**Supporting Students with Thoughts of Suicide**

1. **Introduction.**

Although the UK still has a relatively low rate of suicide by children and young people compared with other countries, suicide now accounts for 14% of all deaths in 10 to 19-year-olds and 21% of 20 to 34-year-olds. It is one of the leading causes of death in young people.

1. **Aims.**

We acknowledge that suicidal thoughts are common among young people. We recognise that talking about suicide does not create or worsen the risk. In our setting, we will promote open, sensitive talk that does not stigmatise and perpetuate taboos. This includes avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfish.

1. **Risk Factors**

Children and young people who die by suicide have often experienced the death of a family member or friend. They may also have experienced a stressful event associated with a feeling of loss eg. loss of a pet, changing courses at college, experience of bullying or assault. The risk of suicide amongst young people also increases around exam time, when pressure to succeed is high.

1. **Warning signs:**

A young person with thoughts of suicide usually gives what are referred to as “invitations”, commonly known as signs or indicators. This is where the person is inviting help and tells someone (as clearly as possible either by words, behaviours, or actions) that they are having thoughts of suicide. School staff should have detailed knowledge of their students and look out for key indicators of suicidal thoughts. If a member of staff has concerns about a student’s emotional wellbeing, they should record this on a Cause for Concern form and pass their concerns to the designated lead for safeguarding.

Self- harm, even when injuries seem minor, is one of the most important indicators of suicide risk and should always be taken seriously. Self-harm is common in young people taking their own life, occurring in around half of under-20s. Other warning signs include:

* Change in behaviour
* Giving away possessions
* Words ‘I wish I wasn’t here’
* Words ‘It doesn’t matter anymore’
* Overwhelming feelings of anger or ‘being worthless’
* Sense of hopelessness or loneliness.

For some students who are having thoughts of suicide they may or may not also be behaving in a way that puts their life in danger. Schoolchildren who are experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also at risk of death or harm.

1. **Staff roles in working with students with thoughts of suicide.**

Staff will provide students with opportunities to speak openly about their worries with people who are able to support them, be it colleagues trained in Applied Suicide Intervention Skills Training, or other agencies. The school will ensure that students are kept as safe as is reasonably possible by reducing access to means.

There will be no stigma attached to a student having thoughts of suicide.

Any member of staff who is aware of a student having thoughts of suicide should consult one of the designated teachers for safeguarding or the designated governor for safeguarding children. Following the report, the DSL/governor will decide on the appropriate course of action. This may include:

* Contacting parents/carers and letting the student know when we have done this
* Arranging professional assistance eg doctor, nurse, social services
* Referral to CAMHS
* Arranging an appointment with a counsellor or other talking therapy service
* Creating/following a suicide safety plan - This is a plan done in conjunction with the young person with suicidal thoughts. It looks at how to keep the young person safe in that moment and rid self of thoughts of suicide.
1. **Supporting staff working with young people with thoughts of suicide**

We recognise that suicide is an emotive subject and it can be difficult for colleagues who work with young people who talk about taking their own life. We also acknowledge that young people will often gravitate towards a chosen member of staff who they trust and feel comfortable with. Although colleagues have chosen to work with young people with SEMH needs, this level of disclosure and trust can be challenging to manage and the subject of suicide or self-harm can bring personal issues to the fore. As a team, we will endeavour to identify and support any colleagues who we feel needs additional support. This will be done through regular team de-briefs, one to one meetings with line manager or other trusted colleague, directed time sessions with school therapist or external EP or referral to external agencies for more significant support.

Advice for staff speaking with students around suicide

* Be a good listener – encourage the child to continue to talk and paraphrase back what you’re hearing so they understand you’re listening. Empathise with the feelings being expressed.
* Praise them for communicating about their worries to encourage continued communication – explain this helps us help them. After speaking with them, check how they feel about having spoken about these issues.
* It is also an important part of our safeguarding role to assess and attempt to minimise risk with the student. Ask if they are feeling suicidal at the moment, have they ever actually attempted suicide, do they think they might actually act out on the thoughts at the moment or in the future? It is important to be direct with these questions. Then explore what they can do when they have these thoughts / feelings – encourage them to let someone know and identify people they could tell. Explore strategies for regulating emotions such as relaxation, physical activity, music, art etc. Also mild pain-inflicting strategies (e.g. flicking elastic band on wrist) for those inclined to safe harm as well.
* After the conversation explain that this is information that can’t be kept secret and that we will come up with a plan of action together with the student to help keep them safe.
1. **In the event of a suicide on or off site**

If a suicide (or attempted suicide) is carried out at school, a member of staff will call the emergency services at the first opportunity.

In the event that a suicide plan is carried out successfully, the school will liaise with the Beckmead Head of Therapy to formulate a care plan for all staff and students at the school.

The LA should be notified in the event of an incident or suicide taking place.