

STUDENTS AT RISK OF SUICIDE - SAFER COLLEGE POLICY

This document which applies to the whole college inclusive of boarding is publicly available on the college website and upon request a copy (which can be made available in large print or other accessible format if required) may be obtained from the college office.

Scope: All who work, volunteer or supply services to our college have an equal responsibility to understand and implement this policy and its procedures both within and outside of normal college hours, including activities away from college. All new employees and volunteers are required to state that they have read, understood and will abide by this policy and its procedural documents and confirm this by signing the Policies Register.

Legal Status: Complies with The Education (Independent School Standards) (England) Regulations currently in force.

Monitoring and Review: These arrangements are subject to continuous monitoring, refinement, and audit by the Principal, who will undertake a full annual review, inclusive of its implementation and the efficiency with which the related duties have been implemented. This review will be formally documented in writing. Any deficiencies or weaknesses recognised in arrangements or procedures will be remedied immediately and without delay. All staff will be informed of the updated/reviewed arrangements and it will be made available to them in writing or electronically.

Reviewed: January 2026

Next Review: January 2027

Signed

David Game
Founder

John Dalton
Principal

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Statement of purpose: David Game College is aware that suicide is the leading cause of death in young people and that we play a vital role in helping to prevent young suicide. We want to make sure that students at our College are as suicide-safe as possible and that our parents and carers, teaching staff, support staff, students and other key stakeholders are aware of our commitment to be a Suicide- safer College.

Definitions

Suicidal behaviour is any deliberate action that has potentially life-threatening consequences, such as taking an overdose. It can also include repeated risk taking which constitutes a risk of death.

Suicidal thoughts imply that someone is thinking about taking their own life. This differs from young people who, as part of normal growing up, might explore the meaning of life. Further conversations will usually establish whether someone is thinking about suicide.

Suicide is the act of deliberately ending one's own life. It is possible to die unintentionally as a result of a serious self-harm episode.

Self-harm is the term used when someone intentionally injures or harms themselves. It is a common pre-cursor to suicide and students and young people who self-harm may kill themselves by accident. **Suicide prevention** is the process of identifying and reducing the impact of risk factors associated with suicidal behaviour, and identifying and promoting factors that protect against engaging in suicidal behaviour.

Our beliefs about suicide and contributory factors: David Game College acknowledges that:

- Suicidal thoughts are common - We acknowledge that thoughts of suicide are common among young people.
- Suicide is complex.
- We believe that every suicide is tragic. There are a number of contributory factors surrounding a suicide and the reasons are often complex and individual to that person. However, we believe that there are lessons that may be learned from each death that may help prevent future deaths.
- Stigma inhibits learning – stigma can kill.
- We recognise that the stigma surrounding suicide and mental illness can be both a barrier to seeking help and a barrier to offering help. We are dedicated 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.
- Suicide is everyone's business.
- We recognise students may seek out someone who they trust with their concerns and worries. We want to facilitate the reporting of any risks or concerns.
- Safety is important.
- We want to support our students, sometimes working in partnership with family, caregivers, external agencies and other professionals where this may enhance suicide-safety.
- Suicide is a difficult thing to talk about
- We know that a student who is suicidal may find it very difficult to make their feelings known and speak openly about suicide. We will provide trained adults who are able to identify when a pupil may be struggling with thoughts of suicide.
- Talking about suicide does not create or increase risk.
- We will provide our students with opportunities to speak openly about their worries with people who are ready, willing and able to support them.

Those with personal experience have a unique role to play in the development and refinement of this Suicide-Safer policy. We will endeavour to involve anyone from our community who has personal experience of suicide in delivering information to students and, if appropriate, their parents.

Roles and responsibilities: Our Senior Leadership Team are clear about how we will respond in the event of a suicide. The Principals, Designated Safeguarding Lead (DSL), and the Mental Health Lead have a clear picture of who has received general suicide awareness education and those who have received [Applied Suicide Intervention Skills Training](#) (ASIST). The Senior Leadership, Safeguarding and Pastoral Team will follow clear procedures about how staff will work together where thoughts of suicide or suicidal behaviours are known among our students. We will manage the sharing of information in a way that enhances safety. Training in suicide prevention has now been undertaken by a number of staff.

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How we ensure an active person-centred suicide prevention and intervention policy: David Game College has a named individual John Dalton, who is responsible for the design, implementation and maintenance of this policy. We have a Pastoral Team whose members understand this policy and are trained in Suicide Prevention. The Suicide Intervention Team will be the point of escalation for any concerns about a student or young person. The Suicide Intervention Team will keep confidential records on MYCONCERN of students at risk of suicide to provide some continuity of care within the intervention model. These staff are: Farida Mohammadi and Angela Williams and Nedaa Belal (DSL)

We will endeavour to ensure that all staff are suicide aware. This means that all staff inductions will include suicide awareness, i.e. how to spot signs, what to do and how to escalate any concerns to the Suicide Intervention Team (Appendix A).

We will endeavour to ensure all students are suicide aware. This means there is an annual programme of events and campaigns that equip our students to know how to spot signs, what to do and how to escalate any concerns to the Suicide Intervention Team. These will include assemblies which introduce the team, form time activities and PSHE lessons. We want to create a community where suicide is no longer taboo and young people feel able to tell someone if they feel suicidal and ask for help.

In conjunction with the Risk Committee, the yearly risk assessment considers the physical safety of our environment including the removal of potential ligature points, restricting access to places which facilitate jumping, and securely storing harmful substances.

We recognise that the need to protect someone's life must be balanced against the need to protect their confidentiality. We therefore routinely ask all students over 18 for permission to share any serious concerns for their welfare with an emergency contact of their choice. Should any student who is known to have suffered from suicidal thoughts leave College unexpectedly for whatever reason, we will endeavour to inform their emergency contact of their vulnerable state.

We recognise that students may experience periods of poor mental health while attending our College. We will endeavour to put in place mechanisms which allow staff (that have regular interaction with the student) to be able to flag or review any concerns about individual students including suicidal thoughts. Ideally this will be flagged immediately using MYCONCERN. Students that are flagged on MYCONCERN will be reviewed regularly and routinely by Mental Health Leads and the SENCO, so that patterns of concerning behaviour can be spotted and the necessary steps put in place to keep them safe, including meeting them face to face.

When we identify a student at risk of suicide and decide to engage external services, such as hospital A&E departments or crisis centres, we will create explicit guidelines on the pathways that apply (Appendix A). Any guidelines will be developed in co-operation with the external services, and will be reviewed regularly as the provision of such services change over time.

Links between self-harm and suicide: In the majority of cases self-harm appears to be a way of coping rather than an attempt at ending life. It may be an attempt to communicate with others, to influence or to secure help or care from others, or a way of obtaining relief from a difficult or overwhelming situation or emotional state. In these circumstances, somewhat paradoxically, the purpose of the self-harming behaviour is to preserve life, although this can be a difficult concept for practitioners to understand.

A small minority of young people who repeatedly self-harm may go on to attempt suicide, although this may not what they intend to do and death can occur accidentally. The difference between self-harm and suicide is not always clear, however. Self-harm is a common precursor to suicide for the relatively small numbers of young people who make deliberate attempts to end their lives and so repeated incidents of self-harm should be considered a risk factor when assessing the risk of suicide.

In their separate forms, self-harm and suicide generally differ in terms of the intent that lies behind the behaviours.

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Practitioners should feel able to communicate with young people about their self-harming behaviours. It is important to gather information about self-harm and the young person's thought processes associated with the behaviours in order to start to understand the risks; either of serious risk to the young person's health or wellbeing, of the risk of death by misadventure, or the risk of intentional suicide.

How we help ensure a sensitive and safe suicide postvention provision: In the event of a suicide, David Game College will have a Suicide Postvention Team whose role it is to respond in the event of a suicide. Each member of the team will have a defined responsibility within our plan including leadership, family liaison and any communications with external agencies, including the media.

- DSL and Mental Health Lead– liaison with external agencies;
- Mental Health Lead – support for other students
- Principal – communication and liaison with families

Postvention means: activities which reduce risk and promote healing after a suicide death

If a student is bereaved by suicide we will endeavour to support them in College and use external agencies. See Appendix C for details. We will support authorities if there is an inquest after someone has died by suicide in our College but will be mindful of the distress an inquest causes to the bereaved people. We will also be mindful of the impact supporting an inquest can have on staff. Further details are available: <https://www.gov.uk/government/publications/child-death-review-statutory-and-operational-guidance-england>

We will record and monitor deaths by suicide and the impact on the community. This will include on-going monitoring of student deaths including suicides, suspected suicides and self-harm. Monitoring of self-harm is done through a collection of information from MYCONCERN, external services and information disclosed by students.

We will also:

- Provide information about services/sources of bereavement support to students after a suicide.
- Survey students regarding how supported they feel.
- Assess the impact of interventions on staff.
- Review lessons learned and any suggested changes to procedures and provisions of well-being services.
- Identification of multiple events, such as two suicides in a relatively short period of term (e.g. one term) which may indicate a possible suicide cluster, including investigating possible connections between individuals, their circumstances and their suicidal behaviour. Multiple suspected suicides may not be connected, but may contribute, in some vulnerable individuals, to thoughts of suicide as a way of dealing with problems. Where concerns arise regarding a possible suicide cluster we will immediately communicate with the local authority Public Health Suicide Prevention Lead and collaborate closely with them to develop a response plan.

Ongoing support and development of our policy and practice: The DSL and Mental Health Lead will ensure that ongoing reviews take place and that processes are updated in line with best practice and that on-going training is undertaken when necessary. Where possible, we will include or consult with members of our community who have personal experience of suicidal ideation, either their own or as a concerned other, in the design, development and continuous refinement of this policy. We will refresh and update our information and training and we will share it across our community as part of our suicide awareness raising campaigns. See Appendix B for more information.

Appendix A – Papyrus advice for staff

As staff, we will do our best to support students but we are not experts. Our aim as a College is to keep students “safe for now” while that young person, their parents/carers and College work to secure specialist help for them.

What do I do when I have concern about a College child?

Q: What do I do when I have a concern about a young person?

A: A concern is just that. It is not a judgement or an outcome; it's a concern. Whatever it is that makes you worried or

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questioning about the young person, may well be worth exploring. This may include a conversation with other adults (staff/parents/carers) but it is very important that the young person is your central focus. Check out how the young person is by communicating directly with them. Let the young person know what you are concerned about. What have you seen (do they seem sad or not their usual self?) What have you heard them say that makes you concerned? Is your instinct telling you that something is concerning?

Q: How will I know if a young person is suicidal?

A: If young people are having thoughts of suicide, they will usually find a way to communicate this. This is unlikely to be an explicit verbal communication about suicide. Few young people feel that they can be open about suicidal thinking or tell someone when they are struggling with their emotional health and wellbeing. When suicide is part of a young person's thinking, they usually show this in their behaviour, in how they interact and in how they communicate. It is not possible to provide a definitive checklist of things to look out for to help to identify a young person who is thinking about suicide. Every young person is different. However, when you notice changes in the way a young person is behaving or communicating, and it is causing you concern, you must explore your concern with them.

In order to find out if a young person is suicidal the most effective way is to ask them directly if they have thoughts of suicide and if they do, you should ask if they have any specific or firm plans to take their own life. If you do not feel able to ask this question, or you know that there is already concern/knowledge about the student, then please liaise with/seek assistance from the Suicide Intervention Team.

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 see and hear. Invitations could be:

Actions:

- Giving away possessions;
- Withdrawal (family, friends, College);
- 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."

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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 student 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.

How do I talk about suicide safely?

Here are some ways you can continue a conversation about suicide in a reassuring, safe way:

- "It's not uncommon to have thoughts of suicide. With help and support many people can work through these thoughts and stay safe."
- "There are organisations that offer support like PAPYRUS HOPELineUK. I can give you their contact details."
- "You've shown a lot of strength in telling me this. I want to help you find support."
- "There is hope. There is help available and we can find it together."
- "It sounds as though things are really hard at the moment... Can you tell me a bit more?"
- "Things must be so painful for you to feel like there is no way out. I want to listen and help."
- "Take your time and tell me what's happening for you at the moment."
- "It's hard and scary to talk about suicide but take your time and I will listen."
- "Can you tell me more about why you want to die?"
- "I am so sorry you're feeling this way. Can you tell me more about how you are feeling?"

Think about the tone of voice you use and allow plenty of time for the young person to answer and also for there to be

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periods of silence.

- Be led by the young person and the pace that they want to have the conversation.
- Ask if they have any active plans to take their own life.
- Ask if they want to die or whether they just want whatever is happening in their life to stop/feel better. A positive answer to the latter can be very reassuring for staff and parents alike.

How are self-harm and suicide related?

Q: “I know that a young person has self-harmed but how do I know whether it is suicide-related?”A: Self-harm is often a precursor to suicide but usually isn't. Those who engage in self-harm do not all go on to take their own life. Those who die by suicide do not always have a history of self-harm. If you have a concern about a young person because of self-harm, you should treat it like any other concern. You may need to explore with the student what is happening for them and if you think that suicide may be part of their thinking, ask them directly about suicide.

Q: “I know that a young person is having thoughts of suicide – what do I do?”

A: So, the person has told you they are thinking about suicide. You may have asked them or they may have told you. This can be a challenging space for you and you may feel ill-equipped here. Be assured that you cannot make things worse by asking the suicide question.

Sometimes students will tell you or others that they are thinking about suicide during a class. If this happens you should respond in a calm and sensitive way. Don't dismiss what they are saying. The student is asking for help, and you need to respond. You might be feeling unprepared for the disclosure, but your calm and sensitive response will let the young person and others in the class know that they can talk about suicide openly and non-judgementally with you. As soon as possible encourage the student to move to a more private place, where you can have an open conversation about their disclosure. You should also check in with the class and let them know where they can find sources of support.

Once you have had a conversation with a student who has said they are having thoughts of suicide, you will need to accompany them to a member of the Suicide Intervention Team who will instigate ASIST (Applied Suicide Intervention Skills Training). However, don't underestimate the importance of what has been established by your asking the question or receiving the information that a young person has been thinking about suicide. That they have shared this with you means there is an increased level of trust. You need to tell the student that you must share information with others in order to help keep them safe. You have to share with others that a young person is at risk of suicide and why they are having suicidal thoughts.

What do I do if there is imminent risk of death or harm?

Q: “I know that a young person has engaged in suicidal behaviour – what do I do?”

A: If you determine that a young person has acted in a way that puts their life in danger, act quickly to keep them safe and ensure that there is no imminent risk. If they have taken an overdose **you need to contact the emergency services – Ambulance and Police**. If the young person has taken steps to end their life it is important that the young person does not feel judged or shamed for their suicide behaviour. Try to remain calm, even though you might be feeling scared, confused, upset or frustrated. It is helpful to ask the young person whether they are having thoughts of suicide. It may seem obvious in light of their behaviour, but asking clearly about suicide allows you to have an open and non-judgemental conversation about suicide. Ensure that you are able to have a conversation confidentially and that other students are not around. You may have called for help, but in the meantime, you might be best placed to stay with the young person and to talk about how they are feeling. Once you have determined that suicide is their focus – just listen. Ask them to tell you about how they are feeling. They might not want to talk, but you can let them know that you will remain with them in supportive silence, and if they do want to talk you are there to listen. Your reassurance will help the young person to feel understood and supported.

If you determine that the young person's behaviour has not put their life in danger, but there has been an injury, you must seek support from the DSL and or Mental Health Lead. You must also log on MYCONCERN as 'self-harm' and 'safeguarding'. This will be picked up automatically by the DSLs and relevant Mental Health Lead in College. If the behaviour in question is historical behaviour, then the focus will be on what the young person has learned from this behaviour and using that learning to keep them safe. All information and conversation logs need to be put onto MYCONCERN immediately.

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What to do if a member of staff identifies a student at risk of suicide and no DSL is immediately available

If a member of staff believes a student may be at risk of suicide and a DSL cannot be contacted straight away, the member of staff must take immediate action to safeguard the student.

1. Stay with the student and keep them safe
 - Remain calm, reassuring and non-judgemental.
 - Do not leave the student alone or allow them to leave unsupervised.
 - If you are in an unsafe or public area, move to a quiet, safe location that is private but observable (e.g. room with a door open / nearby staff presence).
2. Call for on-site support immediately
 - Ask another staff member to alert:
 - the Head of Safeguarding / DSL via the out-of-hours safeguarding number (college website), and/or
 - a member of Senior Leadership Team, Head of Boarding (if boarding), or Mental Health Lead / Pastoral Lead (where available).
 - If you are alone, make the call yourself while remaining with the student (use speakerphone where appropriate).
3. Assess urgency and act without delay
 - If the student has made an attempt, has taken an overdose, has injuries requiring medical attention, has a specific plan and immediate intent, or you believe there is imminent risk of harm, you must:
 - Call 999 immediately and request ambulance (and police if required for immediate safety).
 - Follow emergency operator instructions.
 - If risk is serious but not clearly imminent, continue supervision and escalate urgently as above until a safeguarding lead takes over.
4. Do not promise confidentiality

Explain, in simple terms, that you may need to share information to keep them safe:

- "I'm really glad you told me. I can't keep this secret because I need to get you help and keep you safe."

5. Maintain supervision until a safe handover

Do not end your involvement until the student has been safely handed over to:

- emergency services, or
- the DSL/Head of Safeguarding/SLT/Head of Boarding/Mental Health Lead (as appropriate), and
- the handover has included the key facts (what was seen/heard, what the student said, actions taken).

6. Record and report

As soon as it is safe to do so, log the concern on MYCONCERN (or the school's safeguarding system) and include:

- time/date, location, staff involved
 - what the student said (where possible, verbatim)
 - actions taken and who was contacted
- Ensure the DSL is informed as soon as contact is achieved.

How do I support a young person with their return to College?

Q: "How do I support a student back to College after they have engaged in suicidal behaviour?"A: Before the young person who attempted to take their own life returns to College, the Mental Health Lead and DSL will meet with them and their parents/carers. When they meet they will explore what support is in place, and also what further support the College can provide including what the young person thinks they need.

The young person who attempted to take their life may not currently be suicidal, however suicide may still be an option for them, or become an option again in the future. It is important that the young person has a Suicide-Safety Plan: a plan

that they have created with support that details how they want to stay safe from suicide. The plan will be created immediately on the return to College with the young person – with them at its centre. The Mental Health Lead will create the plan with them, not for them, but it must be created before the student returns to lessons to safeguard staff and students. The plan must be something that the student feels they are able to agree to.

The Suicide-Safety Plan will include the following:

- Helpline numbers that are available and appropriate - including 24-hour helplines.
- Safety Contacts: people and organisations that the student can contact when they feel they can't keep themselves safe, including a safety contact for when they are at College.

Can I share information with others?

Q: "What should I do next to keep me and the young person suicide safe?"

A: The focus here is on hearing the student and ensuring that you do what you can to reassure and support them. If you can, give the student space to tell their own story. Avoid questioning them or interrupting their story. They will feel a sense of relief having been able to say that suicide is part of their thinking. They may still need some further reassurance throughout. Be supportive as they share their story. Part of them will be uncertain about suicide. Some of that uncertainty will be clear to you; some of it will be less clear. Be patient in hearing them and when they are ready to receive your support to keep them safe, work with them to work on a plan to keep them safe. This may include slowly building up their ability to see who else they can have in their support network and what else they can do or not do to keep suicide-safe. A good Suicide-Safety Plan will always include a medical practitioner and another resource such as a helpline (Appendix B).

Q: "Do I have to share everything the young person told me? Do I need to share the reasons why they are thinking about suicide?"

A: Confidentiality is not boundless. Make no promises to keep what they say a secret or 'just between us'. Be clear from the outset that you may need to get some help in keeping them suicide-safe. Make sure you keep informing the young person you are supporting that you may need to share some information with other people in order to keep them suicide-safe. The young person's parents/carers need to be informed of any concerns relating to the young person's thoughts of suicide or suicidal behaviour; the reason for suicidal thoughts (if known by the student) does not, however, need to be explicitly shared with an adult at this point. We will also keep them informed of what happens after a disclosure has been made to us, e.g. we will tell the students when we will be telling parents/carers and talk them through what will happen next.

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.

Unhelpful language when asking about suicide:

- **"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

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question, most students 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.

Appendix B – Helpers in your community - Local/national services that can help support someone who is actively suicidal:

PAPYRUS HOPELine UK (Support and advice to young people under 35 having thoughts of suicide or for anyone who is concerned about a young person.)

Call 0800 068 41 41 (this does not show up on the telephone bill). Monday-Friday 10.00am-10.00pm. Weekends 2.00pm-10.00pm. Bank Holidays 2.00pm-5.00pm.)

Text 07786 209 697. All texts and emails are automatically anonymised so that advisors do not have any details.

Email pat@papyrus-uk.org

Crisis (Distress) Centre/Mental Health Crisis Forward Thinking Birmingham Crisis team - ‘I need to see someone today’ Call 0300 300 0099 and select option 1 Discuss concerns and arrange a visit within 4 hours if necessary

24 hour listening support

Samaritans

Call 116123

Email jo@samaritans.org (response within 24 hours)

Rape and/or sexual assault **Rape crisis** <https://rapecrisis.org.uk/>

Call 0808 802 9999 between 12:00 -14:30 and 19:00 - 21:30 every day of the year

Rape crisis centres in the West Midlands <https://rapecrisis.org.uk/get-help/find-a-rape-crisis-centre?region=West%20Midlands>

Rape and sexual violence project (providing support across Birmingham and Solihull) <https://rsvporg.co.uk/>

Call 0121 643 0301 for enquiries

Helpline 0121 643 4136 – see opening hours at <https://rsvporg.co.uk/services/helpline-support/> ‘Our helpline hours vary and we have a 24 hour answerphone where you can leave your message, or you can email us on info@rsvporg.co.uk to request a call. Only leave a number if it is safe to do so. Your call will be returned when our helpline is next open.’

Domestic violence hotline

National Domestic Violence Helpline 0808 2000 247 (24/7 service)

Men's Advice Line 0808 801 0327

Women’s Aid <https://www.womensaid.org.uk/> Refuge <https://www.refuge.org.uk/>

Child abuse hotline

‘If you’re worried that a child or young person is at risk or is being abused, contact the students’ social care team at their local council.’ <https://www.gov.uk/report-child-abuse-to-local-council>

NSPCC

<https://www.nspcc.org.uk/>

Child abuse hotline for adults 0808 800 5000 (Monday to Friday 8am – 10pm or 9am – 6pm at the weekends)

Email help@nspcc.org.uk

Report child abuse online <https://forms.nspcc.org.uk/content/nspcc---report-abuse-form/> ChildLinehotline for students and young people 0800 1111

Chat online <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

Police/ambulance/fire services

Call 999 if you or someone else is in immediate danger, or if you need urgent help Call 101 for the police if it is not an emergency

24 hour medical advice

Call 111 (NHS non-emergency line) <https://111.nhs.uk/>

Homelessness emergency

<https://www.gov.uk/emergency-housing-if-homeless>

Shelter

https://england.shelter.org.uk/housing_advice/homelessness

Helpline 0808 800 4444 (8am - 8pm on weekdays and 9am - 5pm on weekends) Webchat

https://england.shelter.org.uk/get_help/webchat (9am-5pm on weekdays) Shelter Birmingham 0344 515 1800

https://england.shelter.org.uk/get_help/local_services/birmingham_sifa_fireside

Mental health outreach clinic

Birmingham and Solihull Mental Health – assertive outreach teams <https://www.bsmhft.nhs.uk/our-services/adult-services/adult-community-services/assertive-outreach-teams/> Child and adolescent mental health service.

Young minds

<https://youngminds.org.uk/>

Young Minds Crisis Messenger – text YM to 85258

Birmingham mental health service for students and young people aged 0 to 25

[-https://bwc.nhs.uk/forward-thinking-birmingham](https://bwc.nhs.uk/forward-thinking-birmingham)

Sexual health and screening

Umbrella

<https://umbrellahealth.co.uk/our-services>

Call 0121 237 5700 (opening times at <https://umbrellahealth.co.uk/page/contact-us>) Contact form

<https://www.uhb.nhs.uk/forms-umbrella/umbrella-contact>

Attend a clinic <https://umbrellahealth.co.uk/service-locator?postcode=&filter=clinic>

Sexuality support

Childline

<https://www.childline.org.uk/info-advice/your-feelings/sexual-identity/sexual-orientation/>

ChildLinehotline for students and young people 0800 1111

Chat online <https://www.childline.org.uk/get-support/1-2-1-counsellor-chat/>

Mind – LGBTQ mental health support

<https://www.mind.org.uk/information-support/guides-to-support-and-services/lgbtq-mental-health/useful-contacts/>

Family support services Family action

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<https://www.family-action.org.uk/> Family Line

Call 0808 802 6666, text 07537 404 282 or email familyline@family-action.org.uk (Monday to Friday, 10am to 2pm and 6pm to 10pm, Saturday and Sunday, 10am to 1pm)

[https://www.birmingham.gov.uk/homepage/148/support for families%20](https://www.birmingham.gov.uk/homepage/148/support%20for%20families%20)

NHS counselling support <https://www.nhs.uk/conditions/counselling/> <https://beta.nhs.uk/find-a- psychological-therapies-service/>

<https://www.nhs.uk/conditions/stress-anxiety-depression/self-help-therapies/>

Alcohol and substance misuse Frank <https://www.talktofrank.com/>

Call 0300 123 6600 (24/7), text 82111,

email frank@talktofrank.com, live chat <https://www.talktofrank.com/contact-frank>

Reach out recovery

<https://www.changegrowlive.org/content/reach-out-recovery-birmingham>

Aquarius

<https://aquarius.org.uk/our-services/birmingham-young-people/>

Carer support services

<https://www.birmingham.gov.uk/supportforcarers> <https://forwardcarers.org.uk/>

Religious/spiritual support

<https://www.bsmhft.nhs.uk/service-user-and-carer/service-user-information/spiritual-care/>

Legal assistance/victim-witness assistance

<https://www.gov.uk/legal-aid> <https://www.citizensadvice.org.uk/> <https://www.victimsupport.org.uk/> call 08 08 16 89 111

Debt advice

<https://www.moneyadviceservice.org.uk/en/tools/debt-advice-locator>

Appendix C – How adults can support young people bereaved by suicide

- If a child or young person has been bereaved through suicide this can place them under enormous emotional pressure. They may become entrenched in the belief that the person who has died ended their life as a result of something they perceive they did or not do.

Feelings following a suicide

- Feelings of intense anger directed towards the person who has died for abandoning the child or young person can also be common when the death resulted from suicide.
- Some young people who have been bereaved through suicide might be struggling with questions pertaining to why the person took the decision to end their own life. It is essential that the College liaises closely with the bereaved young person's family to ensure that the known facts relating to the death are clearly understood by the College staff.

Questions and guilt

- It is also vital that staff members are aware of how much the young person knows regarding the circumstances of the death. The bereaved young person may spend time contemplating "What if" and "If only" in an attempt to try and

understand what caused the person close to them to take their own life. It is essential that College staff reassure the bereaved pupil that the death was in no way their fault or as a result of arguments or inaction.

- For example, a young person might believe that their mother ended her life because they argued about cleaning her bedroom. Try not to underestimate the bereaved young person's feelings of guilt and try not to dismiss them. Rather, explore with the young person why they feel guilty and what is it that they believed they said/didn't say, did/didn't do, that they feel caused the death. If you know why the bereaved young person feels guilty then you can begin to gently challenge this and reassure the young person that they were not responsible for the death.

Stigma and bullying

- Death through suicide can result in social stigma and many families can feel isolated within their communities. Similarly, young people who have been bereaved through suicide can also feel excluded from College life and may also feel shame over the suicide of someone close. It is difficult for students and families left behind to try and understand why the person they were close to ended their life and this can fuel conjecture within social circles, communities and Colleges.
- Young people bereaved through suicide can sometimes be bullied by classmates as a reaction to the death and College staff should be mindful of this happening. A death through suicide can unnerve a community and can often be wrongly viewed as unnatural or a selfish act. There will be individuals who will view suicide as a moral transgression depending on their faith and cultural beliefs.
- It is therefore essential that the bereaved young person is not burdened with the opinions of others as this is unhelpful and potentially damaging.
- Similarly, if the person who has died had a history of mental illness, the bereaved young person might become subject to comments about the person they were close to being "mad" or "deranged" by their peers. It is important that teaching staff reassure the bereaved pupil that the person they were close to was not deranged and if the young person states that the person was depressed or very down before they died, use this opportunity to explain to the student that being depressed does not equate to being mad.

How can College staff help?

- College staff should liaise closely with the bereaved young person and their family prior to the pupil's return to College and whilst they are at College.
- Allocate the young person a "go to adult" in College, preferably chosen by or with their consent.
- Reassure the bereaved young person that the suicide was not their fault and wasn't a result of anything they said/didn't say or anything that they did / didn't do.
- If the bereaved young person talks about ending their life their family will need to be told. Encourage the bereaved young person to seek help from Cruse and introduce them to the Hope Again website which is Cruse Bereavement Care's specialist website designed for bereaved young people. The family of the bereaved young person may want to discuss matters with their GP.
- Let the bereaved young person know that you/your colleagues are there to support them and that you will be available to them if they need to talk or vent their feelings.
- Be alert to the possibility of bullying. Young people bereaved by suicide can be extremely vulnerable and often a target for bullying.

Recommended support services:

The Lullaby Trust: www.lullabytrust.org.uk Edwards Trust: www.edwardstrust.org.uk Cruse Bereavement Care: www.cruse.org.uk Cruse.org.uk/for-Colleges/suicide

Child Bereavement: www.childbereavement.org.uk Telephone number 0800 02 888 40 Beyond the Horizons: www.beyondthehorizon.org.uk

Appendix D – What do staff do after the death of a young person by suicide? Papyrus advice

Responding to a young suicide, often the term Postvention, is used to refer to care and support given after a suicide. The following statements may help staff identify their own situation and what they might do in response:

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Q: “I know that a young person from our College has taken their own life, what do I do now?” A: This policy gives clear guidance about how to respond in the event of a suicide. The Suicide Postvention Team have responsibility in the event of a suicide at College. Hearing the tragic news that one of our pupils has taken their life will bring up many different emotions for staff, and this is likely to be a difficult time for the entire College community, and beyond. Staff might be feeling upset, shocked, angry, guilty or numb – all of these responses are normal reactions to a traumatic event such as suicide. The College will ensure that all colleagues are looked after. We may get support from professionals such as counsellors and therapists to talk about how staff are feeling. After liaising with the young person’s family, the Postvention Team will meet with colleagues as soon as possible. They will ensure all of the adults working in College are invited: the death of a College child can affect everyone in the College community. The leadership team will inform all colleagues of the young person’s apparent suicide. (It is only at an inquest that the coroner can conclude whether or not the death is a suicide. Before then, it might be helpful to say that the person **appears to have** died by suicide). If the facts are unclear, state that the cause of death is still being determined and will be shared at a later date. As soon as possible, the Postvention Team will ensure that the College’s administrators stop any standard communications with the family, such as sending College trip information home, to reduce unnecessary additional stress to the family of the young person who has died.

Q: “I know that a young person from our College has taken their own life, how do I tell the other College students?”

A: When the Senior Leadership and Postvention Teams meet, agreement will be reached on the words to be used to tell students about the death. (It is only at an inquest that the coroner can conclude whether or not the death is a suicide.) If the facts are unclear, the Postvention Team will state that the cause of death is still being determined and will be shared at a later date. It is essential that all staff communicate the same information to all students. We will try to tell all students at the same time to prevent some students receiving the news before others and then passing on the news to other students without support. We may decide to do this as small groups, year groups or classes. It is essential that we do not talk about the method the young person used to end their life. This can be unhelpful, unnecessary and dangerous. Talking about method can be speculative, it can intrude into grief and it can lead other vulnerable people to imitate the behaviour. We can be open with the students about why we won’t engage in conversations about the method the young person used to end their life; letting them know that it is unhelpful and that we want to ensure their safety and wellbeing.

The Postvention Team will provide opportunities for students to express their emotions and identify strategies for managing them. Staff might not be the most appropriate people to facilitate this and therefore, we may engage professionals such as counsellors and therapists to further support students through their responses to the suicide. They will be able to provide more specialist support. The Postvention Team can also access support from the organisations listed as members of the Support After Suicide Partnership: <http://supportaftersuicide.org.uk/> The Postvention Team will debrief at the end of the day with colleagues and where necessary update the full SLT and Pastoral teams. Checking in with colleagues and talking about the experience of the day before going home may help staff to manage their feelings.

Q: “How can I support my students after a suicide at our College?”

A: Reassure students that grief is a normal response to death, and there is no wrong or right way to grieve. Remain calm and acknowledge how your students are feeling. They might be feeling lots of different emotions, such as sadness, fear, anxiety, shock, guilt, and anger. Their distress might also manifest in their behaviour; they might be tearful, distressed, ‘act out’, be withdrawn or hyperactive. They may become very aware, perhaps for the first time, of their mortality and be scared of death. You might also notice a decline in their performance at College, or they may demonstrate regressive behaviour (e.g. in eating/sleeping/personal hygiene). Students who didn’t know the person who suicided may also be distressed – this distress is sometimes referred to as ‘disenfranchised grief’ – a grief we feel we don’t have a right too. Regardless of whether they had a relationship with the young person who has died, their response is still real and painful for them. It is important to believe everyone’s expression of grief and offer support. If a student wants to talk, find a quiet place and listen whilst they talk or cry.

- “How are you feeling?”
- “This is so sad and awful. It is ok to be so upset/ confused/angry.”
- “We are all so sad and shocked. Would you like to tell me about how you’re feeling?”
- “It is hard to know what to say, isn’t it? I am here if you want to talk.”
- “I can’t imagine what you are going through, but I wanted to let you know that I’m here if you’d like to talk.”
- “I’m not sure what to say, but I’m here to listen.”
- “Would you like to go for a walk together?”

- “Is there anything I can do to help you?”
- “I miss (name of the child who died)... how are you feeling?”

Q: “How can I support my students after a suicide at our College?”

Here are some examples of what not to say:

Avoid clichés such as:

- “Life goes on.”
- “Time heals everything.”
- “They are at peace now.”

Avoid assuming the faith and beliefs of the young person and their family:

- “It was God’s will.”
- “They are in a better place.”
- “They are looking down on you.”

Avoid assuming you understand how they are feeling, they may not understand how they feel:

- “I know how you feel...”

Avoid using judgemental statements, such as:

- “They were selfish to do that.”
- “They took the easy way out.”

When it feels appropriate, try to maintain a routine as much as possible to provide a sense of stability whilst being mindful of students’ specific needs. Staff will also need support and guidance during this time. Time and resources will be made available. We need to be aware of our own grief and feelings and to acknowledge that suicide can affect everyone throughout the College and beyond. We will ensure that there is support available for College staff and students and that everyone knows how to access it.

Q: “How should I communicate with the press and media after a suicide at our College?”

A: All media enquiries should be referred to the **Principal**. Staff and students must not respond to journalists. The College will have an approved prepared statement in order to control the way any response on behalf of the College is reported. The **DSL/Mental Health Lead** will liaise with the deceased student’s family.

Q: “How can the College appropriately remember the young person who has apparently died by suicide?”

A: It is important to remember someone who has died. In the first instance, the Postvention Team will consult with the family regarding the young person’s funeral. If the family so wishes, the Postvention Team will then disseminate details of the funeral as appropriate. Consent will be given for staff and students to attend the funeral where appropriate. The Postvention Team will ask the family what they are comfortable with in terms of remembering their child either immediately after the death or in due course.

How can College manage social media coverage?

Although the College cannot control what is said on social media, we will release some guidelines after an apparent suicide. We will try to discourage:

- Detail of suicide method used.
- Speculation about the location of the apparent suicide.
- Speculation about the reason for the suicide; there is never only one reason why a young person ends their life.
- Making the deceased appear heroic or brave or that the suicide was a solution to a problem.
- Endorsement of myths around suicide. We will try to encourage:
- Sharing of helpline services and support organisations.
- Sensitivity to the grief and feelings of families and friends who have been touched personally by a suicide death. These

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people are often at higher risk of suicide themselves.

CHILDREN AT RISK OF SELF-HARM: Summary

Information Gathering Conversation and Flowchart

If a young person's presentation/behaviour causes concern that they may have suicidal thoughts or intent, have an **Information Gathering Conversation**. Feel free to adapt the questions appropriate to the young person's needs and ask other relevant questions.

Tell me, is something troubling you (home, family, school, friends)? Or: I am aware that you have talked about xxx, tell me a bit more... How is this making you feel?
How often have you had these thoughts?
Are other people also worried about you? Who, why?
Have you ever felt like hurting yourself? Have you ever hurt yourself?
Have you ever felt like ending your life?

If the answer is no, then you will **not** need to go on with the **suicide specific questions**, but you may wish to continue with **further questions** (see below), in particular if the young person is self-harming. The **general questions** at the end are likely to be appropriate for everyone.

How often do you think about suicide? How long have you been having suicidal thoughts? When did you last think about suicide? Are you currently thinking of ending your life?
What makes you think of suicide (e.g. worries, fears, loss)? Have you ever made a suicide attempt?
What stops you acting on these thoughts?
Have you thought about how you would kill yourself/Do you have a plan? Do you have ways of taking your own life? (tablets, weapons, other?)
Is anyone aware that you think about suicide (family, friends, professionals)?
What helps to stop you thinking about taking your own life?

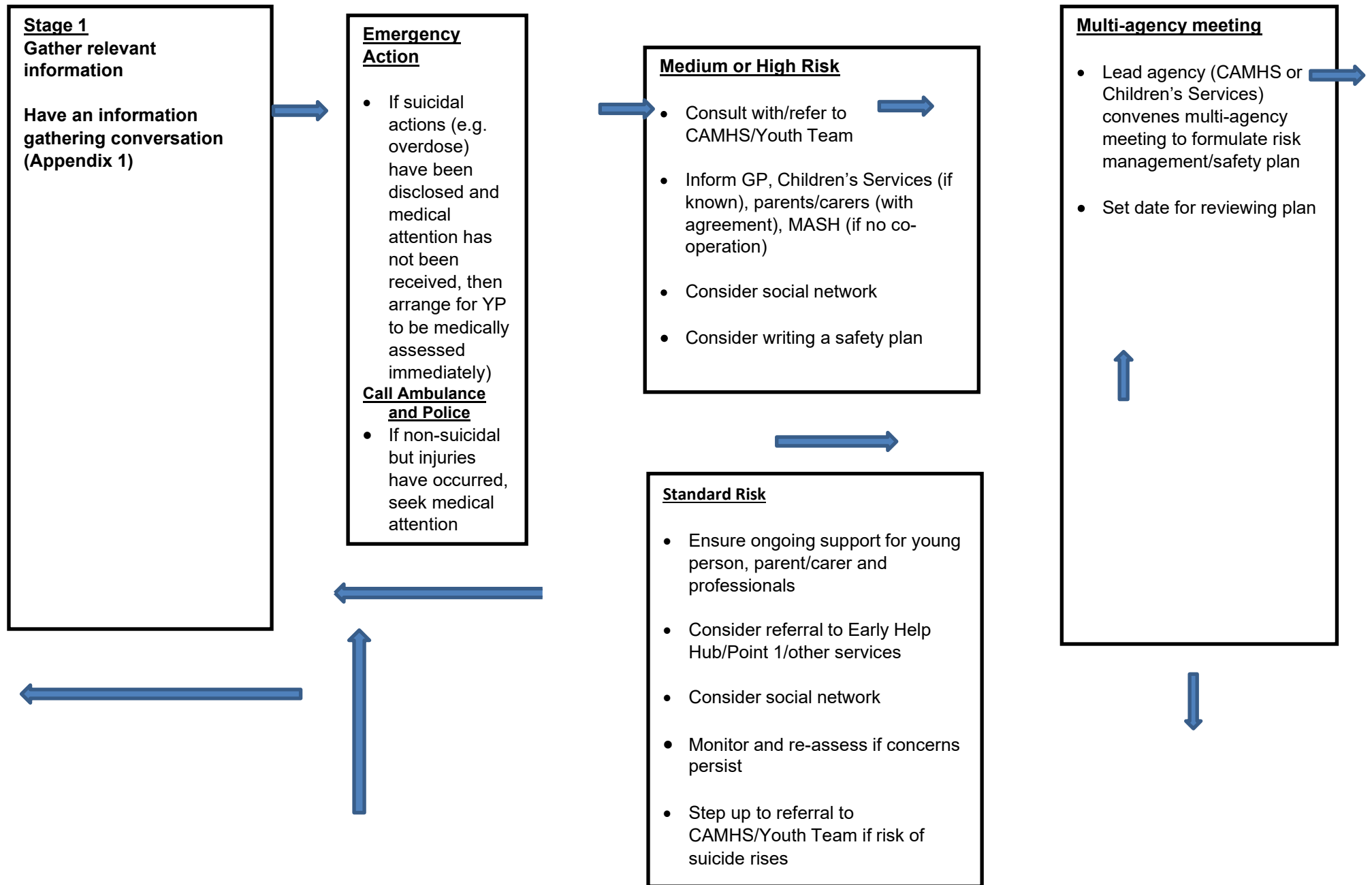
Further questions:

Are you experiencing harm from others (bullying, threats, abuse)?
Do you use drugs or alcohol? Does this make you feel better or worse?
What helps to stop you thinking about harming yourself?
What helps to stop your self-harming behaviour from getting worse?

General questions:

Are you getting support with your feelings (from family, friends or professionals)?
How are you feeling generally at the moment (mood, health, social life)?

What do you think needs to happen to improve the situation and make you feel better? (Do a safetyplan – see section 5 – if appropriate). **Agree what will happen next.**



Links between self-harm and suicide

In the majority of cases self-harm appears to be a way of coping rather than an attempt at ending life. It may be an attempt to communicate with others, to influence or to secure help or care from others, or a way of obtaining relief from a difficult or overwhelming situation or emotional state. In these circumstances, somewhat paradoxically, the purpose of the self-harming behaviour is to preserve life, although this can be a difficult concept for practitioners to understand. A small minority of young people who repeatedly self-harm may go on to attempt suicide, although this may not what they intend to do and death can occur accidentally. The difference between self-harm and suicide is not always clear, however.

Self-harm is a common precursor to suicide for the relatively small numbers of young people who make deliberate attempts to end their lives and so repeated incidents of self-harm should be considered a risk factor when assessing the risk of suicide. In their separate forms, self-harm and suicide generally differ in terms of the intent that lies behind the behaviours. Practitioners should feel able to communicate with young people about their self-harming behaviours. It is important to gather information about self-harm and the young person's thought processes associated with the behaviours in order to start to understand the risks; either of serious risk to the young person's health or wellbeing, of the risk of death by misadventure, or the risk of intentional suicide. Please follow the NSCP Guidance on self-harm

Guidance on sharing information.

The purpose of sharing information is to ensure young people who are at risk from suicidal thoughts and behaviour receive help and support appropriate to their level of need.

Seven Golden Rules to sharing information (Information Sharing: HM, July 2018)

1. Remember that the General Data Protection Regulation (GDPR), Data Protection Act 2018 and human rights law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners, or your information governance lead, if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Where possible, share information with consent, and where possible, respect the wishes of those who do not consent to having their information shared. Under the GDPR and Data Protection Act 2018 you may share information without consent if, in your judgement, there is a lawful basis to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be clear of the basis upon which you are doing so. Where you do not have consent, be mindful that an individual might not expect information to be shared
5. Consider safety and well-being: base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely (see principles).
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

The most important consideration is whether sharing information is likely to safeguard and protect a child. If at any stage you are unsure about how or when to share information, you should seek advice and ensure that the outcome of the discussion is recorded. If there are concerns that a child is suffering or likely to suffer harm, then follow the relevant procedures without delay.

Roles and responsibilities.

All people who come into contact with children and young people, including professionals who deliver specific services to some groups of young people (e.g. youth workers, sport coaches) are likely to meet young people who are engaging in self-harming behaviours, who are expressing suicidal thoughts or intentions, or who have attempted suicide previously. Everyone plays an important role in terms of identifying young people who are at risk of suicide, making an appropriate referral, and playing an important part in safety planning and risk management.

Accident and Emergency Departments at local hospitals can treat young people who have self-injured or taken overdoses. Generally speaking, young people who are expressing suicidal thoughts or behaviours, but who have not physically injured themselves or taken an overdose, should not be taken to Accident and Emergency Departments in the first instance, but CAMHS should be contacted for the initial risk assessment. When young people attend due to injuries/overdoses, A & E Doctors can undertake immediate risk assessments where there is a risk of suicide and, if required, access advice from CAMHS or the all-age out of hours mental health services.

Children's Social Care is the lead agency for responding to children and young people for whom there are welfare concerns or where there is a risk of significant harm. Young people who demonstrate self-harming behaviours or who express suicidal thoughts or intentions will not automatically require a service from Children's Social Care, however consideration should always be given to making a referral. A referral should always be made where there are concerns about the reasons for the young person's suicidal thoughts or intentions, such as abuse or neglect, or where young people are at high risk of suicide and do not want CAMHS support, and/or when parents or carers are not engaging. If you are uncertain as to whether a referral should be made to Children's Services, you are encouraged to seek their advice. CAMHS and Youth Services provide support to children and families where the young person is experiencing emotional, behavioural or mental health difficulties. Young people who are demonstrating self-harming behaviours and are at medium or high risk, or who are expressing suicidal thoughts or intentions may require a service from CAMHS. The Provider will accept referrals from a wide range of services and organisations, for example: Primary Care, Targeted CAMH Service, Midwifery, Community Paediatrics, School Nursing, Health Visitors, CAMHS providers, Acute Hospitals (incl. Emergency Departments), the Constabulary, Local Authority's commissioned Substance Misuse Service (Under 18), SENCOS and Schools' safeguarding leads, and any professional competent to undertake an initial mental health assessment (screening). Professionals can also call their local CAMHS service for consultation. GPs are trained to consider the mental health of patients in primary care consultations and play a significant role in the prevention, detection and management of mental health issues in respect of their patients. A young person's GP will be able to make an initial assessment of the risk of suicide and take the appropriate action to address this risk. They will also take responsibility for making a medical assessment of the need for treatment following a serious self-harm incident or suicide attempt. Out of hours responses are available and information about how to access these will be publicised by the GP's surgery. Professionals do not need to contact the GP to access CAMHS/Youth service support for a young person. The Police will respond when there is an imminent risk of suicide or serious self-harm. In any such emergency police should be called on 999. Police are able to use their powers of Police Protection under The Children's Act 1989 or utilise s.146 of the Mental Health Act to detain any person who is at significant risk of harm and detention is required either to protect that person or for the protection of others. In specific circumstances, where the risk of suicide is identified following a missing person investigation, Police will conduct a post-missing visit in conjunction with a Mental Health Nurse.

Useful national organisations/websites

Charlie Waller Trust: 01635 869754 <http://www.cwmt.org.uk/>

The Trust was set up in 1997 in memory of [Charlie Waller](#), a young man who took his own life whilst suffering from depression. Shortly after his death, his family founded the Trust in order to educate young people on the importance of staying mentally well and how to do so.

Childline: 0800 1111 www.childline.org.uk, <https://www.childline.org.uk/info-advice/your-feelings/mental-health/coping-suicidal-feelings/>

Mind Infoline: 0300 123 3393 or text 86463 <http://www.mind.org.uk/information-support/>

NHS Direct: 111 www.nhsdirect.nhs.uk

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Papyrus: 08000 684141 www.papyrus-uk.org/ Confidential support and advice for prevention of young suicides Mon – Fri 10-5pm and 7-10pm

Royal College of Psychiatrists:

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/feelingoverwhelmed.aspx>

SelfharmUK: This is a project dedicated to supporting young people impacted by self-harm, providing a safe space to talk, ask any questions and be honest about what's going on in your life. It also has an online course that gives you an opportunity to think more about self-harm and work out what your next step might be.: www.selfharm.co.uk

Young Minds Parent information service 0800 802 5544 www.youngminds.org.uk for anyone concerned about a child's mental health