

PAPYRUS HOPELINEUK

Are you, or is a young person you know, not coping with life?
For confidential suicide prevention advice:

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Text: **0778 620 9697**

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HOPELINEUK

0800 068 4141

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Building Suicide-Safer Schools and Colleges

A GUIDE FOR TEACHERS AND STAFF





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Front cover image taken from our #SavetheClass campaign. Huge thanks goes to TBWA\Manchester, The Mob Films and POPYRUS communications team.

A letter to schools and colleges

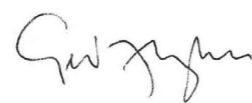
Suicide is a difficult topic and one that hopefully never impacts your school community. The reality, however, is that it does cross the minds of many young people, including schoolchildren. In fact, suicide is the leading cause of death among young people and in pupils the numbers are alarmingly high. Over 200 schoolchildren are lost to suicide every year in the UK.¹

PAPYRUS is the national charity dedicated to preventing suicide among young people. Founded by parents who had lost a child to suicide, our work has always been rooted in the personal experience of the families changed forever by this unimaginable loss. We strongly believe that many young suicides are preventable. We want to reach out to you to help ensure that your school or college can be as ready as possible to prevent a suicide in your community. We run a national helpline HOPELINEUK for young people who struggle with thoughts of suicide, and concerned others. We run training and awareness raising sessions on young suicide and how to help. We are well placed to help you prevent suicides in your community.

Education and awareness are key to this prevention activity. With over 20 years' experience in community-based suicide prevention work, we have prepared this Building Suicide-Safer Schools and Colleges: A guide for teachers and staff for your use.

We would like to thank you for being part of our campaign – our mission is to raise awareness of suicide in pupils and young people, equip teachers and staff with the skills to build Suicide-Safer schools and colleges, and promote PAPYRUS as the go-to place for support and advice. Please do what you can to engage in this important work. There has traditionally been a great deal of hesitation amongst school leaders to broach this topic unless there has been local or personal experience – meaning that sadly, many schools and colleges come to us when it is too late. Please do what you can to encourage your leadership team, colleagues and others to engage with our campaign. You may well save a young life.

Best Wishes



GED FLYNN

Chief Executive
PAPYRUS Prevention of Young Suicide



How to use this guide

This guide has been developed to support teachers and non-teaching staff to build a Suicide-Safer school or college.

It aims to help you to complete the following checklist for a Suicide-Safer school or college community:

- Ensure the school or college leadership and governance is dedicated to developing a Suicide-Safer environment
- Develop a policy document to guide suicide prevention work in your school or college. This includes guidelines on how to prevent suicides, how to intervene with someone who is actively suicidal and how to handle a situation where someone has taken their life, commonly called postvention. It also recommends engaging stakeholders outside the immediate school or college community to help keep a young person safe from suicide
- Identify, train and sustain a Suicide Intervention Team
- Develop and deliver a sustained programme to raise awareness of the prevalence of suicide, how to spot the signs and what to do
- Develop, maintain and distribute a list of local and national suicide prevention resources called 'Helpers in the Community'

The document also contains helpful information if your school does not have a suicide prevention policy but you suspect or know that a young person in your care is having thoughts of suicide.



Please note that the material in this guide is intended for secondary schools and colleges however much of it still applies in a primary school setting. If you have any questions or concerns please contact PAPYRUS.

¹ Office for National Statistics Statistical Bulletin Suicides in England and Wales: 2015 Registrations; Nicva: Quarterly and Annual Suicide Statistics for Northern Ireland: 2015 Registrations; ScotPho: Suicide data introduction: 2015 Registrations.

Who will help build your Suicide-Safer school or college?

PAPYRUS believes that safeguarding is everyone's business and is not just the responsibility of Directors of Children's Services, local Children's Safeguarding Boards, Head Teachers, Governors and safeguarding leads. PAPYRUS believes that everyone can play a role in preventing young suicide. In school or college settings, this includes:

- **Governors**
- **Senior Leadership Team**
- **Parents and Carers**
- **Counsellors**
- **Pastoral and Wellbeing Officers**
- **All Teaching Staff**
- **Administrators**
- **Caretakers/Janitors**
- **Catering Staff**
- **Young people as peers supporters/mentors**
- **Pupils**

Each of these groups can make a unique contribution to suicide prevention.



SECTION 2

GROUP 1:

People who have explicit responsibility for the mental and emotional well-being of pupils. These people will ideally have taken part in the development of the school's Suicide-Safer Policy, will be familiar with it and be trained in suicide intervention (for example Applied Suicide Intervention Skills ASIST). As a group we can call them the Suicide Intervention Team. They probably include:

- Wellbeing Team
- Medical Staff
- Form Tutors
- Heads of Year

In some schools and colleges this also includes:

- Boarding/Accommodation Staff
- House Masters
- Matrons

GROUP 2:

People who are an integral part of the school community and can therefore be expected to notice and be compassionate towards pupils who are struggling with thoughts of suicide. These people will ideally undertake suicide awareness training as part of their induction. This would increase their willingness and ability to spot the signs that someone is struggling and to signpost them to people in Group 1 above for further support. They probably include:

- Teaching Staff
- Ground Staff
- Cleaning Staff
- Catering Staff
- Pupils

GROUP 3:

People who are not school staff but have an inherent interest in the wellbeing of the pupils. These people will normally and ideally want to be considered and included in their care/safety plan. They probably include:

- The pupil's family/Carers/Nominated emergency contact
- Medical Services - NHS or private
- Local Authority Suicide Prevention Boards and Safeguarding Boards as well as local, and in some cases, national Public Health Teams

How do you build a Suicide-Safer school or college?

In Section Two, we have described three groups of people who are going to be involved in creating a Suicide-Safer school or college. The next step is to develop the policy framework that will guide that work. In Section 3, and in Appendix C, we provide you with the relevant policy drivers.

The policy should be known by the whole community. It should enshrine a strong commitment to suicide prevention and set out the principles, roles and responsibilities underpinning the work. The policy should:

- Identify the Suicide Intervention Team (Group 1 above) and how it is trained
- It should specify how everyone else in the school or college community (Group 2 above) will be made suicide-aware. This simply means learning how to spot the signs that someone may be struggling with thoughts of suicide, what to do and how to escalate
- It should identify when and how stakeholders outside the school or college (Group 3 above) might be engaged for support

The policy should remain a live document which is reviewed at least every three years so that it can be continually improved in light of experience.

Writing a Suicide-Safer Policy

When writing your Suicide-Safer Policy you should include the elements outlined below in our example template. We have suggested some text that may help you to create your own statement and ensure it is fit for purpose within your school or college community.

Example Suicide-Safer Policy

1. Statement of purpose

- This school or college community is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide.
- We want to make sure that pupils at our school or college are as suicide-safe as possible and that our governors, parents and carers, teaching staff, support staff, pupils and other key stakeholders are aware of our commitment to be a Suicide-Safer school or college.

2. Our beliefs about suicide and contributory factors

This school or college acknowledges that

- Suicidal thoughts are common**
We acknowledge that thoughts of suicide are common among young people.
- Suicide is complex**
We believe that every suicide is a tragedy. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.

- Stigma inhibits learning – stigma can kill**

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. This school or college is dedicated to tackling suicide stigma. In our language and in our working relationships, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos.

- Suicide is everyone's business**

As a school or college community, we recognise that pupils may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns.

- Safety is very important**

We want to support our pupils, sometimes working in partnership with family, caregivers, external agencies and other professionals where this may enhance suicide-safety.

- Suicide is a difficult thing to talk about**

We know that a pupil who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a pupil may be struggling with thoughts of suicide.

- g) **Talking about suicide does not create or increase risk**
- h) **Those with personal experience have a unique role to play in the development and refinement of this Suicide-Safer Policy**

We will endeavour to involve anyone from our community who has personal experience of suicide, either having struggled themselves or supported someone with thoughts of suicide.

3. How we help ensure an active person-centred suicide prevention and intervention policy

- a) Our school or college has a named individual who is responsible for the design, implementation and maintenance of this policy.
- b) Our school or college has a Suicide Intervention Team whose members understand this policy and are trained in Suicide Intervention. We will ensure that a team of __ people have undertaken Suicide Intervention Training so that at least __ trained staff are on duty during our school or college opening hours. The Suicide Intervention Team will be the point of escalation for any concerns about a pupil or young person. The Suicide Intervention Team will keep confidential records of pupils at risk of suicide to ensure some continuity of care within the intervention model.

- c) We will endeavour to ensure that all our staff are suicide aware. This means that all staff inductions will include suicide awareness, i.e. how to spot signs, what to do and how to escalate any concerns to the Suicide Intervention Team.
- d) We will ensure that all pupils are suicide aware. This means that we will ensure there is an annual programme of awareness-raising events and campaigns that equip our pupils to know how to spot signs, what to do and how to escalate any concerns to the Suicide Intervention Team.
- e) We will regularly consider whether the school or college should be represented on the Local Authority Suicide Prevention Group. This ensures that our suicide prevention work is integral to that in our wider community. It can also help identify and address possible patterns of imitative suicidal behaviours across the wider community.
- f) We will be clear about how we enhance the physical safety of our environment including the removal of potential ligature points, restricting access to places which facilitate jumping, and securely storing harmful substances.
- g) We recognise that the need to protect someone's life must be balanced against the need to protect their confidentiality. We therefore routinely ask all pupils over 18 for permission to share any serious concerns for their welfare with an emergency contact of their choice. Should any pupil who is known to have suffered from

suicidal thoughts leave school or college unexpectedly for whatever reason, we will endeavour to inform their emergency contact of their vulnerable state.

- h) We recognise that pupils may experience periods of poor mental health while attending our school or college. We will endeavour to put in place mechanisms which allow staff that have regular interaction with the pupil to be able to flag or review any concerns about individual pupils including suspected suicidal thoughts. Ideally this flagging will be electronic and immediate e.g. 'My concern' feature on the school or college intranet home page. Students that are flagged in this way will be reviewed regularly and routinely by nominated staff so that patterns of concerning behaviour can be spotted and the necessary steps can be put in place to keep them safe, including meeting them face to face.
- i) When we identify a pupil at risk of suicide and decide to engage external services, such as a hospital A&E department or a crisis centre, we will have explicit guidelines on the pathways that apply. Those guidelines will be developed in co-operation with the external services, and will be reviewed regularly as the provision of such services change over time.
- j) We recognise that some pupils may relocate to the school or college community when they join us but that they will still spend long periods of the year at home. We will look

at ways we can help make the medical support they need (medication, counselling) consistent so that the pupil has a continuity of care.

- k) We will develop a 'Helpers in the Community' document (see template Appendix B). This will inform and equip our community about help that is available locally and nationally to support someone who is experiencing poor mental health and emotional wellbeing.

4. How we help ensure a sensitive and safe suicide postvention provision

- a) Our school or college has a Suicide Postvention Team whose role it is to respond in the event of a suicide. Each member of our Suicide Postvention Team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.
- b) We will be clear about how we deal with an inquest after someone has died by suicide in our school or college. We will support the authorities in their work but will be mindful of the distress an inquest causes to the bereaved people. We will also be mindful of the impact supporting an inquest can have on staff.
- c) We will record and monitor deaths by suicide and the

impact on the community. This will include on-going monitoring of pupil deaths including suicides, suspected suicides and, if possible, self-harm. Monitoring of self-harm might be done through the collection of information from pupil support services and pupil health services.

We will also consider

- Recording and monitoring the uptake of bereavement support services by pupils after a suicide
- Surveying pupils regarding how supported they feel
- Assessing the impact of interventions on staff
- Reviewing lessons learned and any suggested changes to procedures and provision of well-being services
- Identification of multiple events, such as two suicides in a relatively short period of time (e.g. one term) which may indicate a possible suicide cluster, including investigating possible connections between individuals, their circumstances and their suicidal behaviour. Multiple suspected suicides may not be connected, but their occurrence can nonetheless have consequences. For example, in some vulnerable individuals it may contribute to thoughts of suicide as a way of dealing with problems. Where concerns arise regarding a possible suicide cluster we will immediately communicate with the local authority Public Health Suicide Prevention Lead and collaborate

closely with them to develop a response plan

5. Ongoing support and development of our policy and practice

- Our Leadership Team will ensure that ongoing reviews take place, that processes are updated in line with best practice and that on-going training is undertaken when necessary.
- Where possible we will include or consult with members of our community who have personal experience of suicidal ideation, either their own or as a concerned other, in the design, development and continuous refinement of this policy.
- We will refresh and update our 'Helpers in the Community' document on an annual basis and we will share it across our community as part of our regular suicide awareness raising campaigns.



Suicide prevention

Preventing suicidal thoughts is a multi-faceted activity which includes building resilience and ensuring early intervention and support for pupils experiencing poor mental health. However, not everyone who has thoughts of suicide has a diagnosable mental health problem, and not everyone with a mental health diagnosis feels suicidal.

Changing the school or college community's attitudes towards suicide

It is important that the entire school community nurtures an attitude around the subject of suicide which helps shatter the stigma around it. A consistent and persistent programme of raising awareness is an important aspect of this.

However, many schools and colleges today count several hundreds, often thousands of staff and pupils. Maintaining awareness around the risks of suffering alone with mental health issues can be hard. It helps to use a variety of tools and techniques including physical and digital campaigns. These can be shared through all the usual means including intranet home pages, information boards, well-being web sites, the nurse room, reception etc.

Free downloadable and adaptable resources can be found on the POPYRUS website here:
<https://papyrus-uk.org/help-advice-resources/>

Another way to change a culture is to change the way we speak about suicide. Using sensitive and appropriate language can help build awareness and understanding to increase empathy and support.

Helpful and unhelpful language when talking about suicide

Unhelpful Language when talking about suicide

🔥 Commit suicide

Suicide hasn't been a crime since 1961. Using the word 'commit' suggests that it is still a crime (we 'commit' crimes), which perpetuates stigma or the sense that it is a 'sin'. Stigma shuts people up – pupils will be less likely to talk about their thoughts of suicide if they feel judged.

🔥 Successful suicide

Talking about suicide in terms of success is not helpful. If a pupil dies by suicide it cannot ever be a success. We don't talk about any other death in terms of success: we would never talk about a 'successful heart attack'.

Helpful language when talking about Suicide

Instead, PAPYRUS encourages more helpful language.

You could say:

- 👄 Ended their life
- 👄 Killed themselves
- 👄 Took their own life
- 👄 Died by suicide
- 👄 Suicided

Unhelpful language when talking about attempted suicide

🔥 Unsuccessful or failed suicide

Young people who have attempted suicide often tell us, "I couldn't even do that right." Any attempt at suicide is serious. Young people should not feel further burdened by whether their attempt was a 'failure', as this may reinforce feelings of failure in other areas of their life.

🔥 It's not that serious

All suicide attempts must be taken seriously as there is a serious risk to life. An attempt tells us that they are in so much pain they no longer want to live.

🔥 Attention seeking

This phrase assumes that a pupil's behaviour is not serious, and that they are being dramatic to gain attention from others. However, suicidal thoughts are serious. Young people who attempt suicide need attention, support, understanding and help.

🔥 It was just a cry for help

This dismissive phrase belittles someone's need for help. They do indeed need you to help: they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous.

Helpful language when talking about attempted suicide

You could say:

- 👄 Attempted suicide
- 👄 Attempted to take their life
- 👄 Engaged in suicide behaviours
- 👄 Acted on thoughts of suicide

Unhelpful language when asking about suicide

🔥 You're not thinking of doing something stupid/silly are you?

This judgemental language suggests that the person's thoughts of suicide are stupid or silly, and furthermore, that the pupil is stupid or silly. When faced with this question, most will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.

Seeking professional advice and support

Emotional distress, trauma and/or mental health issues often contribute to thoughts of suicide. It may be helpful to reach out for advice or support from organisations which specialise in specific issues. If your school or college has a Suicide-Safer Policy it should also have prepared a directory of such services and organisations. Our 'Helpers in the Community' template (see Appendix B) is a good starter. The Suicide Intervention Team will want to populate this and share it across the school community.

Preventing contagion/multiple deaths/clusters

Unfortunately, people who have lost someone to suicide are at an increased risk of suicide themselves. Therefore, suicide prevention also involves identifying individual pupils who may be at increased risk following a suicide. See the section on 'Postvention' for how to identify those pupils and how to support them.

Suicide intervention

Supporting pupils with thoughts of suicide

Often the term Intervention is used to refer to the effort to prevent a person from attempting to take their own life. Your school or college should have a Suicide-Safer Policy which hopefully includes the definition of its Suicide Intervention Team.

This team, however small, knows the school's or college's Suicide-Safer Policy, is trained in suicide intervention and is equipped to deal safely and sensitively with a person who is experiencing thoughts of suicide. Any concerns about a young person should therefore be referred to someone on the Suicide Intervention Team. In case your school or college do not yet have a Suicide-Safer Policy and don't have a Suicide Intervention Team, we give you some advice below on various situations and how you can sensitively and safely deal with them.

Q What do I do when I have a concern about a pupil?

A If you have concerns about a pupil, let them know.

What observations have been made? Do they seem sad or not their usual self? What have you heard them say that makes you concerned? Is your instinct telling you that something is concerning?

Q How will I know if a pupil is suicidal?

A Someone having thoughts of suicide will usually communicate this in ways that could seem more or less obvious.

Few young people feel that they can be open about suicidal thinking or tell someone when they are struggling with their emotional health and wellbeing. But suicidal thoughts don't have to end in suicide.

It is impossible to provide a definitive checklist of things to look out for to help you to identify a pupil who is thinking about suicide because every young person is different. The only way to check whether your intuition is correct is to ask the young person directly and clearly about suicide. They may be longing for someone to ask them about this. Rest assured that you cannot make things worse by asking them.

They don't need you to interrogate them.

They don't need you to 'fix it' for them.

They just need you to ask.

Ask them directly, "Are you thinking about suicide?"

By using the word suicide, you are telling them that it's OK to talk openly about their thoughts of suicide with you.

You could also say:

Sometimes, when people are feeling the way you are they think about suicide. Is that what you're thinking about?

Are you telling me you want to kill yourself/ end your life/ die/ die by suicide?

It sounds like you're thinking about suicide, is that right?

It sounds like life feels too hard for you right now and you want to kill yourself, is that right?

Suicide means hurting ourselves on purpose so we die and are dead forever, is that what you are thinking about?

When you say you don't want to be here anymore, do you mean that you want to be dead forever?

Some pupils may not be familiar with the word suicide, but this does not mean that they don't understand what it means. Tragically, we know that many pupils who may not have known the word suicide have taken their lives, and many more think about not being here anymore.

You could say:

If they are not having thoughts of suicide, that's OK. If you are still concerned, then keep exploring why your concerns remain until you are clear that suicide is not part of their thinking. If they are not having thoughts of suicide, nothing is lost by having the conversation; they now know that you can listen and help if they have thoughts of suicide in the future. You may have other actions to follow up on which help the young person with their other issues which come out of the conversation.



Q I know that a pupil is having thoughts of suicide – what do I do?

A This can be a challenging space for you and you may feel ill-equipped here.

If they tell you or others that they are thinking about suicide during a class, you should respond in a calm and sensitive way. Don't dismiss what they are saying. They are asking for help, and you need to respond. You might be feeling unprepared for the disclosure, but your calm and sensitive response will let them and the other pupils in the class know that they can talk about suicide openly and non-judgementally with you. As soon as possible encourage the pupil to move to a more private place, where you can have an open conversation about their disclosure. You should also check-in with the class and let them know where they can find sources of support.

You may need to refer to your school or college's Suicide-Safer Policy and refer the pupil to your Suicide Intervention Team. If so, you need to tell the pupil that you have to share information with others. You may not have to share why they are having those thoughts.

However, don't underestimate the importance of what has been established by your asking the question or receiving the information that a pupil has been thinking about suicide. That they have shared this with you means there is an increased level of trust.

If a pupil indicates that they have been thinking about suicide, listen and allow them to express their feelings. They will likely feel a huge sense of relief that someone is willing to hear their darkest thoughts without judgement. Reassure them that they are not alone and you can look for support together. Let the young person know that there is help and hope.

SECTION 3

Here are some ways you can continue a conversation about suicide in a safe and reassuring way:

It's not uncommon to have thoughts of suicide. With help and support many people can work through these thoughts and stay safe.

There are organisations that offer support like PAPYRUS HOPELINEUK. I can give you their contact details.

There is hope. There is help available and we can find it together.

It sounds as though things are really hard at the moment... Can you tell me a bit more?

Take your time and tell me what's happening for you at the moment.

I am so sorry you're feeling this way. Can you tell me more about how you are feeling?

Can you tell me more about why you want to die?

You've shown a lot of strength in telling me this. I want to help you find support.

Things must be so painful for you to feel like there is no way out. I want to listen and help.

It's hard and scary to talk about suicide but take your time and I will listen.

Q What should I do next to keep me and the pupil suicide-safe?

A The focus here is on hearing the young person and ensuring that you do what you can to reassure and support them.

Avoid rushing, questioning them or interrupting their story. They will be relieved to be able to talk about their thoughts of suicide. They may need reassurance throughout.

Part of them will be uncertain about suicide. That may be obvious but it may not. Be patient in hearing them and when they are ready, work with them on a plan to keep them safe. This may include slowly building up their ability to see who else they can have in their support network and what else they can do or not do to keep safe. The PAPYRUS website contains useful information on Safety Plans <https://papyrus-uk.org/help-advice-resources/>. A good safety plan will always include a medical practitioner and another resource such as a helpline. (You can find details of helplines in Appendix A in this guide).

Q I know that a pupil has self-harmed but how do I know whether it is suicide-related?

A Self-harm is often a precursor to suicide but not always.

Those who engage in self-harm do not all go on to take their own life. Those who die by suicide do not always have a history of self-harm. Self-harm is often a symptom of underlying emotional distress. You may need to explore with them what is happening for them and if you think that suicide may be part of that thinking, ask them directly about suicide.

Q I know that a pupil has attempted suicide – what do I do?

A If you determine that a pupil has acted in a way that puts their life in danger, act quickly to keep the pupil safe and ensure that there is no imminent risk.

If there is, you may need to contact the emergency services. You will also need to inform the pupil's parents or guardians, and your safeguarding lead. It is very important that medical professionals who take over the care of the person at risk know about the suicidal history and any risks.

Your school or college's Suicide-Safer Policy should have explicit guidelines on what to do, whom to inform and the pathways that apply. You may need to accompany the pupil to A&E and wait there with them until their parent or guardian arrives.

It is important that the pupil does not feel judged or shamed for acting on their thoughts of suicide. Try to remain calm, even though you might be feeling scared, confused, upset or frustrated. It is helpful to ask the pupil whether suicide is their focus. It may seem obvious in light of their behaviour, but asking clearly about suicide allows you to have an open and non-judgemental conversation about suicide. Ensure that you are able to have a conversation confidentially. You may have called for professional help, but in the meantime you might be best placed to stay with the pupil and to talk about how they are feeling. Once you have determined that suicide is their focus – just listen. They might not want to talk, but you can let them know that you will remain with them in supportive silence, and if they do want to talk you are there to listen. Your reassurance will help the pupil to feel understood and supported.

Working with a young person who has engaged in suicidal behaviour

If you determine that the pupil's behaviour has not put their life in danger, but there has been an injury, you should seek support from the school nurse who will offer care and advice.

If the behaviour is not current, the focus will be on what the pupil has learned from this behaviour and using that learning to keep the pupil safe.

You may also have to refer to your school or college's Suicide-Safer Policy for further guidance and steps to be taken.

SUICIDE SAFETY PLAN

Q How do I support a pupil back to school or college after a suicide attempt?

A Before the pupil who attempted to take their own life returns to school or college, meet with them and their parents or guardians.

It is also good practice to communicate with any other agencies that are involved in the young person's care such as their GP. When you meet you should explore what support is in place, and also what further support the school or college can provide. Ask the pupil what they need and how you can help.

The pupil who attempted to take their life may not be currently suicidal, however suicide may still be an option for them, or become an option again in the future.

It is therefore important that the pupil has a Safety Plan: a plan that they have created with support that details how they want to stay safe from suicide. It is essential that the plan is created together with the pupil – with them at its centre. Create the plan with them, not for them. The plan must be something that they feel they are able to agree to.

A good Safety Plan always includes the following:

- Helpline numbers that are available and appropriate – including 24-hour helplines (please see Support, Appendices A and B)
- Safety contacts: People and organisations that the pupil can contact when they feel they can't keep themselves safe, including a safety contact for when they are at school or college

See here for information on Safety Plans:

<https://papyrus-uk.org/help-advice-resources/>

Arrange for regular 'check-ins' with the pupil once they have returned to school or college to see how they are doing and to check the plan is ok for them. Be prepared to amend the Safety Plan based on their needs. It is a live document and may change over time. The Safety Plan might also include professional support from a counsellor or therapist during school time and you should accommodate this within their timetable.

Bear in mind that any trauma or underlying emotional distress that has led to thoughts of suicide must be dealt with if the thoughts are to be stopped altogether. Organisations and resources that can be helpful in this respect should be listed in your 'Helpers in the Community' document.

Finally, consider including the pupil or young person who attempted to take their own life in the on-going suicide prevention work in your school or college. It can be very helpful for you and a powerful part in their recovery to include their personal experience in raising awareness and in the design or adaptation of your Suicide-Safer Policy.

Q What about confidentiality?

A Confidentiality is not boundless. Make no promises to keep what they say as secret or "just between us".

Be clear from the outset that you may need to get some help in keeping them safe from suicide. You don't have to share the reasons why the pupil is thinking about suicide in order to keep them safe.

Make sure you keep informing the pupil that you may need to share some information with other people in order to keep them safe. PAPYRUS recommends that the pupil's parents and/or primary carers are informed of any concerns relating to thoughts of suicide or suicide behaviour. Should the emergency contact for the pupil be other than their parent or primary carer then we recommend that they are informed too. It is also important that medical professionals who take over the care of the young person at risk know about the suicidal history and any risks.

As you do this, bear in mind that they are not necessarily equipped to help the person at risk. It may be very helpful for them if you also take the time to pass on some of the tools and resources you find most helpful, such as HOPELINEUK and your 'Helpers in the Community' document.



Training

Most people would like to intervene when they become aware that someone is in distress but their fear of doing something wrong or making things worse stops them. This is a reflection of the lack of awareness and stigma that surrounds mental health in general and suicidality specifically.

The best way to address this is to have a sustained education programme:

- General awareness raising sessions for everyone (Group 2 outlined in Section 2)
- Suicide interventions skills (for example ASIST) for selected staff who are likely to have to support individuals on a regular basis because of the role they have in the school or college (Group 1 outlined in Section 2)

Due to the inherent churn of staff in most schools or colleges, any such programme must be repeatable and sustained. PAPYRUS therefore recommends that some key staff are trained to set up, manage and maintain the Suicide-Safer community. PAPYRUS can be a resource and support in this process.

The Applied Suicide Intervention Skills Training that PAPYRUS recommends and delivers is recommended by the World Health Organisation and was the first suicide prevention programme to be listed in the American National Registry for Evidence-based Programmes and Practices. Over two million people worldwide have been trained in using it.

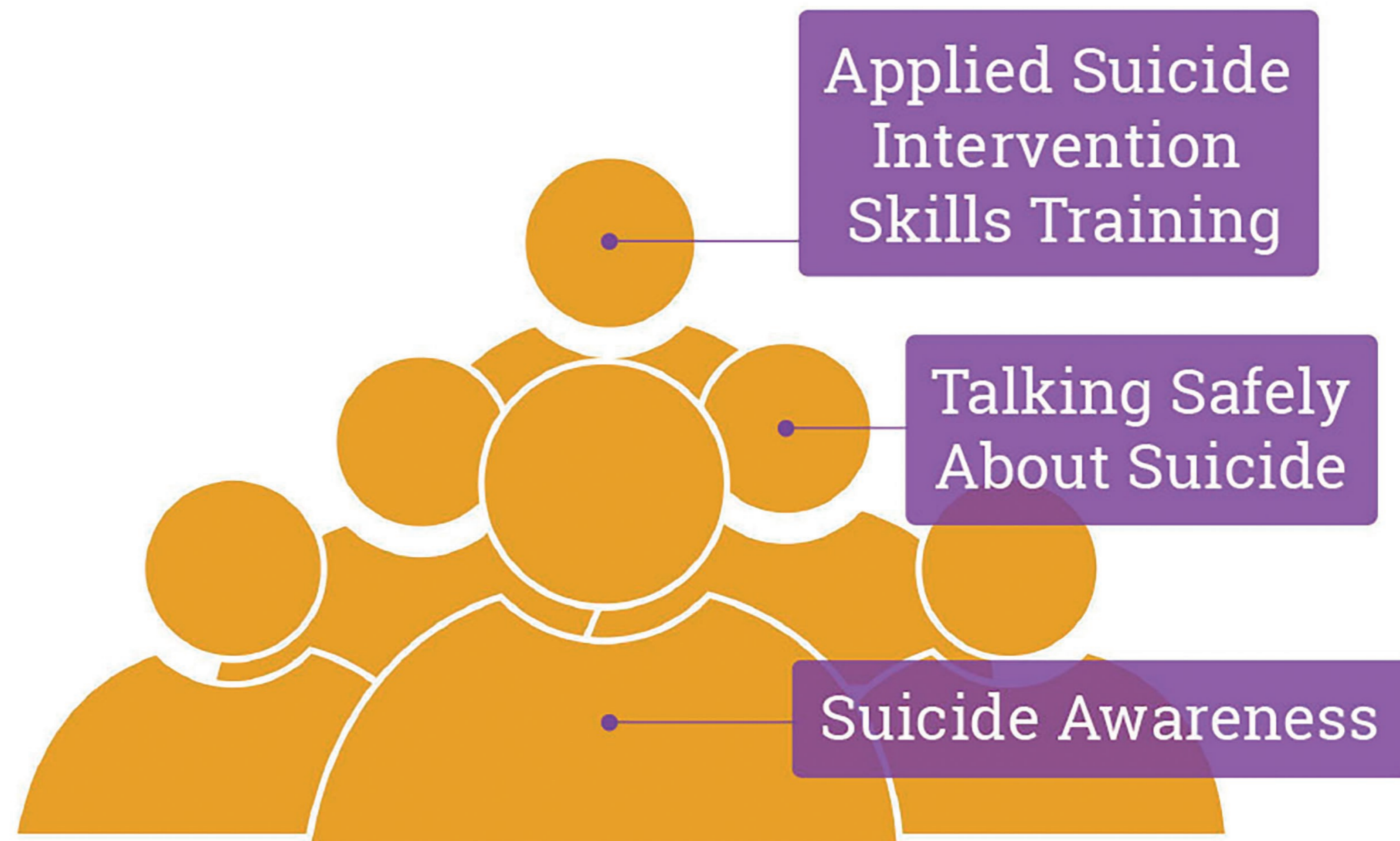
ASIST was developed and is quality controlled by the Canadian organisation LivingWorks. By choosing this model, your staff will become part of a worldwide network of trainees who can support each other.

Our training programme is simple and sustainable. Once staff are trained, they can help raise awareness of suicide prevention within the school or college as well as the wider community.

For more information, dates of upcoming training and to book, visit:
www.papyrus-uk.org/training.

For immediate and urgent use there is a free 20 minute awareness raising video on YouTube that we can recommend, from the Zero Suicide Alliance.

https://www.relias.co.uk/hubfs/ZSACourse3/story_html5.html?utm_source=Relias&utm_campaign=Training-Landing-Page



Suicide postvention

The term Postvention is often used to refer to care and support given after a suicide.

Hearing the tragic news that one of your pupils has taken their own life will bring up many different emotions for you, and this will likely be a difficult time for the entire school or college community and beyond. You might be feeling: upset, shocked, angry, guilty or numb – all of these responses are normal reactions to a traumatic event such as suicide.

Your school or college should ideally have a Suicide-Safer Policy that gives clear guidance about how to respond in the event of a suicide. If so, roles and responsibilities of the Suicide Postvention Group in the event of a suicide should be clear. The roles include: leadership, family liaison and communication with external agencies, including the media. The Suicide Postvention Group (or, in its absence, the Leadership Team) should specifically consider:

- Pupils who may need early support (e.g. were in the same class, friendship group or accommodation as the pupil who died, close friends, those who found the body). Both individual and group support and/or counselling should be made available. Small groups and forums are very helpful for friends and colleagues to provide an opportunity for pupils to talk in a supportive group facilitated by a counsellor or clinically trained member of the support services

- Staff who may need support. This should include non-academic as well as academic staff. There might be key staff members who need greater support, for example those who may have found the body of the pupil, the pupil's form tutor or other members of staff who knew the pupil
- Pupils and staff who may be in need of support or more intensive help (e.g., those who have pre-existing mental health problems, a history of self-harm or other experiences of bereavement)
- Sources of support within the school or college (e.g. counselling service)
- Local and national bereavement support agencies which can help affected individuals

PAPYRUS can help you if you need support here.

You can also access support from the organisations listed as members of the Support After Suicide Partnership

<http://supportaftersuicide.org.uk>

- How to disseminate information about sources of support (both within the local community and on-line support) to pupils and staff

Identify your own situation and what you might do in response:



How do I tell staff and pupils about a suicide?



After liaising with the pupil's family, you should meet with your colleagues as soon as possible.

Ensure all of the adults working in your school or college community are invited: the death of a pupil can affect everyone.

The Leadership Team should inform the staff of the pupil's apparent suicide. Please note that only the authorities can conclude whether or not the death is a suicide; before then, it might be helpful to say that the person appears to have died by suicide. If the facts are unclear, state that the cause of death is still being determined.

As soon as possible, ensure that the school or college's administrators stop any standard communications with the family, such as sending school trip information home, to reduce unnecessary additional stress to the family of the pupil who has died.

You should think carefully about how you are going to share the fact that a suicide has happened within your community. Think about who should be told what and when. This should include consideration of possible communication with

- Other local educational institutions
- Local Safeguarding Board
- Local health services (GPs, emergency departments, psychiatric service)
- Parents and carers (pay particular attention to parents and carers of students in close proximity to the person who died, and vulnerable students)

Q A pupil from our school or college has taken their own life, how do I tell the other pupils?

A When you meet as a team, agreement should be reached on the words to be used to tell pupils about the death.

It is essential that you and your colleagues communicate the same information to all pupils. Try to tell all your pupils at the same time to prevent some receiving the news before others and then passing them on without support. You may decide to do this as small groups, year groups or classes.

The information you share should include:

- Relevant facts about the death but not the details
- Explanation of normal responses to news about pupil deaths
- Encouraging support for each other and advice to flag if anyone has concerns about other pupils
- Encouraging positive ways of managing stress or distress
- Letting pupils know what support is available from the school
- Providing a link to Help is at Hand
<https://www.nhs.uk/Livewell/Suicide/Documents/Help%20is%20at%20Hand.pdf>
- Signposting to other support agencies and resources

It is essential that you do not talk about the method the pupil used to end their life. This can be unhelpful, unnecessary and dangerous. Talking about method can be speculative, it can intrude into grief and it can lead other vulnerable people to imitate the behaviour. You can be open with the pupils about why you won't engage in conversations about the method the pupil used to end their life; letting them know that it is unhelpful and that you want to ensure their safety and wellbeing.

You may decide to give pupils and school staff time off to be with their families and guardians. You should provide opportunities for pupils to express their emotions and identify strategies for managing them. You and your colleagues might not be the most appropriate people to facilitate this and you should engage professionals such as counsellors and therapists to further support pupils through their responses to the suicide. They will be able to provide more specialist support.

It is important to de-brief at the end of the day with your colleagues. Talk about how the day has gone, what went well, and what may have been difficult. You may want to raise concerns about some of the pupils and their responses so the whole team are aware. Checking in with your colleagues and talking about your experience of the day before you go home may help you to manage how you're feeling. You may want to begin looking at next steps together.

Q How can I support my pupils after a suicide at our school?

A Grief is a normal response to death, and there is no wrong or right way to grieve.

It is important not to panic, but to acknowledge how the young people are feeling – their pain and distress is a normal response to what has happened.

Their distress might manifest in the way that they behave. They might be tearful, distressed, 'act out', be withdrawn or hyperactive. They may become very aware, perhaps for the first time, of their own mortality and be scared of death. You might also notice a decline in their performance at school, or they may demonstrate regressive behaviour (e.g. in eating/sleeping/toileting).

It might seem strange to you that pupils who didn't know the young person who died are distressed – this distress is sometimes referred to as 'disenfranchised grief,' a grief we feel we don't have a right to. Regardless of whether they had a relationship with the pupil who has died, their response is still real and painful for them. It is important to believe everyone's expression of grief and offer support.

If a pupil wants to talk, find a quiet place and listen whilst they talk or cry.



Here are some examples of things you **could** say:

How are you feeling?

This is so sad and awful. It is ok to be so upset/confused/angry.

I'm not sure what to say, but I'm here to listen.

I can't imagine what you are going through, but I wanted to let you know that I'm here if you'd like to talk

We are all so sad and shocked. Would you like to tell me about how you're feeling?

It is hard to know what to say, isn't it? I am here if you want to talk.

Is there anything I can do to help you?

Would you like to go for a walk together?

I miss (name of the pupil who died)... how are you?

Here are some examples of what **not** to say:

Avoid clichés such as: "Life goes on", "Time heals everything" or "They are at peace now."

Avoid assuming the faith and beliefs of the pupil and their family: "They are in a better place", "It was God's will" or "They are looking down on you."

Avoid assuming you understand how they are feeling, they may not understand how they feel: "I know how you feel..."

Avoid using judgemental statements, such as: "They were selfish to do that" or "They took the easy way out."

As soon as possible you should seek support and guidance from professional organisations such as:

PAPYRUS Prevention of Young Suicide:

<https://papyrus-uk.org/>

or member organisations within **Support After Suicide Partnership:**

<http://supportaftersuicide.org.uk/>

When it feels appropriate, try to maintain a routine as much as is possible. Routines can provide a sense of stability during such a confusing and unstable time but it is important to still be mindful of individual pupils' specific needs.

A pupil suicide is likely to result in significantly increased demand for pupil pastoral care services. Experience at one school indicated a 60% increase in referrals to the pupil counselling service. You will need to have contingency plans to draw on additional counselling and bereavement support resources, which may include local mental health and voluntary services. In such cases appropriate confidentiality and information sharing protocols must be in place.

You and your colleagues will also need support and guidance during this time. Time and resources should be made available for this. Be aware of your own grief and feelings. It is important to acknowledge that suicide can affect everyone throughout the school or college community and beyond. Staff from across the school or college, including non-teaching staff, may be affected by the death of a pupil.

It is important to include those staff in the support programmes you set up. Ensure that there is support available for all the adults at your school or college, and that they know how to access it. You may need to organise some support from professionals outside of the school or college who can provide counselling and therapy.

Q How do I deal with 'the empty chair'?

A When a pupil dies suddenly, there may be a visible symptom of this, such as 'an empty chair'.

There may also be other things that represent powerful reminders to the community of their tragic loss. If this happens it will be important not to ignore it but to recognise it. A conversation can be had with everyone present to recognise that the 'empty chair' is there and how it makes people feel. A discussion about what to do about it in time can also be helpful.

Q How can the school or college appropriately remember a pupil who has apparently died by suicide?

A It is important to remember someone who has died.

It is also important not to pretend that something different has happened. However, there are some particular sensitivities here. In the first instance, you should consult with the family regarding the pupil's funeral. If the family so wishes, you can

then disseminate details of the funeral as appropriate. You may wish to arrange for flowers to be sent to the funeral, if this meets with the wishes of the pupil's family.

The pupil's family may help you understand what they are comfortable with in terms of remembering their son or daughter. However, you may need to give some guidance about the appropriateness of memorials. They can often become more than they were intended to be and they can attract undue attention (from trolls, for instance), some of which may be unwelcome and difficult to handle, especially online memorial sites.

Whilst it is important for the community to remember the pupil who has died, evidence suggests that such memorials can romanticise suicide, which can be dangerous for others who might be thinking about suicide. The more attention the site receives, the greater the risk of simulative acts on the part of other young people who may be particularly vulnerable. Our advice is to remember the young person at some form of assembly and discourage prolonged use of memorial sites.

Q Should I inform anyone else about the suicide?

A In addition to all the staff, pupils and parents you should also consider contacting the following to let them know about the death:

- Other local educational institutions
- Local Safeguarding Board
- Local health services (GPs, emergency departments, psychiatric service)
- The National Public Health team may be helpful in case you suspect that a cluster of suicides may be developing

A pupil suicide is likely to result in significantly increased demand for pupil pastoral care services.

Q How should I communicate with the press and media after a suicide at our school or college?

A Young suicide attracts press and media interest. That is a fact.

The instantaneous and ‘viral’ circulation of information online makes it all the more important to observe guidelines when communicating the news of a suicide at your school or college, including through internal communication channels. However, you may find dealing with the press and media challenging and confusing at such a devastating time. You should nominate a single point of contact who can monitor and react to the media response and you may wish to prepare a media statement.

Try to encourage all comments from the school or college to come via this person only. You should ask all other staff not to talk to the media and press, and instead direct them to the agreed point of contact. This ensures a consistent approach and allows you some control over the messages.

The media response should include:

- Monitoring of any press coverage, including local media
- Preparing a draft media statement (in case this should be required)
- Liaison with any internal media channels, including

highlighting the need for care and sensitivity in articles and other communications from pupil news reporters (meeting with them pro-actively can be important)

- Awareness of the possibility of harmful social media communications
- Consideration of possible positive media initiatives e.g. promoting well-being and help-seeking; highlighting stories of recovery from emotional problems
- Advising pupils and staff if approached by the press to contact or refer journalists to the named point of contact
- Advising pupils and staff that there may be more media interest around the time of an inquest which may occur a number of months after a death

There should be special attention to media responses in the event of multiple pupil deaths.

Often the press and media will want to report on a suicide and they may contact staff members and/or pupils for comments, stories and photographs of the person who died. It is therefore imperative that everyone within the school or college community is aware of your guidelines for dealing with journalists and the need to refer on appropriately. This ensures a consistent approach and allows you some control over the messages.

The Independent Press Standards Organisation (IPSO)’s Editors’ Code of Practice and the Ofcom Broadcasting Code

offer guidelines for the press and media to follow, which promotes appropriate reporting of suicide. See Appendix D ‘Guidelines for Reporting Suicides’ for further information and guidance, or contact POPYRUS.

Q How can I manage the associated social media coverage?

A Social media is an extremely popular way in which people communicate and express themselves.

The school’s or college’s web based forums could therefore be used to discuss, comment and speculate on the suicide. You should make sure that the terms of use on any of your online forums clearly state what material will be considered inappropriate. Pro-active monitoring and moderating of comments may prevent these forums inadvertently breaching any of these guidelines, for example by detailing suicide methods. It can be helpful to release some guidelines after a suicide.

Try to discourage:

- Detail of suicide method used
- Speculation about the location of the apparent suicide
- Speculation about the reason or ‘trigger’ for the suicide; there is never only one reason why a young person ends their life
- Making the deceased appear heroic or brave or that the suicide was a solution to a problem
- Endorsement of myths around suicide

Try to encourage:

- Sharing of helpline services and support organisations
- Sensitivity to the grief and feelings of bereaved family and friends, who are often vulnerable to taking their own lives

You may wish to get some support with this from a professional organisation. See ‘Media Guidelines’ in Appendix D for further information and guidance, or contact POPYRUS.

Detecting and preventing multiple deaths

Unfortunately, people who have lost someone to suicide are at an increased risk of suicide themselves.

If you suspect that a pattern of suicidal behaviours may be developing at your school or college, the sharing of information must be thought through very carefully. This should include consideration of possible communication with other local schools and colleges. Your local Public Health Team may also be able to help guide your interventions.

The following 'Circles of Vulnerability' model may be helpful in identifying those pupils who might be particularly vulnerable. These may be characterised by:

Geographical proximity

- Those who were closely involved in the suicide(s), (e.g. witnessed the event or its aftermath, or discovered the body) or exposed to such details through social or other media

Psychological proximity

- Pupils who may identify with the deceased (e.g. same class, year group, similar interests, same clubs or sports team, or those who perceived that they were similar in some way to the person(s) who died)

Social proximity

- Close friends or housemates of the deceased
- Current or recent partner(s) of the deceased
- Relatives of the deceased

Particular pupils who may be at increased risk include:

- Pupils who are suffering from depression or other mental illness, substance abuse or who have a sense of hopelessness
- Pupils who self-harm
- Pupils who feel responsible for the death, or who may be subject to allegations as a result of the death
- Pupils who feel a sense of closeness to or psychological identification with the deceased
- Pupils who already have experience of suicide or self-harm in family or friends
- Pupils who lack family or social support or are otherwise isolated
- Pupils with a history of adverse childhood events (e.g. abuse, bereavement) – although not all such pupils will be vulnerable

Possible interventions include:

- Communication with the pupils about the occurrence of multiple deaths
- Dissemination of information about vulnerability and sources of help throughout the school or college (e.g. pupil media, websites and social media)
- Encouraging self-care (e.g. sleep hygiene, healthy diet, exercise, maintaining social contacts) and on avoiding harmful coping strategies (e.g. excess drinking, drug use, use of pro self-harm and pro-suicide internet sites)
- Assisting pupils who are particularly vulnerable to recognise their likely need for help and facilitating easy access to appropriate care (e.g. specific interventions for Post-Traumatic Stress Disorder)
- Increased resources for pupils with mental health problems
- Facilitated support groups for pupils who feel they need help
- Understanding and responding to pupils with specific cultural needs and beliefs
- Supporting the pupils regarding memorials of pupil deaths, but at the same time trying to avoid institutionalisation of grief
- Consideration of reducing academic stress on affected pupils

- Supporting hope by sharing positive messages about available help, recovery from depression and bereavement
- Staff may also benefit from some of the above interventions. They may also need specific help through staff support groups, debriefing sessions, educational sessions about suicide and self-harm, and about bereavement by suicide.

How can we learn from this?

Finally, you should explore whether there are lessons to be learnt from the tragic incident so that you can improve the on-going suicide prevention work in your community. This could include revising your awareness raising programme or changing your Suicide-Safer Policy.



Sources of support



PAPYRUS HOPELINEUK

PAPYRUS HOPELINEUK is a helpline service run by PAPYRUS. HOPELINEUK offers confidential support and advice for:

- Children and young people under the age of 35 who are experiencing thoughts of suicide
- Anyone concerned that a young person could be thinking about suicide

Call: 0800 068 4141
(this does not show up on the telephone bill)

Text: 07786 209 697

Email: pat@papyrus-uk.org

Opening hours: Monday – Friday 10.00am to 10.00pm

Weekends and Bank Holidays: 2.00pm to 10.00pm

All texts and emails are automatically anonymised so that our advisers do not have your details unless you share these with us.

We will intervene and send emergency services in cases where life is at risk. Details of our confidentiality policy are available on our website here:

<https://papyrus-uk.org/confidentiality-policy>

Please note: If you are working with a young person and creating a Suicide Safety Plan with them, you should advise that they make contact with a medical practitioner and offer them the details of a helpline such as HOPELINEUK.

PAPYRUS has a number of resources, including suicide safety plans, distraction techniques and coping strategies, on the resources page of our website:

<https://www.papyrus-uk.org/help-advice/resources>



Information about the National Suicide Prevention Alliance

PAPYRUS is a member of the National Suicide Prevention Alliance (NSPA). The NSPA is an alliance of public, private, voluntary and community organisations in England who care about suicide prevention and are willing to take action to reduce suicide and support those affected by suicide. See <http://www.nspa.org.uk> for more organisations which can help in relation to suicide and its prevention.



Information about the Support After Suicide Partnership

The Support After Suicide Partnership is a network of organisations, including PAPYRUS, that support people who have been bereaved or affected by suicide.

<http://supportaftersuicide.org.uk/>

Helpers in your community

Local/ national services that can help support someone who is actively suicidal:

PAPYRUS HOPELINEUK 0800 068 4141
Text: 07786 209 697. Email: pat@papyrus-uk.org

Crisis (Distress) Centre/ Mental Health Crisis

24 hour listening support

Local/ national services that can help deal with the underlying causes of suicidal thoughts:

Rape and/or sexual assault.....	
Domestic violence hotline	
Child abuse hotline	
Police/ambulance/fire services	
Hospital emergency services.....	
24 hour medical advice	
Homelessness emergency	
Accommodation.....	
Mental health outreach clinic.....	
Child and adolescent mental health service	
Sexual health and screening	
Sexuality support.....	
Children’s services	
Family support services	
NHS counselling support	
Alcohol and substance misuse	
Carer support services.....	
Religious/spiritual support	
Legal assistance/victim-witness assistance	
Probation officers.....	
Debt advice.....	

Policy drivers for Suicide-Safer communities

England

GUIDANCE

Suicide prevention: developing a local action plan

<https://www.gov.uk/government/publications/suicide-prevention-developing-a-local-action-plan>

25 October 2016 Guidance

Suicide prevention: lesbian, gay, bisexual and trans young people

<https://www.gov.uk/government/publications/preventing-suicide-lesbian-gay-and-bisexual-young-people>

13 March 2015 Guidance

Suicide prevention: identifying and responding to suicide clusters

<https://www.gov.uk/government/publications/suicide-prevention-identifying-and-responding-to-suicide-clusters>

10 September 2015 Guidance

Suicide prevention: suicides in public places

<https://www.gov.uk/government/publications/suicide-prevention-suicides-in-public-places>

1 December 2015 Guidance

Support after a suicide: a guide to providing local services

<https://www.gov.uk/government/publications/support-after-a-suicide-a-guide-to-providing-local-services>

9 January 2017 Guidance

POLICY

Suicide prevention strategy for England

<https://www.gov.uk/government/publications/suicide-prevention-strategy-for-england>

10 September 2012 Policy paper

Suicide prevention: third annual report

<https://www.gov.uk/government/publications/suicide-prevention-third-annual-report>

9 January 2017 Policy paper

Scotland

POLICY

Scottish Government Suicide Prevention

Strategy 2013-16

<http://www.gov.scot/Publications/2013/12/7616>

In 2017 the Scottish Government will engage with stakeholders to inform the development of a new Suicide Prevention Strategy or Action Plan, for publication in late 2017 or early 2018.

Wales

POLICY

Talk to me 2 – Suicide and self-harm prevention strategy for Wales 2015-2020

<http://gov.wales/docs/dhss/publications/150716strategyen.pdf>

Talk to me 2 – Annexes – Suicide and self-harm 2015-2020

<http://gov.wales/docs/dhss/publications/150716annexesen.pdf>

Talk to me 2 – Objectives – Suicide and self-harm prevention action plan for Wales 2015-2020

<http://gov.wales/docs/dhss/publications/150716talken.pdf>

Related information

Help is at Hand Cymru

<http://gov.wales/docs/dhss/publications/150716talken.pdf>

Northern Ireland

Protect Life 2 (draft) suicide prevention strategy for Northern Ireland

<https://www.health-ni.gov.uk/sites/default/files/consultations/health/protect-life-2-consultation.pdf>

Guidance for reporting suicides

Young suicide attracts press and media interest.

The risks of irresponsible reporting

It is important, when speaking with journalists and indeed through your school communications and publications, to encourage sensitive reporting of suicide. It can help reduce the taboo and stigma around suicide and encourage people to seek help. Thus it is helping to prevent future suicides.

When reporting suicide please consider the grief of family and friends of the deceased and other vulnerable young people who may be feeling worthless and not coping with life at that time. Never underestimate the impact on your community. However, any media coverage – internal or external – may intrude into the grief and shock of the bereaved. There is also evidence that vulnerable individuals may be influenced to engage in imitative behaviours, particularly if the coverage is extensive, prominent, sensationalist and/or explicitly describes the method of suicide.

The risk of one suicide triggering imitative behaviour is related to the amount and prominence of coverage. It is higher when the person who died is similar in some way or admired by the community. Young people and those suffering from depression are particularly vulnerable. Finally, description of suicide by a particular method can lead to increases in suicidal behaviour employing that method.

Responsible reporting

The factors that lead an individual to suicide are usually multiple and complex. It will almost always be misleading to attribute the suicide to an individual event like exam failure or relationship breakdown.

If the person who died by suicide was especially famous or admired in the community, there is increased risk of imitative behaviour in vulnerable individuals. It is therefore even more important to observe these general guidelines.

Always bear in mind the effect your reporting might have on the people connected to the young person who died (friends, family, co-pupils) and on vulnerable individuals.

Always accompany any news releases with information on how to contact appropriate local and national sources of support.

Avoid language which sensationalises or normalises suicide, or presents it as a solution to a problem.

In your reporting, note the comments around respectful language around suicide elsewhere in this guide. Terms like ‘increasing rates’ should be used in preference to hyperbolic phrases like ‘suicide epidemic’, and caution should be exercised in using the word ‘suicide’ in headlines. Be careful not to inadvertently promote the idea that the suicide produced a result. For example, that after the person took their own life a bully was exposed or made to apologise.

Avoid prominent placement and undue repetition of stories about suicide

Prominent placement and undue repetition of the story is more likely to lead to imitative behaviours than subtler presentations. Avoid unnecessarily repeating or updating of the story.

Avoid explicit description of the method used

Describing the method used in a completed or attempted suicide should be avoided, because it may prompt vulnerable people to copy the act. For example, if the person died by taking an overdose, do not describe the nature, quantity or combination of drugs taken, or how they were procured.

Avoid sharing an unusual method of suicide as this has been shown to trigger other people to use this means. Never say a method is quick, easy, painless or certain to result in death.

If you become aware that the person who died had engaged in pro-suicide internet use (for example, online suicide challenges or pro-suicide chat rooms) it is very important that this information is not shared in the media as it informs imitative behaviour.

Avoid detailed information about the site of a completed or attempted suicide

Sometimes a location can develop a reputation as a ‘suicide site’ – e.g. a bridge, a tall building, a cliff or a railway station or crossing where suicide attempts have occurred. Particular care should be taken not to promote such locations as suicide sites.

Word headlines carefully

Headlines are designed to attract the reader’s attention by giving the essence of the story in as few words as possible. Use of the word ‘suicide’ in the headline should be avoided, as should be explicit reference to the method or site of the suicide.



Guidance for reporting suicides

Exercise caution in using photographs or video footage

Discourage the use of photographs or video footage of the scene of the suicide, particularly if doing so makes the location or method clear to the reader or viewer (for example a bridge, a cliff or a train station). Avoid dramatic or emotional images and footage, such as a person standing on a ledge. In addition, pictures of the person who died by suicide should not be used.

If visual images are used, explicit permission must be given by family members. These images should not be prominently placed and should not glamourise the individual. Avoid repeated use of the image, for example in online galleries. Also avoid use of images of someone who has died previously, to illustrate subsequent stories about them or someone else. This is extremely distressing for bereaved families. Do not publish suicide notes.

Reporting statistics

It can be tempting to report 'trends' or to compare the suicide rates between different communities. Be aware that statistical anomalies may occur from one year to the next, especially when comparing such small geographic areas. It is best to look at timeframes of three or more years to identify significant patterns.

Provide information about where to seek help

Always share widely information about the options for seeking help, using the 'Helpers in the Community' resource in Appendix B. This should include immediate avenues of support for individuals who are distressed or prompted to consider self-harm as a result of the suicide.

Being considerate of the bereaved

You may want to consult the bereaved when formulating your media response. But do bear in mind that people who have been bereaved by suicide are themselves at heightened risk of suicide. They are vulnerable and are working through grief and related issues. Their privacy should be respected at all times.

In your reporting don't over-emphasise your community's expressions of grief. This should be a sensitive piece that explores the impact of the suicide on the wider communities.

