available to all students and maybe even parents through the website or social media etc.'

'Would be good if pupils could feedback maybe next year to see if there has been a difference or anything needs updating/adding'

'If people have the means to help then that would support young people but if there's none in place they can't.'

It's good that the document covers warning signs and what happens when there is a suicide.

It would be good for young people to see it and know it exists.

Need to include the following:

- If there is a sudden death of a pupil in school if teachers/ staff take time off to grieve the pupils in school can feel unsupported
- Cultural awareness – work with faith groups to explain to the school community and cultural differences
- Like the idea of posters or leaflets with phone numbers and contact details for support

Concerns raised:

- At what stage would a parent be notified?
- If a teacher thought a student was self-harming would that information go to the parent or other teachers?

Why young people don't always ask for help

Young people have told us they don't like to ask for help because of the following reasons and have given some suggestions that would make it easier for them (*these are all important to young people and are not in any order of priority*):

- Some want to be independent and feel they should deal with it on their own (but this could make it worse for them- if they talk to someone it seems like less of a problem)
- Stigma / Judgement (could affect friendships)

*'Don't know how you can remove stigma'
'Difficult to change attitudes and views'
'I can think of what not to do and that is discuss in PSHE lessons!'*

- Let pupils know that if staff do react badly or discuss private information with others that is gross misconduct
- Whole school training and what to do in those situations
- May feel ashamed or embarrassed
 - Young people need to feel confident – schools can let the pupils know that they can talk to whoever they feel comfortable with and they will relay this information to the designated person or go with them to talk to them
 - Opportunity to talk to someone outside of school (e.g. at a Youth Centre, drop in centres (maybe run with young people)

- Nerves and confidence (if you can't go through with it it's a massive barrier/ whether you can actually get across what you want to say about how you feel)

'It'd feel more comfortable if it were someone not connected to the school like a counsellor who don't know your family'

- Need the right setting which may not be the same for all young people
- Know how well approaching someone might be received
- If the school made it a routine thing, say once a week or once a month, where someone came in and who had experience of the troubles that students might be experiencing to show you can recover (subjects like depression, bullying, self harming etc) - maybe they could interlink with anti-bullying week and mental health awareness weeks.
- Fear about what happens next
 - Be clear from the start about what the next steps might be, keeping the young person informed along the way – support them
 - Important to know where the discussions will take place, as they may be uncomfortable if out of their comfort zones
- Bullying - (If being bullied they may be scared of repercussions if a name is mentioned- could make the bullying worse/ If it were about bullying, and the teacher knew something about that person, they might say, "they had a bad life", you'll be worried that you might not get the reaction that you need or want)

- Being heard

'You won't go if you don't think they'll do anything'

- Young people want to be heard and be able to unload, it's not necessarily someone doing something about it
- The confidante has to be approachable, interactive, friendly, conversationalist and someone who will listen to everything a young person has to say
- Confidentiality / Fear of lack of discretion / Trust

'Don't want to confide in teacher and them going off to other teachers or students and tell them what you said'

'If you like a teacher, you're more likely to trust them'.

'If you spend long time with a teacher or have time to build up a relationship this makes it easier to trust them and talk to them'.

- School should give young people the opportunity to remain anonymous
- Have non- school counsellors available in school

- Have own special room (what happens in this room stays in this room)
- Use non-school staff to come into school to support young people (e.g. NHS staff)
- Young people should be able to confide in someone and have input in how the information is shared. Guarantee within limits that it's not going to be shared, a level of transparency
- Publicise that teachers have an agreement of confidentiality that they won't share information and talk between themselves. (This seems to be clear and understood between staff but pupils are unaware so are reluctant to discuss issues)
- Don't know who to talk to (not knowing if you've got the right information, guidance and help to support you)
 - Being told in assemblies what they've got to offer to help people
Say, "We've got this to offer, come along"
 - Details on Noticeboards
- Not having a good interpersonal relationship with staff

'If I told my psychology teacher and I've got her three days a week I've got to sit there and be awkward – don't you notice that when you tell someone a secret they change?'

'Often those who you wish to confide in, might be busy and you can't get their attention, it can make someone at risk feel insignificant'

- Young people want to be able to choose the right teacher at the time they need them
- Ensure the person who is talking to the young people is someone who acts in an approachable manner rather than harsh and cold
- Staff skills/ Don't feel what school staff say will be acted on

'People went to the CP (Child Protection) Officer and nothing came out of it, she shut them down'

'We used to have someone outside of the school in the youth club but they stopped it because there was no funding'

- A Young Person should be able to specify who they wanted to speak to and the person they chose should support them if the young person has to talk to others
- If it's someone outside of the school It will stop them if they've got an issue with the CP Officer
- All teachers should be trained with how to deal with problems not just one specific member of staff

- Re-telling your story to more than one person
 - For some people may be the first people that you talk to could write down the facts of the conversation after the first meeting and then agree accuracy with young person and both keep the notes safe (e.g. young person said – no opinions). Can be shared with others in agreement with young person. (Don't write at the time)
 - For others knowing that a teacher is going to write everything down may frighten them into not wanting to talk to anyone

- Environment
 - Young people need a place to feel safe and confident which is private to confide in someone
 - Teacher could go to the pupils rather than vice versa (e.g. learning hub)
 - A room set aside would be good (a therapy, counselling room or conference room – a comfortable room with a table and chairs)
 - Don't want to wait outside a room
 - Meet after hours (e.g. after school so people can't see you go into the counselling room)

What's important to young people?

You people told us that the following were important to them (in no priority order):

- To be listened to
- To have a trusting relationship
- To feel comfortable and safe
- Know how and where to get help plus know and understand what help is available
- Have control over services they receive
- Don't want to be judged or people to assume too much
- Consistent support and people to stick to plans
- Receive support where they want it at the time they need it
- Different ways of contacting young people and keeping in touch
- Professionals to talk to each other
- Pastoral care
- Better support when needing different help or something changes

Where young people would go for help

Young people have told us that Family/ parents and friends are the most important people they would go to for support or advice with emotional or mental health issues.

Other people they may go to were:

- Health staff (including counsellors, specialist workers and GPs)
- College/ school staff (including pastoral care staff, individual teachers and school nurses)
- Other young people (including peer mentors and/ or prefects)
- Social workers
- Youth workers
- Religious leader (e.g. vicar)
- Police
- Charity organisations

Other support they might go to:

- Online (e.g. Childline or the Samaritans plus various online)
- Telephone advice

Young people told us how they felt about the following issues through the SHEU survey 2014

10720 young people were involved in the survey			
School phase Age	Primary 7-11	Secondary 11-18	Total
Boys	3080	2485	5565
Girls	3035	2120	5155
Total	6115	4605	10720*

*266 Year 3 pupils also used the survey but their results weren't included in the report and another 116 pupils in special schools also completed a picture version of the survey. As this was slightly different version of the survey, the outcomes of these are not included in the report.

Emotional Health and Wellbeing (% comparison between primary and secondary pupils)

- More primary pupils agreed that their life is going well, they have a good life and they have what they want in life
- More secondary pupils said that they wished they had a different life
- More primary pupils said they were happy with the home they lived in
- More secondary pupils said that they often feel sad or tearful and this had been the case for more than 6 months
- More secondary pupils said they often lose their temper or get angry
- 47 % of primary and 48% of secondary boys and 63% of primary and 54% secondary aged girls said that when they are really worried they talk to someone or ask for help
- (Primary only) 22% of primary pupils worried often about what other people think of them. 13 % worried about being fashionable and 13% worried about their diet. 16% worried about a family problem they would keep it to themselves

Bullying

- More primary aged pupils reported that they felt afraid to be in school because of bullying, at least sometimes in the last month.
 - Main areas pupils said bullying occurred were
 - For primary schools: outside at playtime/lunchtime (26%), followed by at home (9%), during lesson time (6%) and on the way to or from school (3%)
 - For secondary pupils said bullying occurred outside at break-time (24%), during lessons (18%), in the corridors (13%) and on the way to or from school (7%)
- More secondary aged pupils reported that they think others felt afraid to be in school because of them
- More primary aged pupils said that their school deals well with bullying
 - 12% primary pupils said it wasn't a problem in their school compared to 9% secondary pupils said it wasn't
 - 13% primary pupils said their school dealt with it badly or not very well compared to 22% of secondary pupils