



HEATHFIELD SCHOOL

Management of Suicidal Thoughts and Suicide Risk Policy

Policy Area:	Wellbeing
Relevant Statutory Regulations:	ISSR Part 3 NMS Part C: Standard 7, Part D: Standard 8 Equality Act 2010 Children Act 2004: 10 (2) The Health and Social Care Act 2012 DfE advice and research: Supporting mental health in Schools and Colleges 2018 DfE Keeping Children Safe in Education 2024 Public Health England: Promoting children and young people’s emotional health and wellbeing (March 2015) DfE: Promoting and supporting mental health and wellbeing in schools and colleges 2021
Key Contact Personnel in School	
Nominated Member of Leadership Staff Responsible for the policy:	Deputy Head (Pastoral and Boarding)
Version:	2023.01
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Date of next review:	01 June 2025

This policy will be reviewed at least biennially, and/or following any concerns and/or updates to national and local guidance or procedures.

Introduction

This policy is applicable to all pupils, staff and volunteers at Heathfield School (“the School”).

This policy is drafted pursuant to the Department of Education departmental advice on Promoting and Supporting mental health and wellbeing in Schools and colleges (2021) and advice taken from Papyrus (prevention of young suicide) and Samaritans Step by Step.

This policy should be read in conjunction with the following documents:

- Safeguarding Children and Child Protection Policy.
- Anti-Bullying Policy.
- Equal Opportunities Policy.
- Any individual student's PAP (Pastoral Action Plan) or ICP (Individual Care Plan).
- Mental Health and Wellbeing Policy

This policy aims to guide the School in

- Identifying pupils at risk of suicide.
- Reduce any stigma surrounding suicide and suicidal thoughts.
- Lowering risk in those who have suicidal thoughts or feelings.
- Caring for those who have attempted to end their lives.
- Supporting those who are affected by suicide or attempted suicide.
- Responding to an incident of suicide or attempted suicide.

Identifying Pupils at Risk

Suicide is a difficult topic and one that hopefully never crosses our Heathfield pupils' minds. The reality, however, is that it does cross the minds of many young people and we recognise that suicidal thoughts can be common amongst pupils. In fact, suicide is the leading cause of death among young people and in children the numbers are alarmingly high. The Samaritans estimate that, on average, every secondary school in the UK will have to deal with a suicide every 15 years. Beyond those who actually end their lives, a larger number will attempt to do so, or will do things which suggest they are indifferent to whether they live or die. At any one time, Heathfield is likely to be caring for several pupils who have experienced suicidal thoughts or are at heightened risk of suicide.

We recognise that the stigma surrounding suicide and mental illness can be both a barrier to help seeking and a barrier to offering help. Heathfield 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 selfish. We know that unhelpful myths and misconceptions surrounding suicide can inhibit young people in seeking and finding appropriate help when it is most needed.

It is often assumed that people who are suicidal will appear isolated, mentally ill, depressed, or distressed. However, this is very often not the case. That fact makes it vital that all staff are alert to risk factors and warning signs which suggest a pupil may be at risk of suicide. This section therefore 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 she may have suicidal thoughts.

Risk Factors

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

- Depression or other mental illness.
- Anxiety disorder e.g. OCD.
- Physical illness.
- History of self-harm.
- Previous trauma: e.g. physical, sexual or mental abuse.
- Bereavement (particularly exposure to another suicide).
- Friend or family member who has taken their own life.
- Change: times of transition e.g. beginning and end of the academic year.
- Social isolation.
- Victim of bullying.
- Relationship break-up: boy/ girlfriend, parental separation etc.
- Worries about family members.
- Pupils with ASD are more likely to mask their emotions, and the rates of suicidal ideation are higher amongst those with neurodiversity
- Pupils who are questioning their sexuality or identifying as LGBTQ+ are also more vulnerable
- Underachievement or academic failure: actual or anticipated.
- Vulnerable personality: e.g. perfectionist or unrealistic ambitions; impulsive; sensitive; poor coping skills; low confidence or self-esteem; inability to handle disappointment.
- Sense of shame as a result of something that has happened.
- Ongoing problems which they cannot solve.
- 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.

- Struggling academically: decline in marks, non-attendance at lessons, missing deadlines.
- Changes in behaviour: not taking care of themselves, dropping activities etc.
- Recent loss (family member, friend, relationship).
- Acute anxiety: including fear of failure, or social anxiety.
- Extended irritability or rage.
- Appearing overtly depressed.
- Physical illness: including frequent head / stomach aches, lethargy and vomiting.
- Loss of interest.
- Frequent medical appointments.
- Consistent troubles eating and sleeping.
- Complaining of being unable to cope.
- Self-neglect: poor personal hygiene, lack of attention to appearance, risk-taking etc.
- Self-harming behaviour.
- Talking about or hinting at suicide or wanting to die.
- Indifference and/or fear of the future, indicating sense of hopelessness.
- Sounding detached: becoming emotionally unavailable or disassociated.
- Beginning to settle their affairs: tying up loose ends, giving away possessions.
- Isolating themselves from family and friends.

- Early warning signs of a serious mental health problem.
- Unexpected calm after emotional storm: euphoric, seeming better, calmer and at peace.
- Traumatic experiences.

Thoughts

- "All of my problems will end soon."
- "No one can do anything to help me now."
- "Now I know what they were going through."
- "I just can't take it anymore."
- "I wish I were dead."
- "Everyone will be better off without me."
- "I won't be needing these things anymore."
- "I can't do anything right."
- "I just can't keep my thoughts straight anymore."

Measures to reduce risk

Suicide attempts are not inevitable, even in young people who are very disturbed or depressed. The School employs a combination of strategies to reduce risk. Close liaison and vigilant communication between staff, external agencies e.g. counsellors, surgery and parents aim to increase the monitoring of pupils and as a result reduce the risk of suicide.

The School recognises a pupil is more likely to contemplate suicide if she feels isolated or unable to share her emotions. This may be because of fear, perceived rejection, a sense of shame or embarrassment. As a result, they may find it incredibly difficult to open up about. It is important to provide safe spaces and alternative opportunities for pupils to share their story. It is important to use language that protects and provides safety and to cultivate an environment where 'nothing is so secret that it can't be shared'.

It is important to ensure that the physical environment of Heathfield is as safe as possible. The removal of potential ligature points, restricting access to places which facilitate jumping, removal of harmful substances from public areas and the secure storage and monitoring of medications are all examples of how we reduce access to potential means of suicide.

The School carries out a Child Safeguarding Risk Assessment and for every child who has shown some of the warning signs, in particular self-harm, completes a [safety plan](#) and a risk assessment is drawn up, often in consultation with their professional support, such as counsellors or psychiatrists. This document is saved on the Safeguarding Team and shared with parents as appropriate, they are created with the pupil and adapt as the pupils needs alter.

Promoting Wellbeing and Mental Resilience

Heathfield aims to be a School which produces young people who are resilient and emotionally intelligent. The School's pastoral care is not simply for dealing with crises, but about tending to the holistic development of the whole person. Our aim is to help pupils develop skills which they will need to cope with the periods of stress or unhappiness in their lives. Crucial in meeting these aims are

- A structure based on a small School where each individual is recognised and known to those around them.

- Skilled and experienced pastoral staff in the Houses, and on the teaching staff, whose role is clearly focused on pastoral care and tutors who are concerned for the “whole person”, rather than academic success alone.
- ‘Joined-up’ communication and effective partnership between staff in different parts of the School: e.g. Boarding House, Surgery, and Safeguarding team.
- Appropriate referral and effective partnership with professionals outside the School e.g. G.P., psychologist.
- The SPIRIT and Flourishing Programme.

Promoting Mental Health Awareness

Suicide risk is greatly heightened if a young person feels unable to seek help for problems. The School will continue to work towards a culture in which emotional distress and mental health difficulties can be safely acknowledged and appropriate help sought.

This will be done by:

- Fostering a culture of honesty, where we can admit that we are not super-human.
- Helping pupils to be aware of their emotions and vulnerabilities
- Reducing the stigma surrounding mental illness
- Encouraging pupils to seek help when they are having difficulties, guiding and directing pupils to skilled professionals where necessary.
- Clearly publicising to pupils the range of ways in which they can access support, including internal, external and peer support.
- An adaptable and relevant PSHE programme.
- A pastoral network that supports each individual pupil; where staff foster positive relationships; where trust can be evoked; listening and supporting pupils to be an effective form of early help.

Through induction and ongoing training

- All staff who are in regular contact with pupils will be aware of risk factors and warning signs that may suggest a young person is at heightened risk of suicide.
- All staff will be aware of their duty to report concerns about the wellbeing or mental health of any pupil promptly.
- A significant number of staff will be offered training in Mental Health First Aid.

Pastoral and Medical Care

Through detailed knowledge of individual pupils, effective record-keeping and joined-up systems of care, we aim to offer timely and effective support to pupils who are struggling. All staff have a responsibility to report concerns about any pupil to the Tutor / Head of House or Housemistress in the first instance (or directly to the safeguarding team where concerns are of a serious nature.)

The School’s front-line care is provided by the tutor who is supported by the **Head of Year** and Housemistress. Beyond this, other staff can provide additional support and signposting to professional services:

- **Health Centre and Forest Health Group** and counselling services.
- The School’s Designated Safeguarding Lead and Deputies.
- Consultation with MASH and GP with support in obtaining professional help e.g. **CYPMHS**

Intervention with Pupils in Crisis

Mental health professionals are clear that asking someone if they have suicidal thoughts will not suggest the idea to them if it was not already there. It is important to intervene proactively when a pupil is suspected of being low in mood or potentially suicidal. Wherever possible, they should be encouraged to speak about their feelings.

- Ask directly if the pupil has ever thought about death or ending their own life.
- Ask directly if they feel they would like to die / be better off dead / make life better for others if they were dead.
- 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 plan or 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.

Pupil Believed to Have Suicidal Thoughts

If a pupil discloses suicidal thoughts, or if you continue to suspect such thoughts are present, then it is important that you recognise that you do not deal with it by yourself. Seek advice and support. When with the pupil:

- *Listen* to what they are saying. Take it seriously and make it clear that you genuinely care about them. Do not make light of it, criticise or be judgmental.
- *Reassure* them that things can and probably will get better – that there is hope for the future.
- 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.
- At the end of the conversation, *ensure the pupil is not left alone and seek help rapidly*.
- Take the pupil to Surgery for an *immediate mental health assessment*. If this is not possible, take the pupil to Accident & Emergency at hospital.
- Inform the safeguarding team of what you have been told, by raising a report on My Concern.
- DSL to liaise with MASH and GP surgery to ensure that professional support is made available e.g Child and adolescent mental health services (CAMHS) is used as a term for all services that work with children who have difficulties with their emotional or behavioural wellbeing. Services vary depending on local authority. Most CAHMS have their own website, which will have information about access, referrals and contact numbers.

Pupil Who Has Attempted Suicide

Most suicide attempts do not result in death and it may not always be possible to be sure that a pupil has attempted suicide. The pupil herself may be unclear whether or not she really intended to die; and, in some cases, an act of self-harm may look objectively similar to an attempt to end life, the difference lying only in the *intent* behind the action.

It is vital that all instances of *suspected or attempted* suicide are taken seriously. While some incidents may fit the description of a “cry for help”, rather than a fixed intention to die, they still indicate the presence of a

significant level of distress. Suicide attempts may suggest that the person is indifferent to whether they live or die, and someone who has attempted suicide once is significantly more likely to make a subsequent attempt.

Urgent help should be sought for a pupil who has taken any action which looks as if it may indicate suicidal intent, through Surgery, Accident & Emergency or dialling 999 (as appropriate). A member of the safeguarding team should be informed through a My Concern report (working hours) or by phone (outside working hours).

If a pupil is to return to School following a suicide attempt, this should be properly risk-assessed and the impact of the return on other pupils considered. A detailed Pastoral Action Plan and Safety Plan and Risk Assessment with a sign off from either the hospital or professional for the pupil should be in place before the return. The Deputy Head (Pastoral and Boarding) will be involved in co-ordinating the return to School.

RESPONSE TO A DEATH BY SUICIDE

Immediate Response

Following the death of a member of the School by suicide or suspected suicide, the School's response will be led by the Headmistress and the rest of the Senior Leadership Team.

External support may be sought from various sources, including the Samaritans Step by Step Service (0808 168 2528 or stepbystep@samaritans.org).

Priorities in the early stages of the response will be:

- Dealing with the immediate aftermath of the event (police and emergency services; informing family; offering immediate support to those involved with the incident).
- Ensuring the School community is informed of the death in the most appropriate way.
- Ensuring pastoral care is on hand for all those who need it, to reduce distress and minimise the risk of "copy-cat" suicide attempts.
- Planning subsequent communication and response strategies.

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 (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 Headmistress. 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	UNHELPFUL PHRASES
<ul style="list-style-type: none">•A suicide•Die by suicide•Take one's own life•A suicide attempt•A completed suicide•Person at risk of suicide•Help prevent suicide	<ul style="list-style-type: none">•A successful suicide attempt•An unsuccessful/ failed suicide attempt•Commit suicide•Suicide victim•Just a cry for help•Suicide-prone person

Further Help & Advice

If you suspect a pupil may be having suicidal thoughts, you should not try and deal with it alone. Rapid assistance should be sought.

Within School

- DSL (Rachel Whitton) – 01344 898319 / 07715 085300
- Surgery – 01344 898310 / 07738 032505
- Gainsborough Medical Practice – 01344 428742
- School Counsellor (Marion Jemmett) - mjemmett@heathfieldschool.net

Outside Agencies

These can offer support to both you and the pupil.

Samaritans

24-hours, 365 days a year

☎ 08457 90 90 90

✉ jo@samaritans.org

🌐 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.

☎ 0800 068 41 41

📱 SMS: 07786 209697

✉️ pat@papyrus-uk.org

🌐 <http://www.papyrus-uk.org/>

ChildLine

☎️ 0800 1111

💻 1-2-1 online chats with a Childline counsellor are available through the website:

<http://www.childline.org.uk/Talk/Chat/Pages/OnlineChat.aspx>

Sane Mental Health Helpline

6 – 11 p.m., 365 days a year

☎️ 0845 767 8000

Staff with Suicidal Thoughts

The School will support staff with any disclosure or report of suicidal thoughts. This will be raised to the Headmistress and the LADO will be consulted where necessary.

In the same way as we look to offer a discussion or counselling to our pupils, our staff are entitled to use of the support available. Their privacy will be upheld and working plans created to ensure their working environment is safe and we are taking reasonable steps to help them.

The School will achieve a safe and healthy workplace by:

- Promoting good mental health and de-stigmatising mental health problems.
- Reducing stress at work.
- Preventing and taking action against bullying and harassment.
- Extending support and counselling services.
- Educating staff on signs and symptoms.

Related Policies

- Anti-Bullying Policy
- Equal Opportunities Policy
- Mental Health and Wellbeing Policy
- Peer on Peer abuse Policy
- Safeguarding Children and Child Protection Policy

Appendix

Based on NHS harmLESS suicidal risk assessment:

[Heathfield harmLESS assessment](#)



Microsoft Forms

Assessing self-harm and planning support - harmLESS survey

harmLESS provides a series of questions you can ask a young person.

How they answer these questions will inform a plan about the type of support they might require.

If at the end of this you are still unsure or worried about a young person then phone your local CAMHS team.

* This form will record your name, please fill your name.

1. h - How long have you had thoughts of wanting to hurt yourself?

- Less than 2 weeks
- More than 2 weeks

2. a - Have you Actually harmed yourself?

- Yes
- No

3. r - Have you Recently harmed yourself?

- Yes
- No

4. m - Have you harmed yourself More than once?

Yes

No

5. L - Have you ever thought that Life is not worth living?

Yes

No

6. E - Have you made any plans to End your life?

Yes

No

7. S - Have you ever Secretly tried to end your life?

Yes

No

8. S - Is anyone Supporting you at the moment?

Yes

No

HEATHFIELD SAFETY PLAN

I.1

Details

Name	Year	House

Parent Name	Contact email	Contact Number

Professional/ Agency Support Name	Contact email	Contact Number

Background <i>(...has been absent from school due to...)</i>
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<p>Changes to attendance</p> <p><i>Collaborate with the student, parent/guardians and others to decide on a plan for when the student will return and how many days/periods they will be at school. Plan to gradually increase student attendance of the first week or fortnight. Consider the benefits of late starts/early leaving. Consider allowing the student to temporarily work independently in a supervised area (e.g. the library). Highlight the times/periods the student will be attending on a timetable and attach to this plan. Ensure all attendees have their own copy of this revised timetable.</i></p>

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<p>Changes to Work</p> <p><i>Collaborate with the student, parents/guardians and others about tasks and content it is essential for the student to catch up. Be mindful of overwhelming the student. Consider reducing expectations. E.g. the student focuses on core</i></p>
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or favorite subjects only for a period of time or does not do some missed assessment tasks. Consider if special provisions for tests and exams required.

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1.2 SUPPORT

Signs that is feeling overwhelmed

Warning signs

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-

1.3 STRATEGIES IN SCHOOL

Things can do to feel better & places can go

Coping strategies

-
-
-

People or places can go

Coping strategies, distractions

-
-
-

People who will ask for help

-
-
-

2. SCHOOL WILL

Consider:

- What can teachers do in the classroom to support the student (e.g. not call on them, allow them go to for a drink, let them listen to music, allow the student to go to first aide for some quiet time). Make sure all teachers are aware of these supports
- Ensuring teachers are aware of and support of any changes to the student's timetable & workload
- Discussing with the student what they will tell peers about their absence

	<ul style="list-style-type: none"> • Identify supports amongst the students’ peers and offer support for these students if required • Which staff need to be made aware of this plan & what details they need to know, being mindful of the student’s right to privacy • Being flexible around attendance and work requirements • Providing a safe place and person for the student • Providing a time out card to the student so they can leave class discreetly • Creating a calm plan or safety plan for students who are anxious or experiencing suicide ideation
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2.1 PARENT/ GUARDIAN

	<i>Parent/ guardian will take the following actions to help return to school</i>
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2.2 MONITORING

	<ul style="list-style-type: none"> • Attendance data • Tasks completed • Participation in class • Student observations • Parent observations • School/Wellbeing observations
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2.3 OTHER CONSIDERATIONS

	<p>Other Factors to consider:</p> <ul style="list-style-type: none"> • The important role relationships play in increasing connectedness/engagement
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- Identify a supportive staff member who can check in with the student
- Some kind of reward system or a way of acknowledging the students efforts to improve their attendance
- Student visits to surgery for respite
- Providing an alternative to just leaving school e.g. checking in with surgery, HOH or working independently in a supervised area like the library
- Participation in specialist classes like PE that the student may be avoiding
- Building social connections & ensuring the student feels safe in the School
- Additional family support via community services

2.4 TIMELINE

Safety plan will be regularly reviewed and altered at any point in order to meet the needs of the pupil and the school

Description	Date	
Return to school		
Review		

3. DECLARATION

All those involved sign the safety plan to agree it as a step in supporting the pupil and their return to school

Pupil
Parent
School

Date:
Date:
Date: