Ashcroft School | TOGETHER TRUST

Suicide Risk Reduction Policy

Date policy last reviewed: January 2024

Signed by:

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Last updated:

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1. Introduction

All staff at Ashcroft have a responsibility in supporting the emotional welfare of the children and young people we work with, and to safeguard them from harm.

This policy has been developed to help staff to:

- Recognise indicators a pupil may be higher risk of suicide
- Understand roles and responsibilities in relation to this
- Feel supported and know what to do in situations where there is a concern about suicide
- Implement support to help pupils who may be at higher risk of suicide

It should be read alongside the Positive Mental Health and Wellbeing Policy and Procedures and Child Protection and Safeguarding Policy.

2. Importance of policy to Ashcroft

Suicide may be linked to many factors, including: poor mental health; self-harm; academic pressures or worries; bullying; social isolation; family environment and bereavement; relationship problems; substance misuse; or neglect. Risk factors are cumulative over the life course, and adverse childhood experiences (ACES), deprivation, and poor physical health also contribute to the risk.

Reaching the point of crisis which results in suicide can be the result of a sudden decline in psychological well-being. This is more likely in those living with a mental health disorder.

Research indicates that the following:

- It is important to recognise adverse life experiences and a family history of serious mental health conditions and suicide, can further increase this risk.
- The more ACEs a child experiences, the higher their risk of reaching crisis and attempting suicide in their lifetime. Experiencing parental domestic violence during childhood in particular has been linked with increased risk.
- A history of self-harm increases the risk of suicide.
- Autistic people and people with a diagnosis of ADHD are at increased risk of suicide, regardless of their learning or developmental level.
- Suicide risk is greater in autistic females and autistic people who have a diagnosis of ADHD.
- Autism, ADHD and being female is recognised as the highest risk factor
- Between the ages 15-24 in the UK, male suicides were three times more common than female suicides.

The population at Ashcroft includes many young people who have diagnoses of autism and/or ADHD and many have experienced a range of ACES and mental health difficulties (including a history of self-harm), all of which put them at increased risk of suicide.

Mental health professionals are often on high alert for signs of suicidal thoughts/behaviours when working with people with conditions like depression, bipolar disorder and substance misuse, but may miss these signs in the autistic population and young people with additional needs.

Staff at Ashcroft can make a positive difference to pupils who are feeling this way.

Those working with pupils should be able to notice signs, advocate for pupils and contribute to support plans wherever it is needed.

Process Map for reducing risk of suicide.

Signs and Indicators that a pupil is displaying or communicating poor mental health (refer to guidance under 3a and b and appendix B):

- All staff members should record concerns on CPOMS and talk to Safeguarding Leads.
- Safeguarding Leads to start dialogue with parents/carers to find out more.
- Those with a good relationship with the pupil should try to open up communication with pupil, show care, identify risk and follow up on anything the pupil feels would support using communication aids where helpful.
- Safeguarding Leads should ensure that Positive Mental Health and Wellbeing Policy and Procedures are implemented.

Pupil communicates that they are feeling suicidal, are planning a suicide or have attempted suicide (refer to guidance sections 3c, d & e and appendix C, D and E):

- Collect information through communications with pupil to gather an understanding of risk
- Adopt a PACE/Mental Health First Aid approach to support the pupil with their emotions.
- Record information relating to pupil's tone of voice, body language, specific use of word/communications and the context in which they were said.
- Share information with Safeguarding Lead and if pupil is at immediate risk, ensure they are not left alone and seek emergency support.
- Safeguarding Lead to follow up on next steps and referrals.

Pupils at high risk of suicide (refer to guidance 4 and appendix E. F & G)

- Safeguarding Lead to coordinate a plan of support with staff members, parents/carers, and professionals internal and external to Ashcroft (an example of this process can be found in appendix A).
- Staff working closely with the pupil to contribute to a Risk Assessment and Support Plan and RAMP if there are risks in school, and support parent/carers to reduce risks in the home context.
- Staff members with a good rapport with the pupil to help facilitate the development of a Safety Plan which applies to the home and school context.
- Staff members to monitor and review pupil through the CPOMS Pupil Overview tracker and at Safeguarding weekly review meetings, which should take place at least every 6 weeks.
- Where possible the pupil should contribute to the above and be aware of how they are being supported.

Responding to suicide attempts in school and reducing risk of suicide contagion (refer to guidance 5a and Appendix D)

- Staff members who encounter a pupil displaying suicidal behaviour to follow usual processes for pupils at risk of harm, focussing on risk assessments and non-contact de-escalation strategies unless an immediate risk of harm.
- Staff members to use grounding messages such as 'You are distressed, you are in school, I am here for you' and PACE 'Acceptance and Empathy' approaches to support the pupil, ensure other staff members are on standby for support and that emergency services are contacted if needed.
- Following de-escalation, staff members to ensure pupil is not left alone and Safeguarding Processes are followed and timely mental health support is accessed.
- Share and record details accurately, promptly following safeguarding and mental health referral processes with Safeguarding Leads.

Critical incident as a result of a suicide in the school community or pupil affected by suicide (refer to guidance 5b and 3a &b)

- In the event of a Critical Incident relating to a suicide, SLT to support whole school response with input from Tier 3 and to provide guidance to staff around communicating the news and supporting pupils to process this and grieve.
- Pupils with existing vulnerabilities, close to the individual, or particularly affected by a suicide outside of school should be carefully monitored and supported in line with guidance for pupils displaying signs of poor mental health.

3. Roles and responsibilities of staff

a) Recognising the signs and sharing concerns

All staff should exercise due diligence, be aware of and look out for the signs a pupil is at risk of suicide.

Children and young people who are thinking about suicide may show signs that they are feeling this way, by:

- Talking about or making plans for suicide - this may include joking about or writing about suicide or dying, researching suicide online etc
- Expressing hopelessness about the future
- Displaying severe or overwhelming emotional pain or distress.

Other behavioural clues or changes in behaviour to look out for include:

- Withdrawal from or changes in social connections or situations
- Changes in sleep (increased or decreased)
- Anger or hostility that seems out of character or out of context
- Recent increased agitation, irritability and mood swings.

Many of these behaviours are more common in the autistic population and it is known that medics can miss important signs. As such staff should have a general awareness of the unique indicators an autistic child or young person is unhappy, such as:

- An increase in rigid and repetitive behaviour and thinking e.g., talking to self
- An increase in sensory behaviours or sensory sensitivity
- Changes in eating and activity levels
- Lowering of academic achievement/deterioration in skills
- Misuse of medication, recreational drugs, and/or alcohol
- Expressing feelings of failure, uselessness
- An increase in lateness, absenteeism
- Feeling they 'don't belong'

Staff should pay attention to new patterns of behaviour in pupils. Those who know the child or young person are often best able to recognise if there is a change in the behaviour. Wherever staff members have a concern then it is important that they follow Ashcroft's/Together Trust's Safeguarding policies and procedures as well as guidance in this document.

b) Staff should feel confident and supported in their communications with pupils and others.

If there are signs that a pupil is experiencing poor mental health, staff should take opportunities to sensitively open-up communication in an accessible way and provide pupils with an opportunity to share how they are feeling.

If a pupil is showing concerning signs and is sharing that they are feeling distressed and/or hopeless, staff members must not shy away from asking the pupil what they are thinking about doing in relation to these feelings. Depending on the needs of the pupil, communication aids should be used to support them to express themselves e.g., visual aids or in writing.

Staff must check in with others in the pupil's circle of care to gain an understanding of how a pupil is feeling. This includes discussions with parents/carers and this should be coordinated by a Designated Safeguarding Lead.

c) All staff should know how to respond when a pupil indicates they are feeling suicidal, or they have attempted suicide.

In such situations staff have a responsibility to:

- Provide them with communication aids that will support them to communicate.
- Show concern, listen to what the pupil is communicating, give them time and appropriate space to do this.
- Assume the pupil is being honest and that they are not 'attention seeking'.
- Avoid the temptation to 'problem solve', rationalise, or minimise the sources of a pupil's distress. Listening and reflecting back to the pupil what they are saying to check understandings and validating their emotions and experiences is helpful.
- Try not to express strong emotions such as shock or distress or to pass any judgment on the pupil's thoughts, feelings or behaviours.
- Check how long they have been feeling this way.
- Check if the pupil has made any plans and if they have tried to attempt suicide in the past. This can help to assess the risk a pupil may act on their thoughts.
- Avoid using figurative or ambiguous language around death and suicide such 'wishing you are not here'.
- Draw on the principles of PACE and mental health first aid (see appendix D) and provide empathetic and affirming commentary such as statements like, 'Thank you for sharing this with me,…:
    - it sounds like things are very difficult for you right now'
    - I can see you are feeling very X'
    - I'm here to listen whenever you want to talk'
    - I'm glad you are here'
    - I care about you'
- Record any language that the pupil uses verbatim. The specific language a child or young person uses is important e.g., evidence suggests that there is a difference in risk between someone who communicates 'I wish I was dead' v's 'I am going to kill myself' and someone who is communicating clear plans to act on this compared to someone who is feeling suicidal.
- Record details relating to the context in which the pupil made the statement, their tone and their body language (see appendix C).
- Reassure the pupil about next steps in line with Safeguarding Processes.

- Let them know when you will talk with them again and agree a time to do this.

d) All staff should know how to log, monitor, and communicate concerns around a pupil's mental health.

Wherever pupils communicate signs or show changes in their behaviours or a parent/carer shares worries that make you concerned for a pupil's mental health this should be logged as a safeguarding concern, monitored using the mental health tracker and referred to appropriate external agencies:

These concerns should be discussed with the pupil's parents/carers and the staff who regularly work with the pupil so that pupil is carefully monitored, information is shared and everyone in the pupil's circle of care is able to share worries using this system.

Whenever a pupil communicates suicidal thoughts or ideas or talks about an attempt of suicide, information should be accurately recorded and be based on facts (observed behaviours, the pupil's own words, the words of parents/carers, staff etc) and Safeguarding Processes should be promptly followed.

At times young people will repeat comments relating to suicide, it is important to record all instances of this as described above.

e) Staff should contribute to and be aware of the support systems available to pupils experiencing poor mental health.

Tier 1 and 2 levels of support should be made available to pupils to support their wellbeing in line with the Positive Mental Health and Wellbeing policy and procedures.

Where concerns are being highlighted the school counsellor/DSL should complete a wellbeing screener with the staff who know the pupil well.

Where there are ongoing concerns despite support, or a significant or heighted concern about a pupil's mental health, staff should discuss access to Tier 3 support with Phase Lead, SENCo, PBS lead, TT Psychologist and Head Teacher.

Staff should be proactive in accessing this support for pupils wherever it is appropriate and not assume others will do this.

Tier 3 support may involve input from the PBS Team, Psychology Team, School Play Therapist or School Counsellors.

The Safeguarding Lead should be contacted, and Child and Adolescent Mental Health Services (CAMHS)/Healthy Young Minds and Safeguarding referrals should be made by Ashcroft's DSL team wherever there are significant concerns. Emergency referrals

should be made whenever there is a disclosure made by a pupil that they have made or are planning a suicide attempt and parent/carers should be contacted. For pupils over 18, appropriate adult mental health services should be contacted. These referrals should be made with pupils and parental/carer consent wherever possible and coordinated by DSL team. Please see appendix E for a template letter to support a mental health service referral.

If a pupil is presenting as highly distressed/ agitated/ impulsive and describing a strong intent to end their life soon, then consider calling 999 for paramedic assessment or taking the pupil to A&E.

4. Supporting pupils at increased risk of suicide

Staff who work with the pupil regularly should contribute to risk assessment and Safety planning when a pupil has been identified at increased risk of suicide.

In situations where a pupil has been identified at high risk of suicide staff may be:

- Asked to contribute to Mental Health Risk Assessment and Support Plan alongside updated RAMP and safety plan. See Appendix A and F for an example and a template for this)
- Asked to support a pupil to develop a Safety Plan, particularly if they have a positive relationship with a pupil (see appendix A and G for an example). The most appropriate tools to do this will be informed by multidisciplinary approach and will vary according to the pupil's needs. See appendix G for tools that can support this and can be adapted for the child.
- Contribute ideas to introduce to a Safety Plan should a pupil find this difficult to engage with.
- Participate in reviews at least every 6 weeks or as required which will be tracked in the weekly Safeguarding meetings.

Wherever possible, parents/carers and pupils and external mental health supporters should contribute to this process.

Staff will be guided and supported in this work by multidisciplinary approach and this response should be coordinated by DSL, Phase Lead and team working with the pupil.

5. Responding to suicide attempts and suicide

a) Staff should know how to respond in situations where a pupil attempts suicide in school.

In such an event pupils should not be left alone and a second member of staff should be alerted as soon as possible. Staff should:

- Stay calm and show concern.
- Adopt the principles of PACE (see appendix D) by accepting how the pupil is feeling without trying to rationalise their thoughts or feelings, talk to the pupil and listen carefully in situations if this is possible.
- Try to ground the pupil in the present repeating things like 'You are feeling distressed right now, you are here with me in school, I am here for you.', help them to take deep breaths if they are able to.
- Assess the immediate risks, moving things that are dangerous away from the pupil.
- Not get too close to the pupil or make sudden movements and try to support the pupil's privacy where possible.
- Use de-escalation and PBS strategies, only physically intervening if there is an immediate risk of significant harm.
- First Aid should be provided and emergency services should be called where there is risk to life or a pupil has incurred an injury or injected something harmful.
- Once deescalated stay with the pupil until they can be taken to A&E by staff members or parents/carers for a mental health assessment.
- The incident should be shared with DSL, Parents/carers, MASH team and other relevant persons working with the pupil. Information relating to the event should be accurately documented following the school's safeguarding policy and procedure.

b) Staff should know how to support a pupil following an attempted suicide

There is strong evidence that the risk of a second suicide attempt remains high in the months following a suicide attempt (up to a year) even in those who have responded well to mental health support.

As such pupils who have made a suicide attempt, need a carefully planned return to school. Support plans should be informed by and reviewed at least every 6 weeks with input from Tier 3/relevant mental health and social care support services. This should be coordinated by the DSL/SENCo and follow the same steps described in section 4.

Pupils will need support in deciding what they would like to share with peers and how they would like to communicate this to. The pupils who are told about it may also need some support to process the information.

Pupils may need support to develop a script which they feel more comfortable using if asked about their absence and they do not want to share details e.g., 'I have been off school as I have been unwell'.

c) **Staff should be able to support pupils when they have been affected by a suicide**

Suicide incidents in general are known to increase following a suicide, particularly in vulnerable groups. This includes suicides by people known to individuals and the suicide of someone significant to young people in the public eye.

It is important that following a suicide by someone in the school community that Critical Incident and Bereavement responses are followed and each staff member takes their role within this.

Staff should identify vulnerable pupils (often those closest to the person or those already experiencing mental health needs), log this on CPOMS, and notify DSL. These pupils should be monitored and given additional support from the Positive Mental Health and Wellbeing team and this should be coordinated by the DSL/SENCo and all parties working with the pupil via MDT process. This is also the case for pupils particularly affected by suicide outside of the school community, including pupils who are affected by the suicide of a celebrity or public figure/idol.

Critical Incidents and Bereavement responses should be led and coordinated by SLT with the support of the Tier 3 support. Additional tools to support this can be found here: A Guide to Managing Critical Incidents in Schools (education-ni.gov.uk) and Bereavement support for children with SEND | Winston's Wish (winstonswish.org).

6. References

Autistic people and suicidality (autism.org.uk): (Hedley, D., & Uljarević, M. 2018; Hirvikoski, T. et al 2020; Kirby, A.V. et al. 2020;

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2. Hirvikoski T. *et al. Br. J. Psychiatry* **208**, 232-238 (2016) **PubMed**

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History of self-harm adds to suicide risk in autistic people | Spectrum | Autism Research News (spectrumnews.org)

PACE: What is meant by PACE? - DDP Network

Suicidal behaviour among persons with attention-deficit hyperactivity disorder. The British Journal of Psychiatry , Volume 215 , Issue 4 , October 2019 , pp. 615 – 620 https://www.cambridge.org/core/journals/the-british-journal-of-

psychiatry/article/suicidal-behaviour-among-persons-with-attentiondeficit-hyperactivity-disorder/6CECF48A64E415C871D233B2607114ED

Appendix

A. Case study example- Safety map and Mental Health and Risk Assessment support plan
B. Link to Ashcroft wellbeing tracker/behaviour log and Positive Mental Health and Wellbeing Policy and Procedures and Child Protection and Safeguarding Policy
C. Checklist to use when talking to a pupil about suicide
D. PACE principles & Mental Health First Aid/tips for talking to a young person in distress and about suicide
E. Template mental health service referral letter
F. Template for Mental Health Risk Assessment and Support Plan
G. Different Safety Plan tools (can be adapted according to pupil's communication needs)

Appendix A: MY PERSONAL

Safety Map

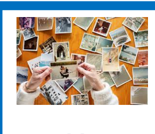
I know I'm triggered when I notice:

- Thinking about not existing anymore.

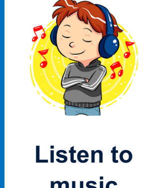
- I am self-harming more.

- I am feeling trapped.

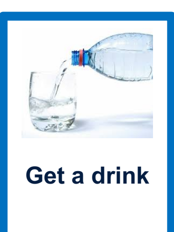
Some good ways to distract myself are:



Looking at photos



Listen to music



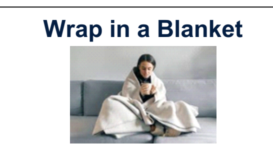
Get a drink

Things that help me when I feel this way are:

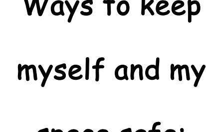
Call My Mum

Go for a Walk

Wrap in a Blanket



Ways to keep myself and my space safe:



- Tell my LSA where I am going.
- Go to my safe space.
- Give any sharp objects to my staff.

Some safe people I can reach out to are:-

1. My Teacher, [Name]
2. My Educational Assistant
3. My Counsellor

Other resources I can Use to get myself care:

1

2

3

SAMARITANS 116 123

My GP/CAMHs Practitioner

Appendix A

Mental Health Risk Assessment & Support Plan guidelines:

- During the school year, a young person may experience severe mental health concerns. It is important to complete a Mental Health Risk Assessment and Support Plan with all care team members to ensure continued improvement for the young person's mental health and to minimise the risk of harm to themselves and others. This plan will need to be completed as soon as the higher risk of significant mental health difficulty has been identified at a safeguarding/MDT meeting or other professional forum. This is to ensure a safe and supportive learning environment for the young person as well as other pupils and staff members in school and to support parents/carers to replicate support at home.

- The care team should ideally include: (1) The pupil (unless there are reasons, or the Pupil opts out), (2) the parent/carer (or liaise with them after core info is completed by professionals involved), (3) A key school staff member who completes the plan, (4) Therapy staff involved with the young person (at school or externally), (5) Any other mental health or social care professionals who are providing support to the young person and their family.

- In order for the Mental Health Risk Assessment and Support Plan process to be successful, the key school staff member should:
    - Organise the time, day and venue of the meeting
    - Outline the process to all care team members at the beginning of the meeting
    - Ensure that the Parent/Carer or Pupils over 18 sign the plan at the beginning of the meeting to ensure consent has been received to release and exchange information between members of the care team
    - Complete the form during the Mental Health Risk Assessment and Support Plan Meeting (ensuring clarity and consensus on issues with all care team members)
    - Ensure that all care team members are happy with the plan and sign their names/roles at the end of the plan

- Provide photocopies for the care team members
- Relay information to other school staff as appropriate and agreed by the care team members (this may include information on timetable, workload, supervision, etc.)
- Ensure there is also a RAMP and Safety Plan that goes alongside this plan.
- Book a date to review the plan in at least 6 weeks' time (or more regularly depending on the level of concern), keep the document information updated and relevant on an ongoing basis.

Mental Health Risk Assessment & Support Plan

<table>
<tr><th colspan="2">Consent to Release & Exchange Information</th></tr>
<tr><td colspan="2">I, ____________________, as primary carer/parent, voluntarily authorise ____________________(the school) and CAMHS to release and exchange information about my child,______________________, to ensure that his/her wellbeing is maintained.</td></tr>
<tr><th colspan="2">Student Information</th></tr>
<tr><td>Date of Mental Health Support Planning Meeting:</td><td>Staff Member Completing the Plan:</td></tr>
<tr><td>Student Name: Young Person (YP)</td><td rowspan="5">Copies to:</td></tr>
<tr><td>Date of Birth: Year Level:</td></tr>
<tr><td>Name of Parent/Carer:</td></tr>
<tr><td>Address:</td></tr>
<tr><td>Phone Number of Parent/Carer:</td></tr>
<tr><th colspan="2">Medical Information</th></tr>
<tr><td colspan="2">Is the young person currently on medication that we need to be aware of? Sertraline,</td></tr>
<tr><td colspan="2">Are there any side effects we need to be aware of that might show in school? Feeling sleepy, nausea, head aches</td></tr>
<tr><td colspan="2">Does this young person have a crisis plan/safety plan and RAMP completed? Yes
If so, please provide a copy of this for the school.</td></tr>
<tr><th colspan="2">CAMHS/Hospital Information if applicable</th></tr>
<tr><td colspan="2">Date of Admission:</td></tr>
<tr><td colspan="2">Date of Discharge:</td></tr>
</table>

Case Worker/Clinician:
Email: Phone Number:

Doctor: contacts numbers/emails Hospital Teacher:

Is the young person currently on NEW medication/ dose that we need to be aware of? Sertraline dosage increased to 100mg

Are there any side effects we need to be aware of that might show in school? Check this

Will this young person be receiving out-patient support following discharge?
Yes, S117 after-care, face-to-face appointments and Outreach team.
If so, how often? Provide support up to 2 weeks post discharge
Who will be providing this outpatient support? Care Coordinator CAMHS
Email of this Clinician: Phone Number of this Clinician:

What helps?

What supports were provided for this young person previously? (Programmes, Groups, One-on-one Sessions) – can we continue these to help support the young person?

- OT sessions– collaborated on self-regulating strategies.
- Short breaks respite
- Spectrum Gaming
- Photography club

How would these experiences be best followed up on at school?

- OT to continue to liaise with Ashcroft staff
- Show an interest on how these groups/sessions are going for them.
- Incorporate some of these skills in school activities, e.g. taking photos of plants/leaves, play maths computer games for revision

What warning signs should we be aware of that indicate that this young person is not coping?

- increase in self harm
- increase in talking about not wanting to be alive, no purpose in life, talking about being a burden
- social isolation/withdrawal
- no sense of belonging
- agitation/ lower tolerance
- unable to sleep
- feeling trapped
- reckless behaviour
- dramatic changes in mood
- giving away possessions

What are the triggers that may result in the young person having trouble coping?

- Demands
- Over-stimulation
- Peer interaction
- Intrusive thoughts
- Feeling under threat or attacked, especially if they perceive demands are being made on them, or expectations to do something.
- Seeing or hearing obvious triggers around a certain topic such as in songs, pictures, news article.
- Feeling overwhelmed or stressed which may lead to increased anger about a topic which becomes a focus.
- Perceiving injustice
- Lack of understanding especially around social aspects and awareness of range of emotions which can lead to interpersonal difficulties and frustration.
- Limited ways of managing emotions resulting in difficulties in self-regulation.

What coping strategies have been put in place prior to this meeting?

- Being given processing time, 30 minute reminders.

- Self-regulation Ladder developed with OT
- See RAMP document by PBS team at Ashcroft School
- Engaging in meaningful activities to help reduce negative/intrusive thoughts.
- New PA to assist in building relationships
- Provision regular respite
- Reduced pressure and demands
- Gentle reintroduction to school on a reduced timetable.
- Provision of SaLT, OT and PBS input from Ashcroft School
- Encourage young person not to actively seek exposure to triggers whilst also not avoiding everyday tasks that may or may not include triggers.
- Ashcroft School to use 'Now and Next' and reward based approaches.
- Engaging in positive interests can serve as mood regulators.

Who has this young person identified as their key support people?

- Key School staff members
- Trusted professional – school counsellor
- The therapy dog
- A family member
- A friend
- Their pet cat

What would your advice be in terms of this young person coping at school? (e.g. reduced timetable, extra supervision, study load, curriculum deadlines)

- Preparing for adulthood aided by Social Stories to increase understanding.
- Gentle reintroduction to school on a reduced timetable.
- Ashcroft School to use 'Now and Next' and reward based approaches.
- Not having a set, restricted timetable – instead a suggested activities list for morning and afternoon.
- Development of a 1 page profile to be shared with professionals working with YP.

Commented [DB1]: Is this in our Behaviour Policy?

What would your advice be in terms of this young person coping at home and how can risks be reduced? • Share young person's safety plan and social stories with parents/carers. • Support parents/carers to use emotional regulation tools. • Support parents/carers to be available for their young person, encourage non-judgemental listening • Be aware that young person may seek support through the internet where the advice they are offered may sometimes be counterproductive. • Supporting hope by sharing positive messages about available help, recovery from depression and bereavement. • When appropriate, engage in open dialogue about negative mental health coping skills like self-harm. Validate their challenging emotions. Promote/teach healthy coping skills and self-help strategies.
Has the young person been communicating with peers about suicide and/or self harm? If so, what support, if any, is recommended for the young person and their peers? • Told a class mate about a recent attempt to end their life. If young people have been affected by an attempted suicide you could say: • How are you feeling? • This is so sad and awful. It is ok to be so upset/ confused/angry. • It is hard to know what to say, isn't it? I am here if you want to talk. • Having clear and open channels of communication with young people regarding suicide attempts. Avoid classroom/whole group discussions, discuss on an individual level. • Contextualise suicide as a need for help and support by someone experiencing emotional distress. • Be vigilant in case close contacts/classmates/ friends of the individual who has attempted suicide, are also having thoughts about suicide. Assist young people who are particularly vulnerable to recognise their likely need for help. • Provide information about sources of help throughout the school. • Ask young people to avoid discussing methods of suicide, using talk that may shock others or romanticising suicide. • It is vital for parents and educators to spend time engaging in open dialogue about negative mental health coping skills like self-harm. This is how we can support teenagers and validate their challenging emotions. • Supporting hope by sharing positive messages about available help, recovery from depression and bereavement.

- Teaching about resilience and coping strategies is paramount. It is more advisable to ensure that young persons know about the ways the school can support them in times of need and focus on being explicit in how and in what form any help is available.
- (For more advice see Suicide Contagion document)

Are peers/staff aware of the young person's significant mental health risks/self-harm/suicide attempt at school? If not, do we need to help them prepare a response for if/when peers ask about this?

Signatures & Roles of People Attending the Return to School Meeting			
Name: Role:	Name: Role:	Name: Role:	Name: Role:
Name: Role:	Name: Role:	Name: Role:	Name: Role:

Appendix B

Safeguarding and Protection of Adults at Risk - Togethernet (togethertrust.org.uk)

Safeguarding Children and Young People - Togethernet (togethertrust.org.uk)

Ashcroft School Positive mental health and wellbeing policy.pdf (togethertrust.org.uk)

Appendix C

Checklist to use when talking to a pupil about suicide:

Pupil name	
Staff members name and role	
Date and time of discussion	
Context of discussion (where, how it arouses etc)	
Pupil's tone/body language and presenting emotion	
Language used by the pupil when discussing suicide (be specific)	
Length of time pupil has been feeling this way	
Details of any past of future suicide plans (provide specific details about past attempts or plans plans)	
Information shared and agreements about how the information will be shared confidentially and why	
Agreed time to talk again	

Appendix D: Working with pupils communicating poor mental health

PACE stands for Playfulness, Acceptance, Curiosity and Empathy.

Acceptance and empathy are your Emotional A&E. They are at the heart of the pupil starting to feel safe at school, which reduces anger, stress and withdrawal.

Acceptance

Unconditional acceptance is fundamental to a child's sense of safety because it shows that you have connected with their feelings without judgement, and without seeking to reassure their feelings away. This can be hard to do as it means you and the child sitting with some strong emotions, together. This is painful and uncomfortable, but also very powerful. If a child expresses distressing emotions about themselves or others (e.g. "nobody loves me", "I'm stupid", "I'm bad", "you hate me", "I wish I was dead) it is hard not to challenge them as being wrong, but it is really important to accept those feelings and acknowledge them using curiosity and empathy. Accepting the child or young person's feelings and emotions does not mean accepting unwanted behaviour and it does not mean agreeing with the child's viewpoint, but for true acceptance to take place, it is important that the child also knows you can understand their perspective.

Empathy

When you show empathy you are showing the child that their feelings are important to you, and that you are alongside them in their difficulty. You are showing that you can cope with the hard times with them and you are trying hard to understand how it feels. Understanding and expressing your own feelings about the child's experience can often be more effective than reassurance. For example, if a child says "You don't care", you can respond by saying "That must be really hard for you. I feel sad that you experience me as not caring"

If you move into a place where it feels appropriate, you can also use:

Curiosity

It's important to be curious about the child's thoughts, feelings, wishes and intentions: they may still be learning that other people can think about them in this way or that they can be held in mind by an adult without judgement and accusation at all. Curiosity is also important for boundary setting to be effective: connect with the emotion before you engage in discussion. Showing the child that you are interested in what is going on for them and willing to do something about it is a very powerful experience. Don't feel afraid to share your curiosity with the child by wondering, not telling them. Try to avoid asking "Why?". Instead you might ask: "Is it ok if I share my idea of what is going on for you? I might be wrong but these are my ideas." or "What do you think was going on?", "What do you think that was about?" or "I wonder what…?" Try to be curious in a quiet, accepting tone that conveys a simple desire to understand: this is not the same as agreeing with their perception of the event, but shows your interest in understanding it and accepting the feelings that were involved.

Playfulness

Playfulness reduces the shame a child might feel when something has gone wrong; difficult messages or serious conversations can be easier to have if the tone is light. It does not mean you do not take the emotions or the incident seriously. It is also helpful to maintain a playful tone if you need to deliver a short reminder about boundaries.

Mental Health First Aid

Talking to a young person about suicide

Exploring are they using a common expression or do they really want to end their life?

You could say:

- When you say you don't want to be here anymore, what do you mean by that?
- Suicide means hurting ourselves on purpose so we are dead forever, is that what you mean?
- Sometimes, when people are feeling that way they think about ending their life. I need to check, is that what you're thinking about?
- I can see this is really hard for you and I am wondering if you feel like there is no hope for things to get better, is that right? I am here to listen to you.
- I can see you are struggling and that is ok. I am here to help you stay safe. Perhaps you are feeling like it is all too much for you to cope with right now. Is that right?
- Is this something you have thought about before?
- What are your intentions/plans?

They have made it clear they want their life to end

Stay calm

Encourage the young person to talk – Listen non-judgementally

Validate their feelings (accept how they are feeling)

Reassure help is available and can be found

You could say:

- This is so tough for you. I am listening. I am here to help you.
- You look really upset/angry/sad. This is so hard for you. I am here, I will support you through this. Help is available. Shall we look at your safety map together?
- Help me understand why you want to end your life? Perhaps you are feeling like it is all too much for you to cope with right now. Is that right? I am here to help you stay safe.

Appendix E

TEMPLATE LETTER FOR A REFERRAL TO CAMHS/ADULT MENTAL HEALTH SERVICES

Letter regarding: ***Insert pupil's name, Date of Birth, Address, GP name and address, NHS Number (if you know it)***

(Insert name) is currently living with *(insert details)* and attends Ashcroft School (a Specialist setting for Autistic pupils) in Cheadle.

Following a risk assessment *(insert name of pupil) and parent/carer*) and I would like to refer (Insert pupils name) for an *(insert if urgent)* appointment with (name of service).

This relates to significant concerns relating to *(insert pupil's name).*

Detail nature of concerns (observations, staff, parental and pupil statements) and give examples, length of concerns, impact on pupil's functioning, possible triggers and relevant life events, refer to and attach any relevant screeners, professional reports or monitoring logs)

Professionals *(state who)* have agreed that *(insert pupil's name)* is demonstrating mental health difficulties and is at elevated risk of harm to self because *(state reasons).*

(Insert pupil's name) has a diagnosis of *(insert details)* and is under the following services: *(insert details).*

In school we have provided support in the following ways *(insert details).*

We have reviewed this support with the Educational Psychologists (insert name) who has advised that *(insert pupils name)* mental health needs cannot be met without further specialist input from your service.

This referral has been discussed with *(insert pupil's name)* and *(insert parent/carer's name)* who have consented to the referral. (Insert pupil's name) has indicated that *(state anything they have said that is relevant to the referral).*

With this consent we would also request a continued dialogue with your service following this referral about *(insert name)* needs to ensure that any helpful strategies or plans of support are shared with us.

Your Sincerely,

(Insert, name designation)

Letter supported by:

Psychologist, Together Trust

Dated:

Appendix F

Mental Health Risk Assessment & Support Plan guidelines:

- During the school year, a young person may experience severe mental health concerns. It is important to complete a Mental Health Risk Assessment and Support Plan with all care team members to ensure continued improvement for the young person's mental health and to minimise the risk of harm to themselves and others. This plan will need to be completed as soon as the higher risk of significant mental health difficulty has been identified at a safeguarding/MDT meeting or other professional forum.. This is to ensure a safe and supportive learning environment for the young person as well as other pupils and staff members in school and to support parents/carers to replicate support at home.

- The care team should ideally include: (1) The pupil (unless there are reasons, or the Pupil opts out), (2) the parent/carer (or liaise with them after core info is completed by professionals involved), (3) A key school staff member who completes the plan, (4) Therapy staff involved with the young person (at school or externally), (5) Any other mental health or social care professionals who are providing support to the young person and their family.

- In order for the Mental Health Risk Assessment and Support Plan process to be successful, the key school staff member should:
    - Organise the time, day and venue of the meeting
    - Outline the process to all care team members at the beginning of the meeting
    - Ensure that the Parent/Carer or Pupils over 18 sign the plan at the beginning of the meeting to ensure consent has been received to release and exchange information between members of the care team
    - Complete the form during the Mental Health Risk Assessment and Support Plan Meeting (ensuring clarity and consensus on issues with all care team members)
    - Ensure that all care team members are happy with the plan and sign their names/roles at the end of the plan

- Provide photocopies for the care team members
- Relay information to other school staff as appropriate and agreed by the care team members (this may include information on timetable, workload, supervision, etc.)
- Ensure there is also a RAMP and Safety Plan that goes alongside this plan
- Book a date to review the plan in at least 6 weeks' time (or more regularly depending on the level of concern), keep the document information updated and relevant on an ongoing basis.

Mental Health Risk Assessment & Support Plan

<table>
<tr><th colspan="2">Consent to Release & Exchange Information</th></tr>
<tr><td colspan="2">I, ____________________, as primary carer/parent, voluntarily authorise _____________________(the school) and CAMHS to release and exchange information about my child,______________________, to ensure that his/her wellbeing is maintained.</td></tr>
<tr><th colspan="2">Pupil Information</th></tr>
<tr><td>Date of Mental Health Support Planning Meeting:</td><td>Staff Member Completing the Plan:</td></tr>
<tr><td>Pupil Name:</td><td rowspan="5">Copies to:</td></tr>
<tr><td>Date of Birth: Year Level:</td></tr>
<tr><td>Name of Parent/Carer:</td></tr>
<tr><td>Address:</td></tr>
<tr><td>Phone Number of Parent/Carer:</td></tr>
<tr><th colspan="2">Medical Information</th></tr>
<tr><td colspan="2">Is the young person currently on medication that we need to be aware of?</td></tr>
<tr><td colspan="2">Are there any side effects we need to be aware of that might show in school?</td></tr>
<tr><td colspan="2">Does this young person have a crisis plan/safety plan completed?
If so, please provide a copy of this for the school.</td></tr>
<tr><th colspan="2">CAMHS/Hospital Information if applicable</th></tr>
<tr><td colspan="2">Date of Admission:</td></tr>
<tr><td colspan="2">Date of Discharge:</td></tr>
</table>

Case Worker/Clinician: Email: Phone Number:
Doctor: contacts numbers/emails **Hospital Teacher:**
Is the young person currently on medication that we need to be aware of?
Are there any side effects we need to be aware of that might show in school? Check this
Does this young person have a crisis plan/safety plan and RAMP completed?
Will this young person be receiving out-patient support following discharge? **If so, how often?**

What helps? What supports were provided for this young person previously? (Programmes, Groups, One-on-one Sessions) – can we continue these to help support the young person?
How would these experiences be best followed up on at school?
What warning signs should we be aware of that indicate that this young person is not coping?
What are the triggers that may result in the young person having trouble coping?
What coping strategies have been put in place prior to this meeting?
Who has this young person identified as their key support people?
What would your advice be in terms of this young person coping at school? (e.g. reduced timetable, extra supervision, study load, curriculum deadlines)

What would your advice be in terms of this young person coping at home and how can risks be reduced?			
Has the young person been communicating with peers about suicide and/or self-harm? If so, what support, if any, is recommended for the young person and their peers? If young people have been affected by an attempted suicide you could say: •			
Are peers/staff aware of the young person's significant mental health risks/self-harm/suicide attempt at school? If not, do we need to help them prepare a response for if/when peers ask about this?			
Signatures & Roles of People Attending the Return to School Meeting			
Name: Role:	Name: Role:	Name: Role:	Name: Role:
Name: Role:	Name: Role:	Name: Role:	Name: Role:

Next review:

Appendix G

Example Safety Maps

MY PERSONAL

Safety Map

I know I'm triggered when I notice:

____

____

____

____

Some good ways to distract myself are:

Things that help me when I feel this way are:

Ways to keep myself and my space safe:

- ____________
- ____________
- ____________
- ____________
- ____________

Some safe people I can reach out to are:-

1.____________

_

2.____________

Other recourses I can Use to get myself care:

1

2

3

Every life matters...

My Safety Map

My Reasons for living

Making my situation safer

Plan:

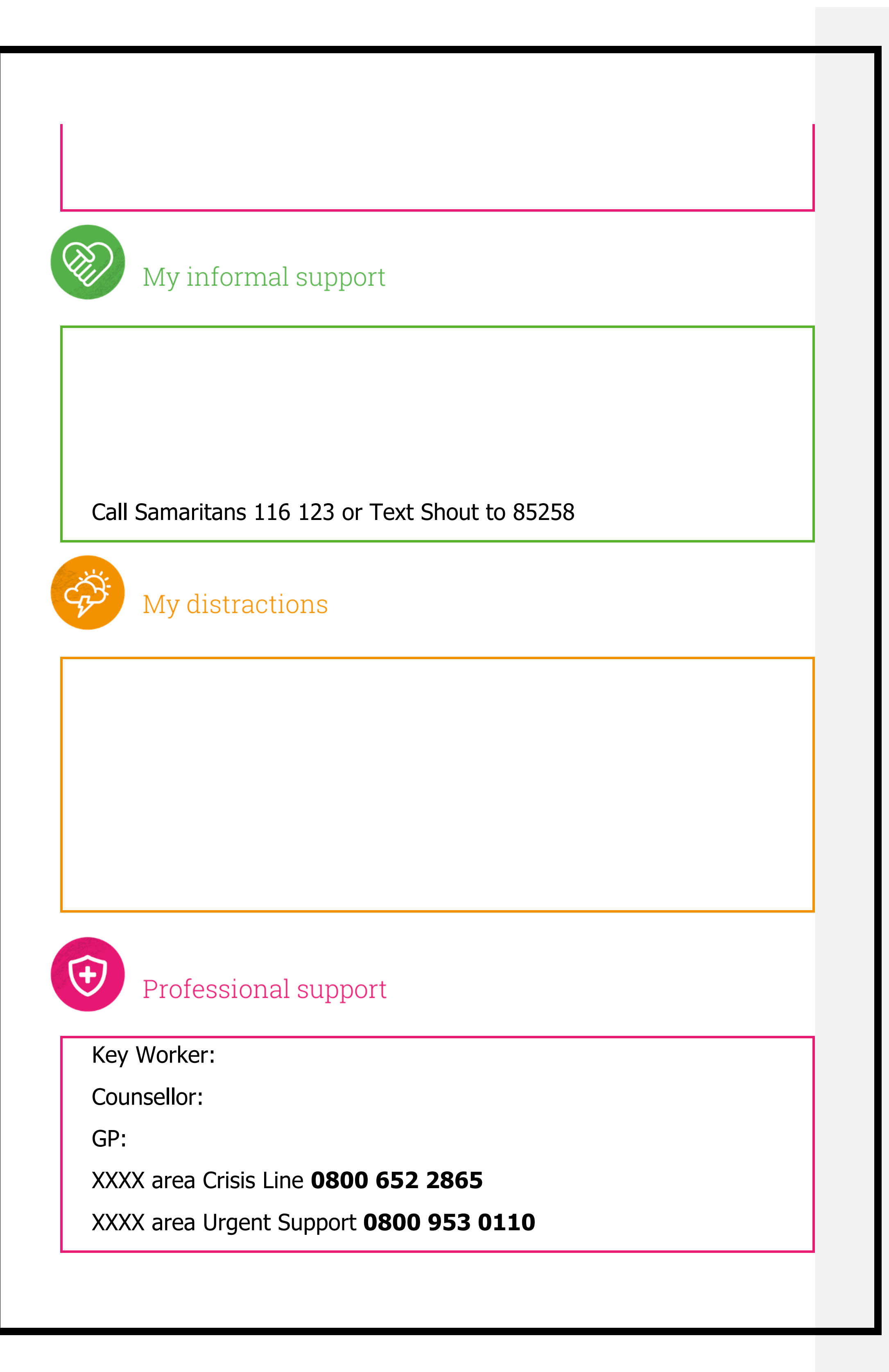
Alcohol/Drugs:

Environment:

Previous attempts:

My warning signs

Lifting my mood



My informal support

Call Samaritans 116 123 or Text Shout to 85258

My distractions

Professional support

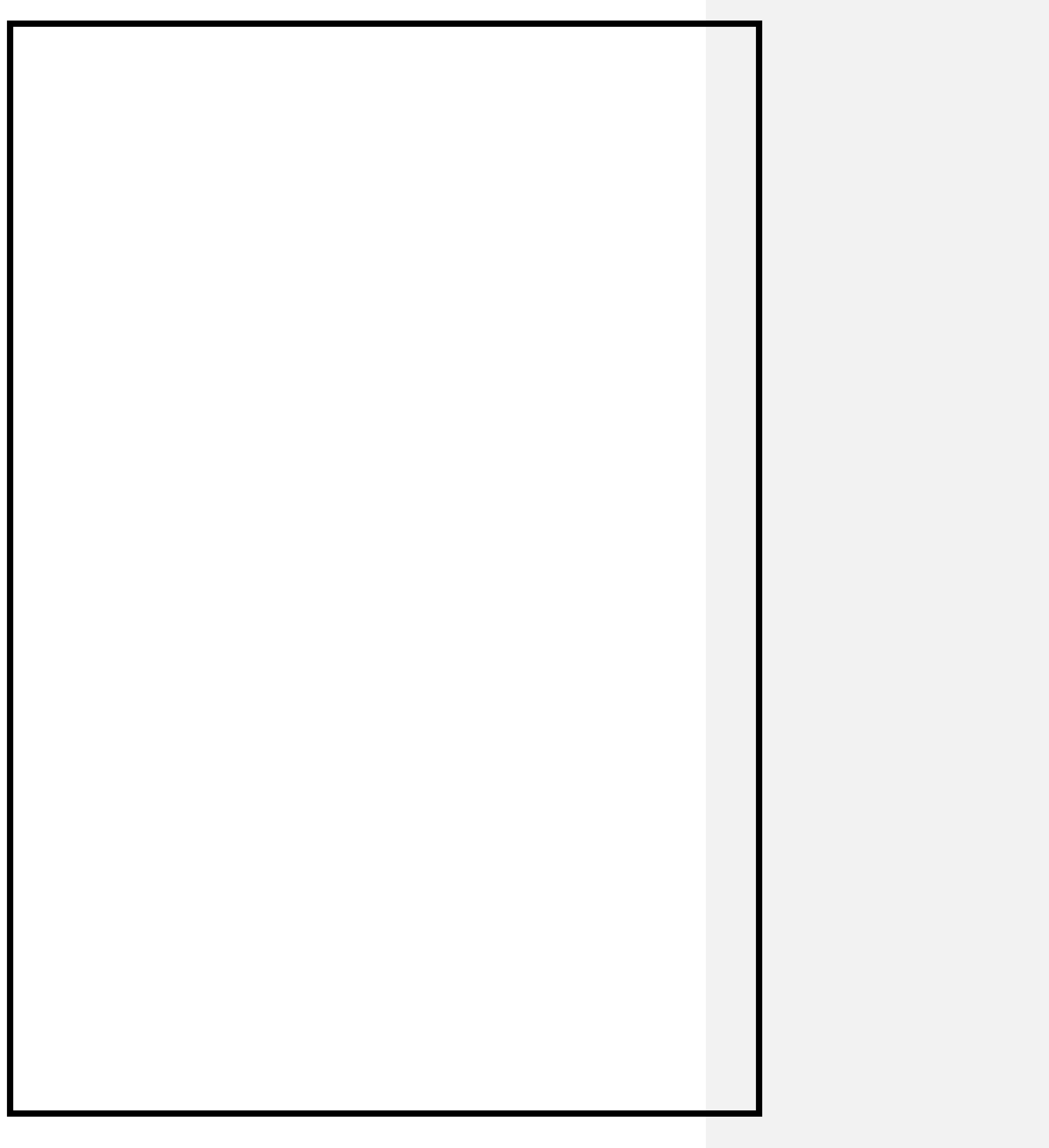
Key Worker:

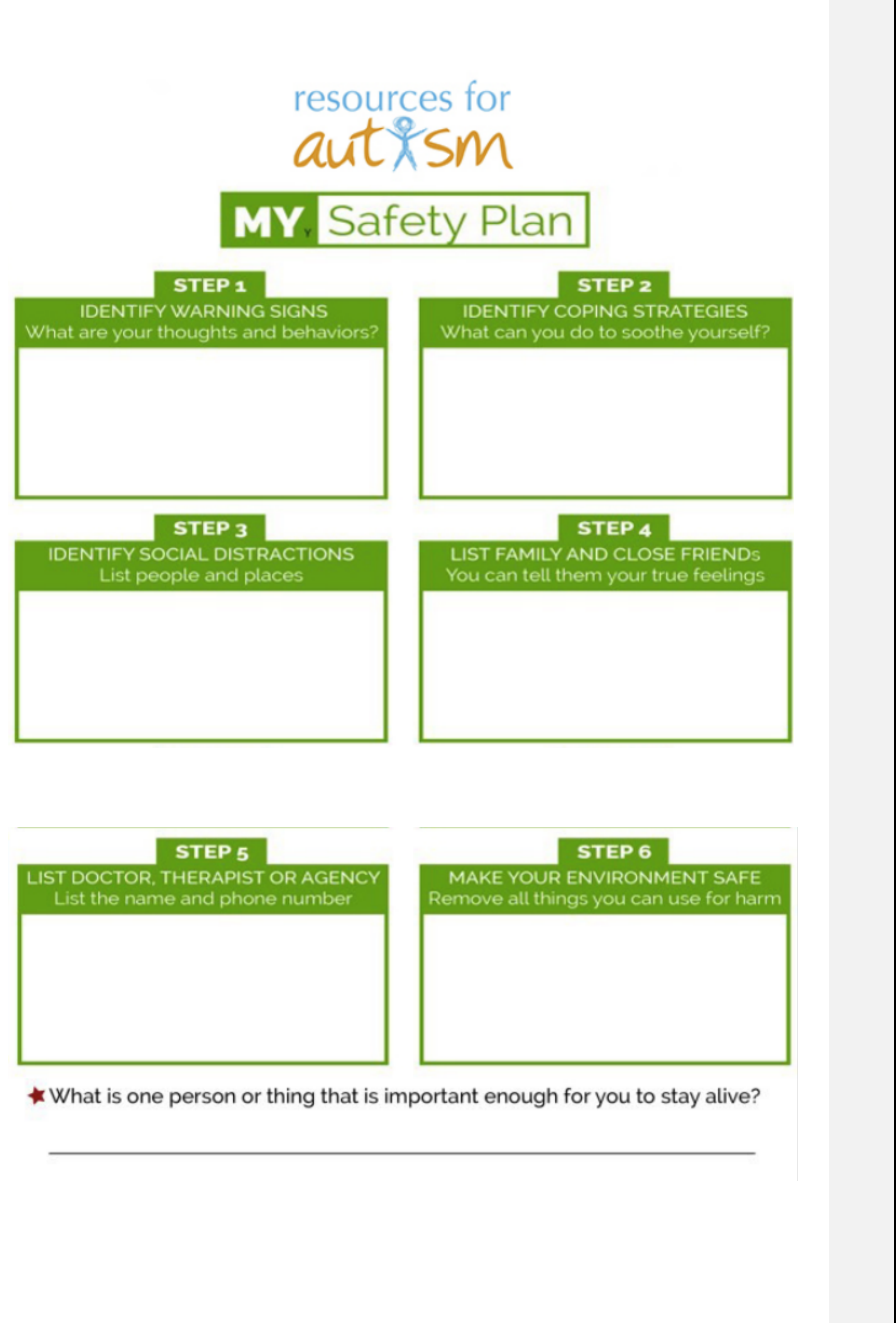
Counsellor:

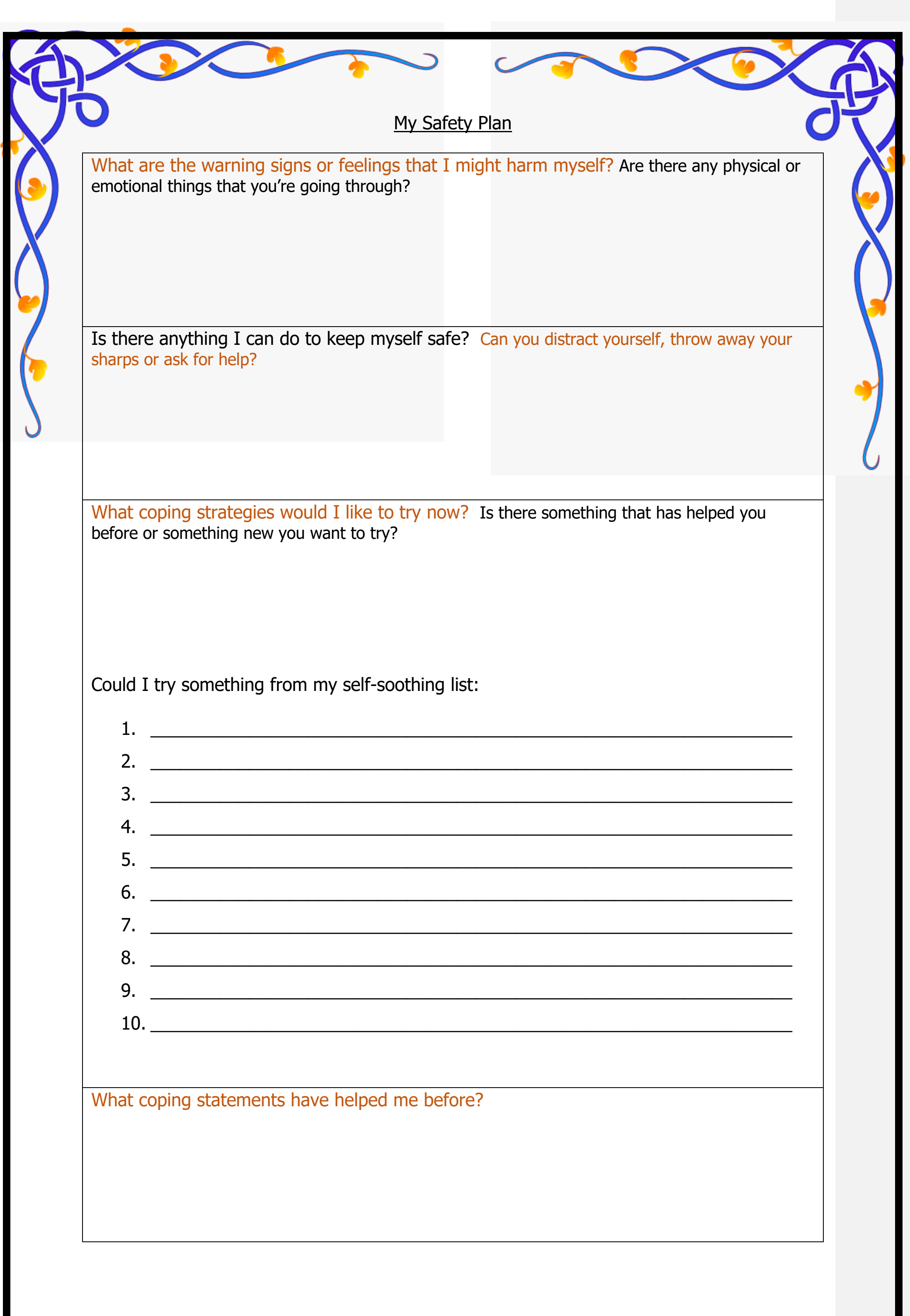
GP:

XXXX area Crisis Line **0800 652 2865**

XXXX area Urgent Support **0800 953 0110**



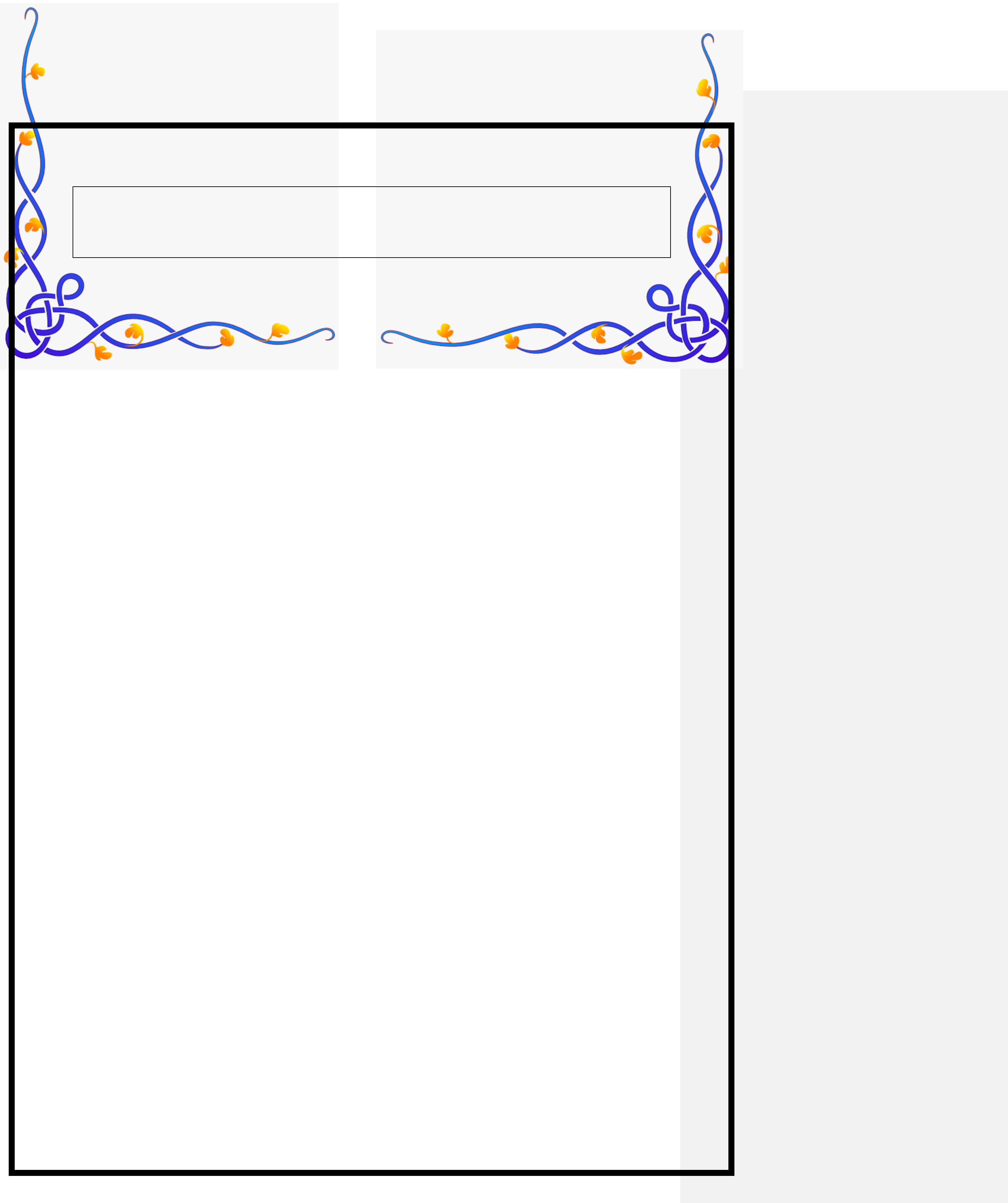

resources for
autism
MY Safety Plan
STEP 1
IDENTIFY WARNING SIGNS
What are your thoughts and behaviors?
STEP 2
IDENTIFY COPING STRATEGIES
What can you do to soothe yourself?
STEP 3
IDENTIFY SOCIAL DISTRACTIONS
List people and places
STEP 4
LIST FAMILY AND CLOSE FRIENDS
You can tell them your true feelings
STEP 5
LIST DOCTOR, THERAPIST OR AGENCY
List the name and phone number
STEP 6
MAKE YOUR ENVIRONMENT SAFE
Remove all things you can use for harm
What is one person or thing that is important enough for you to stay alive?



My Safety Plan

What are the warning signs or feelings that I might harm myself? Are there any physical or emotional things that you're going through?
Is there anything I can do to keep myself safe? Can you distract yourself, throw away your sharps or ask for help?
What coping strategies would I like to try now? Is there something that has helped you before or something new you want to try? Could I try something from my self-soothing list: 1. ______ 2. ______ 3. ______ 4. ______ 5. ______ 6. ______ 7. ______ 8. ______ 9. ______ 10. ______
What coping statements have helped me before?

What things might help to distract me or calm me down?
If my friend was feeling like this what would I say to them? Try and apply it to yourself now? Think of some positive things you could tell yourself.
What can others say or do to help me? What do I want or need to hear right now?
What should others avoid saying or doing to help me? What do I not want or need to hear right now?
What is one thing that is important to me and worth being safe for right now?
Who can I speak to and ask for help from right now? A friend, family member, teacher or helpline?
Where is my safe place I can go to in an emergency? How can I safely get there? What do I need to take with me?
What do I need to be able to clean and treat my cuts? Antiseptic wipes, plasters, bandages, etc…



Suicide Safety Plan

When thoughts of suicide are overwhelming, staying safe for even 5-10 minutes takes a great deal of strength. This plan is to use during those times. It isn't a plan for how to rid yourself of thoughts of suicide, it looks at staying safe **right now** so that you still have the chance to fight another day and access support for whatever is impacting on those thoughts overall. These thoughts and feeling can change, it doesn't mean you will feel like this forever. Let's concentrate on what you can do **right now**.

Why do I want to stay safe?

What are the reasons I don't want to die today? Are there people or animals that make me want to stay safe? Do I have hope that things might change? Am I afraid of dying? Do I want to stay alive just for right now?

Making my environment safer:

Whilst I am focusing on safety, how can I make it harder to act on any plans I might have for suicide? Where can I put things I could use to harm myself so they are harder to get to if I feel overwhelmed?

This doesn't mean having to get rid of them forever. It is because I am looking at staying safe right now. If these things make it harder for me to do this, I want to make it harder to use them. This will give me time to connect to that part of me that doesn't want to die.

What might make it harder for me to stay safe right now and what can I do about

Do I use any drugs, alcohol or medication to cope? These can make it harder to stay safe if they make me more impulsive or lower my mood. What can I do to make these safe?

If I have acted on thoughts of suicide before, what makes it harder to stay safe that I might need to consider while staying safe today?

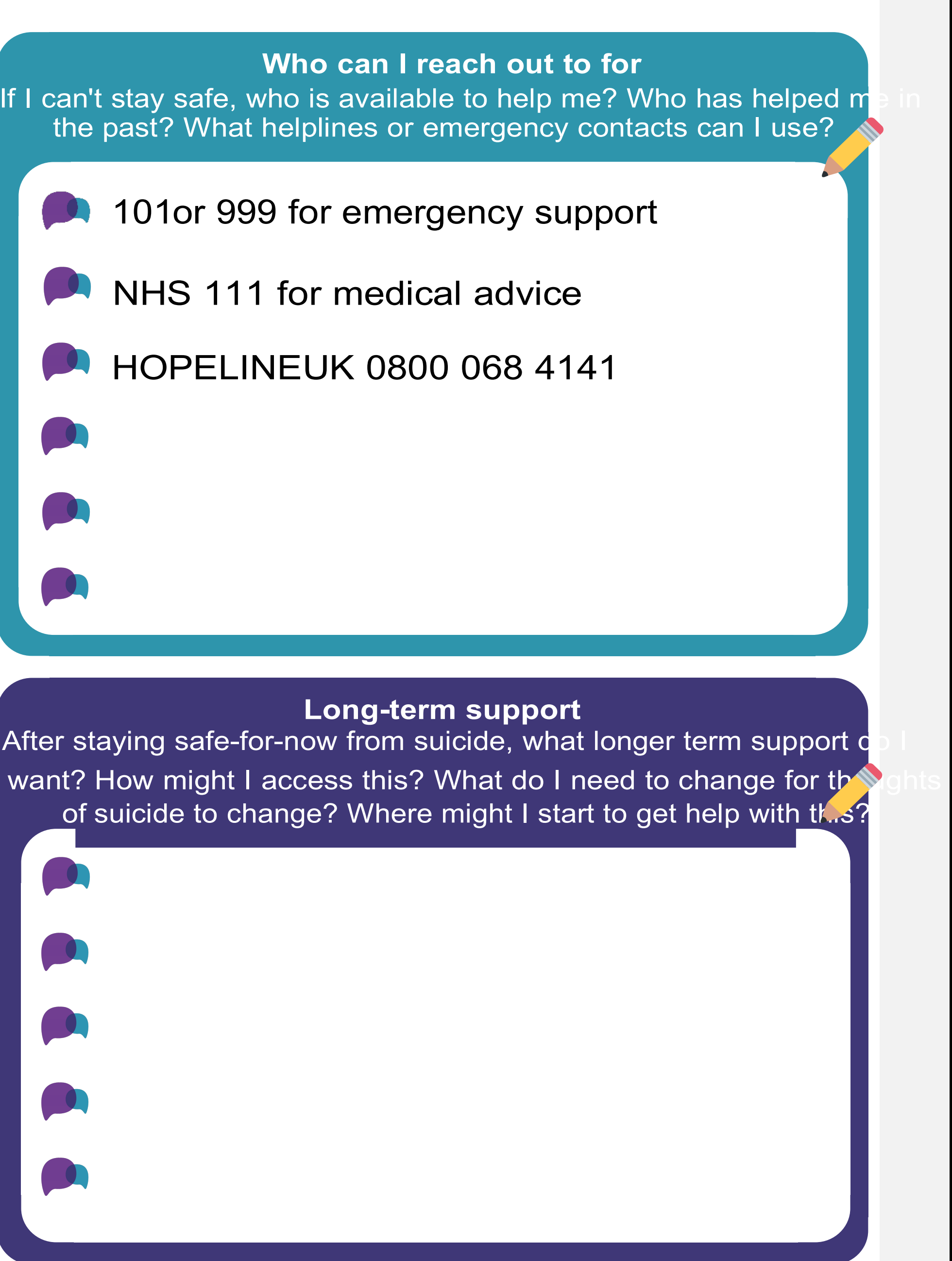
Do I have any mental health concerns or symptoms that make it harder to stay safe? How can I help with these?

What can I do right now that will keep me

What coping strategies can I use? What has worked in the t? Is
anywhere I can go that will feel

What strengths do I have that I can use to keep

What strengths do I have as a person and how might this ke
me safe? What do people who care about me say about this
Am I creative? Determined? Caring? Do I have faith or any
positive statements I use for inspiration? How can I use
this in my plan to stay safe right now?



Who can I reach out to for
If I can't stay safe, who is available to help me? Who has helped me in the past? What helplines or emergency contacts can I use?
101or 999 for emergency support
NHS 111 for medical advice
HOPELINEUK 0800 068 4141
Long-term support
After staying safe-for-now from suicide, what longer term support do I want? How might I access this? What do I need to change for thoughts of of suicide to change? Where might I start to get help with this?
HOPELINEUK

What helps you feel better?	😊	😐	😒
Playing a game/watch a video			
Wrap in blanket			
Go for a walk			
Look at photos			
Listen to music			
Get a drink			
Get something to eat			

Writing down my thoughts/feelings			
Seeing the therapy Dog			
Calling /speaking to friend or family			
Going Offsite, e.g. the park			
Talking to school staff / assistant			
Talking to school counsellor Sandy			
Going in a quiet room			
Going in my safe space			
Something else?			

What needs to change in the Classroom Environment for me to feel safe?

Where you sit	Who you sit with	How noisy it is	Having a 'time out' card
Help with making friends	Working with different adults	The way people talk to you	More help in some lessons (which?)
Not being given too much to do in one go	Instructions being repeated for you	More hands-on learning	Not so much writing

Not having to read out loud	Having a snack (when? why?)	Having a break (when? why?)	Running around outside
Having a quiet place to go	Having a key worker	Other	Other