

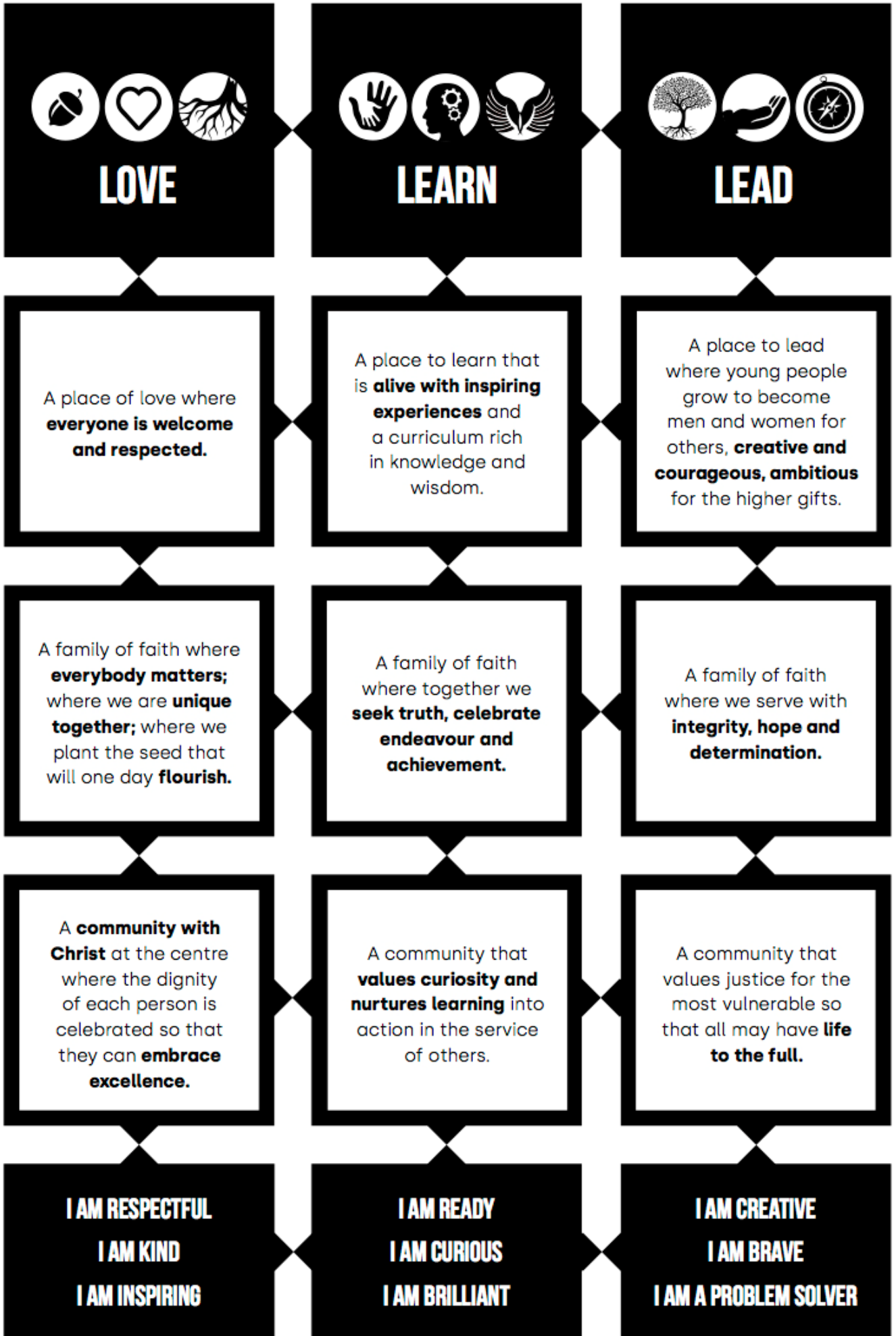
St Ambrose Barlow RC High School



Suicide Prevention School Policy

September 2024

Person Responsible: Anna Goddard
Ratified by Governors:
Date of planned Review: September 2026



Contents

Statement of Purpose

St Ambrose Barlow Catholic Collage is aware that:

1. Suicide is the leading cause of death in young people;
2. We play a vital role in helping to prevent young suicide.

We want to make sure that children and young people at our school are as suicide safe as possible and that our governors, parents and carers, teaching staff, support staff, pupils themselves and other key stakeholders are aware of our commitment to be a suicide-safer college.

Our Beliefs about Suicide and its Antecedents

St Ambrose Barlow Catholic 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 help seeking and a barrier to offering help. This school/college is committed 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. This will include avoiding the use of language which perpetuates unhelpful notions that suicide is criminal, sinful or selfiish.⁶ We know that unhelpful myths and misconceptions surrounding suicide can inhibit young people in seeking and finding appropriate help when it is most needed.
- **SUICIDE IS OUR BUSINESS TOO** - As a college community, we recognise that pupils may seek out someone whom they trust with their concerns and worries. We want to play our part in supporting any pupil who may have thoughts of suicide.

- **SAFETY IS VERY IMPORTANT** - We know that pupils who are having thoughts of suicide may or may not also be behaving in a way that puts their life in danger (suicide behaviours). School children experiencing suicidal thoughts are potentially at risk of acting on these thoughts. Those who are already engaging in suicide behaviours are also clearly at risk of death or harm. This school/college wants to work with our pupils who may be thinking about suicide, or acting on their thoughts of suicide. We want to support them, sometimes working in partnership with family, caregivers and other professionals where this may enhance suicide safety.
- **SUICIDE IS A DIFFICULT THING TO TALK ABOUT** - We know that a child or young person who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will equip adults with the skills to identify when a pupil may be struggling with thoughts of suicide. These adults will be trained to keep our young people suicide-safe.
- **TALKING ABOUT SUICIDE DOES NOT CREATE OR WORSEN RISK** - We will provide our pupils with opportunities to speak openly about their worries with people who are ready, willing and able to support them. We want to make it possible for schoolchildren and young people, and those who support them at this school/college, to do so safely. This will be in a way that leads to support and help where this is needed. We will do all we can to refrain from acting in a way that stops a pupil seeking the help they need when they are struggling with thoughts of suicide.

Our Team and its Responsibilities

- a) Our governors and leadership team will be clear about how we will respond in the event of a suicide. Each member of our named response 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 have a clear picture of who has received general suicide awareness education and commit to this being refreshed periodically (at least every three years). We have a team of people who are trained in Mental Health First Aid (MHFA). This team will be drawn from across the whole school community, not just from one department.

c) We will have a clear policy about how staff should work together where thoughts of suicide or suicide behaviours are known among our young people. We will manage the sharing of information in a way that enhances safety.

d) We have a solution focussed practitioner and mental health lead in school, as well as our school therapist. We link into external mental health practitioners who support pupils who struggle with suicide ideology.

Identifying Pupils at Risk

There are various popular myths about people who are suicidal that can be dangerously misleading. It is not true, for example, that they will always appear isolated, mentally ill, depressed, or distressed.

This section describes statistically significant risk factors and behavioural warning signs. However, young people are individuals and not statistics. Any member of staff who feels uneasy or anxious about a pupil's state of mind should consider the possibility that s/he may have suicidal thoughts.

Risk Factors

Suicidal thoughts usually emerge for a combination of reasons. None of the risk factors below is a clear indicator of suicide by itself. However, awareness of potential vulnerability may alert staff to pupils who could present a heightened risk and need closer support.

1. Male. (Young men are three times more likely to kill themselves than young women.)
2. Depression or other mental illness.
3. Anxiety disorder e.g. Obsessive-Compulsive Disorder (OCD).
4. Young Carers
5. Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+)
6. Physical illness.
7. Previous history of self-harm.
8. Previous trauma: e.g. physical, sexual or mental abuse.
9. Bereavement (particularly exposure to another suicide).
10. Friend or family member who has taken their own life.
11. Change: times of transition e.g. beginning and end of the academic year.
12. Social isolation.
13. Relationship break-up: boy/ girlfriend, parental separation etc.

14. Worries about family members.
15. Underachievement or academic failure: actual or anticipated.
16. Vulnerable personality: e.g. perfectionist or unrealistic ambitions; impulsive; sensitive; poor coping skills; low confidence or self-esteem; inability to handle disappointment.
17. Sense of shame as a result of something that has happened.
18. Ongoing problems which they cannot solve.
19. Overuse of alcohol and / or drugs.

Warning Signs

These should always be taken seriously, especially in pupils with heightened risks identified above.

Changes in frequency or degree of behaviour should be taken as a cause for special concern.

1. Struggling academically: decline in marks, non-attendance at lessons, missing deadlines
2. Changes in behaviour: not taking care of themselves, dropping activities etc
3. Acute anxiety: including fear of failure, or social anxiety
4. Physical illness: including frequent head / stomach aches, lethargy and vomiting
5. Frequent medical appointments
6. Complaining of being unable to cope
7. Self-neglect: poor personal hygiene, lack of attention to appearance, risk-taking etc.
8. Self-harming behaviour
9. Talking about or hinting at suicide.
10. Indifference and/or fear of the future, indicating sense of hopelessness
11. Sounding detached: becoming emotionally unavailable or disassociated
12. Beginning to settle their affairs: tying up loose ends, giving away possessions.
13. Early warning signs of a serious mental health problem
14. Unexpected calm after emotional storm: euphoric, seeming better, calmer and at peace

Intervention with Pupils in Crisis

Pupil Suspected to Have Suicidal Intent

It is important to intervene proactively with a pupil who is suspected of being low in mood or potentially suicidal. Wherever possible, they should be encouraged to speak about their feelings.

Professionals are clear that asking a young person about suicidal thoughts will not put the idea into their head if it was not there already. Therefore, staff should be confident to

1. Ask directly if the pupil has ever thought about death, or about ending their own life.
2. Ask directly if they feel they would like to die / be better off dead / make life better for others if they were dead.
3. If the answer is to any of these is ambiguous or positive, ask directly if the pupil has had thoughts / made plans about how they might end their life, and whether they have made any preparations for doing so.

While many people will have considered the possibility of dying, active planning or preparation is an urgent sign that the pupil is at imminent risk of suicide.

If the pupil admits to suicidal thoughts, or if you continue to suspect such thoughts are present, then it is important that you

1. Listen to what they are saying. Take it seriously and make it clear that you genuinely care about them. Don't make light of it, criticise or be judgmental.
2. Reassure them that things can and probably will get better – that there is hope for the future.
3. Help them identify strategies to minimise risk. Ask what is keeping them safe now. Try and persuade them of the need to accept help. Talk through the options. Find out reasons for any reluctance and try to address them.
4. At the end of the conversation, ensure the pupil is not left alone and that you seek help rapidly from an appropriate person in School (see below). In this situation, you can breach confidentiality and should explain to the pupil that you believe it is necessary to do so.

Where suicidal intent is suspected, the pupil should normally be taken to a member of the safeguarding team, and help sought from one of the following;

- Anna Goddard -Designated Safeguarding Lead (DSL)
- Sarah Moynihan -Deputy Designated Safeguarding Lead-(DDSL)
- Ben Davis (Headteacher)
- Victoria Knipe (Deputy Headteacher)
- Abby Scowcroft (School Therapist)

A safety plan will be completed with children with suicide ideology and shared with parent/carer and external support agencies (with agreement with parent/carer).

Advice on Communication

Response to a death by suicide can be more difficult than response to a death by natural causes.

- If there is an ongoing investigation, local police may not wish the School to speak about the death with students who may need to be interviewed.
- It can take many months for an inquest to be held, and in many cases unexplained deaths are not given a 'short form' verdict of suicide. Schools often have to act on whether an unexplained death is being treated as suicide.
- Rumours may circulate (which are often inaccurate).
- The family may not want the cause of death to be disclosed or reported as suicide.

While the fact that someone has died may be disclosed immediately, information about the nature and cause of death should not be disclosed until the family has been consulted. In such situations, the School should state that the nature and cause of death are still being determined and that additional information will be forthcoming. If the death has been declared a suicide but the family does not want this disclosed, someone from the school who has a good relationship with the family should contact them. They should explain that students are already talking about the death, and that having adults in the school community talk to students about suicide and its causes can help keep students safe. If the family refuses to permit disclosure, the School can simply state that the family has requested that information is not shared. Schools can still take the opportunity to acknowledge rumours about suicide, and to address the topic of suicide in a responsible way to assist other young people who may be depressed or suicidal.

Staff and pupils should be reminded that rumours can be deeply hurtful to the deceased person, their family and their friends. They should also be warned that comments on online forums and social networking sites are likely to be viewed by a wide audience that may include media organisations interested in pursuing a story. Staff should be instructed not to talk to the media themselves, but to refer any approaches to the Headmaster's office. Pupils should equally be urged not to respond to media enquiries.

In communicating news of what has happened, Samaritans guidelines suggest that the School should avoid giving details of the suicide method, any suicide note, or giving simple ‘explanations’ of the suicide such as ‘...was stressed about exam results’. Language is important:

Use phrases like:	Avoid phrases like:
• A suicide	• A successful suicide attempt
• Died by suicide	• An unsuccessful/failed suicide attempt
• Take one’s own life	• Commit suicide
• Ended their life	• Suicide victim
• Person at risk of suicide	• Just a cry for help
• Help prevent suicide	• Suicide-prone person

Ongoing Support and Development of our Policy and Practice

1. Our Governors and Leadership Team will keep our practice up to date by maintaining contact with best practice and on-going training for all stakeholders.
2. Suicide has a profound impact on a school community and the pastoral response will need to be long-term. It is likely that the School will see a spike in reported incidences of mental illness, self-harm and psychological distress that can last several years. The implications of this on pastoral and healthcare resources will need to be considered.

Outside Agencies

These can offer support to both you and the pupil:

Samaritans (24 hours, 365 days a year)

Tel: 08457 90 90 90 - Email: jo@samaritans.org - Website: www.samaritans.org

Papyrus HOPELineUK

(Mon-Fri 10:00 am to 5:00 pm and 7:00 pm to 10:00 pm. Weekends 2:00 pm to 5:00 pm)

Tel: 0800 068 41 41 - SMS: 07786 209697 - Email: pat@papyrus-uk.org - website: www.papyrus-uk.org

ChildLine

Tel: 0800 1111 - 1-2-1 online chats with a Childline counsellor are available through the website: Website: www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx

Salford Mind (*Opening hours: Monday to Friday: 9am-5pm*)

The Angel, 1 St Philips Place, Salford, Manchester, M3 6FA

Tel: 0161 2124880 - Email: advocacy@mindinsalford.org.uk

Website: www.mindinsalford.org.uk

Kooth

Personalised digital/online Mental Health Care - Email: safeguarding@kooth.com

Website: www.kooth.com



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	E	A	R	I AM KIND
			N	I AM INSPIRING
				I AM READY
				I AM CURIOUS
				I AM BRILLIANT
				I AM CREATIVE
				I AM BRAVE
				I AM A PROBLEM SOLVER

#IAMONBOARD