SUICIDE PREVENTION POLICY

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Reviewed:	Autumn 2026 (Annually)	**Next review due:**	Autumn 2027
Approved by:	Andrea Bell	**Date approved:**	September 2026

New Road Academy Suicide Prevention Policy

The aim of New Road Academy prevention of suicide policy is to protect the health and wellbeing of all students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.

New Road Academy:

1. Recognise that physical, behavioural and emotional health is an integral component of a student's educational outcomes
2. Further recognise that suicide is a leading cause of death amongst young people in Europe
3. Has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
4. Acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place young people at greater risk for suicide and one which helps foster positive youth development

It is written in relation to the *Suicide Prevention Strategy for England (2023-2028).* This strategy expects schools to have a safe, calm, supportive environment; early, targeted support for those who need it, as part of the broader mental health strategy. The strategy also links closely with the RSHE guidance (Relationships, Sex and Health Education) that looks at suicide and self-harm prevention more explicitly.

Strategies for school-based prevention, intervention and postvention of suicidal behaviour are needed because young people spend a considerable amount of their time at school. Suicide prevention demands a multi-sectorial approach, it can be an important issue not only within the health sector, but in non-health sectors such as the educational sector as well.

This policy covers actions that take place in the school, on school property, at school functions and activities, on school transport and at out- of-school events where school staff are present.

This policy applies to the entire school community, including teachers, school support staff, students, parents/guardians, external agencies supporting school and volunteers. This policy will also cover appropriate school responses to suicidal or high-risk behaviours that take place outside of the school environment.

Definitions:

- BEEU (Formerly CAMHS: Child and Adolescent Mental Health Service) that provide assessment and support for young people under the age of 18 who are experiencing emotional and mental health issues. This can range from anxiety to psychosis and suicidal intent.
- High Risk: A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behaviour suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness and the inability to tolerate any more pain. This situation would necessitate a referral for further intervention from external agencies, as documented in the following procedures.
- Kooth: A free online support service that any young person can access from a phone or computer with internet access.
- LGBTQIA+: Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex and Asexual/Aromantic
- Mental health: A state of mental and emotional being that can impact choices and actions that affect wellness.
- Postvention: Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support to help survivors cope with a suicide death, address the social stigma associated with suicide and disseminate factual information after the suicide death of a member of the school community.
- Risk assessment: An evaluation of a student who may be at risk for suicide. This is normally conducted by a trained medical professional such as a school nurse or BEEU worker, in conjunction with school leaders and the Designated Safeguarding Lead. This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems and other relevant risk factors.

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- Risk factors for suicide: Characteristics of conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological and social factors in the individual, family and environment.
- Self-harm: Behaviour that is self-directed and deliberately results in injury or the potential for injury to oneself. This can be categorised as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, young people who engage in self-harm are more likely to attempt suicide.
- Suicide: Death caused by self-directed injurious behaviour with any intent to die as a result of the behaviour. *Note: The coroner's or medical examiner's office must confirm that the death was a result of suicide before any school official may state that this is the cause of death.*
- Suicide Attempt: A self-injurious behaviour for which there is evidence that the person had some intent to kill him/herself. A suicide attempt may result in death, injuries or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live are a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.
- Suicidal Behaviour: Suicide attempts, intentional injury to self that is associated with some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.
- Suicide Contagion: The process by which suicidal behaviour or a suicide influences an increase in the suicidal behaviour of others. Guilt, identification and modelling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.
- Suicidal Ideation: Thinking about, considering or planning for self-injurious behaviour which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

Risk Factors and Protective Factors:

Risk factors include characteristics which increase the likelihood that an individual will consider, attempt, or complete suicide. Risk factors include: a psychiatric disease (e.g. depressive disorder, substance use disorder), a somatic disease (e.g. medical conditions causing chronic pain), early negative life experiences (e.g. losing a parent at an early age, abuse), personal characteristics (e.g. hopelessness, impulsiveness), and previous suicidal behaviour. Risk factors are not static during the life and may differ from country to country. It is important to recognise that most people with mental health problems or other suicide risk factors do not engage in suicidal behaviour.

Protective factors include characteristics which make it less likely that individuals will consider, attempt, or complete suicide. Examples of potential protective factors are positive self-image, adequate problem-solving behaviour, appropriate help-seeking behaviour, and social support.

It is important for school staff to be aware of student populations that are at elevated risk for suicidal behaviour based on the following factors:

- Students living with mental health and/or substance use disorders
- Students who engage with self-harm or have attempted suicide
- Students who are in care / looked after
- Students who are homeless (or sofa surfing)
- LGBTQIA+ students
- Gender questioning children
- Students who have been bereaved by suicide
- Students living with medical conditions and disabilities

Warning Signs:

Within the prevention of suicide, it is important for teachers and other school staff to be aware of strategies to detect students at risk and strategies to intervene with students at risk. Direct warning signs that a student is thinking about suicide are as follows:

- Talking (or writing) about wanting to die or hurt or kill themselves
- 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 themselves, such as searching online for suicide methods or seeking access to firearms, pills, rope or other means of suicide

Other indicators of suicidal ideation can include the following signs:

- Withdrawal from family, friends and society or feeling isolated
- Deterioration in work or social functioning
- Changes in personality, mood or behaviour – such as extreme mood swings, acting anxious or agitated or behaving recklessly
- Changes in eating or sleeping patterns
- Showing rage, uncontrolled anger or talking about seeking revenge

The clearest and direct warning signs for suicide are behaviours that indicate the person is thinking about or planning suicide or is preoccupied or obsessed with death. Suicide warning signs may be spoken, appear in student work, e.g. essays, in text communications, social media or reported by another student or teacher. Other warning signs are more indirect changes in behaviour which may indicate someone is experiencing a mental health problem, which may include suicidal thoughts or plans.

The risk is higher if a behaviour is new or has recently increased in frequency or intensity, and if it seems related to a painful event, loss, or change.

School Based Support:

New Road Academy actively invest in the mental health of the school community:

- To increase emotional resilience and reduce vulnerability to mental health problems through the development of personal skills, self-esteem, coping strategies, problem solving skills, and self-help, which lead to an increased capacity to cope with life transitions and stress. E.g. by developing skills training for students.
- To provide better information, awareness and education about mental health and illness. E.g. by setting up awareness campaigns, aiming at improving attitudes and facilitate help seeking behaviour.
- To increase social inclusion and cohesion. This aims at ensuring a warm and safe school climate and can include raising awareness and reducing stigma and discrimination (e.g. regarding minority groups) or developing supportive environments (e.g. self-help networks).
- To provide better (and more) health and social care services, especially for currently underserved populations with unmet needs.
- To provide better social protection and social support, especially for persons at risk or affected with mental disorders, particularly those in socially disadvantaged groups. E.g. by training gatekeepers in how to identify and deal with students at risk, by providing extra support for students at risk
- Providing parents and carers with information, advice and further guidance about mental health issues including how to recognise warning signs and how to support their child/children whilst at home in their care.

Access to school based mental health services and support directly improves students' physical and psychological safety, academic performance, cognitive performance and learning, and social-emotional development. At New Road Academy, we provide access to fully qualified counsellors in addition to the support that is provided by Telford and Wrekin Council, which include school nurse, BEEU, and Family Connect. The school counsellors are in school for 2 days a week and provide a confidential support service to any student who feel that they need additional help with their emotional wellbeing. The Learning Community Trust also has access to 2 further counsellors who offer support too. To assess this support the student, or their parent/carer, only has to speak to a member of staff and this information is passed to the Assistant Headteacher responsible for Safeguarding, the Deputy Designated Safeguarding Lead (DDSL), Safeguarding Officers (DSO) or the Family Liaison Officer (FLO) for referral into the counselling team.

In addition to specialised support being available in school, a student panel has been set up to help develop the emotional welfare and mental health of students in school, via the student council. These students will help ensure that the school environment is safe, happy, caring and deals effectively with any issues that arise which may impact on student emotional health and welfare – which will include child on child abuse. These students meet regularly in a

variety of age/demographic groups to discuss these issues and look at further ways to support the need that might arise.

Student Leaders are also available for students to talk to other peers about any issues that are upsetting or worrying them. The student leaders are provided support and advice and know who to refer to should a student disclose information to them in regards to the student's safety or emotional wellbeing.

We are also utilising support from Recharge for self-harm, STARS for any substance misuse as well as liaising with other agencies for emotional support through sports and physical activities.

We are in regular contact with parents and students, including student leaders and senior students to look at how to improve and develop our student wellbeing in school. This is collected in addition to the work from the student council.

Child on Child Abuse

Investing in mental health also means supporting school safety and building a school climate in which topics such as depression, fear and stress can be talked about and coped with. Reducing child on child abuse is key in ensuring a safe school climate. Research shows that bullying (and cyberbullying), harassment and victimization among students can contribute to mental disorders and increase suicide risk. These topics are explored through Personal Development sessions (following RSHE guidance) are age appropriate, focusing on recognising the signs of suicide risk, self-harm, myth busting and safe ways to ask for help. Staff delivering these sessions are trained and materials regularly reviewed. Please note that talking about suicide does *not* increase a child risk.
Please refer to the Child Protection and safeguarding policy available on the school website for more information.

LGBTQIA+ Students

It is known that LGBTQIA+ students are more at risk of suicide due to the higher risk of experiencing discrimination, family rejection, harassment, bullying, violence and victimisation. As with any child on child abuse, New Road Academy will not tolerate any negative treatment of a student who is targeted due to their sexuality. Any student who is struggling with their sexuality or feels that they need support can access this through any member of staff in school. We also offer a support group/club specifically for LGBTQIA+ students. Where necessary involvement of an external agency for support would be discussed with the student and parent/guardian/carer if appropriate. Further referrals to school counselling can also be offered. This level of support is also available for gender questioning students

Prevention

- The school designated safeguarding lead (DSL) and deputy designated safeguarding lead (DDSL) are responsible for planning and coordinating the implementation of the suicide prevention police in school. All staff members are expected to report any student who they feel are at elevated risk of suicide to the DSL or DDSL as soon as they are aware of the concern.
- All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention and resources regarding suicide prevention for students.
- Developmentally appropriate, student-centred education materials will be integrated into the Personal Development curriculum. The content of these age-appropriate materials will include:
    - The importance of safe and healthy choices and coping strategies
    - How to recognise risk factors and warning signs of mental health issues and suicide in oneself and others
    - Help-seeking strategies for oneself and others
    - Access to support sites and resources to address any issues that arise from these sessions – such as referral to school nurse, BEEU or Kooth

Assessment and Referral

When a student is identified by a member of staff as potentially suicidal, i.e. verbalises about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm resulting in injury occurs or a student states that they

intend to harm themselves when they leave school, the student will be referred directly to the school DSL or DDSL for support.

If the student is considered to be at high risk of suicide the DSL or DSSL will contact parents/guardian/carer to request that the student is taken directly to A and E for a suicide risk assessment. If the student requires emergency medical attention or it is not possible to contact a parent, guardian or carer, emergency services will be contacted to collect the student.

The student will remain supervised by staff to ensure their safety until they are collected by parent/guardian/carer or medical staff.

If the student is already known to social services, BEEU or other mental health services, this support team will be contacted in the first instance to ascertain if this risk assessment can take place in school and obtain further advice. This is usually via the BeeU Crisis team (details of which will be kept secure within the CPOMs safeguarding reporting system)

In all instances of suicidal ideation, the student's parents, guardian or carer will be asked for permission to refer the student to Family Connect so that additional support can be made available to the student and family.

Responding to a student who displays warning signs or discloses suicidal intent

- Talk to the student in a private and confidential manner. Express that you're concerned and specify why you are concerned, by mentioning what you've noticed (e.g. specific warning signs or changes in behaviour or concentration).
- Take all suicide threats seriously.
- Keep calm, listen actively (without judgment), express you care and offer your help.
- Don't defend the 'value of life' or induce guilt, this doesn't help the student.
- Stress the possibility and availability of professional help (refer to the resources) and offer help. You could offer to find telephone helpline numbers, or websites, or help in seeking a doctor or mental health professional.
- It is a myth that asking about suicide puts the idea into people's head. Ask what is on the student's mind, what are his/her feelings. If the student acknowledges he/she struggles with a (mental health) problem, explain that there are staff in school who can support.
- Inform the DSL/DDSL and Head of Year (HOY) and request support immediately.

What things can I look out for?

The first step in talking about suicide is recognising that a young person may be at risk. There is no definitive guide on how to know if somebody is thinking about suicide because anybody can be at risk – however there are some things you can look out for. Often young people thinking about suicide will have experienced a stressful event associated with a feeling of loss. This might be something others might consider to be small but hold great meaning for them, for example the loss of a family pet, or they might have experienced a life event such as parent separation, bullying or domestic abuse. People who are experiencing thoughts of suicide give out 'invitations' to ask for help. Invitations are signs of distress that invite help. Anything the person at risk says, does or makes you feel might be an invitation. Accept invitations: follow your intuition; explore the meaning of things you seen and hear.

Invitations could be:

Actions:

- Giving away possessions;
- Withdrawal (family, friends, school);
- Loss of interest in sports and leisure;
- Misuse of alcohol, drugs;

- Impulsive/reckless behaviour;
- Self-harm;
- Extreme behaviour changes.

Physical:
- Lack of interest in appearance;
- Disturbed sleep;
- Change/loss of appetite, weight
- Physical health complaints

Words:
- "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 am a burden to everyone."
- "I can't do anything right."
- "I just can't think straight anymore."

Feelings:
- Desperate;
- Angry;
- Guilty;
- Worthless;
- Lonely;
- Sad;
- Hopeless;
- Helpless.

Almost anything could be an indicator and often the key is that if something feels not quite right it is worth trusting your intuition and exploring what might be happening for the young person.

How do I ask about suicide?

Ask them directly, "Are you thinking about suicide?" By using the word suicide, you are telling them that it's OK to talk openly about their thoughts of suicide with you. You could also say:

- "Are you telling me you want to kill yourself/end your life/die/die by suicide?"
- "It sounds like you're thinking about suicide is that right?"
- "Sometimes, when people are feeling the way you are they think about suicide. Is that what you're thinking about?"
- "It sounds like life feels too hard for you right now and you want to kill yourself, is that right?"

If they are not having thoughts of suicide, that's OK. They will tell you so. If you are still concerned, then keep exploring why your concerns remain until you are clear that suicide is not part of their thinking. If they are not having thoughts of suicide, nothing is lost by having the conversation; you will have developed suicide-safety for and with that pupil now and for the future. You may have other actions to follow up on which help them with other issues arising from the conversation.

If a young person indicates that they have been thinking about suicide, listen and allow them to express their feelings. They will likely feel a huge sense of relief that someone is willing to hear their darkest thoughts without judgement. Reassure them that they are not alone and you can look for support together. Let the young person know that there is help and hope. NOTE not everyone is ready to open up straightaway. Don't ask about a suicide plan until you have explored their thinking. Be patient. Don't suggest "what about…" Be persistent but wait for their turning point. You will feel it.

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Helpful and /unhelpful language when talking about suicide with young people.

Be kind and supportive but also be direct. Do not leave room for misunderstanding. PAPYRUS recognises that language helps as well as harms. Using sensitive and appropriate language can help build awareness and understanding to increase empathy and support. You could say

"Ended their life"
"Took their own life"
"Died by suicide"
"Killed themselves"

Unhelpful Language when talking about suicide.

- "Successful suicide" - Talking about suicide in terms of success is not helpful. If a student dies by suicide it cannot ever be a success. We don't talk about any other death in terms of success: we would never talk about a 'successful heart attack.'
- "Commit suicide" - Suicide hasn't been a crime since 1961. Using the word 'commit' suggests that it is still a crime (we 'commit' crimes), which perpetuates stigma or the sense that it is a 'sin'. Stigma shuts people up – students will be less likely to talk about their suicidal feelings if they feel judged.
- "You're not thinking of doing anything stupid/silly are you?" - This judgemental language suggests that the person's thoughts of suicide are stupid or silly, and furthermore, that the young person is stupid or silly. When faced with this question, most pupils will deny their thoughts of suicide, for fear of being viewed negatively. This is dangerous. You become someone it is not safe to talk to about suicide.
- "Unsuccessful or failed suicide" - Students who have attempted suicide often tell us, "I couldn't even do that right… I was unsuccessful, I failed". In part this comes from unhelpful language around their suicide behaviour. Any attempt at suicide is serious. Young people should not be further burdened by whether their attempt was a failure, which in turn suggests they are a failure.
- "It's not that serious." - Every suicide attempt is serious. By definition: they wanted to take their own life. All suicide attempts must be taken seriously as there is a risk to life. An attempt tells us that the young person is in so much pain they no longer want to live. This is serious.
- "Attention seeking." - This phrase assumes that the student's behaviour is not serious, and that they are being dramatic to gain attention from others. However suicide behaviour is serious. Students who attempt suicide need attention, support, understanding and help.
- "It was just a cry for help." - This dismissive phrase belittles the young person's need for help. They do indeed need you to help: they are in pain and their life is in danger. They may feel they are not being taken seriously, which can be dangerous.

In-school suicide attempts

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

- First aid will be administered until emergency services arrive
- School staff will supervise the student to ensure their safety
- The DSL / DDSL and HOY will be notified immediately
- Staff will remove other students out of the immediate area as soon as possible
- The student's parents/guardian/carer will be contacted as soon as possible
- If contact for a family member is not possible, a member of school staff will accompany the student with the emergency services until contact has been established

Out of school suicide attempts

If a member of staff becomes aware of a suicide attempt by a student that is in progress and out of school, the staff member will:

1. Call 999 for emergency services immediately
2. Inform the student's parent, guardian or carer

3. Inform the school DSL / DDSL as soon as possible. The DSL/DDSL will then inform the HOY when appropriate to do so.

The member of staff will continue to supervise the student until the emergency services arrive to ensure that the student remains safe.

This procedure will also be followed if a student indicates online that they are intending to attempt suicide and this is seen by a staff member.

Re-entry to school

For students returning to school after a mental health crisis, the deputy designated safeguarding lead, Head of year will meet with parents/guardian and, if appropriate, the student to discuss their return to school. This will include:

- Completing a risk assessment and identifying a support package for the student and family
- Identify additional agencies that can support the student and family and complete referrals as appropriate
- The parent/guardian/carer will be requested to provide appropriate written documentation from a mental health care provider that the student has undergone an assessment and is considered to no longer be a danger to themselves or others
- The designated staff person (chosen by the student where possible) will periodically check in with the student to help the student readjust to the school community and address any ongoing concerns.
- Where appropriate an Early Help Assessment will be established to continue multiagency communication and support for the family and student.
- If a child is already known to mental health services, the DSL/DDSL will ensure they are part of this re-integration process to ensure that all areas are covered within the plan.

Parental notification and involvement

- In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent, guardian or carer will be informed as soon as possible by the DSL or DDSL. Staff will also seek permission to refer to external mental health professionals and support services.
- Through discussion with the student, the DSL or DDSL will assess whether there is further risk of harm due to parent, guardian or carer notification. If the DSL or DDSL believe, in their professional capacity, that conveying the parent, guardian or carer would endanger the health or well-being of the student, this may delay such contact as appropriate. If contact is delayed the reasons for this delay should be documented and Family Connect notified of this information.
- Parents/guardians/carers must contact school if their child has disclosed any suicidal intent or attempted suicide so that support can be put in place for when the student returns to school, this will include if a student is hospitalised following a suicide attempt
- Parents/Guardians/Carers must notify the school of any changes to contact details so that they can be contacted in an emergency. If the parent/guardian/carer knows that they are going to be unavailable for a period of time, they must provide school with alternative contacts, such as grandparents, and provide consent for school to speak to these contacts in an emergency. This also includes social workers if a student has one allocated.
- Parents/Guardians/Carers are also encouraged to report any change in circumstances that could impact on the emotional wellbeing of their child. All information that parents/guardians/carers pass onto school is treated with confidence and is only used to support the student. These concerns can be reported directly to Heather Murphy, DSL or Letitia Suarez, DDSL on 01952 951412. They may also use email to contact the DSL/DDSL (heather.murphy@lct.education or letitia.suarez@lct.education)

Postvention

If there is a death from suicide in the school community, the school DSL or DDSL alongside the Headteacher will liaise with Telford and Wrekin Council to develop an action plan to guide the school response to the death.
A meeting of relevant senior school staff should take place to implement an action plan immediately following the news of a suicide death. The action plan may include the following steps:

- Verify the death. Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, student's parent/guardian/carer or police. Even when a case is perceived as being an obvious instance of suicide, it should not be categorised as such until the cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parents/guardian/carers will not permit the cause of death to be disclosed, the school will not share the cause of death but will continue to discuss suicide prevention with students when appropriate.
- Assess the situation. An appropriate team in the school will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and determine which students are most likely to be affected. The team will also consider how recently other traumatic events have occurred in the school community and the time of year of the suicide. If the death occurred during a school break, such as half term or summer holidays, the need for, or scale of postvention activities may be reduced.
- Share information. Before the death is officially classified as suicide by a coroner, the death can be reported to staff, students and parents/guardians/carers with an acknowledgement that the cause of death is unknown. A statement should be provided for staff to share with students that includes the basic facts of the death and known funeral arrangements, recognition of the sorrow the news will cause and information about resources available to help students cope with grief. This information could also be sent home to parents/guardians/carers with details of resources available out of school for students and families to access
- Avoid Suicidal Contagion. It should be explained to staff that one purpose of trying to identify and give support to other high-risk students is to prevent another death. An appropriate team of staff in school will identify students who are most likely to be significantly affected by the death. All staff will be provided with a review of information in regard to suicide warning signs and procedures for reporting students of concern.
- Initiate support services. Students identified as high risk will be assessed by the school nurse to determine the level of support needed. SLT Staff in school will coordinate support services for students and staff in need of individual and small group counselling as needed. Any students who are affected by the death will be offered support through the Early Help process if required.
- External communication with the media will only be undertaken by the Head Teacher/Principal or deputy head teachers. Staff are encouraged not to comment about any student death to any media or social media outlets
- All parents will be encouraged to monitor their children's activity on social media and networking sites and provided information about suicide warning signs and where to go for support.

Messaging and Suicide Contagion

Research has shown a link between certain kinds of suicide-related media coverage and increases in suicide deaths. Suicide contagion has been observed when:

- The number of stories about individual suicides increases
- A particular death is reported in great details
- The coverage of a suicide death is prominently featured in the media
- When the headlines are framed dramatically

Research has also shown that suicide contagion can be avoided when the media report on suicide responsibly.
Contagion can also play a role in cases of self-harm behaviour. These behaviours may originate with one student and can spread to other students through imitation. Because adolescents are especially vulnerable to the risk of contagion, in the case of a suicide death, it is important to memorialise the student in a way that does not inadvertently glamorise or romanticise either the student or the death.
However all deaths are expected to be treated in the same way and the level of support to the family should not change if the death is a result of suicide.

Support sites

The following sites and organisations provide advice and guidance in regard to dealing with death and suicide prevention and support:

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www.kooth.com

https://www.papyrus-uk.org

www.supportline.org.uk/problems/suicide.php

https://www.winstonswish.org.uk/death-through-suicide

https://uk-sobs.org.uk/for-professionals

https://www.samaritans.org