

# Responding to Suicide in Educational Settings

## Introduction

When a child dies by suicide, there is an immediate and long-term impact upon an educational community. There are often many questions or uncertainties around how to respond and how best to provide support. In this guidance, we outline some of the specific considerations for education settings when supporting staff and pupils following a suicide including:

1. Understanding suicide
2. Communicating news of suicide to the educational community
3. Supporting pupils following suicide
4. Supporting staff following suicide
5. Intervention following non-fatal suicidal behaviour
6. Key contacts, signposting and further resources

It is likely that the setting will already have identified a 'Critical Incident Team' and this team will include roles specifically for identifying circles of vulnerability within the pupil and staff population, liaising with family and communicating with outside organisations. There are other documents which sit alongside this guidance for the Critical Incident Team to consider:

- The Educational Psychology Service's [Bereavement and Loss Guidance for Schools](#) which explains how staff in schools and settings can support children and young people who have experienced bereavement and loss.
- The Educational Psychology Service's [EPS Bereavement Guidance for parents and carers](#) which explains how parents and carers can support children and young people who have experienced bereavement and loss.
- The Educational Psychology Service's [EPS Bereavement and Loss Guidance for Early Years Bereavement Guidance for Early Years](#) which explains how Early Years settings can support young children affected by Bereavement and Loss.

For further support, please also see and contact the Educational Psychology Service on 0117 922 2444 or email Principal and Senior Educational Psychologists

[jenny.maxwell@bristol.gov.uk](mailto:jenny.maxwell@bristol.gov.uk) or [anna.sutherland@bristol.gov.uk](mailto:anna.sutherland@bristol.gov.uk)

In the immediate aftermath of a suicide the following checklist may be helpful in organising an effective response, more detailed guidance is within the body of this document.

## Response to Suicide Checklist for Senior Leaders

<b>When</b> <i>If Possible</i>	<b>What</b>	<b>Completed</b>
First day(s)	Obtain factual information about what has occurred	
First day(s)	Prepare a short-written statement for staff to use in response to queries	
First day(s)	Identify a core staff team to support you	
First day(s)	Identify who are likely to be the central affected pupils, staff or families	
First day(s)	Inform the local authority	
First day(s)	Inform the chair of governors	
First day(s)	Inform staff and give guidance about communication with pupils	
First day(s)	Inform pupils	
First day(s)	Consider contacting the local authority press officer	
First day(s)	Consider the need for an email/letter for parents/carers and draft this if needed.	
First day(s)	Collate school-based records for any pupils involved in case these are requested by outside agencies	
First day(s)	Contact any relevant agencies e.g. camhs to check they have been informed	
First day(s)	Ensure that any bereaved families do not receive any automated school emails or letters	
First week	Consider consent documents if any pupils will require external professional support	
First weeks	Be vigilant and monitor pupil and staff wellbeing	
First weeks	Consider funeral arrangements and any relevant consent	
First few weeks	Monitor social media and media	
Subsequent weeks and months	Consider anniversaries and school-based memorials making sure that consent is gained from parents for any activities	

For senior leaders, other key considerations include:

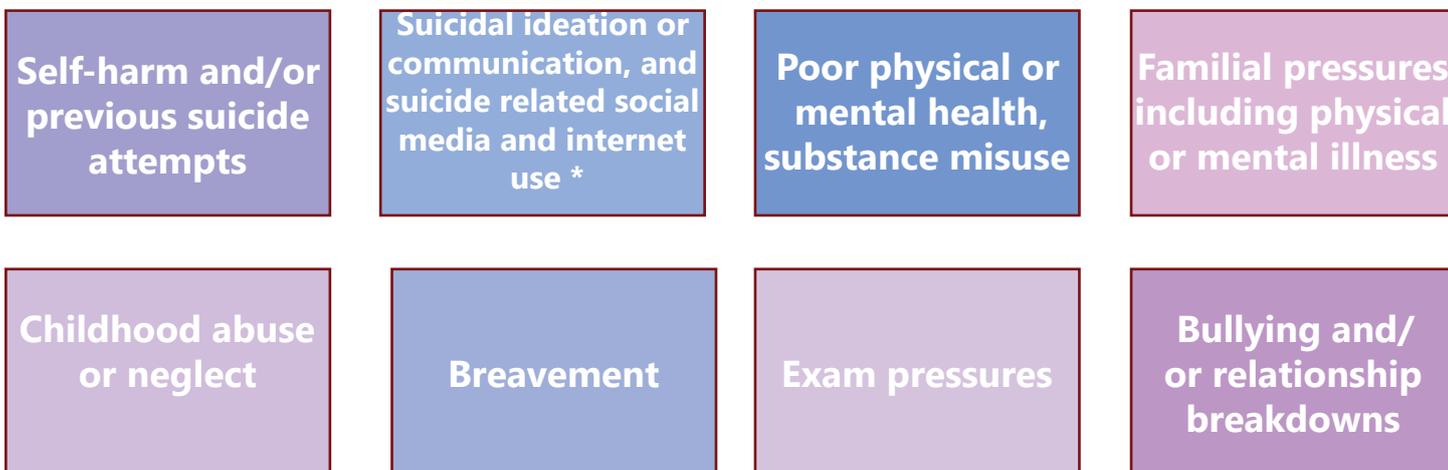
- **Inquests and inquiries** - In instances where it is believed that a child has died by suicide, there will be an enquiry by the Child Death Overview Panel (CDOP) on behalf of the Local Safeguarding Children Board. Please consider who will work with the CDOP inquiry if required.
- **Maintaining appropriate records** - The suicide prevention organisation Papyrus advises schools to record and monitor pupil deaths including suicides, suspected suicides and, if possible, self-harm. Please see Local Authority Guidance.
- **Suicide contagion** – There are additional considerations for incidents which involve suicide. Research has identified a phenomenon known as suicide ‘contagion’, whereby one suicidal act within a school community can increase the likelihood of further suicidal behaviour. Please see ‘Supporting pupils following suicide’ below.

## 1. Understanding suicide

Suicide is a double bereavement blow: whilst those bereaved through suicide will be experiencing grief and sadness, they may also face additional pressures and pain from stigma, difficult questions and intrusive public scrutiny.

When talking about suicide in children, we refer to those aged ten and above. This is because children under the age of ten are not believed to have the developmental maturity and understanding to end their life by suicide (Whalen, Luby & Barch, 2018).

Suicide rarely has one cause, instead a range of factors at an individual, relational, community and societal level are associated with risk of suicide including:



\*The evidence around the protective and risk factors posed by suicide related social media use are mixed. There is evidence to suggest that some CYP gain valuable support from social media and internet use, via a communication channel with which they are comfortable.

### Self-harm

Many, but not all people who die by suicide have a history of self-harm; however, self-harm tends to be used as a coping mechanism, whereas the intent of suicide is to end suffering by dying. Although self-harm does not cause suicide, it may reduce inhibition to suicidal behaviour at a later stage. In other words, repeated ‘practice’ of harming the body can make it easier for a person to then injure the body with suicidal intent.

Further information about links between self-harm and suicide is available here: [How Are Self-Injury and Suicide Related? - Child Mind Institute](#)

## Misconceptions

Despite advances in our understanding, there are still taboos and stigma associated with suicide. Stigma associated with suicide is not only hurtful to bereaved families and friends, it can also deter those dealing with suicidal thoughts from seeking help. There are a number of common misconceptions summarised in the table below.

Misconception	Why it is helpful and/or untrue
Talking about suicide will increase the probability of occurrence	There is no evidence to suggest this. Young people who openly discuss the topic of suicide reduce their risk and access support. The direct questioning of young people suspected of engaging in suicidal behaviour is a key component of effective risk-management.
Parents/carers are often aware of their child's suicidal behaviour	Young people often do not tell their caregivers about their suicidal ideation or plans. They are more likely to speak to friends. This reinforces the need to directly ask young people about suicide rather than relying on parents or carers to have this information.
Young people who die by suicide leave notes	Most do not. Researchers believe that this is often because the deceased young people do not want to reveal their thoughts and feelings.
Suicidal people are impulsive	The opposite is true. Those who die by suicide have often given their suicide thought and planning. They may have considered their suicide years in advance. Impulsivity is more likely to be related to risk-factors associated with suicide (e.g. relationship difficulties, substance issues).
Young children are not suicidal	It is rare for preadolescent children to die by suicide however young children can and do engage in suicide ideation and attempts which should be taken seriously.
Suicide rates are higher in December	The inverse of this is true, Christmas can bring feelings of connectedness, belonging and togetherness which is a protective factor that prevents suicide.
If someone is suicidal, there's nothing that can be done to help	Suicidal intervention strategies can and do work.

## 2. **Communicating news of suicide to the school community**

Careful thought should be given as to how – and in which order - to communicate news to the school community. Those to inform will include pupils, families, staff, the local authority, local safeguarding board, and chair of governors.

Only authorities (e.g. a coroner) can confirm whether a death is suicide therefore schools need to be sensitive to language surrounding this. In many cases, it can take several months for inquests to be completed and therefore the word 'suicide' should not be used until this has been confirmed. In instances when investigations are ongoing, you should check with local police before informing the pupils as students may need to be interviewed. Samaritans [Step by Step' service](#) can support schools in communicating with the wider school community.

- You will need to speak with the family to identify their wishes for disclosing the news. If the family are unsure, speak to them about:
  - recommendations from organisations like Samaritans
  - the impact of rumour or misinformation.

- the need to support affected pupils and their families.
- options for sharing news whilst protecting the pupil's identity (e.g. only naming them to their close peers or year group).
- Identify any individuals who were a close contact of the pupil and inform them individually or in small groups. Be mindful that there may be connections – through siblings, families, and neighbours – to children in other year groups.
- Linked to the above, ensure that any particularly vulnerable pupils are accompanied until in the care of parents or carers (e.g. at home time).
- When informing pupils and staff, experience suggests that large group announcements or assemblies should be avoided. Instead, it is best to communicate difficult news to classes or small groups. Where possible, a familiar adult should share the news with the children with an additional adult present.
- Keep communications factual and avoid any details about the suicidal act or methods. Agree statements/scripts for staff to use to maintain consistency. The resource '**Suicide Postvention Guidance for Schools: Responding to a pupil suicide**' by Nottinghamshire County Council Educational Psychology Service contains sample scripts for communicating difficult news.
- Address rumours and build pupils' understanding and cooperation around not spreading sensitive or unproven information.
- You should inform other nearby schools where the deceased may have connections.

<b>Instead of saying</b>	<b>Use</b>
Committed suicide	Died by suicide  Took his or her own life  Killed him or herself
Failed suicide attempt/ unsuccessful suicide attempt	Aborted suicide attempt (when the person stops themselves)  Interrupted suicide attempt (when an outside circumstance stops the individual)

### 3. Supporting Pupils following Suicide

Young people who have lost friends or family through suicide can – alongside other responses – experience feelings of stigma, maladaptive coping strategies, and traumatic guilt.

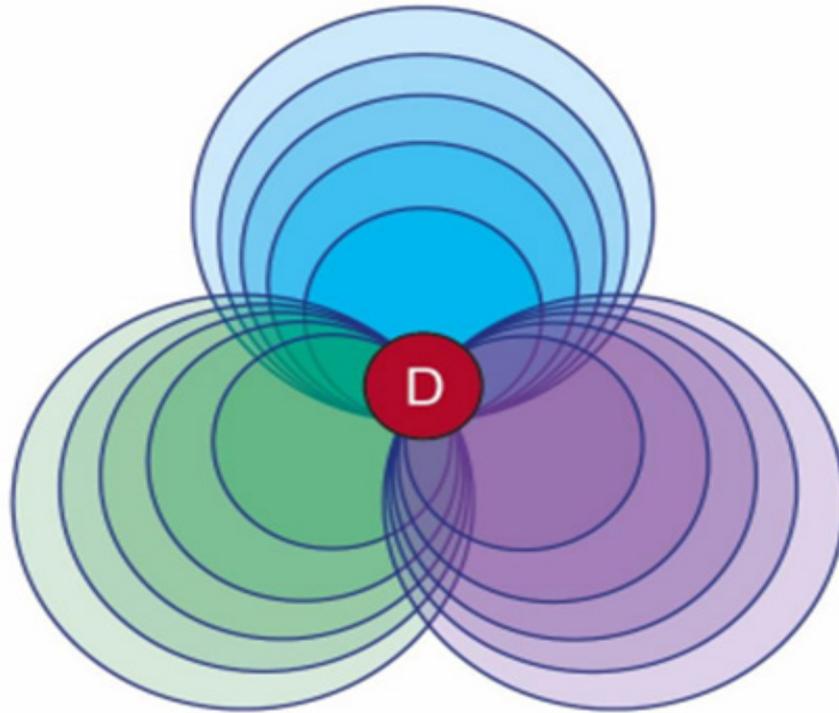
When a pupil is believed to have died by suicide, this can increase the risk of other pupils attempting suicide. We refer to this as 'suicide contagion' where children and young people with pre-existing vulnerability may be more likely to attempt suicide following bereavement by suicide of a friend or school member. With this in mind, carefully considering the way that pupils are informed about and supported through such loss is vital.

Certain pupils may be particularly affected by the suicide. Schools may find the 'Circles of Vulnerability' model (Lahad & Cohen, 2005) helpful in identifying those who may require additional support and should be monitored. The three circles of vulnerability represent closeness to the deceased and can overlap, they are represented below:

### **Geographic proximity**

*The physical distance between a person and the incident.*

For example, people discovering the body of someone who has died by suicide or those exposed to the immediate aftermath may be more at risk. Extensive or sensationalised news or social media coverage may extend the geographic boundaries of people who may be vulnerable<sup>32</sup>.



### **Psychological proximity**

*The psychological closeness a person feels to the individual who has died by suicide.*

Some people may identify with the deceased more than others – for example, individuals of a similar age or sexual orientation, or those who have cultural or religious connections. People who were seen as role models may have a wider circle of individuals or groups who identify closely with them psychologically. There is often a higher level of vulnerability in people who were not the closest friends of the deceased, but who knew them socially.

### **Social proximity**

*The social closeness to the person who has died by suicide.*

Family members and close friends, including boyfriends and girlfriends, are likely to be particularly vulnerable. It is also important to consider individuals in communities such as schools, faith groups and wider friendship groups (including those in contact via social media).

Image 1 [Concentric Circles of Vulnerability - Public Health England \(2019\)](#)

- Establish a culture of openness and communication; the stigma surrounding suicide can make it difficult to talk about, which is a significant barrier to seeking help.
- Ensure that there is a named, available adult at school who has specific training around suicide and can refer on to specialist services. Make sure that pupils know when and where this adult is available.
- Encourage a personalised approach to self-care through paying attention to sleep and eating patterns, taking exercise and being in nature, maintaining social connections etc. Samaritan's 'DEAL: Developing Emotional Awareness and Listening' can be used to support emotional resilience and coping in school.
- Encourage positive messages about recovery from grief, depression and bereavement, share information about sources of help, organisations, and websites.

**Remember:**  
There is no evidence  
that talking about  
suicide encourages  
suicide

- Children and young people are often more likely to speak to friends about self-harm or suicidal ideation. It is helpful to foster a school culture which values listening skills (see **DEAL: Developing Emotional Awareness and Listening** by Samaritans) and for pupils to be aware of where they can signpost peers to support.
- It is important that all pupil deaths are marked in some way. Not doing so following the death of a pupil by suicide could reinforce stigma and reduce opportunities for the school community to grieve. Schools may facilitate memorials and or remembrance events whilst also being mindful of the need to avoid glamorising or institutionalising grief.

Consider:

- o the family's wishes.
  - o timing and time limits (e.g. until after a funeral or a pre-agreed end date).
  - o location – not all will wish to participate in the memorial, try to avoid setting up memorials in spaces which cannot be avoided (e.g. by the entrance).
  - o wishes of the school community.
  - o monitoring (e.g. how will physical or online memorials be monitored for inappropriate messages or those which might indicate further pupils at risk?).
- Social media memorials cannot be controlled by school however adults can monitor these and educate pupils and staff about the risks around inappropriate messages. Speak to pupils and staff about how to spot worrying behaviour online and what to do if there are concerns. Samaritans have a good guide about managing social media: **Help when we needed it most**.
  - When monitoring pupils over a longer-time frame be mindful of times when risk and resilience factors may change (e.g. exams, holidays, transitions, family changes) and identify support for these periods.
  - Some pupils will need additional support around specific cultural needs or beliefs.

#### 4. Supporting Staff Following Suicide

School leaders should consider any staff who may be particularly at risk. The 'Circles of Vulnerability' tool can be helpful in doing this. Support might include:

- identifying spaces within the school grounds where staff can go for a moment of quiet reflection or to speak with a colleague.
- consideration of additional staffing or cover in affected groups.
- reduction in workload where possible and appropriate.
- establishing peer support or buddy systems.
- referral to outside agencies who can offer counselling or support.

Teachers need to know how they can access support from the Senior Management Team and / or the Critical Incident Team if they feel uncertain or overwhelmed. This could include consultation with the Educational Psychologist.

Upskill staff to ensure that they have scripts to support them in speaking with pupils. The resource from Papyrus [Building Safer Schools](#) has scripts that staff can use to talk to pupils about difficult feelings and to respond to pupils expressing suicidal ideation. Encourage teachers to respond in ways which reflect information that is in the public domain and is question-led (i.e. do not provide more information than is asked for at the time).

#### 5. Intervention following non-fatal suicidal behaviour

Intervention following non-fatal suicidal behaviour needs to be carefully planned with support from a multi-agency team including mental health specialists, the young person, and their family.

The term 'non-fatal suicidal behaviour' refers to suicidal ideation and behaviours which are directed towards intentionally ending the person's life, but which do not result in death. This term is considered preferable to talking about a 'failed' suicide attempt.

- **Return to school**

Before the young person who has undertaken non-fatal suicidal behaviour returns to school, arrange a meeting with them and their parents. Ask the young person what they need and how the school can help; explore what support is already in place and how this can be changed or increased. It may be appropriate to seek information from other services involved in the child's care before or after this meeting.

- **Safety planning**

A Safety Plan is a practical tool created together with the pupil which outlines a stepped approach to what the young person could do in a crisis and who might support them. It may include distraction techniques to get them through the next few seconds or minutes at times when thoughts of suicide might otherwise become overwhelming. A template and further information is available here:

[Safety Planning - Every Life Matters \(every-life-matters.org.uk\)](https://www.every-life-matters.org.uk)

- **Limits of confidentiality**

It will be important to establish with the young person that issues related to suicidal thinking cannot be 'kept secret'; however, they may be reassured by knowing that it will not always be necessary to share the reasons why the young person is thinking about suicide. The organisation Papyrus recommends that parents or carers are informed of any concerns relating to thoughts of suicide or suicidal behaviour and supported through provision of information and resources.

## 6. Key-contacts, signposting and further resources

Local authority contacts:

Who	Details
Bristol City Council Trading with Schools	0117 922 2444
Assistant Principal Educational Psychologist Jenny Maxwell and Senior Educational Psychologist Anna Sutherland	<a href="mailto:jenny.maxwell@bristol.gov.uk">jenny.maxwell@bristol.gov.uk</a> <a href="mailto:anna.sutherland@bristol.gov.uk">anna.sutherland@bristol.gov.uk</a>
CAMHS Primary Mental Health Specialist Consultation (currently available in Bristol and South Gloucestershire).  These are now centralised as the 'Getting Advice Team' – info on making referrals and getting advice for professionals - Advice and referrals : <a href="http://awp.nhs.uk">Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk)</a> e-mail: <a href="mailto:awp.camhsgettingadvice@nhs.net">awp.camhsgettingadvice@nhs.net</a>	Every school in Bristol and South Gloucestershire has a named PMHS. <a href="http://awp.nhs.uk">Primary Mental Health Specialists : Avon and Wiltshire Mental Health Partnership NHS Trust (awp.nhs.uk)</a>  Contact your local CAMHS team if you are unsure who your PMHS is: <ul style="list-style-type: none"> <li>• North Bristol CAMHS 0117 354 6800</li> <li>• South Bristol CAMHS 0117 340 8121 / 0117 9190330</li> <li>• East Central CAMHS 0117 340 8600</li> <li>• South Gloucestershire CAMHS 01454 862431</li> </ul>
CAHMS crisis line	Staffed 24 hours by mental health practitioners for professionals and families - 0800 9539599
Public Relations	<a href="mailto:newsdesk@bristol.gov.uk">newsdesk@bristol.gov.uk</a>

Organisations who can provide support:

- Samaritans - Step by Step is a service that provides practical support to help schools prepare for and recover from a suspected or attempted suicide - [samaritans.org](http://samaritans.org)
- Papyrus UK Suicide Prevention: [www.papyrus-uk.org](http://www.papyrus-uk.org)
- Survivors of Bereavement by Suicide - [Survivors of Bereavement by Suicide](http://www.sobysuicide.org)
- Hopeline 24/7: 0800 068 4141
- Suicide Prevention UK: [SPUK - Suicide Prevention Charity](http://www.spuke.org)
- National Suicide Prevention Alliance: [www.nspa.org.uk](http://www.nspa.org.uk)
- Various charities which support children: [www.no-more.co.uk](http://www.no-more.co.uk)

The following guides and resources may also be helpful:

- Samaritans extensive guidance and resource library [Step by Step resources](#)
- Information on suicide contagion from [Headspace](#)
- [Building Suicide-Safer Schools and Colleges: A guide for teachers](#) by Papyrus
- Conversations starters - [Papyrus conversation starters](#)
- Devon Educational Psychology Service - [Critical incident pack for schools](#)
- Government guidance around [Identifying and responding to suicide clusters](#)
- Nottinghamshire Educational Psychology Service Suicide postvention guidance
- Nottinghamshire Educational Psychology Service Life is for everyone – [Supporting pupils who present with suicidal feelings](#)
- [Winston's Wish](#) Suicide Bereavement Support

Other references:

- Andriessen, K. (2009). Can postvention be prevention? Crisis: [The Journal of Crisis Intervention and Suicide Prevention](#),
- Lahad M, Cohen A. (2006) The community stress prevention centre: 25 years of community stress prevention and intervention
- Luby, J. L., Whalen, D., Tillman, R., & Barch, D. M. (2019). Clinical and Psychosocial Characteristics of Young Children With Suicidal Ideation, Behaviors, and Nonsuicidal Self-Injurious Behaviors. [Journal of the American Academy of Child and Adolescent Psychiatry](#),
- Miller, D, N. (2021). Child and Adolescent Suicidal Behaviour: School-Based Prevention, Assessment, and Intervention. Second Edition. Guilford Press.