



Hampshire
County Council

Prevention and Postvention Protocol for Hampshire Schools and Colleges

How to support the School/College community in the case of a death by
(suspected) suicide and information which may help prevent suicides

Public Health

www.hants.gov.uk

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Version Control

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Introduction

Suicides are tragic and deeply distressing. When there is a death by (suspected¹) suicide, there is likely to be a ripple effect; it is estimated that at least 6 people closest to the person who died, are seriously adversely affected. People bereaved by suicide can be up to 65% more likely to attempt suicide themselves² and are particularly vulnerable. It is therefore important to prevent suicides and the impact of a suicide.

Potential clusters of suicides should be identified at the earliest opportunity and an early intervention response and effective support for those affected, put in place. Implementation of this protocol is important in delivering this objective. Other aspects of this work include early identification and data sharing on suicide.

When a death by suicide (or suspected suicide) occurs of someone connected to a school/college (student, member of staff, parent for example), the ripple effect is likely to be even wider. In some parts of the country, this has translated into a cluster or contagion effect where several young people have taken their lives following the death of a friend. This clustering can relate to geography, gender, age grouping, ethnic grouping and social connections.

This protocol has been developed to help schools and colleges in Hampshire identify and support students who may be suicidal and importantly to consider a wide range of associated issues, in the case of a death by (suspected) suicide. It both supports schools/colleges to prepare in case there ever is a (suspected) suicide, and also how to best respond when a suspected suicide has taken place. This protocol will also be developed to support workplaces and communities affected by suicide.

This protocol is connected to, but does not cover, the work underway in Hampshire to promote the mental wellbeing of our children and young people. For further information about mental wellbeing work in Hampshire, please email PublicHealthHampshire@hants.gov.uk.

The aim of this protocol is:

To support the target of achieving a reduction in suicides in Hampshire by 10% by 2010-2021

The objectives of this protocol are;

- To provide guidance on developing a plan when there has been a (suspected) suicide (postvention), in the case of a student at the school/college (although

¹ The word 'suspected' is used in the document as a suicide is not the confirmed cause of death until the Coroner's inquest is complete.

² <http://bmjopen.bmj.com/content/6/1/e009948>

this protocol also contains useful information in the case of a death of an adult).

- To provide guidance on developing a plan in advance of an event taking place.
- To enable agencies/organisations working to reduce suicides in Hampshire the opportunity to reduce the possibility of any “clustering”.
- To provide details of support available following a suicide/suspected suicide.
- To enable agencies/organisations working to reduce suicides in Hampshire the opportunity to learn from events leading to the suicide/suspected suicide.
- Help prevent suicides in schools or colleges.

Background to this work

The Suicide Prevention Forum in Hampshire is a partnership of agencies, organisations and individuals with the aim of preventing suicides across the county. The partnership has identified six key areas of work, in line with national guidance including working with vulnerable groups, including those bereaved by suicide (or suspected suicide). The development of this protocol is part of the delivery of the Suicide Prevention plan for Hampshire.

The protocol has been developed by Hampshire County Council, Public Health with the support of key agencies including Samaritans, CAMHS, Hampshire County Council colleagues including Educational Psychology and Personal Development Learning, Hampshire Constabulary, Southdowns College, Havant and Winchester University, and uses supporting documentation, such as the work of Euregenas (European Regions Enforcing Actions Against Suicide). The help of these partners and other sources of support in developing this protocol is acknowledged and appreciated.

Putting a Postvention³ Plan in place at your school/college

Ideally, in a school or college setting, there will be a written plan, developed in advance of a (suspected) suicide. This plan may be slightly different for each school or college, depending on the school structure, skills/support available but below are some recognised steps. This is based on the American Foundation for Suicide Prevention/Suicide Prevention Resource Center (2011)⁴ and the Samaritans' Help When we Needed it Most (2017) booklet.⁵

Step One - Co-ordination (Immediate response when a (suspected) suicide occurs)

The Headteacher or Principal should convene a postvention, or crisis, team which will probably include the school counsellor, nurse, teachers of the student and other members of the senior management team. The Samaritans may also have Postvention Advisors available to guide and support the next steps (Contact: 0808 168 2528 or email stepbystep@samaritans.org). Hampshire Isle of Wight Educational Psychology (HIEP) team is also be able to provide support to the postvention team (for contact numbers please see Appendix A)

The postvention team's key task at this time is to decide who will do what.

Ensuring the team is aware of the support that is available to staff, students and family, is crucial. The Help is at Hand document may provide some useful information to help with this.

<http://supportaftersuicide.org.uk/support-guides/help-is-at-hand/>

Step Two - Establish the facts and make contact with the family (Immediate/Within 24 hours)

A member of the postvention team should firstly check with the authorities to be sure of the facts surrounding the death. (You may already have been contacted by a colleague leading the Rapid Response process which is triggered in all cases of an

³ Postvention "is the term given to activities and programmes that are intended to assist those who have been bereaved by suicide to cope with what has happened. Suicide prevention and postvention are closely related in that postvention can also prevent further deaths." (p.3, New Zealand Ministry of Youth Development, 'Guidance for community organisations involved in suicide postvention', 2005) – taken from Help when we Needed it Most (Samaritans, 2017)

⁴ <http://www.cumbria.gov.uk/eLibrary/Content/Internet/537/6381/42179103528.pdf>

⁵ http://www.samaritans.org/sites/default/files/kcfinder/files/HWWNIM_Feb17_Final_web.pdf

unexpected child death.) The Rapid Response process outlined by Hampshire Children's Safeguarding Board is here.

<http://www.hampshiresafeguardingchildrenboard.org.uk/wp-content/uploads/2017/06/Rapid-Response-process-Information-for-Schools.pdf>

The nominated lead (headteacher/school counsellor/nurse, for example) should make contact with the family as soon as possible. This will help to support the family and manage communications. Rumours can be inaccurate and deeply hurtful and unfair to the missing/deceased person and their family and friends.

Advice from those who have been in this position suggest that, if possible, it is useful if the key link to the family remains the same for the duration of the postvention period. Information about the death should not be disclosed to students until the family has been consulted. If the family think the death is a suspected suicide but do not wish for this to be disclosed, explain that students are already talking about the death amongst themselves and state that having adults in the school who are able to talk to students about suicide and sudden deaths can help to keep people safe.

Ensure that the ongoing support of the school/college is offered to the family. Ensure too that the family does not receive any general administrative letters/texts (eg school trip information, parent consultation events).

Ensure that any schools or colleges where siblings attend are contacted at an early point so they can also use the protocol as appropriate.

Step Three – Media Contact (as soon as possible, due to social media “chatter”. Media are likely to pick up on things very quickly now)

A suicide of someone connected to a school/college can attract much media and social media attention. It is therefore important to designate a media spokesperson and prepare a media statement. Ensure that all staff are made aware that only the media spokesperson is authorised to speak to the media. Advise those that answer external telephone calls to the school that they should not engage in answering any questions but should:

- Make a note of the reporter's contact details (inc. mobile and email address)
- Make a note of the questions asked
- Pass the information given, to the Headteacher/Principal as a matter of urgency

The communication log at the end of this document may be useful.

Samaritans' advice is not to give out any details of the suicide method or any suicide note, or to provide any "explanation" of the suspected suicide such as "was stressed about exam results" etc.

Samaritans' media team can help support schools/colleges (and the family) in dealing with the media during a crisis (Contact: 07943 809162 or samaritans.org/media-centre).

Hampshire County Council can provide media support to schools in the event of an incident. Email corporate.communications@hants.gov.uk or call the Corporate Communications Team on 01962 847368 / 847781

If the school has a Facebook page or twitter account we would strongly advise taking advice on what or whether to post, either by contacting Samaritans media team or HCC media support on the numbers above.

Step Four - Contact other agencies who may have been in contact with the individual

You will be asked to follow the Rapid Response process which will help to ascertain facts about the death and

- to establish, where possible, a cause or causes of death (in conjunction with the Coroner)
- to identify any potential contributory factors
- to provide ongoing support to the family
- to learn lessons in order to reduce the risks of future child deaths

You will be asked to meet with other agencies/organisations who may have a part to play in the Rapid Response process – health professionals, eg school nurses, CAMHS, social workers, police, school counsellor, etc. This helps with any learning from this event in the time immediately after the event – What were the issues relating to this individual? Could anything have been done to have prevented this incident? Are there key risks to other individuals? What could help mitigate against these risks? The purpose of this discussion is not to pass on blame, or to pass judgement on service provision, but rather to learn and help prevent any future suicide events.

Part of the Rapid Response process is to make notes of these discussions to record any facts and remember any learning. It is always more difficult to recall exact timings/issues several months later. It is important that you act on any immediate/pressing issues.

Step Five – Communicate with and take care of staff (Within one day)

As soon as possible, organise a meeting for all staff to attend. At this meeting, ensure that the facts about the death and next steps are clearly communicated. Ensure members of staff are made aware of how to identify and support both students and staff experiencing mental distress. Ensure that all staff are informed about where to find this information (see Prevention section on page 7).

Step Six – Communicate with and take care of the students (Within one day)

As soon as possible after the staff communication event, break the news to the students. Samaritans' advice is that this is best done in small groups, or classes. It is better to be factual but to avoid detail about the act itself. Do not disclose details about the method used, whether there was a suicide note, or its contents. A briefing note for staff to use with the small groups/class can be useful to ensure consistency of message. Consider providing immediate counselling or emotional support to students (and staff) in a separate room. Samaritans' postvention team may be able to assist with this support. Contact CAMHS (Appendix) who may be able to provide support to students who are in the care of their service and who may be struggling.

Advise students to avoid contact with the media and ensure that you have given careful thought to rules and guidelines to assist students if/when communicating about the incident on social media sites.

It may be appropriate to send out a letter to parents/carers of all pupils/students, to inform them of the incident and to make them aware of possible risks, together with information about support available. The Samaritans' Step by Step service can advise and assist with this. The communication should contain:

- What has happened
- What support the school is putting in place
- What actions the school will take with regards to funerals and memorials
- Where to find further information about suicide and grief
- Where to access support for themselves
- What to do if they are worried about someone else

Step Seven – Funeral

Depending on the wishes of the family, the school/college may wish to send representative/s to attend the funeral service. Samaritans' recommendation is that parents or guardians accompany students who wish to attend and that those who don't attend have normal classes to go to. There should be no reason why there would be a greater attendance at a funeral service under these circumstances than for any other tragic death at the school.

Step Eight – Memorials

The school/college will want to think carefully about memorials for the individual who has died; to strike an appropriate balance between supporting distressed individuals and fulfilling the central purpose of providing education and learning. Some establishments have used a miniature artificial tree (and labels with string) to be left in a suitable place, offering a chance for individuals to leave a thought/memory/prayer for that individual on the branches of the tree. It is important to set an appropriate time limit to the memorial with the suggestion of up to two weeks) and to strive to treat all deaths in the same way.

In the longer term, memorials can be organised (tree/plant/plaque etc).

Sending a card to the parents/family one year after the incident can be a supportive gesture and one that may be well appreciated.

Step Nine – Evaluation and Follow-up

Consider gathering the thoughts of the postvention team, to evaluate the response, record key learning and adapt procedures accordingly.

Prevention of Suicide

Sadly suicide is the leading cause of death in young people and yet suicides can be prevented. Although suicide prevention training is available, no formal training is strictly necessary to provide crucial early support for someone. Staff may feel worried about over-responding, but in truth, it is much better to over-respond than under-respond in the case of a potential suicide.

Generally speaking, someone in distress may elicit direct and/or indirect warning signs of suicidal thoughts/ideation. It's important for staff to learn how to identify these warning signs as they may indicate intention for suicidal behaviour. It's also important to understand that those with a mental illness or who have had a prior suicide attempt, or been bereaved by suicide themselves are at greater risk of suicide.

The "how to best respond" guide listed in the section below is provided as a helpful general guide by Papyrus (www.papyrus-uk.org). If your school or college is interested in accessing suicide prevention training, this may be available by contacting public.health@hants.gov.uk.

Direct/Indirect Warning Signs

Direct Signs

The clearest and most direct signs are those which indicate a person is contemplating taking their life, is that they are preoccupied with, or obsessed with death. The following are indications of this preoccupation or obsession (taken from European Regions Enforcing Actions Against Suicide (Euregenas) Toolkit for Schools regarding prevention of suicides). (However, everyone is different, so the direct signs may be different from these listed below);

- Talking (or writing) about wanting to die or hurt or kill oneself (or threatening to hurt or kill oneself)
- Talking (or writing) about feeling hopeless or having no reason to live
- Talking (or writing) about feeling trapped or in unbearable pain
- Talking (or writing) about being a burden to others
- Looking for ways to kill oneself, such as searching online for suicide methods or seeking access to firearms, pills, or other means of suicide

Indirect Signs

Other warning signs are more indirect changes in behaviour which may indicate that someone is experiencing a mental health problem which may include suicidal thoughts or plans. The risk of suicide is higher if the behaviour is new or exacerbated, or increased in frequency. It would also help to know if the person has

experienced any loss, change, or bereavement as this could indicate that the person is at higher risk. Indirect warning signs include the following;

- Withdrawal from family, friends and society or feeling isolated
- Deterioration in work or social functioning
- Increased alcohol or drug use
- Changes in personality, mood or behaviour, eg extreme mood swings, acting anxious or agitated, or behaving recklessly. These can also include changes in eating or sleeping patterns
- Showing rage, uncontrolled anger, or talking about seeking revenge

How to best respond to the warning signs (using the Papyrus acronym A.L.E.R.T.)

Ask them how they were feeling before it happened and how they are feeling now. Talking about suicide does not make it more likely to happen. Try to be patient if they are angry or refuse to talk. If they won't talk to you, maybe they would talk to a friend or sibling. It may be that writing things down is an easier way for them to communicate with you.

Listen. This is the most important thing you can do. Treat them with respect, and try not to be judgmental or critical. Is it important to try to raise their self-esteem.

Empathise by showing that you really do care about them, no matter what, and are trying to understand things from their point of view. Words don't always matter. The touch of a hand or a hug can go a long way to show that you care.

Reassure them that desperate feelings are very common and can be overcome. Things can and do change, help can be found and there is hope for the future. People do get better!

Try to give practical support, and help them to cope with any extra pressures. It may not be possible to deal with all the things that are troubling them, but between you agree on what you will do if a suicidal crisis happens again.

Don't

Put them down or do things that might make them feel worse. A suicide attempt suggests that self-esteem is already very low.

Abandon or reject them in any way. Your help, support and attention are vital if they are to begin to feel that life is worth living again. Don't relax your attentions just because they seem to be better. It doesn't mean that life is back to normal for them yet. They may be at risk for quite a while.

Nag: although it may be well meant. Nobody wants to be pestered all the time.

Intrude: try to balance being watchful with a respect for privacy. Don't ignore what has happened.

Criticise their actions: however you may be feeling about their suicide attempt, try to remember the pain and turmoil that they were, and may still be, going through. Don't take their behaviour personally - it was not necessarily directed at you.

Useful Contacts

1. Help is at Hand

Help is at Hand provides people affected by suicide with both emotional and practical support. The guide is designed to be given out by bereavement support organisations and by those who are likely to be first on the scene after a suspected suicide, including police and ambulance staff. It will also be widely promoted online through partnerships with coroners, funeral directors, police, doctors and bereavement counselling and support organisations.

<http://supportaftersuicide.org.uk/support-guides/help-is-at-hand/>

2. Hampshire & Isle of Wight Educational Psychology Service (HIEP)

Link to the Hampshire Isle of Wight Educational Psychology website;

<http://www3.hants.gov.uk/childrens-services/childrenandyoungpeople/educational-psychology/contact-hep.htm>

3. Child and Adolescent Mental Health Service (CAMHS)

Children and adolescent mental health services (CAMHS) are made up of specialist teams offering assessment and treatment to children and young people up to age 18 who have emotional, behavioural or mental health problems.

Contact numbers for the CAMHS teams are as follows;

Hampshire Single Point of Access Team: 0300 304 0050

4. PAPYRUS www.papyrus-uk.org

National charity for the prevention of young suicides

Call: 0800 068 41 41

Email: pat@papyrus-uk.org

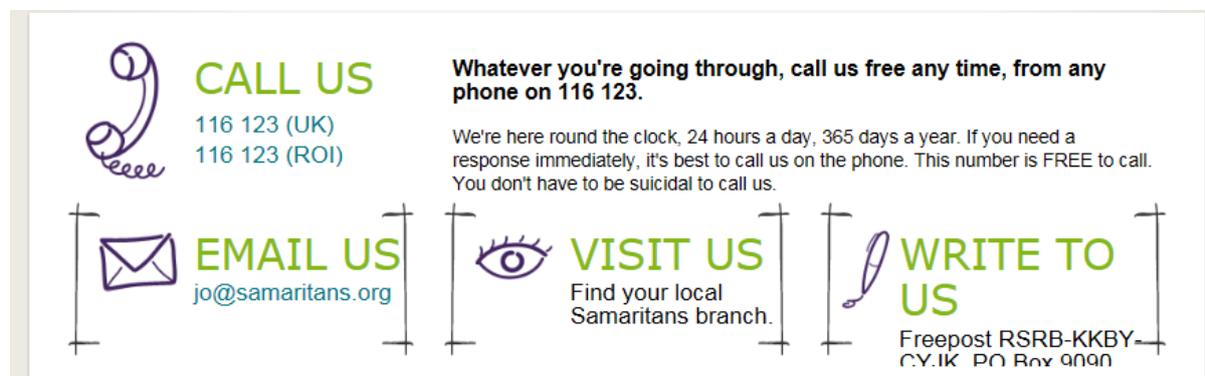
SMS: 07786 209697

HOPELineUK is a specialist telephone service staffed by trained professionals who give non-judgemental support, practical advice and information to;

- Children, teenagers and young people up to the age of 35 who are worried about how they are feeling
- Anyone who is concerned about a young person

5. Samaritans www.samaritans.org.uk

Confidential listening ear available via phone, text, email or face to face, for all ages. You don't have to be suicidal to make contact.



The graphic is a white rectangular box with a thin grey border. It contains four main sections for contact methods, each with an icon and text. The top left section features a purple telephone handset icon, the text 'CALL US' in green, and the numbers '116 123 (UK)' and '116 123 (ROI)' in blue. To the right of this is a bold black heading 'Whatever you're going through, call us free any time, from any phone on 116 123.' followed by a paragraph: 'We're here round the clock, 24 hours a day, 365 days a year. If you need a response immediately, it's best to call us on the phone. This number is FREE to call. You don't have to be suicidal to call us.' The bottom row has three sections: 'EMAIL US' with a purple envelope icon and the email 'jo@samaritans.org'; 'VISIT US' with a purple eye icon and the text 'Find your local Samaritans branch.'; and 'WRITE TO US' with a purple quill icon and the address 'Freepost RSRB-KKBY-CY.IK PO Box 9090'.

6. Cruse Bereavement Care

- www.crusebereavementcare.org.uk (national details)

Phone: 0844 477 9400 (Mon-Fri, 9am-5pm)

- Cruse Bereavement Care - South Hampshire Area, 135 St. Mary Street, Southampton, Hampshire, SO14 1NX
Website: <http://www.cruse.org.uk/>
Telephone: 0844 8793448

One to One Support, Pre-bereavement Support, Telephone Support and Home Visits, Bereaved by Suicide Group, Family Support Group

- Cruse Bereavement Care - North Hampshire Area, Andover, SP10
Website: <http://www.cruse.org.uk/>
Telephone: 0844 3303701
One to One Support, Pre-bereavement Support, Telephone Support and Home Visits, Bereaved by Suicide Group, Family Support Group

7. Survivors of Bereavement by Suicide (SoBS)

- Portsmouth,
Website: <http://uk-sobs.org.uk/>
Telephone: Susan on 07748 986 631
- Winchester
Contact: Winchester.sobs@gmail.com

8. Simon Says

Suite 3, Chatmohr Estate Office Village, Crawley Hill, West Wellow, Hampshire, SO51 6AP

Website: <http://www.simonsays.org.uk>

Telephone: 01794 323934

Email: info@simonsays.org.uk

Office hours: Monday-Wednesday 9am-4pm. Office closed on Thursdays and Fridays.

Simon Says aims to;

- Support Hampshire children and young people up to the age of 18 years who has a significant person in their life who has died or is dying
- Offer information and advice to move forward in their lives, but never forget their significant person
- Run a telephone support line
- Host monthly age appropriate support groups
- Offer the opportunity to meet other families who have also been bereaved
- Support and give advice and training to teachers, and other professionals working with bereaved children and young people.

Communications Log

Lead	Name of Organisation	Communication Type (presentation, letter, email)	Date shared	Purpose	Outcome