

An illustration of two people embracing. The person on the left is wearing a dark green sweater, and the person on the right is wearing a light blue sweater. The background is a warm, yellowish-orange color. The text is overlaid on the center of the image.

Suicide Prevention & Postvention Protocol

Guidance for Schools and Colleges – Isle of Wight

Purpose of this support pack

When someone dies by suspected suicide* it can come as a sudden shock and sadness for those who knew them. It can be hard to navigate what steps your setting should be taking and what support is available for staff, students and the wider community.

This document is intended for use by Isle of Wight schools and colleges following the suspected suicide of a staff or school member.

It provides a framework for school leaders to follow through:

- Setting out information, practical tools and guidance on how to deal sensitively and compassionately with a suspected suicide
- Outlining roles and responsibilities of key support staff
- Signposting to resources available for further support
- Providing guidance on developing a suicide prevention plan to support schools, colleges and their communities
- With thanks to our colleagues across the HIPS area and within our schools for content to support this pack.

* Throughout this document, the term 'suspected suicide' is used. A death by suicide is confirmed at inquest. Before inquest, the death may be referred to as a suspected suicide. In the first instance, you may feel it is most appropriate to refer to the suspected suicide as a sudden death when communicating with students and parents. Please see [Glossary](#)

Useful Documents


This document is intended to be read in conjunction with the following documents:

- [Suicide Prevention Policy Template](#)
- [HIEP Critical Incident Packs](#) accessed via Educational Psychology website
- [HIPS Self-Harm Pathway](#) (for non-health professionals)
- [Samaritans Step by Step Resources](#)
- [CAMHS Self-Harm and Suicide Prevention resources](#) (Hampshire resources but universally applicable)
- [Papyrus](#) Charitable organisation for prevention of young suicide. They have produced a general guide for schools on 'building suicide-safer schools and colleges': downloadable from [this](#) page.
- [Trauma Informed language guide](#) – tips on communicating with language that reduces stigma and promotes open, non-judgmental conversations – includes mental health and wellbeing, and suicide prevention sections

How this Guide is structured

This Guide is split into 4 sections:

1. Postvention Protocol - guidance on how to respond to a suspected suicide.

- The Protocol has 7 stages which cover prevention, postvention and evaluation.
- It is presented in chronological order and covers key actions during the immediate response, Week 1, Week 2 and onwards. Each section has a summary 'check in' slide.
- Topics covered include information on the JAR process (Joint Agency Response), setting up a response team, supporting people and managing media
- Slides are colour coded with the relevant stage to support navigation: 

2. Suicide prevention – including a whole setting approach and Training available (Stage)

3. Guidelines on talking about suspected suicide

4. Appendix - including Key Contacts, Resources and mental health support links and sample correspondence

What this pack includes:

This pack includes information on how to respond to a suspected suicide, a list of key contacts and support agencies and information on preventing suicide and encouraging positive wellbeing within your setting.

[Postvention Protocol](#) (pages 7 – 25)

This first section is in timeline order of action:

Process overview: [Stages](#) (page 7) [Flowchart](#) (page 8)

Summary of Initial Actions ([page 9](#))

Notification of suspected suicide ([page 10](#))

Supporting the JAR Process ([page 11](#))

Summary of Actions – First Week ([page 12](#))

Convening a Postvention Response Team: (pages [13 – 15](#))

Timely Communication with Family of the Deceased ([page 16](#))

Communicating with students and staff ([page 17](#))

Managing media interest ([page 18](#))

Identifying and Supporting Vulnerable Children and Young People (pages [19](#) and [20](#))

Information Sharing ([page 21](#))

Summary of Actions Week 2 onwards ([page 22](#))

Week 2 Onwards and Guidance on memorials and funerals ([page 23](#))

Summary of Actions Week 2 – 6 months ([page 24](#))

Reviewing Evaluating & Learning from the Response ([page 25](#))

[Suicide prevention](#) (pages 27 – 30):

Summary of Actions – Long term suicide prevention ([page 27](#))

Suicide prevention and postvention policy guide ([page 28](#))

Whole setting approach ([page 29](#))

Training for staff ([page 30](#))

[Guidelines on talking about suspected suicide](#) (pages 32 – 35)

Helping students cope ([page 32](#))

Tips for talking about suicide ([page 33](#))

When a parent/ carer, sibling or significant person has died by suspected suicide (pages [34 – 36](#))

[Appendix](#) (pages 38 - 47)

1a Glossary ([page 38](#))

1b Acronyms ([page 39](#))

2a Key contacts (pages [40 – 42](#))

2b Resources for promoting positive mental health and resilience within your setting ([page 43](#))

2c Mental health support services (students) ([page 44](#))

2d Mental health support services (staff) ([page 45](#))

3 Sample death notification statement for students, families, staff (2 options – pages [46, 47](#))

Suicide Postvention

The following pages provide information to support education settings to respond to a suspected suicide across key time periods

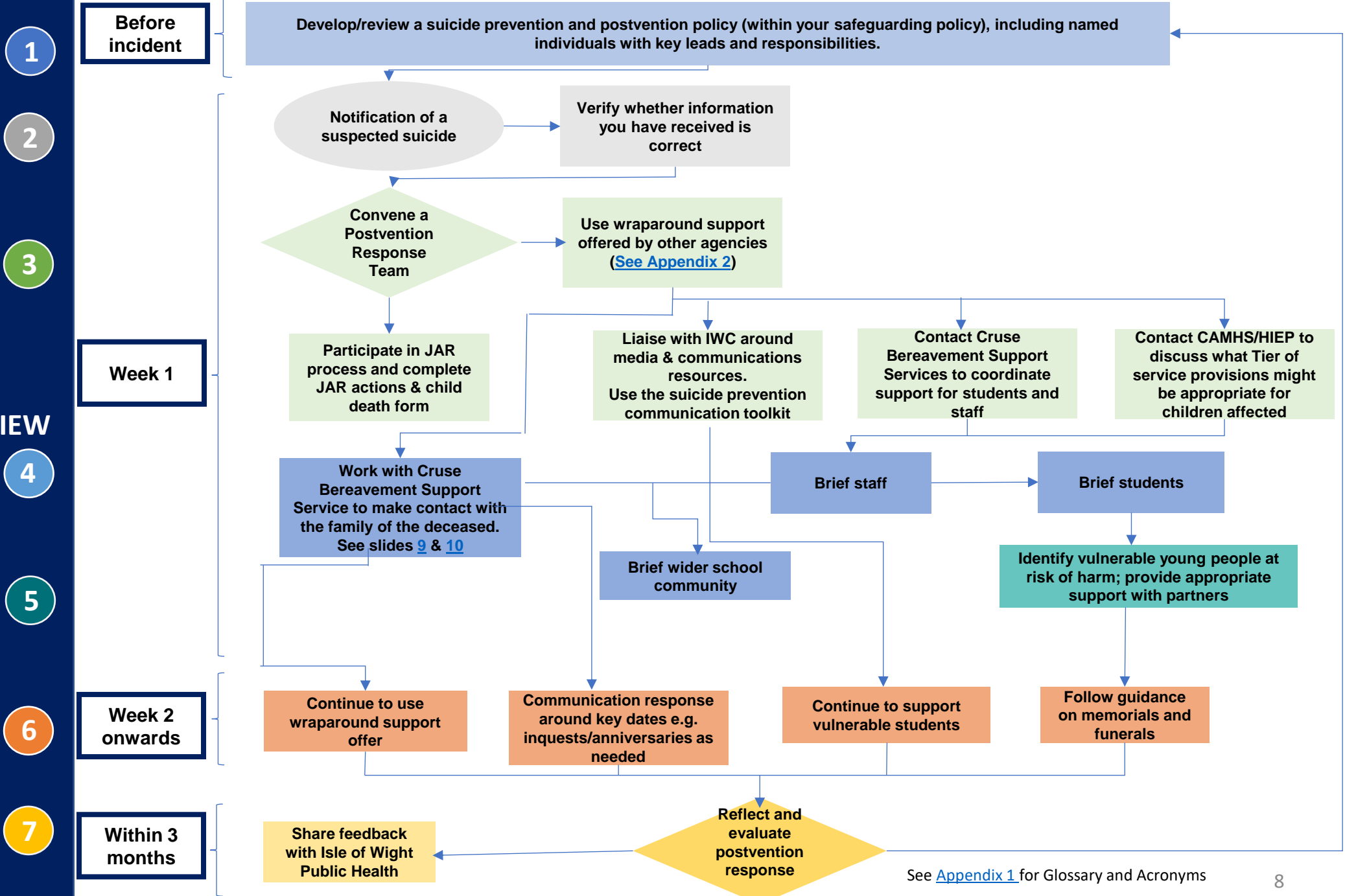
Postvention Protocol Stages

The postvention response can be broken down into 7 key stages which follow in chronological order. This document will provide you with advice and guidance to support you through each of these stages.

- 1** **Stage 1:** Develop, review and implement a whole settings approach to suicide prevention and postvention within your school or college.
- 2** **Stage 2:** Initial actions to take should you receive notification of a suspected suicide.
- 3** **Stage 3 (within 1 day):** Convene a postvention response team; contact supporting organisations; participate in the joint agency response (JAR).
- 4** **Stage 4:** Timely contact with the family of the deceased; communicate with students and staff; enable provision of bereavement and mental health support.
- 5** **Stage 5:** Identify vulnerable students/staff; monitor and provide support.
- 6** **Stage 6 (Week 2 onwards):** Continue to support vulnerable students and staff; follow guidance on memorials and funerals; consider bereavement support and communications around key dates (e.g., inquest or anniversaries).
- 7** **Stage 7 (Within 6 months):** Review and evaluate postvention response; provide feedback to Isle of Wight Council regarding lessons learned.

*Once complete, return to stage **1**, embedding learning into a suicide prevention & postvention policy.

POSTVENTION RESPONSE OVERVIEW FLOWCHART



Summary of initial actions following notification of a Suspected Suicide



The table below provides a high-level summary of your role as an education setting if you are notified of a suspected suicide. It also highlights the role of the Isle of Wight Council and other agencies in supporting you through this process. The guiding principles on the right hand side should be kept in mind whilst handling the notification of a suspected suicide.

Summary of Actions to Take Following a Notification

Responsibility of the Education Setting

Establish the facts; contact Naomi.Carter@iow.gov.uk the Service Director for Education, Inclusion and Access if you are notified of a suspected suicide via informal communication pathways (e.g., word of mouth/social media)

Review your suicide prevention and postvention policy and prepare to convene a postvention response group as necessary (see pages [14](#) and [15](#)). If no policy or plan in place, follow this guide and policy here: [3.9 Self-harm and Suicidal Behaviour | Hampshire, Isle of Wight, Portsmouth and Southampton](#)

Responsibility of Supporting Agencies

Once notified of a suspected suicide, contact the affected settings as soon as possible, including at evening and weekends

If contacted by the setting, verify that a suspected suicide has occurred; share appropriate information and consider out-of-hours response

Where appropriate, notify agencies available to support the education setting that a suspected suicide has occurred (e.g., educational psychology/ CAMHS)

Guiding Principles

- Try to stay calm, do not use language which goes beyond what has been confirmed
- Ensure staff understand the need for confidentiality; helping to manage any potential contagion (see [Glossary](#)).
- Remember that any information shared must be with the family's consent (see [page 16](#))
- Act in accordance with data protection and information sharing protocols, protect the privacy and dignity to those affected
- Never reference the method of suspected suicide in conversation: [see Trauma informed language guide](#)

Flowchart: Notification of a Suspected Suicide



There are a number of ways that you may be notified about a suspected suicide in your community. If you are alerted to a suspected suicide, it's important that you establish the facts as soon as possible so an appropriate course of action can be taken. You can help your setting be prepared before a suspected suicide occurs by having a suicide prevention and postvention policy in place (see [page 28](#) onwards).

How were you notified?

Joint Agency Response (JAR) Representative:

You may be notified by a representative from the JAR process, often a health or police representative.

School Community/Social Media:

A report of a suspected suicide or attempt could come from many different sources, particularly if the suspected suicide was of a parent or sibling of a student. It is important that this information is verified as soon as possible to prevent the spread of misinformation.

Isle of Wight Council: You may be notified of the death of a sibling/parent or staff member by a school improvement manager from the Isle of Wight Council or through the JAR.

Please notify the Service Director for Education, Inclusion and Access naomi.carter@iow.gov.uk so that they are aware that the story is circulating. If a suspected suicide is confirmed through official channels, you will be notified.

Next Steps

Student or staff member suspected suicide:

- Convene a postvention/crisis response team (see guidance [page 13](#))
- Participate in JAR process see [page 11](#)

Parent/Sibling/Previous staff member suspected suicide. See Guidelines section [page 34](#) onwards :

- No postvention response group required.
- Ensure affected student(s) and staff are offered suitable bereavement and/or mental health support (see Appendix 2 pages [40](#), [41](#) and [42](#))

Suicide attempt or self-harm incident:

- Unless a potential suicide cluster* has been identified, no crisis response team needed
- Ensure effective partnership working to support return to school after a serious incident, whereby the young person is at the centre of decision making
- Liaise with supporting agencies for safety plan. See [page 40](#)

***Special Consideration, Suicide Cluster:** A suicide cluster describes a situation in which more suicides than expected occur in terms of time, place or both. It is difficult to precisely define but it usually includes 3 or more deaths; however, 2 suicides occurring in a specific community or setting (for example a school) in a short time period should also be taken very seriously in terms of possible links and impacts (even if the deaths are apparently unconnected), particularly in the case of young people. Self-harm and suicide attempts clusters can also occur and an appropriate response considered.

When a child under the age of 18 years old dies unexpectedly, a Joint Agency Response (JAR) should be held within 48 hours. The JAR is part of the Child Death Review process. The aims of the response are to:

1. Establish, as far as is possible, the cause or causes of the child's death
2. Identify any potential contributory or modifiable factors
3. Provide ongoing support to the family
4. Ensure that all statutory obligations are met
5. Learn lessons in order to reduce the risks of future deaths

Your setting is likely to be asked to participate in the JAR. More information about this process can be found [here](#).

If the JAR process is triggered, a JAR Phase 1 meeting will be called and consideration will be given throughout as to the necessity for continuing to a JAR Phase 2 meeting and a final JAR Phase 3 meeting (Child Death Review Meeting).

You will be asked by the CDOP Team to complete a statutory Child Death Reporting Form shortly after the death. This form is to be returned to the local CDOP Team so it can be shared with the National Child Mortality Database. This form may be available to you online but can also be downloaded [here](#).

JAR meetings can be very distressing for those attending. If you feel support is needed for staff attending, a list of support available can be found on [page 45](#)

Summary of actions: The First Week



The table below provides a high-level summary of your role as an education setting in supporting the postvention response during the first week. It also highlights the role of the Isle of Wight Council and other agencies in supporting you through this process. The guiding principles on the right-hand side should be kept in mind whilst putting in place your postvention response.

Summary of Immediate Actions to Take

Responsibility of the Setting	
	Convene a postvention/crisis response team
	Make use of the wraparound support offered by other agencies; they can support the crisis response team & offer bereavement support for students and staff
	Liaise with family members of the deceased with the support of Cruse to find out family's wishes
	Provide briefings for staff and governors as needed
	Liaise with local authority to manage media enquiries
	Keep an accurate record of all actions taken and decisions made
	Advise staff on procedures for identification of other vulnerable young people
Responsibility of Supporting Agencies	
	Set up Joint Agency Review (JAR) response
	Establish single point of contact for the school through JAR response
	Ensure bereavement support services are offered to students and staff – Cruse/ Mountbatten
	Provide pastoral support for staff involved in the postvention/crisis response team and JAR
	Notify any other settings attended by deceased siblings/relatives (e.g., younger sibling's school) through JAR
	Provide communication resources for the school
	Handle media enquiries

Guiding Principles

- Respond with compassion and respect
- Be sensitive to the needs of others
- Ensure timely engagement with the family, staff and students
- Follow established language guidelines when talking about a suspected suicide [found here](#)
- Recognise that talking about suicide responsibly does not increase the likelihood of further suicidal behaviours
- Act in accordance with data protection and information sharing protocols, protect the privacy and dignity to those affected
- Ensure that peers and staff are supported and able to access services when suicide bereavement affects them.

Once you have been notified that a suspected suicide has occurred, you should convene a postvention response team within your education setting. This is in addition to a JAR - the purpose of the postvention/crisis response team for your setting is to ensure action is coordinated in a systematic and timely manner.

There are four main aims of this group:

- Coordinated and appropriate communications response
- Timely communication with family of the deceased
- Support for students and staff
- Maintaining accurate records, supporting the JAR and/or other safeguarding procedures.

Further details on the specific roles and responsibilities of this group can be found on [page 15](#).

The JAR process may be happening alongside your postvention response. It is important that you maintain communication with this group so that responses align – more information on this can be found on [page 11](#)

The Samaritans has Postvention Advisors available to guide and support you through the process - contact: 0808 168 2528; or email stepbystep@samaritans.org.

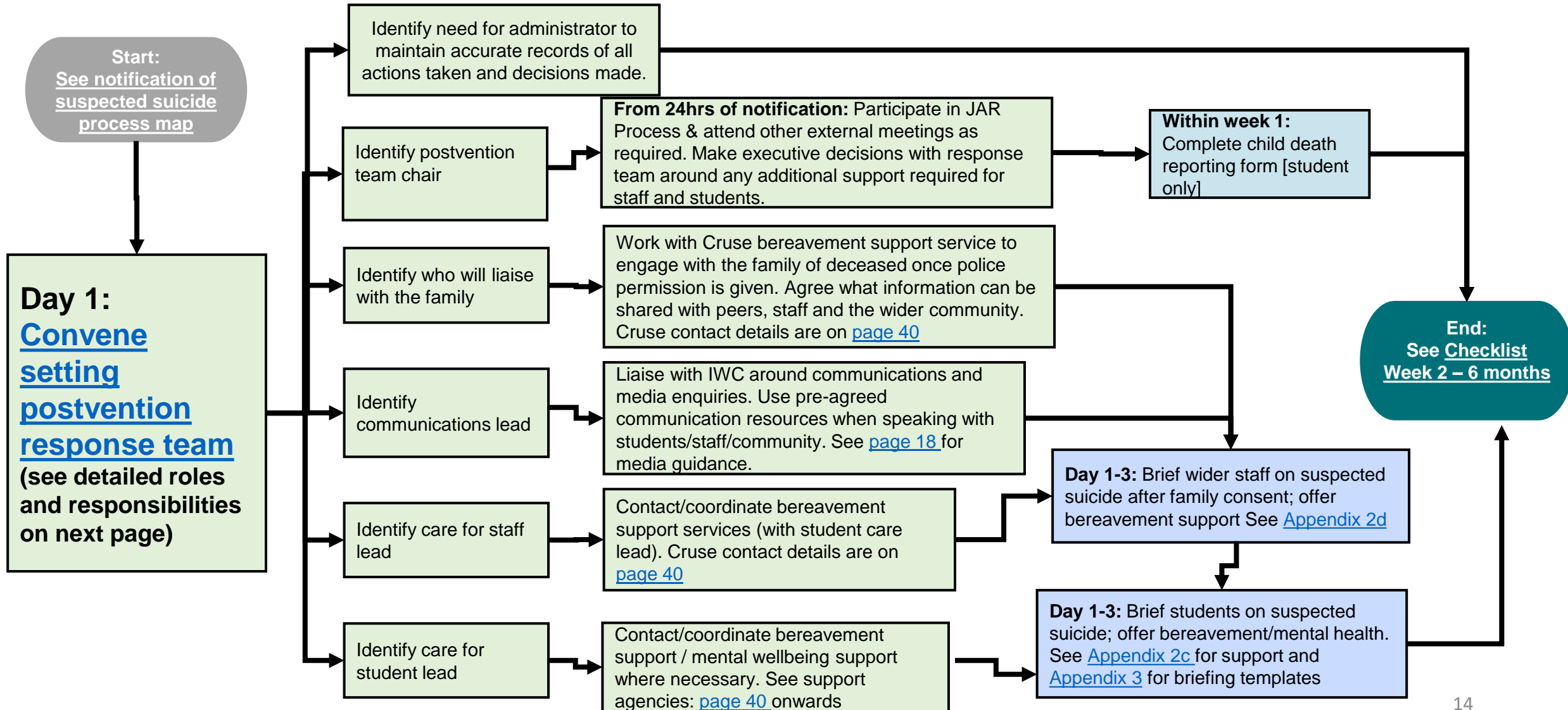
Hampshire and Isle of Wight Educational Psychology Service and the Mental Health Support Teams (MHST) are also available to provide support to your response team (for all references and contact details please see Appendix 2 [page 40](#) onwards)



Flowchart: Initial Postvention Response



The process map below provides a high-level overview of the roles and responsibilities of your setting in the first three days after you have been notified of a suspected suicide. Further guidance about roles and responsibilities can be found on [page 15](#). Remember, there are lots of agencies available to help support this team with the implementation of your response, these are outlined on pages [40 onwards](#)



Convening the Postvention Response Team



Your postvention response team should include the following roles & responsibilities. External organisations outlined on page [39- 41](#) are available to provide guidance and support to your postvention group

Role	Responsibilities
<p>Postvention Team Chair / Lead This may be The Headteacher/Designated Senior Leader or safeguarding lead</p>	<ul style="list-style-type: none"> • Promptly convenes the postvention team/crisis response team meetings as necessary • Chairs meetings • Engages key people following a suspected suicide • Makes initial contact with family after police clearance • Represents the educational establishment at other meetings as appropriate.
<p>Family Liaison Officer This may be The Pastoral Lead(s). A sensitive and compassionate manner is crucial</p>	<ul style="list-style-type: none"> • Engages with the family following a suspected suicide (with support from Cruse) • Identify any requests they may have in respect of the educational setting • Provides a single consistent point of contact for the family through entire process • Signposts to further support where appropriate • The family may have a Family Liaison Officer (FLO) from the police so will need to join up with them
<p>Administrator This may be the administration lead</p>	<ul style="list-style-type: none"> • Keeps a detailed written record of all actions taken and decisions made. • Maintains up to date contact numbers of key parents, emergency support services and other external contacts • Close down deceased young person's files at an agreed time with senior leadership • Sends out letters and emails where required • Contacts organisations available to support as required
<p>Communications Lead A member of the senior leadership team</p>	<ul style="list-style-type: none"> • Act as a 'single source of truth' for parents and the wider community. • Works closely with the local authority and other relevant agencies to communicate prepared statements to media, parents and the wider community. • Notify local authority staff of any media enquiries; also considering use of social media by those affected.
<p>Care for students lead This may be the designated safeguarding lead; head of year etc.</p>	<ul style="list-style-type: none"> • Engages with students and facilitates academic and pastoral support and guidance • Identifies any students who may be vulnerable or require additional support; make referrals/notify services as appropriate • Closely monitor students missing lessons or that have unauthorised absences. • Follow standard safeguarding procedures if you have concerns about a student and speak with your Mental Health Support Team (MHST) or Educational Psychology for further clarification, see key contacts Appendix 2
<p>Care for staff lead This may be the wellbeing/mental health lead, safeguarding lead or other member of the senior leadership team</p>	<ul style="list-style-type: none"> • Provide regular briefings to staff, governors and extended services; ensure staff have been briefed on what to share with students • Identify any staff who may need additional support and make referrals to support services • Be mindful of the impact that supporting an inquest/child death review can have on staff and their wellbeing. Be prepared to signpost to appropriate support in the long term. • Coordinate any training for managing suicidal conversations with students

Timely Communication with Family

1

2

3

4

5

6

7

There are several ways that you may be notified about a suspected suicide or serious suicide attempt in your community and it's important that you establish the facts as soon as possible. You should liaise with your JAR point of contact before reaching out to the family to understand the situation and any communications with the family that have already happened. In addition, before communicating with the family, you may wish to contact Cruse Bereavement Support Service (contact details provided on [page 40](#)). They may already be supporting the family and can help to facilitate conversations between the student's family and your settings appointed family liaison lead.

Families need consistency and the appointed family liaison lead must be prepared to be their primary contact for as long as they need it. If the parents are separated, ensure both are kept informed in the same way and each have the opportunity to express their views and wishes.

Any communication with students and staff should be guided by the wishes of the family of the person who has died. No information about the death should be shared with students and the wider community until the family has been consulted.

If the family has been notified that the death is a suspected suicide, they may not wish for this to be disclosed. You may wish to explain that students may already talking about the death amongst themselves and having adults in the school who are able to talk to students about suicide and sudden death can help to keep people safe. If the family refuses to permit disclosure, you must respect this.

In circumstances where the family do not wish to disclose that the death is a suspected suicide, Cruse can offer support to the school/college but will only refer to the death as a traumatic, or sudden death, rather than as a suspected suicide.

Stop all general administrative communication (e.g., letters/texts/emails about school trips or parent consultation events) to the family as soon as possible.

Timely communication with students and staff is an important part of helping to stabilise the situation, preventing rumours from circulating and ensuring access to bereavement support is available as soon as possible. Once the facts of the incident have been established, a briefing for all staff should be given. It is important to recognise that staff who knew the student most closely are likely to be grieving themselves and should not be asked to lead on notifying others. Give due regard for the needs of students and staff who were close to the deceased and consider notifying them separately.

1. Communicate with Students and Staff

Guidance and example communications can be found in [Appendix 3](#), also see Tips for talking about suicide [page 33](#)

Wherever possible, briefings and conversations with both staff and students should happen face-to-face, with arrangements for immediate counselling and/or emotional support available. There are some general guidelines that are important for staff to keep in mind when having conversations. These are designed to reduce the likelihood of multiple suicides:

- Avoid sensationalising or normalising suicide
- Remain sensitive and factual in all conversations
- Never reference the method of suicide in any conversations
- Do not be afraid to use the term 'suspected suicide' and avoid euphemisms
- Discourage students from posting about what has happened on social media, highlighting the potential impact on loved ones.

You may find it appropriate to follow-up these conversations with letters to parents which detail the types of support available to students as well.

People process information and grieve in different ways. Therefore, conversations with students and staff should be ongoing. The right time to access support is different for everyone.

2. Bereavement Support

People affected by suicide will need various types of levels of support. The breadth of available support is outlined in [Appendix 2](#)

3. Signposting to Mental Health Resources

In addition to bereavement support, both students and staff should be signposted to mental health and wellbeing services. A list of these can be found on [page 44](#) and [page 45](#) of this document.

4. Identify Vulnerable Young People

In addition to bereavement support, ensure staff are aware of the policies and procedures around identifying vulnerable young people. Consider providing training for staff in managing suicidal conversations. Special care should be given to monitoring unauthorised absences or missed lessons. CAMHS will support with advice and guidance in relation to children and young people identified as at risk.

Further information can be found on [page 17](#).

A suspected suicide of someone connected to a school/college can attract much media and social media attention. It is therefore important to designate a media spokesperson and prepare a media statement.

Samaritans' media team can help support schools/colleges (and the family) in dealing with the media during a crisis - you can contact them directly on 07943 809162 or through www.samaritans.org/how-we-can-help/schools/step-step/

Recommendations:

- Designate a media spokesperson to field media enquiries – Papyrus's School guide has helpful tips on pages 35-36 see: [Schools guide | Papyrus \(papyrus-uk.org\)](http://www.papyrus-uk.org/Schools%20guide)
- Prepare a media statement.
- Advise all staff that only the media spokesperson is authorised to speak to the media.
 - Advise students to avoid interviews with the media.
- Refer media outlets to [Recommendations for Reporting on Suicide](#). And [Guidelines for journalists | Papyrus \(papyrus-uk.org\)](http://www.papyrus-uk.org/Guidelines%20for%20journalists)
- Liaise with your local authority corporate communications team, who can advise and possibly help field calls in the event of national media attention.

Advise those who answer external telephone calls to the school that they should not engage in answering any media enquiries/questions, but should:

- Make a note of which media outlet is represented (could be national media) and the reporter's contact details (mobile and email address)
- Make a note of the questions asked
- Pass the information given to the Headteacher/Principal as a matter of urgency

Social media:

See also: [Managing-social-media-following-a-suicide-web.pdf \(headspace.org.au\)](#)

We strongly advise taking advice from the Samaritans media team on how to deal with social media; they are highly skilled, knowledgeable and supportive in this area.

Oversee the school's use of social media as part of the crisis response.

Schools can use social media strategically to disseminate information, share prevention-oriented messaging, offer support to students who may be struggling, and identify and respond to students who could be at risk.

Following a suspected suicide, students may immediately turn to social media for a variety of reasons. The deceased person's social media page often becomes a place where friends and family talk about the death and the person who died.

Social media provides schools with a powerful set of tools to do the following:

- Disseminate important and accurate information to the school community
- Identify students who may need additional support or further intervention
- Share resources for grief support and mental health care
- Promote safe messages which emphasize suicide prevention
- Minimise the risk of suicide contagion that could occur through emulation or describing details of the means used

It is important that staff, parents, and carers are aware of how to work with children and young people following a suspected suicide. Your setting should liaise with the MHST/School nursing/Educational Psychology (depending on your school's offer) to identify any vulnerable young people and link in support from [Cruse](#) / [CAMHS](#) / [Mountbatten](#) depending on the need.

The below guide is intended to act as a high-level summary of how you can identify vulnerable children and young people. We also recommend that staff complete suicide awareness training (outlined on [slide 29](#)) to increase confidence and capability.

Step 1: Know the warning signs – some can be very subtle changes.
Some warning signs include:

- Lack of sense of purpose in life
- Appearing tired and distant
- Withdrawal from friends and family
- Rage, anger, irritability
- Recklessness
- Dramatic mood changes
- Increased substance use
- Statements that indicate hopelessness or being a burden
- A change in routine: sleeping or eating more/less than usual
- Other situational risk factors such as relationship breakdown, household dysfunction, and bullying.
- Threatening suicide or talking about wanting to die*
- Looking for ways to die*

***These warning signs indicate urgent suicide risk. Stay with the person who is exhibiting these signs and connect them to necessary help.**

Step 2: Talk to the child/young person
Papyrus have a helpful 'conversation starters' guide to help you initiate the conversation with a child/young person found [here](#). There are also organisations available to support these conversations following a suspected suicide. These are listed on [pages 40 - 42](#).

Step 3: Use Samaritans SHUSH Listening Tips
The below tips to help you manage the conversation

SAMARITANS

5 SHUSH Listening Tips

- S** **Show you care**
Focus on the other person and make eye contact
- H** **Have patience**
It may take time before a person is ready to open up
- U** **Use open questions**
Ask questions that will give more than Yes/No answers
- S** **Say it back**
Confirm you understand what is being said and don't judge
- H** **Have courage**
Be comfortable with silence and negative responses

If you are worried that the child/young person is in danger, call 111 (24 hours a day, 7 days a week) and ask to speak to the Mental Health Triage Team. Where a child's safety is at immediate risk, please dial 999.

Step 4: Inform the designated safeguarding lead & notify parents/carers.

Follow your setting's safeguarding policy if you have concerns that a child or young person is experiencing suicidal thoughts. Parents/guardian consent is required to discuss the child with multi-agency partners (e.g. CAMHS)

Step 5: Seek advice or referral to CAMHS and raise safeguarding concerns as appropriate

See [pages 40 - 42](#) for contact details and further information. Out of hour crisis support is available from the NHS 111 Mental Health Triage Team.

Step 6: Log Incident and agree next steps

Log incident and steps taken

Continue talking to the child/young person; it may be useful to share resources for additional support and information with them, such as the [Stay Alive App](#) which has a customisable wellbeing plan tool that the child/young person can develop with their parent/guardian. Papyrus also offer 24/7 safety planning support, working with young people, parents and settings alike. See Hopelink: <https://www.papyrus-uk.org/hopelink/>

Further guidance and support on identifying and supporting vulnerable students can be found in the Samaritans Step by Step resources [Identifying & supporting vulnerable students](#) | [Mental health in schools](#) | [Samaritans](#)

PAPYRUS HOPELINEUK offers confidential support and advice for:

- Children and young people under the age of 35 who are experiencing thoughts of suicide
- Anyone concerned that a young person could be thinking about suicide

Call: 0800 068 4141 (this does not show up on the telephone bill) , Text: 07860 039 967 , Email: pat@papyrus-uk.org

A number of resources, including suicide safety plans, distraction techniques and coping strategies, on the resources page of our website:

<https://www.papyrus-uk.org/help-advice/resources>

DEBRIEF SERVICE

PAPYRUS's suicide prevention helpline, **HOPELINEUK**, is there to support young people who are experiencing thoughts of suicide and those concerned for them. The service supports anyone who has had an experience with suicide and would like to talk it through with a trained professional. This includes teachers, pastoral staff, first responders, doctors, nurses, police, counsellors and more. Should a person speak to you about their thoughts of suicide, it is important that you look after yourself, the debrief service is there to help.

If you are worried about a child or young person (or a child or young person has approached you) speak to them about your concerns, let them know what you have observed, and listen to them. You should also speak to your Designated Safeguarding Lead to seek advice on suitable next steps. Keep the child or young person updated and involved in any actions you take, so they don't feel excluded from the process. For example, if a safeguarding concern escalates, or you decide to develop a safety plan together.

Inform their parents or carers as soon as possible. You may need to handle this sensitively if a child or young person does not want their parents informed, but it is important to engage the key people around them for support.

You are not required to discuss your concerns with the child or young person, or inform their parents or carers, if you have reason to believe that doing so may put them at increased risk of harm. For example, if this could result in harm either to them or those seeking to intervene, or because the child or young person might withhold information or withdraw from services.

Key resources:

[What schools and further education settings can do : Mentally Healthy Schools](#)

[DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers](#)

[Understanding and dealing with issues relating to parental responsibility - GOV.UK](#)

Summary of actions: Week 2 onwards



The table below provides a high-level summary of your role as an education setting in supporting the postvention response from week 2 onwards. It also highlights the role of Isle of Wight Council and other agencies in continuing to support your settings. The guiding principles on the right-hand side should be kept in mind whilst progressing with your postvention response.

Summary of Medium-Term Actions to Take

Responsibility of the Setting	
	Continue to make use of the wraparound support offered by other agencies; they can continue to provide bereavement and mental health support for students and staff
	Participate in the JAR process as needed
	Liaise with family members around the funeral, memorial and other key dates where appropriate with the support of Cruse
	Use communications guidance for any enquiries on key dates, see: page 18 , and Samaritans Step by Step resources see: Handling the media Suicide in schools Step by Step Samaritans , School memorials Suicide in schools Step by Step Samaritans Contact appropriate organisations outlined on page 40 onwards if enhanced support is needed
	Continue to support staff on procedures for identification of other vulnerable young people
	Review postvention policies and procedures and provide feedback to Isle of Wight Public Health to improve future postvention responses. Update internal policies and procedures accordingly
Responsibility of Supporting Agencies	
	Implement any recommendations from JAR and feedback received from the education setting
	Stay alert and aware to the increased risk of suicide and self-harm of students and staff affected by the suspected suicide. Notify Isle of Wight Public Health if new information pertaining to a suicide cluster emerges (see Glossary).
	Monitor social media and local media outlets for inappropriate reporting of the suspected suicide and contact Samaritans media support: mediaadvice@samaritans.org see: Guidance for reporting on self-harm and suicide content online Samaritans' media guidelines or Public Health publichealth@iow.gov.uk for support
	Continue to lead JAR process
	Offer training opportunities to the setting where appropriate

Guiding Principles

- Recognise that everyone grieves differently and may need access to bereavement support or signposting to mental health services at different times
- Be sensitive to the needs of others
- Be mindful of the impact that supporting an inquest/child death review can have on staff and their wellbeing
- Follow established guidelines when talking about a suspected suicide
- Recognise that talking about suicide responsibly does not increase the likelihood of further suicidal behaviours
- Act in accordance with data protection and information sharing protocols, protect the privacy and dignity to those affected

Following your immediate response, it is important that students and staff continue to feel supported. People may also be looking for ways to come together to pay tribute and your setting can provide appropriate guidance and support for funerals, memorials and key dates. Continue to use the guidance provided on [page 19](#) when identifying children and young people at risk of suicide and self-harm.

You may also wish to consider suicide prevention training outlined on [page 30](#) or explore opportunities to put in place a service level agreement with Hampshire and Isle of Wight Educational Psychology Service if appropriate.

Guidance on Memorials and Funerals

The guidance below is from the [Samaritans Steps by Step Guide](#).

Memorials

Memorials should be handled with great care and sensitivity. Please ensure you set an appropriate time limit to the memorial (no more than two weeks) and strive to treat all deaths in the same way.

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

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

Funerals

Depending on the wishes of the family, the education setting may wish to send representative/s to attend the funeral service. Samaritans recommends the following:

- Parents or guardians accompany students who want to attend.
- Those who don't attend should have normal classes to go to.
- If appropriate, engage the faith leader prior to the funeral

Summary: Postvention, Week 2 – 6 months



Following your immediate response, it is important that students and staff continue to feel supported. It is likely that your school/college community will continue to need support long-term and in particular around key dates (such as inquest) or anniversaries. Many of the organisations available to you in the immediate term are also available to support longer term (see pages 40 – 42 for contact information). Following a serious incident, it is also important to take the time to reflect on what has happened and the effectiveness of the postvention response. At this stage you may also wish to consider how your organisation could be better prepared for future suspected suicides, embedding any of the learning from your current response.

Postvention Team Chair	
	Week 2 onwards: Communicate with educational psychology, MHSTs and relevant community sector organisations about any ongoing need for support.
	Within 6 months: Lead reflection and evaluation of the postvention response. Provide feedback to Isle of Wight Public Health to improve future postvention responses. See page 25
	From 6 months onwards: Consider enhanced support needed around anniversaries or other key dates. See page 23 for further guidance.
	From 6 months onwards: Consider a service level agreement with Educational Psychology Service where appropriate. See page 40
Communications Lead	
	Week 2 onwards: Continue to share any concerns around ongoing media with IWC Public Health.
	Week 2 onwards: Continue to ensure appropriate language is used by staff. See language guide .
	From 6 months onwards: Use communications guidance for any enquiries on key dates, see: page 18 , and Samaritans Step by Step resources see: Handling the media Suicide in schools Step by Step Samaritans , School memorials Suicide in schools Step by Step Samaritans
Family Liaison Lead	
	Week 2: Work with Cruse to understand the family's views on school attendance at funerals and any memorials See page 40 onwards
	Week 2 onwards: Continue to act as school/family liaison link (potentially through to inquest) See page 16
	One year post incident: Consider sending a card of condolences to the family of the deceased on anniversary of the death. See page 23 .

Care for Staff Lead	
	Week 2 onwards: Consider coordinating training around managing conversations about suicide and self-harm. See page 30 for a list of available training.
	Week 2 onwards: Provide enhanced wellbeing support for staff involved in JAR process. See page 45
Care for Students Lead	
	Week 2 onwards: Ensure staff continue to be alert to the signs that someone may be having suicidal thoughts See page 19
	Ongoing: Ensure students are aware of the different types of support available to them, including continued access to Cruse bereavement support service. See pages 40 onwards
	Ongoing: Promote mental and emotional resilience by promoting a whole school approach to mental wellbeing. See page 29
	Within 6 months: Review, update or develop your settings suicide prevention and postvention policy in line with reflection and learning from this postvention response. See page 27

Within 6 months

Following a serious incident, it is important to take the time to reflect on what has happened and the effectiveness of the postvention response. There will be recommendations that come from the JAR, however, it is also useful for individual schools and colleges that have implemented a postvention response to reflect on what worked well and what could have been better. We have provided a few prompts for your postvention response team to consider. Please share feedback with Isle of Wight Public Health publichealth@iow.gov.uk so that we can use this feedback to inform iterations of this document. Any recommendations should also be fed into your internal suicide prevention and postvention policy.

Key Questions

- Ask whether the relevant policies and procedures were effective. See following slides for template and: [3.9 Self-harm and Suicidal Behaviour | Hampshire, Isle of Wight, Portsmouth and Southampton](#) Did staff use them? Were they fit for purpose?
- Was the support available for students and staff sufficient?
- What other support would you have liked from supporting agencies?
- After the immediate response, was support sufficient?
- Samaritans Step by Step can provide expert support to settings reviewing a response and developing/improving their postvention plan. Call 0808 168 2528. [Contact the Samaritans Education team](#)

Recommendations:

- Use the learning to develop a suicide prevention and postvention preparedness document for your setting, building on lessons learnt.
- Share any feedback about the postvention process with Isle of Wight Council Public Health so that it can be incorporated into future responses publichealth@iow.gov.uk



Suicide Prevention

The following pages provide information to support in preventing a suicide and promoting positive mental wellbeing

The table below provides a high-level summary of your role as an education setting in supporting suicide prevention and postvention. It also highlights the role of Isle of Wight Council and other agencies in supporting you through this process.

If you have questions or concerns about the responsibilities of supporting agencies, please get in touch with Isle of Wight Public Health at public.health@iow.gov.uk.

Summary of Responsibilities

Responsibility of the Setting	
	Have a postvention plan which assigns staff clear roles and responsibilities that have been agreed in advance.
	Ensure staff are aware of their roles & responsibilities as outlined within this plan and that they are appropriately trained in suicide prevention and postvention.
	Include self-harm and suicide prevention within your setting's safeguarding policy prior to a serious incident.
	Know where and who to contact for support following a serious incident.
Responsibility of Supporting Agencies	
	Provide practical resources that education settings can use when developing their self-harm and suicide prevention policies
	Provide a variety of workforce training opportunities for education staff so they can confidently manage conversations around suicidality and self-harm
	Support a whole settings approach to mental wellbeing and suicide prevention with particular focus on the PEACH programme

Guiding Principles

- Take a whole setting approach to positive mental health and emotional wellbeing.
- Ensure there is a shared understanding across your setting of suicide prevention and how to promote positive mental wellbeing
- Support staff with their own mental health and wellbeing and to have the skills to talk to others about their mental wellbeing
- Senior leadership will continue to reinforce the message to all staff that we ALWAYS believe children and young people; raising awareness of suicide and self-harm risk factors.

Supporting your setting in suicide prevention



Suicide Prevention and Postvention Policy Guide

Both Samaritans and Papyrus recommend that schools and colleges develop a suicide safety policy which is known by the whole community and which is focused on suicide prevention.

The template below will help you develop your own suicide prevention and postvention policy and should be embedded within your Safeguarding policy. This policy should include the following core elements:

- Ensure all staff are self-harm and suicide aware through undertaking [recognised training](#)
- Commitment to deliver lessons on mental health and provide clear pathway(s) for pupils to raise concerns to staff
- Ensure physical environment of the school or college is as safe as possible. A risk assessment and management strategy may be of value.
- A named postvention response team who are familiar with this Isle of Wight Suicide Prevention & Postvention Protocol and have a clear understanding of their roles and responsibilities in the event of a suspected suicide.
- Have a named staff member responsible for the design, implementation, and maintenance of this policy

See: [3.10 Self-harm and Suicidal Behaviour | Hampshire, Isle of Wight, Portsmouth and Southampton \(hipsprocedures.org.uk\)](#) for draft policy document or visit: [Schools guide | Papyrus \(papyrus-uk.org\)](#)

Reducing the risk of suicide should be well-supported by existing policies in your settings. These include the following:

- Child protection/safeguarding
- Anti-bullying\
- Behaviour and Relationships
- Staff Training
- Staff/CYP Emotional Wellbeing
- Bereavement Policy
- Risk Assessment
- PEACH programme (see [page 29](#))

Effective suicide prevention is comprehensive; it requires a coordinated approach across settings to enable consistent support for wellbeing.

Your setting should consider the value in adopting a whole settings approach (WSA) to suicide prevention and postvention by including and prioritising health and wellbeing across a variety of aspects, with the aim of building culture and practice over time that promote good health and wellbeing.

The PEACH programme – ‘Partnership for Education, Attainment and Children’s Health’ can support in this by providing a framework with 4 key domains:

- Personal, social, health and economic education
- Emotional wellbeing and mental health
- Physical activity
- Healthy eating
- See: [Education, Attainment and Children’s Health \(iow.gov.uk\)](http://www.iow.gov.uk) for more details or contact public health: publichealth@iow.gov.uk

Components of a Whole Setting Approach (WSA) to Mental Health and Wellbeing (see also [Partnership for education, attainment and children’s health PEACH](#))



*Figure taken from [The Children’s Mental Health Coalition: Promoting Children and Young People’s Mental Health and Wellbeing](#)

Supporting your setting in suicide prevention

Training for Staff

The below information outlines the mental health and wellbeing training freely available to schools and colleges staff working on the Isle of Wight. This training aims to reduce the stigma associated with talking about suicide and improve knowledge and understanding around children/young people emotional resilience and mental wellbeing.

1. Awareness and understanding

[HIES Training](#) Offers nine free e-learning modules on a range of health and wellbeing topics, including emotional wellbeing, mental health and self-harm available to the Island workforce

[Zero Suicide Alliance](#) Awareness training which provides an understanding of the signs to look out for and skills required to approach someone who is struggling. Course length 10 to 20 minutes per module.

[Suicide Awareness Training](#) from Isle of Wight council safeguarding – brief online introduction

2. Developing knowledge and skills

[Suicide First Aid \(lite\)](#) fully funded by IWC Public Health; teaching suicide intervention skills that can be applied in any professional or personal setting.

[Youth Mental Health First Aid Aware](#) introductory three-hour session designed to increase awareness of young people's mental health and some of the issues that can affect this age group.

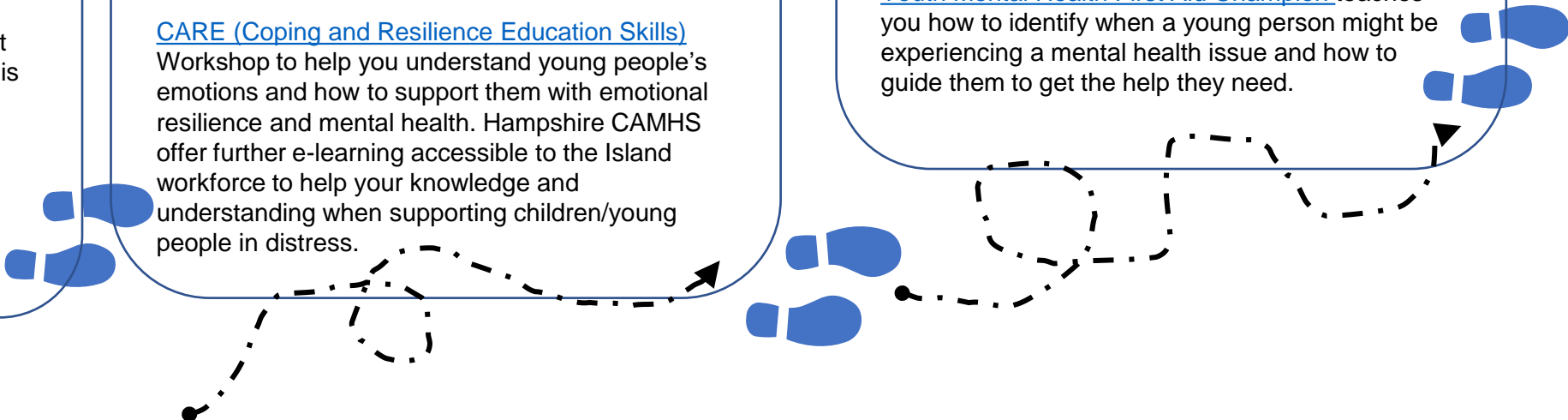
[CARE \(Coping and Resilience Education Skills\)](#) Workshop to help you understand young people's emotions and how to support them with emotional resilience and mental health. Hampshire CAMHS offer further e-learning accessible to the Island workforce to help your knowledge and understanding when supporting children/young people in distress.

3. Enhancing knowledge and skills

[Suicide First Aid training](#) more in-depth training on suicide intervention skills that can be applied in any professional or personal setting, captured in a one-day event accredited by City and Guilds of London.

[Mental Health First Aid](#) Face-to-face, 2 day course to raise awareness of people's emotional and mental health issues in the community and reduce stigma and discrimination. Fully funded by IWC Public Health.

[Youth Mental Health First Aid Champion](#) teaches you how to identify when a young person might be experiencing a mental health issue and how to guide them to get the help they need.



Guidelines

The following pages provide guidelines on talking about suicide and in dealing with a suspected suicide

Helping students cope

In the aftermath of a suspected suicide, students and others in the school community may feel overwhelmed. This can make it difficult for the school to return to its primary function of educating students, can increase the risk of prolonged stress responses and even suicide contagion (see [Glossary](#)).

A school's approach to supporting students after a suspected suicide is most effective when it provides different levels of support depending on the students' needs. It is critical that an opportunity to meet in smaller groups be given to students in need of more in-depth support, augmenting the support given to all students. Please see [Appendix 2](#) to identify appropriate, available mental health support.

Children or young people may not yet have learned how to recognise complex feelings or physical indicators of distress, such as stomach upset, restlessness, or insomnia. It is therefore important for schools to provide students with appropriate opportunities to express their emotions and identify strategies for managing them, such as in-group and individual sessions. Schools can also help students balance the timing and intensity of their emotional expression.

Staff can use the information: [Tips for talking about suicide](#) to help students understand and manage their emotions and Papyrus guide: [here](#).

Suicide is the leading cause of death in young people, and yet, suicides can be prevented. Although suicide prevention training is available, no formal training is strictly necessary to provide crucial early support for someone.

Asking a **direct question** about thoughts of suicide can be difficult. Staff may feel worried about over-responding, but it is much better to ask direct questions than avoid talking about suicide.

For many people, telling those close to them that they are experiencing thoughts of suicide can be incredibly difficult. How do we know if someone is thinking about suicide?

We cannot be certain without asking directly.

There may also be [signs we can look](#) out for which indicate someone could be considering ending their life. 32

Tips for Talking about Suicide

Give accurate information about suspected suicide

Suicide is complicated and is not caused by a single event. In many cases, mental health conditions such as depression, bipolar disorder, PTSD, psychosis, or drug and alcohol use are present leading up to a suicide. Mental health conditions affect how people feel and prevent them from thinking clearly. Help is available. Talking about suicide in a calm, straightforward way does not put the idea into people's mind.

By Saying

"The cause of [NAME]'s death was a suspected suicide. Suicide is not caused by a single event. In many cases, the person is dealing with their mental health or using drugs and alcohol; and then other life issues occur at the same time leading to overwhelming mental and/or physical pain, distress, and hopelessness." "There are effective treatments to help people with mental health, drug or alcohol problems or who are having suicidal thoughts." "Mental health problems are not something to be ashamed of. They are a type of health issue and affect many people."

Address blaming and scapegoating

It is common to try and answer the question "why?" after a death by suspected suicide. Sometimes this turns into blaming others for the death.

By saying

"Blaming others or the person who died does not consider the fact the person was experiencing a lot of distress and pain. Blaming is not fair and can hurt another person deeply."

Do not focus on method

Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behaviour by vulnerable individuals. The focus should not be on how someone dies but rather on how to cope with feelings of sadness, loss, anger, etc.

By saying

"Let's talk about how {NAME}'s death has affected you and ways you can handle it." "How can you deal with your loss and grief?"

Address anger

Accept expressions of anger at the deceased and explain that these feelings are normal.

By saying

"It is okay to feel angry. These feelings are normal, and it doesn't mean that you didn't care about [NAME]. You can be angry at someone's behaviour and still care deeply about that person."

Address feelings of responsibility

Help students understand that they are not responsible for the death. Reassure those who feel responsible or think they could have done something to save the deceased.

By saying

"This death is not your fault. We cannot always see the signs because people may hide them." "We cannot always predict someone else's behaviour."

Promote help-seeking

Encourage students to seek help from a trusted adult if they or a friend need any support.

By saying

"Seeking help is a sign of strength, not weakness." "We are always here to help you through any problem, no matter what. Who are the people you would go to if you to a friend were feeling worried or depressed or had thoughts of suicide?" "If you are concerned about yourself or a friend, talk with a trusted adult who can help."

When a parent / carer, sibling or significant person in a child or young person's life has died by suspected suicide (1 of 3)

It is not known how many children and young people are bereaved by suicide in the UK but with 5,642 suicide deaths registered in the UK in 2022 (ONS), we know it's a significant number. Those who witness suspected suicide can experience recurrent intrusive flashbacks and this can have a major impact on their ability to concentrate. Child bereavement UK state that 1 in 29 five to sixteen year olds has been bereaved of a parent or sibling. The next 3 slides cover points to consider when supporting a young person who has been bereaved.

The suspected suicide of a parent/carer, sibling or other significant person can have a devastating impact on the life of a young person. Such a loss poses significant risks to their own mental health and can increase risk-taking behaviour such as drug and alcohol and self-harm, and an increased risk of suicide. With timely support these risks can be mitigated. Schools and colleges can play an important role in providing that support, and those with existing relationships of trust are well placed to listen, provide reassurance, and help the young person access specialist support.

Recommendations for professionals supporting children and young people after suicide bereavement:

1. Suicide grief is different, signpost to specialist support

Bereavement by suicide is distinct from other types of death, especially for young people due to the complex feelings of guilt, shame, abandonment, and the potential impact on self-worth. This can lead to complicated grief resulting in a long-term impact on mental wellbeing. Focus on active listening, supporting the bereaved family and monitoring the young person for changes in behaviour. Signpost those impacted by suicide bereavement to specialist support. [See Appendix 2](#) For local support contact [Cruse](#) and / or [Mountbatten Isle of Wight](#). There are also national helplines operated by [Winston's Wish](#) or [Child Bereavement UK](#).

2. Be accepting of all emotions

Suicide can result in a wide range of emotions in children and young people including:

- ambivalence towards the person who has died
- relief that the person died after suffering in lead-up
- guilt for being responsible
- shame for feeling relief
- anger towards the person who has died and/or surviving relatives
- regret at things left unsaid and not having opportunity to say goodbye

When a parent / carer, sibling or significant person in a child or young person's life has died by suspected suicide (2 of 3)

3. Support the whole family, not only the young person

Find out what the young person already knows and what they understand about the death. It's important to have empathy for everyone involved including the person who died. Find out what support is already in place and refer to support organisations such as [Cruse](#), [Winston's Wish](#) or [Child Bereavement UK](#). There are also useful publications such as [Help is at Hand](#) published by Support After Suicide ([See Appendix 2](#)).

4. Ask open questions and give space to listen

Practice active listening, ask open questions and make no assumptions about how the young person feels. Rather than saying: 'You must be so sad that your mum has died', opt for: 'how are you feeling?' Find out if the young person has someone to talk to about how they are feeling. You could ask: 'Can you talk to other family members about how you are feeling? Is there anybody else you can talk to?'

5. Promote truthfulness

If possible, encourage the family to be honest about the deceased's cause of death and share with them the risks associated with non-disclosure of a suspected suicide:

- deepens stigma and reinforces isolation
- eliminates opportunity for children to ask questions
- limits opportunity to receive appropriate support through postvention services and specialist services
- other survivors of suicide cannot offer kinship
- breaks down trust with surviving family members
- damage to relationships should truth emerge

6. Talk openly about suicide and mental health

Don't be afraid to talk about suicide, mental health and depression. It allows young people to express their feelings and ask questions in a safe environment. They will take a lead from you so create a safe space for them to talk about their feelings.

Be compassionate and provide reassurance. Tell the young person that s/he is loved, it is not his/her fault and that there is support that can help.

When a parent / carer, sibling or significant person in a child or young person's life has died by suspected suicide (3 of 3)

7. Avoid presenting suicide as a choice

Referring to the suicide of a parent/carer as a 'choice' can reinforce a young person's feelings of rejection and abandonment, as it frames it as a conscious decision to die.

The 'choice' to die by suicide is often not a choice in our normal understanding of the word. For someone in a suicidal state, it can feel like the only way to stop the unbearable pain of living.

8. Use non-judgmental and straightforward language, avoid euphemisms

Use plain language without any judgment. For example, 'he took too many tablets and they stopped his heart working' or 'she died because she put something tight round her neck as she didn't want to live anymore'. Avoid using expressions like 'he took the easy way out' or 'she was so selfish to do that to you'. Remember that you are criticising someone who the young person loves deeply.

It can confuse a child if you say, 'he's in a better place now' or 'she's gone away' or 'she's gone to sleep'. To help younger children understand that death is irreversible it is better to say the person has died or that the person's body has stopped working.

Avoid saying that the person 'committed' suicide. Research supports the use of 'die by' suspected suicide or that the person has 'taken or ended his/her own life' as the verb 'commit' is often used in relation to crimes and sins, and its use is thought to reinforce stigma around suicide. See [Language Guide](#)

9. Be aware that young people express grief differently to adults

Children and young people, unlike adults who stay with their grief, often jump in and out of their grief – this is sometimes referred to as 'puddle jumping'. This is a natural way to protect themselves from being overwhelmed by powerful feeling

10. Provide outlets for grieving and age-appropriate resources

Provide opportunities to express grief including through non-verbal means (art, music, etc) as well as a quiet space for 'time out' when required. A range of age-appropriate resources including books and DVDs are available to support children and carers after suicide including several free online resources. See [Appendix 2b](#)

Have a plan in place for supporting children after suicide and make sure everyone is aware of the role they will take.

Appendix

The following pages provide information on:

- terms and acronyms used
- support agencies
- resources briefing templates

Appendix 1a: Glossary

Term	Definition
Postvention	A postvention is the name given to interventions that take place after a suspected suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers).
Suspected Suicide	A death by suicide is confirmed at inquest. Before inquest, the death may be referred to as a suspected suicide. In the first instance, you may feel it is most appropriate to refer to the suspected suicide as a sudden death when communicating with students and parents.
Self-Harm	Self-harm refers to an intentional act of self-poisoning or self-injury, irrespective of the motivation or apparent purpose of the act, and is an expression of emotional distress
Critical Incident	A critical incident is any incident which increases the risk of further self-harm/suicide attempts within your setting. This can include the suspected suicide of a student, suspected suicide of a staff member, suicide attempt or serious self-harm incident of a student or staff member, suspected suicide of a parent or sibling.
Suicide Contagion	Suicide contagion is the process where one person's suicide influences another person to engage in suicide acts. Contagion may be particularly likely to occur in circumstances where the second person is already contemplating a suicide act, or is particularly vulnerable or impressionable.
Bereaved by Suicide	Often, those bereaved by suicide are family members and friends of a loved one who died by suicide. However, anyone in the wider community (including teachers, peers, and other parents/guardians) may also experience bereavement and require support.
JAR	JAR stands for Joint Agency Response. The JAR process is triggered by child death review partners (e.g., health, safeguarding, and police colleagues) within the first 48hrs after a child dies (regardless of circumstances). Your setting is likely to be asked to participate in the JAR process when a student dies by suspected suicide.

Appendix 1b: Acronyms

ACES	Adverse Childhood Experiences
CAMHS	Child and Adolescent Mental Health Service
CDOP	Child Death Overview Panel
CYP	Children / young person
DEAL	Developing emotional awareness and listening
DMHL	Designated mental health lead
FLO	Family Liaison Officer
HIEP	Hampshire and Isle of Wight Educational Psychologists
HIPS	Hampshire, Isle of Wight, Portsmouth and Southampton
JAR	Joint Agency Response
MHFA	Mental Health First Aid
MHST	Mental Health Support Team
MHDL	Mental Health Designated Lead
PEACH	Partnership for Education Attainment and Children's Health
SFA	Suicide First Aid
SLW	Suicide Liaison Worker
WSA	Whole setting approach

Appendix 2a: Key Contacts (1 of 3)



There are a number of organisations and services available to support your setting through all stages of your postvention response.

Organisation	Description of Support	Contact Details
<p>CAMHS – Isle of Wight</p> <p>Child and adolescent mental health</p>	<p>Following a suspected suicide or death of a young person:</p> <ul style="list-style-type: none"> • If the CYP struggling is stating self-harm or suicidal behaviours, please consider referring to CAMHS. • Arrange a multiagency meeting to discuss CYP's affected and to consider what Tier of mental health provision might be supportive. • Arrange a consultation meeting for teachers to discuss relevant details with CAMHS professional. • CYP's already open to CAMHS will be followed up 	<p>Requests to CAMHS for Postvention Support should be made to: iownt.spcamhs@nhs.net All emails should be titled: URGENT POSTVENTION SUPPORT FOR SCHOOLS</p> <p>Tel: 01983 523602 (Monday to Thursday 08.30am-5pm, Friday 08.30am-4.30pm)</p>
<p>Child Bereavement UK</p>	<p>Child Bereavement UK helps families to rebuild their lives when a child grieves or when a child dies. We support children and young people (up to the age of 25) when someone important to them has died or is not expected to live, and parents and the wider family when a baby or child of any age dies or is dying.</p>	<p>Child Bereavement UK Helpline: 0800 02 888 40</p>
<p>Cruse Bereavement Support</p>	<ul style="list-style-type: none"> • Anyone affected by a suspected suicide • Covers both children and adults-irrespective of their relationship to the person who has died or when the suspected suicide occurred • Can support your setting with communicating with the family of the deceased as well as students and staff • Also see: https://www.hopeagain.org.uk/ for young people 	<p>Cruse Bereavement Support Call: 03305 550 129 Email: crusenowiw@cruse.org.uk</p>
<p>Hampshire and Isle of Wight Educational Psychology (HIEP)</p>	<p>Educational Psychologists provide support and guidance to schools and colleges in response to a suspected suicide of a student or staff member. Support is offered to any setting, regardless of whether you have an existing service level agreement with them. HIEP have also created two critical incident packs that provide guidance and signposting for settings.</p> <p>If service level agreement in place, HIEP can also support on organisational, policy and curriculum development, training and staff supervision.</p>	<p>Following a suspected suicide, as soon as possible, an educational psychologist will be in touch with the Headteacher/other senior leader.</p> <p>If you need to get in touch directly: Dr Rebecca Murphy, 02392 441496</p> <p>See also: Staff support and development Hampshire County Council (hants.gov.uk) Information and resources for educators Hampshire County Council (hants.gov.uk)</p>
<p>Isle of Wight Council Early Help</p>	<p>Early Help systems available to children and their families are made up of three types of services: universal services, community support, acute and targeted services</p>	<p>Contact children and families: Send a message (iow.gov.uk)</p> <p>Call: 01983 823171 email the team on earlyhelp@iow.gov.uk</p>

Appendix 2a: Key Contacts (2 of 3)



Organisation	Description of Support	Contact Details
Isle of Wight Council Education Services	Supporting senior leadership at the school.	Please contact Naomi Carter Service Director for Education Access & Inclusion. * Naomi.Carter@iow.gov.uk
Isle of Wight Public Health Team	Isle of Wight Public Health (PH) can provide support and guidance around communications , signposting to resources and advice on creating a whole settings approach to suicide prevention and postvention policy. The PH team also monitor near real time data with regards to suspected suicides to identify any possible clusters or contagion (see Glossary).	public.health@iow.gov.uk
IW Youth Trust	An independent Isle of Wight charity offering counselling and therapeutic support for 5-18 year olds (and support for up to 25 years if SEND .	Clinical Lead info@iowyouthtrust.co.uk 01983 529569 Home IOW Youth Trust 114 Pyle Street, Newport PO30
Mental Health Support Team	Key role in supporting the Designated Mental Health Lead (DMHL) within the school to identify vulnerable young people who may require additional intervention. Providing liaison and signposting the DMHL to appropriate services to refer on to as appropriate	DMHL to liaise with MHST members allocated to the school or email to iownt.mhst@nhs.net or call 0300 365 4010.
Mind Solent	Self harm support hub – a dedicated space for anyone supporting young people who self-harm	Mental Health and Wellbeing Support on the Isle of Wight Solent Mind
Mountbatten IW	The Hospice provides free counselling support for anyone on the Island who is bereaved. We support anyone regardless of the nature of the bereavement and this includes suicide and sudden and traumatic deaths. The service offers lifespan support and we work with children, families and adults as individuals or in groups.. The service is provided by counsellors, trained volunteers or a psychologist. Both individual and group support available. Mountbatten offer teacher training on bereavement and will work alongside teachers and the MHST teams offering bereavement support.	Dr Jane Hazeldene - Director of Psychosocial & Spiritual Care 01983 217321 jane.hazeldene@mountbatten.org.uk
Papyrus	Provides bespoke guidance to a setting. They can support staff in managing conversations with young people and the wider community. HOPELINKUK helpline	Alex Hills, regional Papyrus Lead: Alex.Hills@papyrus-uk.org Lisa Roxby, national lead lisa.roxby@papyrus-uk.org Call 0800 068 4141, text 0786 039 967 email: pat@papyrus-uk.org ⁴¹

Appendix 2a: Key Contacts (3 of 3)



Organisation	Description of Support	Contact Details												
Samaritans Steps by Step	<p>Provides practical support to help settings prepare for and recover from a suspected or attempted suicide. They are happy to provide advice, guidance and support to any school, college, university or youth setting.</p> <p>Samaritans DEAL Resource also provides guidance on teaching emotional awareness within a school setting.</p> <p>Provides support on managing the media</p>	<p>stepbystep@samaritans.org 116 123 Leaving a message or an email would start the process.</p> <p>DEAL: Developing Emotional Awareness and Listening Resource</p> <p>Samaritans' Media Guidelines</p>												
School Nursing	<p>Key role in identifying vulnerable children and supporting staff to identify vulnerable children.</p>	<p>Public Health Nursing 0-19 - Isle of Wight Solent NHS</p>												
Simon Says	<p>Support for Those Bereaved by Suicide – SimonSays Most suitable for: Suspected suicide of sibling/parent of student attending your setting</p> <ul style="list-style-type: none"> Children and young people up to the age of 18 who have lost a significant person 	<p>Please complete the referral form accessed here: simon-says-3rd-party-referral-2021.pdf (simonsays.org.uk) and send the completed form to the email address below 023 8064 7550 info@simonsays.org.uk</p>												
Space 4U – No Limits Safe Haven	<p>For young people aged 11-18 years old</p> <p>Space 4U offers out-of-hours drop-in and one-to-one crisis support for young people experiencing difficulties with their mental health.</p> <p>Drop-in sessions are in person and you don't have to get in touch before turning up. There young people can talk with youth workers and other young people about how they are feeling and join in with activities.</p> <p>One to one sessions with a youth worker are also available - by appointment, and can be done in-person, online or over the phone.</p>	<p>Safe Havens Mental Health and Wellbeing No Limits (nolimitshelp.org.uk)</p> <table border="1" data-bbox="1531 805 2525 1108"> <thead> <tr> <th></th> <th>Location</th> <th>Drop in sessions</th> <th>One to ones</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td>East Newport Family Centre, Furrllongs, Newport PO30 2AX</td> <td>5:00 – 6:00pm</td> <td>6:00 – 7:30pm</td> </tr> <tr> <td>Tuesday</td> <td>Sandown Family Centre, 98 The Fairway, Sandown PO36 9EQ</td> <td>4:00 – 5:00pm</td> <td>5:00 – 6:30pm</td> </tr> </tbody> </table> <p>To book an appointment for a one-to-one: Call 07741 665 182</p>		Location	Drop in sessions	One to ones	Monday	East Newport Family Centre, Furrllongs, Newport PO30 2AX	5:00 – 6:00pm	6:00 – 7:30pm	Tuesday	Sandown Family Centre, 98 The Fairway, Sandown PO36 9EQ	4:00 – 5:00pm	5:00 – 6:30pm
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Winston's Wish	<p>Bereavement support charity for grieving children and families. They provide a wide range of support offers, online resources and publications designed to help guide . Most suitable for: Suspected suicide of sibling/parent of student attending your setting</p> <p>Children and young people up to the age of 25 after the death of someone significant in their lives.</p>	<p>Please email or contact the team; they will talk with you to help identify what support a family needs Email: ask@winstonswish.org Free and confidential helpline: 08088 020 021</p>												

Appendix 2b: Resources for promoting positive mental wellbeing within your setting



Resource/service	Information
Anna Freud Centre	A hub of resources for school and colleges to support education staff to adopts a whole school and college approach to mental health and wellbeing. They produce evidence-based training, resources and programmes, helping schools and colleges make the mental health of their pupils and staff a priority. https://www.annafreud.org/schools-and-colleges/
DfE Guidance for Teaching about mental wellbeing	Practical materials for primary and secondary schools to use to train staff about teaching mental wellbeing Teaching about mental wellbeing - GOV.UK (www.gov.uk)
Help is at Hand guidebook	Gives support after suicide for adults and young adults - available to download or order free copies. Go online : Help is at hand – Support After Suicide
Nip in the Bud-Tips for Teachers	Provides practical tips for teachers in the classroom through factsheets and film to support students’ emotional wellbeing at school. They also have tips for supporting the return to school for students https://nipinthebud.org/films-teachers-category/tips-for-teachers/
Now and Beyond	A collection of free lesson plans and videos across various mental health themes, approved by a clinical lead. Resource hub – Now and Beyond
Papyrus	See: Schools guide Papyrus (papyrus-uk.org)
Partnership for Education attainment and Children’s Health (PEACH)	PEACH is a public health programme for all early years and school settings on the Isle of Wight. It aims to support you to take a whole setting approach to health and wellbeing supporting children, young people, and their families, including emotional wellbeing. Further resources can be found at the webpage below. Education, Attainment and Children’s Health (iow.gov.uk)
PSHE Mental Health and Emotional Wellbeing Lesson Plans	Lesson plans and guidance resource packs to trach about emotional wellbeing for different key stages. Search (pshe-association.org.uk)
YoungMinds	Mental Health Resources For Children and Young People YoungMinds
Youthscape Health Strong Resource Hub	Provides a wide range of information, resources and advice around supporting young people’s mental and emotional health. You can view the extensive back catalogue of livestream events on various topics, including young people who self-harm. https://www.youthscape.co.uk/mentalhealthhub#browse-resources

Signposting to mental health support when you need it [students]

Please also refer to the Key contact list (pages [40 - 42](#))

Service	Description of Support
ChildLine	Childline can be contact by phone or through their website. It is open 24/7.
Isle of Wight CAMHS	Isle of Wight Children & Adolescent Mental Health services are made up of specialist teams offering assessment and treatment to children and young people up to age 18 and their families, who are experiencing emotional health and wellbeing difficulties. Any professional or voluntary sector employee can refer a child or young person to CAMHS. Parents, carers and young people can contact the service to discuss how they can access our interventions. Adolescents who feel that they have mental health difficulties are able to self-refer.
KOOOTH	Is a free, anonymous online counselling and emotional wellbeing support service for young people aged 11-25 years (up to 26th birthday). It offers a safe way to access support for emotional health and wellbeing needs from a team of professional qualified counsellors. Counsellors are available 12noon - 10pm on weekdays and 6pm - 10 pm at weekends, every day of the year. No referral needed.
The Little Blue Book of Sunshine	The Little Blue Book of Sunshine is a mental health resource for children and young people on the Isle of Wight. It aims to help by sharing tips on how to deal with problems such as anxiety, body image, relationships and anger. It includes information about national and local resources. The booklet is available on Apple Books and Google Play Books .
NHS 111 Mental Health Triage Service	Call 111 or visit www.111.nhs.uk and ask to speak to the NHS Mental Health Triage Service. This service provides advice, support and guidance, 24/7. The Mental Health Triage Team is comprised of mental health nurses who can offer brief psychological support and make referrals into appropriate services.
SHOUT	Text 'SHOUT' to 85258 . (Free service) Open 24 hours a day, 7 days a week, every day of the year. Trained volunteers are there for you 24/7 to listen and support you to get to a calmer and safe place. Shout is a free, confidential, anonymous service for anyone in the UK. It won't appear on your phone bill
Hope again	Hope Again is the youth website of Cruse Bereavement Support. Helping young people cope with their grief

Signposting to support when you need it [staff]

Please also refer to the Key contact list (pages [40](#) - [42](#))

Service	Description of Support
<p>Health Assured Helpline/Employee Assistance Programme</p> <p>Get help today Access to Work Mental Health Support Service (maximusuk.co.uk)</p>	<p>Your school may provide access to help via an Employee Assistance Programme, however you will need to check with your school to find out details of whether there is one and how to access. There service is available 24/7</p> <p>Maximus provides a confidential mental health support service that is funded by the Department for Work and Pensions. The service is available at no charge to any employees with depression, anxiety, stress or other mental health issues affecting their work. Staff can self-refer from the website:</p>
<p>Education Support</p>	<p>UK charity dedicated to supporting the mental health and wellbeing of teachers and education staff in schools and colleges.</p>
<p>Hampshire Isle of Wight Educational Psychology Team</p>	<p>Educational Psychologists provide support to staff following any critical incident. If service level agreement in place, HIEP may also provide additional support/training for staff.</p>
<p>https://www.iwmentalhealth.co.uk/iw-mental-health-crisis-support</p>	<p>IW NHS provides further information on mental wellbeing and crisis care locally for adults and young people.</p>
<p>NHS 111 Mental Health Triage Service</p>	<p>Call 111 or visit www.111.nhs.uk and ask to speak to the NHS Mental Health Triage Service. This service provides advice, support and guidance, 24/7. The Mental Health Triage Team is comprised of mental health nurses who can offer brief psychological support and make referrals into appropriate services.</p>
<p>Mental Health Foundation</p>	<p>A guide on how to support both your mental health and your colleagues' wellbeing at work</p>
<p>Workplace Mental Health and Wellbeing Guide for Hampshire, Portsmouth, Southampton and the Isle of Wight</p>	<p>Wellbeing Guide based on Governments Thriving at work six standards</p>

Appendix 3: sample death notification statement for students and their families, school or college staff

These statements are examples that can be modified by the principal or postvention team as needed, suggested format: open letter / email

Option 1: Naming the young person

It is with great sadness that we have learnt of the death of one of our students, *[name]* on *[date]*.

[Include information about the young person e.g. their year group]

We are deeply saddened and shocked by this dreadful news and our thoughts go to *[name]*'s family and friends.

The loss of a student affects us all as a community and I know that you will share our heartfelt sympathy.

The police have told us that they are not treating the death as suspicious.

This is a difficult time for us all and it is important that you know there is support in place if you need someone to talk to about what has happened and how you are feeling.

School staff are talking to and directly support the young person's friends and form groups.

The welfare of our students is always our highest priority.

[Add here information about what the school is doing to support students with their emotional wellbeing and mental health]

There are also many local and national support services, advice and resources available to support young people and their families, details of which can be found on the [Children & Young People's mental health — Isle of Wight Community Mental Health \(iwmentalhealth.co.uk\)](http://iwmentalhealth.co.uk)

Please continue to look after yourselves and each other, talk about how you are feeling, and reach out if you need additional support.

(See: [Appendix 2](#) for specific bereavement support)

Appendix 3: sample death notification statement for students and their families, school or college staff

Option 2: Without naming the young person

It is with great sadness that we have learnt of the death of one of our students on *[date]*.

We are deeply saddened and shocked by this dreadful news.

The loss of a student affects us all as a community and I know that you will share our heartfelt sympathy.

The police have told us that they are not treating the death as suspicious.

At this early stage, it is not possible for me to provide further details here, and school staff are talking to and directly support the young person's friends and form groups.

This is a difficult time for us all and it is important that you know there is support in place if you need someone to talk to about what has happened and how you are feeling.

The welfare of our students is always our highest priority.

[Add here information about what the school is doing to support students with their emotional wellbeing and mental health]

There are also many local and national support services, advice and resources available to support young people and their families, details of which can be found on the [Children & Young People's mental health — Isle of Wight Community Mental Health \(iwmentalhealth.co.uk\)](http://iwmentalhealth.co.uk)

Please continue to look after yourselves and each other, talk about how you are feeling, and reach out if you need additional support.

(See: [Appendix 2](#) for specific bereavement support)



For comments/feedback or questions about this document, please get in touch with Isle of Wight Public Health, publichealth@iow.gov.uk