Culford School

Suicide Prevention Policy

Created by: Emily Fergus-Hillman: May 2025
Reviewed June 2026
Due for Review: June 2027
V1.2

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1. Statement of purpose

Culford School is aware that suicide is the leading cause of death in young people.

We are committed to being a suicide-safer school and recognise our governors, parents, teaching staff, support staff, pupils and other stakeholders play a vital role in helping to prevent suicide in our school community.

Throughout this policy, 'school and school community' refer to Pre-Prep, Prep, Senior school and the whole staff body.

2. Suicide and Contributory Factors

- Suicidal thoughts/ideation are common, and we acknowledge that suicidal thoughts can be common among young people
- Suicide is complex; there are a number of contributing factors surrounding suicide
- Stigma inhibits learning. The school is dedicated to tackling suicidal stigma in our language and in our working relationships and will promote open, sensitive talk that does not stigmatise and perpetuate taboos
- Suicide is everyone's business. We want to facilitate the reporting of any risks or concerns
- Safety is essential. We want to support pupils and staff sometimes working in partnership with family, caregivers and external agencies where this may enhance suicide prevention
- Suicide is difficult to talk about. We will provide trained adults who can identify pupils or staff who are struggling with suicidal thoughts
- Talking about suicide does not create or increase risk. There is no evidence that asking someone if they have suicidal thoughts would increase their risk of suicide. However, if you don't ask and therefore assess their risk, you cannot put in place a clear safety plan to prevent suicide
- Those with personal experience have a unique role to play in the development and refinement of a safer suicide policy- we will endeavour to involve anyone from our community who has personal experience with having struggled themselves or supported someone with thoughts of suicide

Our school has three named individuals who are responsible for the design, implementation and review of this policy:

Emily-Jane Fergus-Hillman - Head of Health Services (Clinical) and Emma Hillier – Head of Compliance and Ruth Ann Radlett – Assistant Head (Safeguarding and Wellbeing) and DSL.

3. Prevention and Intervention

We aim to have a person-centred suicide prevention and intervention policy with the following systems in place:

3.1 Prevention

Preventing suicidal thoughts is a multi-faceted activity which includes building resilience, ensuring early intervention, and support for pupils and staff experiencing poor mental health.

We aim to proactively prevent suicide in our school community by

1. Influencing Culture
2. Educating (LfL Lessons and Staff INSET)
3. Support (pastoral structure and HR department)
4. Training (specific staff to intervene, develop an immediate safety plan and refer to mental health specialists

3.2 Intervention

We have identified key members of staff amongst the teaching and support staff who will be members of the **Suicide Intervention Team,** all of whom have received training in this area:

- Head of Health Services (Clinical) - **Lead Professiona**l
- Resident Nurse - **Lead Professional**
- Head of People Operations **Lead Professional**
- Head
- Deputy Head
- Head of Pre-Prep School
- Head of Prep School
- Prep School (Deputy, Lower, middle, upper Head's of school)
- Senior School (Deputy, Heads of Year, Head of Major Games, Director of Co-Curricular)
- Assistant Head (Safeguarding and Wellbeing)
- Assistant Head (Pastoral and Boarding)
- School Nurses
- Deputy DSL's
- HSM's
- Chaplain
- Head of Facilities
- HPA
- Bursar
- Head of Marketing and Admissions
- Sports Centre Manager
- Head of Finance

The Suicide Intervention Team will be the point of escalation for any concerns about a person in our school community and as part of their role, may support a person who has a suicide safety plan in place. Any concerns about a young person or staff member should, therefore, be referred to someone on the Suicide Intervention Team who in turn, will inform one of three allocated Lead Professionals; either the Head of Health Services (Clinical) or Resident Nurse regarding pupils, or the Head of People Operations regarding staff. The role of the Lead Professional is to develop an immediate safety plan for the person at risk of suicide.

We endeavour to ensure all our staff are suicide aware. All staff inductions and Insets will, as part of safeguarding updates, include reference or training on suicide awareness i.e. how to spot signs and how

to escalate concerns to the Suicide Intervention Team, and regularly identify which staff are in the Suicide Intervention Team.

We will ensure our pupils are age-appropriately suicide aware. This means there will be annual awareness programmes built into the Learning for Life (PSHE) curriculum that age-appropriately equip pupils to be aware of the subject and how to escalate concerns. We will also look for opportunities to raise awareness during national or global campaigns of suicide prevention

We will regularly consider whether our school should be represented on the Local Authority Suicidal Prevention Group. This will help to ensure our suicide prevention work is integral to that in our wider community and can help identify and address possible patterns of imitative suicidal behaviours across the wider community.

We will regularly review and assess our environment, including the removal of potential ligature points, restricting access to places which facilitate and allow risk, identifying and securely storing harmful substances.

To protect life, whenever we have serious concerns about the welfare of a member of our school community, we may break confidentiality and share information with the necessary services, including the emergency services.

We recognise that pupils and staff may experience periods of poor mental health. We will use current school support mechanisms which allow staff to raise concerns and monitor pupils and colleagues. This mechanism will be the Wellbeing Manager platform and school pastoral structure for pupils. For staff, this will be the line manager and HR support structure. In both cases, the task of well-being follow-up and monitoring will be allocated to a specific member of staff.

If a member of our school community is identified as at risk of suicide, we will engage external services, such as A&E or mental health crisis team, we will ensure we have developed with that external service a specific plan of immediate action and support.

In accordance with the school pupil mental health policy, boarding pupils are assessed with consideration to the specific challenges and risks boarding can pose compared to a home environment, with regards to the obvious decreased ability to closely monitor mood, behaviour and whereabouts at any given time. The risk assessments consider not just the individual's own mental health and possible preferences to remain in the boarding community, but also the whole boarding community and the effect their poor mental health has on other pupils and staff responsible for them. For staff with poor mental health and deemed at risk of suicide, consideration will be given to their ability to do their job effectively and the effect on pupils and colleagues. It is recognised that poor mental health is likely to fluctuate, suicidal thoughts may be inconsistent, and a flexible response will be necessary to manage risk.

We will develop a ‘Helpers in the Community’ document. This will inform our school community about help available locally and nationally to support those experiencing poor mental health.

Suicide Postvention Provision (refer to Emergency Postvention Protocol for Suspected Suicide)

The school has a **Suicide Postvention Team** whose role is to respond in the event of a suicide. Each member of the team will have a defined responsibility within our plan, including leadership, family liaison, site risk assessment, communications with external agencies, including media, accessing immediate bereavement support, ongoing staff support, and ongoing pupil and immediate family support.

Members of the Suicide Postvention Team are:

- Head
- Head of Prep/Head of Pre-Prep

- Deputy Head/Deputy Head of Prep/Deputy Head of Pre-Prep
- Head of Health Services (Clinical) / Resident Nurse
- Assistant Head (Pastoral and Boarding)
- Assistant Head (Safeguarding and Wellbeing)
- Head of Compliance
- Chaplain
- Safeguarding Governor
- Director of Marketing and Admissions
- Head of People Operations

Key Considerations for the team are:

- Immediate care and action considering pupils, staff and school site
- Monitoring uptake of bereavement support by pupils and staff
- Assessing impact on staff
- Surveying how supported pupils and parents feel
- Identify clusters, multiple events and liaise with the Local Public Health Suicide Prevention Lead to develop a response plan

4. Appendices

Appendix A: Suicide Prevention Protocol

Appendix B: Suicide Intervention Protocol

Appendix (i) Notes to Aid Intervention Conversations

Appendix C: Emergency Postvention Protocol: Suicide/Suspected Suicide in Boarding House or Wider School Community

Appendix D: Guidance for reporting suicides

Appendix E: Detecting and Preventing Multiple Deaths

Appendix F: Sources of Support

Appendix G: Helpers In Our Community

Appendix A - Suicide Prevention Protocol

Suicide Prevention

Preventing suicidal thoughts is a multi-faceted activity which includes building resilience, ensuring early intervention, and support for pupils and staff 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.

We aim to proactively prevent suicide in our school community by

1. Influencing Culture
2. Educating (LfL Lessons and Staff INSET)
3. Support (pastoral structure and HR department)
4. Training through internal awareness INSET training and externally accredited courses such as Youth Mental Health First Aid and Papyrus training (specific staff to Intervene, develop an immediate safety plan and refer to mental health specialists.

Influencing Culture

It is essential 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. Maintaining awareness around the risks of suffering alone with mental health issues can be hard. It helps to use various 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 websites, the Health Centre, Staff INSETs, etc.

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

Helpful and Unhelpful Language When Talking About Suicide

Commit suicide

In England and Wales, 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

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 suicide attempt 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 lives.

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.

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.

1. Educating

Learning for Life (LfL) and Staff Insets

The school's LfL programme influences culture around death, dying and grief. Age-appropriate language and sensitive lessons will address death, dying and grief, including the different ways that death occurs. This will include the death of elderly people, death of young people, death through illness, and sudden death as a result of accidents or violence, including self-violence/suicide.

Creating a forum where suicide can be discussed within the context of other types of death ensures suicide is not ignored nor overly focused on.

All staff Insets will, as part of safeguarding updates, include reference to the suicide prevention policy or training on suicide awareness i.e. how to spot signs and how to escalate concerns to the Suicide Intervention Team, and regularly identify which staff are in the Suicide Intervention Team.

2. Support

Pupils Pastoral Structure - We will use the current school mechanisms of support which allow staff to raise concerns and monitor pupils. This mechanism is the Wellbeing Manager platform and school pastoral structure for pupils of form tours, HSMs, matrons and school nurses.

HR department - Staff support structures are through line managers and the school HR support structure.

In both cases, the task of well-being follow-up and monitoring will be allocated to a specific member of staff.

3. Training

Youth Mental Health First Aid Training - Offered to all staff with pupil facing roles on a rolling programme updated every 3 years.

Suicide Prevention Training (external accreditated training by Papyrus/MHFA England) – for the Intervention Team

The Intervention Team are members of staff who, because of their role in the school have been identified as the most appropriate persons to manage and support pupils or staff members that are at risk of suicide. The training will equip the team members to support pupils or staff that have a safety plan in place, the plan will include accessing professional mental health support as soon as possible.

There are three Lead Professionals in the Intervention Team who have received enhanced suicide prevention training, equipping them to develop emergency safety plans for those at risk of suicide.

It is important that all staff are aware of who is in the Suicide Intervention Team and so can refer any people of concern without delay.

Immediate Safety plans (first 24hrs) are collaboratively drawn up with the person having suicidal ideation, and either the Head of People Operations, Head of Health Services (Clinical) or the Resident Nurse, the plan will involve immediate referral to NHS emergency mental health services.
Ongoing safety plans (after the first 24hrs) will include input from the relevant medical professionals involved in the person's care, and relevant personnel from the Intervention Team.

Suicide Postvention Briefing/Training (internal) for the Postvention Team

The Postvention Team are identified members of staff who have specific roles following a suspected suicide or suicide behaviour within the school community. Any training for this role will be internally led with annual reviews to ensure the Postvention Team are clear on their responsibilities should a suicide occur in our school community.

Appendix B - Suicide Intervention Protocol

Suicide Intervention

Supporting Pupils or Staff 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.

Our school has a Suicide Prevention Policy, which includes the definition of its Suicide Intervention Team.

This team is familiar with the school's Suicide Prevention Policy, is trained in suicide intervention support and is equipped to deal safely and sensitively with a person who is experiencing thoughts of suicide. Any concerns about a young person or staff member should, therefore, be referred to someone on the Suicide Intervention Team who in turn will inform one of three allocated Lead Professionals; either the Head of Health Services (Clinical) or Resident Nurse regarding pupils or the Head of People Operations regarding staff. The role of the Lead Professional is to develop an immediate safety plan for the person at risk of suicide. The Lead Professionals have received enhanced suicide prevention training.

Culford School Intervention Team members are:

- Head of Health Services (Clinical) - **Lead Professiona**l
- Resident Nurse - **Lead Professional**
- Head of People Operations **Lead Professional**
- Head

- Deputy Head
- Head of Pre-Prep School
- Head of Prep School
- Prep School (Deputy Head. Head's of School - lower, middle and upper)
- Senior School (Deputy Head, Heads of Year, Head of Major Games, Director of Co-Curricular)
- Assistant Head (Safeguarding and Wellbeing)
- Assistant Head (Pastoral and Boarding)
- School Nurses
- Deputy DSL's
- HSM's
- Chaplain
- Head of Facilities
- HPA
- Bursar
- Head of Marketing and Admissions
- Sports Centre Manager
- Head of Finance

Below is information that will have been included in the training completed by the Intervention team members. The Intervention Team can refer to these notes to aid them in their Intervention and in creating a safety plan.

See here for a link to the Safety Plan template:

https://www.papyrus-uk.org/wp-content/uploads/2022/04/001159-A6-Suicide-Safety-Plan-Leaflet-002.pdf

Appendix (i)

Notes to Aid Intervention Conversations

Q. What do I do when I have a concern about a pupil?
A. If you have concerns about a pupil, consider:
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?

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

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?

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:

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?

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 that help the young person with their different 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 calmly and sensitively. Don't dismiss what they are saying. They are asking for help, and you need to answer. 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 increased 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 relief that someone is willing to hear their darkest thoughts without judgment. 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.

Here are some ways you can continue a conversation about suicide safely and reassuringly:

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?

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

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?

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.

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

You are likely to ask yourself this question. What should I do next to keep me and the pupil suicide-safe? The focus here is on hearing the young person and ensuring 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; 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 or cannot do to keep safe.

A good safety plan always includes 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'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.

The pupil mustn't feel judged or shamed for acting on their thoughts of suicide. Try remaining calm, even though you might feel 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 can 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 talk about their feelings. 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.

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

• 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 a link to the Safety Plan template:

https://www.papyrus-uk.org/wp-content/uploads/2022/04/001159-A6-Suicide-Safety-Plan-Leaflet-002.pdf

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.

Appendix C - Emergency Postvention Protocol: Suicide / Suspected Suicide in a Boarding House or the wider school community

The circumstance will dictate the specific response required, but planning will include:

- **Death by suicide of pupil on or off site**
- **Death by suicide of Member of staff on or off site**

Postvention Team Members and roles:

Head, and relevant Heads (Prep and Pre-Prep)

- Set up direct comms for the team via WhatsApp.
- Coordinate response with the Deputy Head.
- Inform N.O.K of the victim. Inform the police.
- Inform Governors. Inform MIST.
- Liaise with the Head of Marketing on internal and external comms

Deputy Head and Assistant Head (Pastoral and Boarding) / Deputy Head Prep

- Liaise with the Head
- Coordinate response and confirm the postvention team are sure of their roles
- Consider the logistics of the suicide area and practical care/moving rooms of other pupils if in a boarding house or communal area.
- Consider how to minimise further trauma to pupils and staff.
- Liaise with pastoral/boarding staff. Draw up a list with the Head of Health Services (Clinical) and relevant HSM/Yr Head of staff and pupils likely needing immediate support and consideration, communicate directly with those staff, pupils and their parents and offer post-trauma support/counselling.
- Support and direct relevant HSM, Yr Head and tutor
- Support and direct other HSM's, Yr Heads and tutors in support and communication to pupils.
- Ensure staff are aware of communications that are sent to parents
- Consider Deputy DSL's and roles they can deliver

Head of Health Services (Clinical) / Resident Nurse:

- Give pupils and staff immediate first aid and trauma support.
- Secure suicide areas, maintaining privacy and reducing forensic compromise
- Inform School Medical Officer
- Inform school counsellors and request immediate support for pupils and staff.
- Be present and available.
- Inform the Local Public Health Suicide Prevention Lead. Graham Abbott (Graham.Abbott@suffolk.gov.uk) is Suicide Prevention Lead for Suffolk and Jacquelyn Wood

(jacquelyn.wood@snee.nhs.uk) who is lead contact for SUDIC (Sudden Unexpected Death In Childhood).

Head of Compliance

- Immediate risk assessment of suicide area and wider site
- Liaise with porters/ground staff and ensure school site security (press and interested people)
- Inform Insurers

Chaplain:

- Pupil, parent and staff support.
- Be present and available.
- Set up 'drop-in' prayer support in Church. Coordinate prayer priorities.
- Liaise with Marketing so they can communicate what support is available.
- Liaise with victim's parents, Head and Deputy Head regarding appropriate memorial service

Assistant Head (Safeguarding and Wellbeing):

- Pupil, parent and staff support.
- Be present. Set up a 'drop-in' support area.
- Liaise with Marketing so they can communicate what support is available.

Safeguarding Governor

- Support Head, and Deputy Head.

Director of Marketing and Admissions

- Liaise with the Head and arrange internal communication (staff, pupils, parents) and external communication (press, police, council, ISI)

Head of People Operations

- Communicate with the Head of Health Services (Clinical) and Deputy Head
- Draw up a list of staff likely in need of immediate support, communicate with those staff and offer post-trauma counselling

Action

- All resident staff, including matrons and medical team to be briefed as to plan
- Draft letters to be produced
- Schedule of day to be decided on, this will form part of the letter
- SLT to talk through individual roles
- Head to have prepared address to the school

Immediate

- CPR if appropriate
- Call 999 immediately
- Get appropriate adult help
- Call Health Centre
- Move pupils out of the immediate area under supervision
- Pupils briefed not to use mobile phones and laptops or to use social media under any circumstances

- Call Head/Deputy Head/Assistant Head (Pastoral and Boarding)
- Call Head of Compliance
- Secure the immediate scene maintaining privacy and reducing forensic compromise - assume it is a crime scene until directed otherwise by emergency services

Within an Hour

Head to:

- Discuss with police best route for communication to parents
- To inform Head of Marketing and Admissions, Chaplain, Bursar
- Confirm venue and time of emergency Postvention Team meeting
- Contact affected family
- Speak to House gathered

DH to:

- Inform Postvention Team
- Inform SLT in all three schools
- Inform all other Hsms and Yr Heads
- Organise whole school gathering in CH

Others

- Health Centre to ask counsellors and clinical psychologist to come to school

Within two hours

- An emergency Postvention Team meeting is held
- Communication out to all parents
- House assembled and briefed on the fact that an incident has occurred and not to use phones or any type of social media
- All staff are to be emailed about the nature of the incident and school policy about communication policy
- Ensure HPA has advised all support staff who may have a reason for contacting or being contacted by parents (School office, Admissions, Reception etc.) how to answer any questions and confirm what information may be provided

Within 3 hours

- Marketing Director to draft press statement for Head approval
- Staff meeting – Head to chair. Teachers, pastoral support staff and operations staff. Read out the standard briefing that all tutors will need to disseminate. Give staff time to ask questions and reflect. Reiterate support will be made available to staff and pupils
- Tutor group meetings

Within 4 hours

- Cancel any school engagements/fixtures over the next 48 hours as appropriate
- Health Centre to contact any support available (Counsellors, GP's, Local Authority, etc.)
- DH/pastoral member to follow pupil's timetable for the day to identify issues / provide support
- Contact Samaritans "Step by Step" team to support staff

By End of School Day

- Second staff meeting (update on plan, arising issues, new info, plan for next day, support, accessing support)
- Pupil meeting to include briefing from Head and prayers.

Communications

Head of Marketing and Admissions to:

- Temporarily suspend activity on school social media accounts
- Ensure all briefed that all media requests go through the Head's office
- Brief; Reception, Porters, S&TC and Grounds staff on how to deal with press enquiries and any media who may arrive on site
- Draft CP for all parents/guardians for Head
- Draft CP for all staff (All = as appropriate, needs discussion) for Head
- Draft comms plan for the week ahead
- Monitor news and social media

CP to all parents from Head to include:

- Brief factual information about the crisis – avoid focus on causes
- Condolences
- Flag up grieving issues & how pupils and staff are being supported
- *Flag up suicide prevention/support methods in school*
- Contact school if particularly worried about your child
- Invitation to contact Hsm/ Yr Head
- Importance of social media blackout

Tutor Group Briefings

Have tutors / designated staff read out a standard briefing, including:-

- Facts of the case – avoid excessive details.
- School's response plan
- Make clear it is okay to feel how you do, even if you feel nothing.
- Importance of seeking help from a staff member / professional if in crisis & look out for peers
- Importance of complete radio silence ref mobiles and social media
- Where to find further support/info about grief
- Do not speculate on motives or talk about any note(s) that may have been left

Support of Vulnerable Pupils:

Pastoral teams highlight list of vulnerable pupils who need immediate attention or priority care over the coming hours:

- Friends; relations; teammates; pupils with depressive/anxious nature; pupils with recent crisis; pupils flagged by their parents
- Assign designated support rooms/area – counsellors/medics / pastoral staff
- As soon as possible, carry on with a regular school routine.

The church is to be open all day. Chaplains and/or counsellors organised are to be on hand.

Appendix D - Guidance for reporting suicides

Young suicide attracts press and media interest.

The risks of irresponsible reporting

It is essential, 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 helps 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, mainly 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, the 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 an 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 about respectful language regarding 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 promote the idea that the suicide produced a result inadvertently. For example, 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 are more likely to lead to imitative behaviours than subtler presentations. Avoid unnecessarily repeating or updating the story.

Avoid explicit descriptions 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 sure 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), this information mustn't be 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, a railway station or a 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.

The use of the word 'suicide' in the headline should be avoided, as should be explicit reference to the method or site of the suicide.

Exercise caution in using photographs or video footage

Discourage the use of photographs or video footage of the scene of the suicide, mainly if doing so makes the location or method transparent 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, family members must give explicit permission. 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 using images of someone who has died previously to illustrate subsequent stories about them or someone else.

This is highly distressing to 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 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 suicide on the broader communities.

Appendix E - 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 help identify 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 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 ongoing suicide prevention work in your community. This could include revising your awareness-raising programme or changing your Suicide-Safer Policy.

Appendix F - Sources of Support

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/

DEBRIEF SERVICE
PAPYRUS's suicide prevention helpline, HOPELINKUK, is not only here to support young people who are experiencing throughts of suicide, or those concerned for them. The service supports anyone who has had an experience with suicide and would like to talk it through with a trained professional.

We work directly with teachers, pastoral staff, first responders, doctors, nurses, police, counsellors and more.

Should a person speak to you about their thoughts of suicide, it is important that you look after yourself, and our debrief service is there to help.

LANGUAGE LINE
On HOPELINKUK we use Language Line (an interpreter service) which helps us to communicate with young people in over 240 languages via telephone.

When contacting HOPELINKUK the adviser will ascertain what language is required and connect with a translator. The adviser and translator will then call the person back and then work through the call with them. **If you know of someone who may need this support, please encourage them to call HOPELINKUK.**

HOPELINK

HOPELINK is PAPYRUS's digital platform that is helping HOPELINK callers to revisit their suicide prevention plans, online.

This unique two-way safety plan is simple to set up, secure and will help to save lives. It is also accessible to users 24/7, meaning that there will be support around the clock for anyone using the service.

The first service of its kind in suicide prevention, HOPELINK is lead by the user – allowing vulnerable young people to create and revisit their suicide safety plan, helping to keep them safe when they have thoughts of suicide.

HOPELINK allows young people to work confidentially with HOPELINKUK'S trained suicde prevention advisers, empowering them to create their own care plans which they can later revisit.

Previously advisors have been able to discuss steps which help to keep someone safe but were unable to send follow-up emails or texts because of confidentiality. Now, callers to the HOPELINKUK service will be able to access their personalised suicide safety plan after their call with our adviser has ended.

Using the HOPELINK service will help to keep young people safe from suicide by acting as a reminder of the safety plan that they've talked through with our suicide prevention advisers, and provide a space where vital information and written support services are stored.

HOPELINK is a completely confidential service, our HOPELINKUK advisers do not take any personal details form callers when setting up their personalised account with HOPELINK, they are simple provided with two randomly generated words which will give them access to their safety plan.

Appendix G – Helpers in Our Community

Fill in the box with local/national services that can help deal with the underlying causes of suicidal thoughts:

Suicide Prevention lead for Suffolk	Graham.Abbott@suffolk.gov.uk
Rape and/or sexual support	The Ferns : 0300 123 5058
Rape and/or sexual support	The Ferns : 0300 123 5058
Domestic violence hotline	Suffolk Domestic Abuse Helpline : 0800 977 5690
Child abuse hotline	NSPCC : 0808 800 5000
Police/ambulance/fire services	Call : 999
Hospital emergency services	Call : 999
24 hour medical advice	Call : 111
Homelessness emergency	West Suffolk Emergency Housing : 01284 757 178
Accomodation	West Suffolk Emergency Housing : 01284 757 178
Mental health outreach clinic	Suffolk Mental Health Support Teams : 01284 733 234
Child and adolescent mental health service	Suffolk Wellbeing Service : 0300 123 1781
Sexual health and screening	Suffolk Sexual Health Service : 0300 303 9982
Sexuality support	National LGBTQIA+ Support Line : 0800 011 9100

Created by: Emily Fergus-Hillman: May 2025
Reviewed June 2026
Due for Review: June 2027
V1.2

Children's services	Suffolk Family Information Service : **0345 608 0033**
Family support services	Suffolk Family Information Service : **0345 608 0033**
NHS counselling support	CAMHS : 01284 775000
Alcohol and substance misuse	MIND : 0300 123 3393
Carer support services	Carers UK : 020 7378 4999
Religious/spiritual support	
Legal assistance/victim-witness assistance	Victim Suport : 020 7268 0200
Probabtion officers	Suffolk Probabtion Office : 01284 716 600
Debt advice	National Debtline : 0808 808 4000

5. References

Papyrus: Prevention of Young Suicide *Building Suicide-Safer Schools and Colleges: A Guide for Teachers and Staff.* Available to download from www.papyrus-uk.org/schools-guide. (Accessed May 2025)