Staffordshire and Stoke-on-Trent Integrated Care System

Guidance for education settings responding to a sudden unexpected death being treated as a suspected suicide (schools and colleges)

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This document has been created by a task group of the Staffordshire and Stoke-on-Trent Integrated Care System (ICS) Children and Young People Mental Health Prevention Working Group (ICS CYP MH Prevention Working Group).

Introduction

This document is based on research and best practice and is intended as a practical guide to be used by both maintained and academy education settings across Staffordshire and Stoke-on-Trent, that have been affected by the suspected[1] suicide or sudden and unexpected death of someone within the education setting.

If a suspected suicide occurs within the community of an education setting, it will have a significant impact on that community, both immediate and ongoing. Suicides in an education setting carry an increased risk of triggering a 'cluster' of suicidal behaviours in others, so it is crucial that the response and support is carefully planned, consistent and evidence-based.

Questions often asked by schools or colleges are:

"What should I say has happened?"
"What about the family?"
"What support should we be putting in place?"
"What actions should we take with regards to funerals and memorials?"
"What if we say the wrong thing or make it worse?"
"Where do I find further information about suicide and grief?"
"What do I do if I am worried about someone else?

Most of the information in "Step 1 – notification and coordination" relates to specific processes and procedures following the sudden and unexpected deaths of children and young people. However, most of the information in this document is applicable to any suspected suicide, whether by young people, or by teachers or other adult members of the school or college community.

For the most part, the advice and recommendations are the same if the event occurs during term time or holidays, although practical considerations to the timings of ongoing support and messaging may have to be adapted during a holiday period. It is recommended that education settings adapt this guidance to put their own Postvention[2] Action Plan in place to fit their own circumstances.

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

[2] Postvention is the term given to activities and programmes that are intended to assist those who have been bereaved by suicide to cope with what has happened. Suicide prevention and postvention are closely related in that postvention can also prevent further deaths.

Postvention protocol for a suspected death by suicide by a child or young person

This summary protocol should be used in the event of a suspected death by suicide of a child or young person in a Staffordshire or Stoke-on-Trent education setting.

The wider document provides further guidance and can also be used for advice and guidance where the suspected suicide is a teacher or other adult member of the education setting community.

Step 1: Notification and coordination

Timescale: Immediate

- If incident has just occurred, call 999.
- Contact the Child Death Overview Panel (CDOP) Coordinator on **07543 662992**.
- Notify CDOP via the secure direct link: https://www.ecdop.co.uk/stafford/live/public
- For Staffordshire settings:
  - Call **07623 910065** to notify the Director on Duty.
  - Call **01785 895050** to notify the County Council Communications Team.
  - Contact the Education Safeguarding Leads on - education.safeguarding@staffordshire.gov.uk alternatively call **01785 277587** or **01785 854502**
- For Stoke-on-Trent settings:
  - Call **07514 731760** to notify the City Council Area Schools Officer
  - City Council Communications team - press@stoke.gov.uk or call **07824 867727**
- Identify a single point of contact from your establishment to liaise and act as spokesperson with the Joint Agency Response (JAR).

Step 2: Responsible communication with the family

Timescale: Within 12 hours

- Liaise with the CDOP team to establish nominated contacts for families and friends. **All of the following communication should be via the point of contact agreed with the CDOP Team.**
- Agree how to check in with family and offer condolences and support. Establish family's wishes in relation to terminology used
- The Educational Psychology Service can help to provide system support and signpost to other services.
- Offer ongoing support via the dedicated Postvention Service (amparo.org.uk **0330 088 9255**).

Step 3: Responsible communication within the education setting

Timescale: Within 24-48 hours

- The CDOP will arrange a JAR Teams meeting usually within 24-48 hours following the death.
- Confirm as much information as possible before informing the education setting's community of the death.
- Details about the death should not be disclosed to students without explicit permission of the family.
- For detailed guidance on how to communicate news of the death to the education setting's community, **see page 10-11.**

Step 4: Responsible communication with the media

Timescale: Within 24-48 hours

- Designate a media spokesperson. You should agree this with your appropriate corporate, County Council, City Council or Academy Communications Team (contact details as in Step 1)
- Advise those that answer external telephone calls to the education setting that they should not engage in answering any questions. For detailed guidance on how to deal with media or other enquiries, **see page 12-13.**

Step 5: Managing risk and signposting support

Timescale: After 24 hours

- Identifying students and staff more vulnerable can help manage risk.
- For detailed guidance on managing risk and signposting support, **see page 14-16.**

Step 1: Further information about notification and coordination

If the incident is within the setting, call the emergency services first. Ensure that any witnesses are not left alone.

This guidance document is intended to be of use for any suspected suicides within the community of an educational setting. There are specific procedures that **must be** followed in the case of a sudden or unexpected child/young person's death, and these are highlighted separately by inclusion within a text box, but the rest of the information is relevant to **all** deaths by suspected suicides in the setting.

Information specific to the death of a child or young person:

If you wish to know more about procedures and guidance associated with child death in Staffordshire and Stoke-on-Trent, they can be found here:

When a Child Dies - Staffordshire Safeguarding Children Partnership

The Staffordshire and Stoke-on-Trent Multi-Agency Guidance for Joint Agency Response to Sudden and Unexpected Death in Infancy/Childhood (SUDIC) can be found here:

Multi-agency SUDIC Guidance SSoT 2024

If the death has already been reported to the police or coroner, then the Head or Principal will likely be notified about it by either by the police, children's services, education safeguarding leads or by the Child Death Overview Panel (CDOP).

Information specific to the death of a child or young person:

If you become aware of the death of a child or young person via other sources you should first make sure that the information is reliable, then contact CDOP. Any professional aware of a child death should send a notification to: Https://www.ecdop.co.uk/stafford/live/public (this is a secure electronic direct link). The CDOP Coordinator can also be reached on: **07543 662992**

For any suspected suicide in the setting, ensure that contact is made with:

- For maintained schools in Staffordshire:
  - Contact the Education Safeguarding Leads on: education.safeguarding@staffordshire.gov.uk alternatively call **01785 277587** or **01785 854502**
  - Staffordshire County Council Communications Team (**01785 895050**)

- For maintained schools in Stoke-on-Trent
  - Stoke-on-Trent City Council Area Schools Officer (Samantha.plews@stoke.gov.uk **07514 731760**)
  - City Council Communications team - press@stoke.gov.uk or call **07824 867727**

- Academies will have their own specific corporate communications and support pathways.

Information specific to the death of a child or young person:

It is likely that a strategy discussion will be carried out following the young person's death between the Child Protection Police Team (CPET), the on-call hospital paediatrician and social care.

All sudden and unexpected child deaths (often referred to as SUDICs) have a Joint Agency Response (JAR) as part of the wider Child Death Review Process. This response includes representatives from police, social Care and health. It is important that the education setting identifies their own contact for this group, usually the Headteacher or member of the senior management team. Ensure the point of contact has relevant support and supervision in place, as this is likely to be a challenging role.

Establishing who the key contact should be prior to a holiday period is strongly recommended.

The CDOP can be consulted for advice or with any issues or concerns relating to child deaths, and they will arrange a JAR Teams meeting usually within 24-48 hours following the death.

The aims of the JAR are to:

- Establish, as far as possible, the cause or causes of the child's death.
- Identify any contributory or modifiable factors.
- Provide ongoing support to the family.
- Ensure that all statutory obligations are met.
- Learn lessons to reduce the risks of future child deaths.
- Provide sufficient evidence to the coroner, and where required inquest, to assist in determining the cause of death.

The education setting may wish to convene its own small postvention or crisis team which may include the school counsellor, teachers of the student (if appropriate) and other members of the senior leadership team.

Both the Staffordshire and Stoke-on-Trent Educational Psychology Services can provide critical incident support, which offers educational settings' psychologically-informed advice and signposting which focuses on the needs of staff, pupils and parents/carers to help the settings to consider and plan their own response.

It is recommended that a single point of contact is identified within the education setting to liaise and act as spokesperson with all other agencies (including the JAR in the case of a suspected suicide of a child or young person). Ensure the point of contact has relevant support and supervision in place, as this is likely to be a challenging role.

Refrain from *immediate* contact of further services/support (excluding emergency services) and avoid sharing any personally identifiable information with others.

Information specific to the death of a child or young person:

Verification of the facts via the CDOP team (and subsequently the JAR) must take precedence, including whether or not the death is being treated as a suspected suicide.

Step 2: Further information about responsible communication with the family

This is a general note relating to **all** of the sections on communication in this guidance.

Talking to people about a suspected suicide can feel very challenging. Choosing our words carefully is not just about avoiding stigmatising terms. The language we use can also have a positive effect, which makes choosing the right words just as important as avoiding the wrong ones. Prepare and refer to a script if that helps. Please make sure you have read the notes about use of language in Appendix 2.

A selection of support services are given in Appendix 1 – but please note that Staffordshire and Stoke-on-Trent have a free dedicated suicide bereavement (postvention) service to support anyone bereaved or affected by a suspected suicide. This service should be offered to *anyone* who might need it. (amparo.org.uk **0330 088 9255**).

In the initial days following a suspected suicide, it is better that contact with the family or loved ones of the person who has died is limited to as few people as possible, this helps to reduce the risk of repetitive or incorrect communication and disturbances during a difficult time. Exactly who should lead on ongoing communication with the family is very important and should be carefully considered. In the case of a suicide by a teacher or other adult, the 'family' in this context may refer to spouse, partner or other next of kin.

Information **specific** to the death of a child or young person:

The JAR will be supporting the family following the death, and so it is important to agree a single point of contact with the CDOP Nurse. The single point of contact would normally be a specialist nurse but may be from the hospital bereavement team or a police family liaison officer.

Ensure that the JAR point of contact has the contact details for the nominated point of contact for the education setting. Liaise with the JAR single point of contact around the wishes of the parents relating to ongoing contact and offers of support from the education setting.

The person involved in leading the following discussions should be agreed with the CDOP lead as above in the event of a child death but is likely to be the Head of the education setting if the suspected suicide is by an adult.

Initial contact with the family should be via a conversation, but condolences should also be offered from the Head of the education setting in written letter form.

Establish the family's wishes in relation to how the death is referred. The cause of death may not have been confirmed as a suicide yet and the family may not want the cause of death to be disclosed. Identify what should be shared with staff and students.

Information specific to the death of a child or young person:

If appropriate, ask the family to identify any friends of the deceased who may require support. Ensure that other education settings where siblings attend are contacted as soon as possible, so they can support them as appropriate.

Ensure that the family do not receive letters, texts or other general administrative communications for the deceased individual, for example, information on school trips or parent consultation events. If administrative communication etc. is necessary for siblings of the deceased, then try to ensure that the messages are screened and only appropriate information (edited if necessary) is sent out to families.

Step 3: Further information about responsible communication within the education setting

It is important that the education setting continues with its usual practice to promote emotional well-being, and, as far as possible, with normal routines, including keeping the school open. However, the specific challenge for senior leadership teams is to avoid assuming and/or confirming that a suicide has occurred, whilst at the same time being aware that a death being treated as possible suicide has an increased risk of further deaths occurring and ensuring that support is in place for their students.

Remember that you must first have established what the family's wishes are about how much information is to be shared. Ensure that you offer to share all written communications (including scripts etc.) with the parents should they wish to see it.

It is best to inform the staff first, and to ensure that they are clear about the processes in place around points of contact, ongoing communication and language. It may be helpful to circulate the table relating to use of language provided on page 22 in Appendix 2 to this document. Give them a script explaining what has happened, so that all staff are giving students that same consistent message. Staff do not need to directly read out from the script, but should be familiar with the recommended tone and content. Some examples of script templates are provided in the appendices to this guidance document.

Following communicating the death with staff it is good practice to share the news to students in small groups, as it is easier to gauge individual student's responses and be able to offer support. Form tutors can usually identify the child's close friends/group. See the paragraph on identifying vulnerable students on page 14 of this guidance. The news should be shared first with this immediate group followed by classes, years etc. **Avoid notifying students in a large assembly.**

Whilst it is important to adhere to routines as much as possible, consider providing immediate, temporary emotional support to students (and staff) who need it in a separate room. Research tells us that young people are best supported by adults they know and trust. Please note that the suicide bereavement service is open to anyone affected by the suspected suicide. CAMHS may be able to provide support to students who are in the care of their service and who may be struggling.

Information provided to the education setting community in the aftermath of a death being treated as suicide needs to be mindful of the family's wishes about use of the term suicide, but as much as possible should include and reinforce:

- Facts, not speculation
- That with support, people can cope with stressors and bad life experiences.
- That fleeting thoughts of suicide are not unusual
- An awareness of suicidal warning signs in themselves and others, and provide resources available to address these

But avoid:

- Details relating to the death itself
- Anything that romanticises, glorifies, or vilifies the death
- Anything that reinforces stereotypes, prejudice or discrimination against people with mental illness and suicidal ideation
- Anything that implies mental illness makes people more creative, fragile or violent
- Anything that refers to or defines people by their diagnosis
- Mention of any suicide note
- Any speculation over the motive for suicide

Education settings need to emphasise help-seeking as a positive strategy and offer young people the opportunity to talk to a trusted adult in a 'safe' space. When working with young people in this way, adults should:

- Recognise that a wide range of reactions (such as expressions of anger and guilt) are entirely normal in these circumstances and support them to express their emotions through methods they feel secure and comfortable with
- Encourage open discussion generally but discourage questions around 'why?' which can be too challenging. Suicide is a complex issue, and there is a danger in drawing simplistic conclusions about causality.
- Support them to think of specific things they can do when they experience very strong emotions such as sadness or anxiety/anger, particularly those they have used successfully in the past.
- Enquire about existing sources of support, and ensure that young people (and others in the education setting who may be affected) know where and how to get further help if they need it (see Appendix 1)
- As appropriate, share concerns with key staff and parents/carers.

Young people may be immediately moved to creating some sort of memorial. Care needs to be taken around this and guidance around memorials is given in on page 14/15.

Don't forget to ensure that staff as well as students are aware of where to find sources of support.

To notify parents and carers, a death notification statement is recommended to be sent by the most effective and efficient means, this may be via email, letter, or text. Examples are provided in **Appendix 3.**

Staff and students should be advised to avoid contact with the media, including social media.

Step 4: Further information about responsible communication with the media

A suicide of someone connected to an education setting can attract a lot of media and social media attention very quickly.

You should liaise with your local authority (or academy) corporate communications team to designate a media spokesperson. Ensure that all staff are made aware that only the media spokesperson is authorised to speak to the media. The media spokesperson should be familiar with the Samaritans Media Guidelines

Mainstream media

Those that answer external telephone calls to the education setting (such as reception staff) should be advised that they should not engage in answering any questions from mainstream media, and to be alert to potentially 'underhand' attempts to gain information. They should instead:

- Make a note of the reporter's contact details (including mobile and email address)
- Make a note of the questions asked
- Pass the information to the Headteacher as a matter of urgency

Early press releases can cause significant distress to grieving families and friends. It is vital that these are crafted carefully to minimise distress for both the family and education setting. Communication with the family is crucial.

An approved prepared statement should be compiled in order to control the way any response on behalf of the education setting is answered. For maintained school establishments, the local authority communication team should be consulted before any contact with the media and to check any written statement. Independent or academy settings may have their own requirements.

It is important to avoid giving details of the suicide method or any suicide note, or giving 'explanations' of the possible reasons for the suicide, for example, '…was stressed about upcoming exams'.

Social media

Social media can be complicated and is able to reach many people in a short time but is difficult to control and carries various risks. Staff need to be particularly vigilant in their monitoring of social media and should be reminded of the single point of media contact at the education setting.

The education setting should generally avoid communications about the death via social media platforms, but in line with their own policies, and by working in partnership with students, education settings can use social media to:

- share information and resources to promote mental health and emotional wellbeing.
- promote safe messages that emphasise suicide prevention and minimise the risk of suicide contagion/cluster suicide

- identify social media accounts that may need monitoring or attention, especially to identify young people who may need additional support

If information about the death is made available on social media platforms before the educational establishment has informed the staff and students, it is suggested to continue with your plans. Avoid confirming or denying information shared on social media.

Any discussions around the suicide should be avoided, but it may be appropriate to dispel rumours, or to otherwise take action against online trolls.

Step 5: Further information about moving forwards

Identifying vulnerable students

Any child, young person or adult may be affected unpredictably, so be vigilant in identifying any changes in behaviour across the whole education setting community.

However, certain groups of people may be at heightened risk of struggling to cope. As well as those directly affected by the suicide (family, friends or witnesses) staff should also be asked to identify any other young people or staff who may be vulnerable, and efforts should be made to provide additional support for them.

It may also be appropriate (especially in the case of a college) to check what school the deceased student previously attended, so that those students can be identified and monitored.

There is some evidence to suggest that people may be particularly vulnerable if they:

- Have previously experienced bereavement, serious loss, or undergone a personal crisis (especially within recent months)
- Have needs in relation to emotional wellbeing or mental health
- Have special educational needs
- Are in groups recognised as being vulnerable (for example looked after children)
- Are isolated or in marginal groups

Finally, education settings should be alert to current themes or messages in the curriculum or in popular culture, which might influence young people's thoughts and feelings about the circumstances that have occurred and potentially make them more vulnerable.

Anniversaries of the death and birthdays of the deceased can hold a great deal of significance to people, so extra awareness around vulnerable people should be exercised on those days.

Memorials

Following a death, it is common for bereaved families to fear that memories will fade away and no further memories will be made. The family will be offered 'memory items' by the hospital or SUDIC (Sudden Unexpected Death in Childhood) Team. Memory items are non-invasive samples obtained from deceased children or young people. These include a lock of hair, handprint, a cast of hand/foot. It is the responsibility of the police to ensure that all items of clothing etc. are returned to the family.

The wish to memorialise a child or young person who has died reflects a basic human desire to remember those we have lost. In the immediate aftermath of a death, it is not unusual for students to create spontaneous memorials by leaving flowers, cards, poems, pictures, stuffed animals, or other items, in a place closely associated with the child or young person, such as their seat in the classroom or the place where they died.

In the case of a death being treated as suicide, education settings must consider how to memorialise the child or young person who died without risking suicide contagion/cluster suicide among others who might themselves be at risk. It is important not to inadvertently glamourise or romanticise either the child or young person, or the way they died. Wherever

possible, senior staff should meet with the child or young person's friends and coordinate with the family, in the interest of identifying a meaningful, safe approach to acknowledging the loss.

In terms of both formal and spontaneous memorials, it is advised that:

- Memorial services are not held in the education setting, or during school hours
- Education settings strongly encourage parents or carers to accompany their own children to the funeral or memorial service
- Education settings create opportunities for students to communicate their feelings **in a contained and time-limited way**, for example by providing a noticeboard and markers for children and young people to write messages, which can be removed after a few days
- Online memorial pages should use safe messaging, include resources and sources of support, be closely monitored by an adult, and remain active for a maximum of 60 days
- Staff monitor spontaneous memorials, including social media sites, for messages that may be inappropriate, or which suggest that other children and young people may be at risk
- Staff involve students in planning the disassembly of any spontaneous memorials in a suitable way, after an appropriate time
- Discourage the wearing of items of clothing bearing images of the child or young person who has died; if students come to the education setting in these, allow them to be worn for that day only
- Education settings discourage large and unsupervised gatherings, such as candlelit vigils.
- Education settings involve students in planning how and when to rearrange classroom seating
- With longer-term memorials, such as dedicating items or events to the child or young person who has died, education settings should adhere to the principle of treating all student deaths in a similar way

Constructive ideas for 'safe' memorialisation include:

- Producing a collection of messages to the family and memories of the child or young person who has died, which may then be passed to the family
- Putting together a team to participate in a fundraising event
- Sponsoring a mental health awareness day
- Purchasing resources to promote emotional health and wellbeing, for use in the education setting.
- Doing something kind for another person in honour of their friend

The inquest and ongoing CDOP process

Families will want to know why their child died. The coroner's investigator will contact families with the post-mortem results as soon as these are available and will send a copy to the SUDIC team. The family will be contacted to facilitate an appointment to discuss the findings of the post-mortem/investigation and try to answer any questions that the family may have.

There may be particular issues associated with the inquest. The verdict, which may or may not be suicide, will come some months after the death. Staff should ensure they are aware of when the inquest is taking place, in order to be prepared. Both staff and students may need support to cope with information that has emerged during the inquest process. Education settings may request further support from the Educational Psychology Service at this time.

The final case discussion is arranged by the CDOP when all the information from the child death investigation is available, including the post-mortem report, usually within six months of the death, and before the coroner's inquest (if held). The meeting will have similar attendance to the initial JAR meeting. The meeting is to review the full causes of death and analyse any factors that may have contributed to death, if there were any modifiable factors, and any learning, actions, and good practice that can be shared locally and nationally to prevent future deaths.

Responding further down the line

Education settings need to be aware that reactions to the death may continue for months, or even years, and be proactive in providing support as needed. The educational establishment should highlight vulnerable students and staff members and seek further advice (or support such as help with signposting) from the Educational Psychology Service, or from the Suicide Bereavement Service as appropriate. Other sources of support are listed in Appendix 1.

In addition to this guidance, there is more detailed advice available around suicide prevention and postvention from Samaritans and other sources listed in Appendix 1. It is recommended that education settings use these resources to proactively ensure that they have a practical postvention plan in place so that they know what to do if the tragic event of a suspected suicide should occur.

Appendix 1

Sources of Advice and Support

Organisation	Contact information
Child Death Overview Panel (CDOP) Coordinator	07543 662992
Child and Adolescent Mental Health Services (CAMHS) Support for young people experiencing emotional, behavioural or mental health difficulties	North Staffordshire Combined Healthcare NHS Trust - Crisis Care Centre: call 0800 032 8728 and choose option 1 (**covers Stoke-on-Trent, Newcastle-under-Lyme, Staffs Moorlands**) South Staffordshire urgent NHS mental health helpline: call 0808 196 3002 or email mhsi.staffordshire@mpft.nhs.uk (**covers Stafford, Stone, Rugeley, Cannock, South Staffs, Lichfield, Burton, Uttoxeter, Tamworth**)
Amparo Dedicated Postvention service offering support to **anyone** affected by suicide	0330 088 9255 amparo.org.uk
Survivors of Bereavement by Suicide (SOBS) National organisation offering peer-led support to anyone impacted by suicide loss	National Support Line – 0300 111 5065 email.support@uksobs.org uksobs.com Local groups covering Staffordshire/ Stoke-on-Trent: Stafford 07946 527 834 stafford@uksobs.org Lichfield 07946 527 606 lichfield@uksobs.org Crewe 07484 115 555 crewe@uksobs.org Swadlincote 07399 552 142 swadlincote@uksobs.org Cannock 07538 524 858 cannock@uksobs.org
Samaritans Provide confidential 24/7 support for anyone in a crisis.	116 123 jo@samaritans.org www.samaritans.org

Organisation	Contact information
Winston's Wish Provides support for children, teenagers and young adults who have lost someone important to them	08088 020 021 ask@winstonswish.org winstonswish.org
Young Minds Helpline offering information, advice and support to parents and carers who are concerned about their child or young person's mental health	0808 802 5544, weekdays 9.30am–4pm www.youngminds.org.uk
The Dove Service Provides bereavement support including specialist support (including counselling) for children and young people.	01782 914455 Children and Young People | The Dove Service - Counselling Contact Us | The Dove Service - Bereavement Counselling
Cruse Bereavement Support Supporting children bereaved by suicide	www.cruse.org.uk/organisations/schools/children-bereaved-suicide/

Appendix 2

Use of language around suicide

Getting as much accurate information as possible is important, as speculation and rumours can exacerbate emotional upheaval within the education setting. It is often many months before an inquest confirms a death as suicide, and it may never officially be recorded as such, so schools and colleges should use the phrase ‘sudden unexpected death’ or ‘being treated as a possible suicide’.

Talking about suicide and suicidal thoughts can be hugely challenging, but it is crucial to consider. Language can help as well as harm, so it is important to use sensitive and appropriate language. When having conversations about suicide, make sure there is enough time for the conversation and that, where possible, it takes place in a safe space free from interruptions. The following should be considered across all of the steps of the protocol.

Suicide is a considerable public health issue with ripple effects throughout the community. Those affected by suicide (whether personally or due to the death of a person to whom they are connected) are vulnerable and can feel stigmatised. Whilst it is helpful generally to be able to talk more about suicide and provide safe places for this to occur in a manner that is helpful and healthy, such talk is often steeped in concepts and language from the past that perpetuate stigma, constrain thinking and reduce help-seeking behaviour. Those bereaved by suicide and those who have been suicidal themselves have commented on the negative and unhelpful effects of stigmatising language.

It is important to remember that in general, it is best to be direct. We know that talking to someone about suicide won’t cause or increase suicidal thoughts or cause the person to act on them. It can help them feel less isolated and scared. Be hopeful. People can and do get better. Encourage people to seek help

Use of safe language will help build awareness and understanding to increase empathy and support. The following table provides guidance on phrases to use and avoid, identifying unhelpful language and providing alternatives which might be helpful.

Guidance on Language around suicide

Unhelpful Language	Why it is Unhelpful	Language to use instead
Commit suicide	Suicide hasn't been a crime since 1961. Using the word "commit" suggests that it is still a crime or sin which perpetuates stigma. using neutral phrasing like "died by suicide" helps strip away the shame/blame element	Died by suicide Ended their life Took their own life Killed themselves
Successful suicide Failed suicide attempt Unsuccessful attempt	If someone dies by suicide it cannot ever be a success. The notion of a "successful" suicide is inappropriate because it frames a very tragic outcome as an achievement or something positive.	Died by suicide Ended their life Took their own life Killed themselves Survived a suicide attempt Non-fatal suicide attempt
Threatening suicide Attention seeking	These words imply that behaviours aren't serious or are being dramatic to gain attention. All suicide attempts should be taken seriously.	Considering suicide Intimating suicide Indicating suicide Signalling suicide
You're not thinking of doing something stupid/silly are you?	This suggests that the person's thoughts of suicide are stupid or silly, and/or that the person is themself stupid or silly. If asked this question, people are most likely to deny their true feelings for fear of being viewed negatively.	Are you telling me you want to kill yourself/end your life/die/die by suicide? Sometimes, when people are feeling the way you are, they think about suicide. Is that what you're thinking about? It sounds like you're thinking about suicide; is that right?

Appendix 3

Drafting letters, scripts and answers to potential questions

Because of the difficult and sensitive nature of communicating about suspected suicides, it is recommended that the leadership team at the educational setting prepare in advance:

- A script for sharing agreed information with all staff
- A script for sharing the agreed information with children/young people
- Answers to potential questions from young people
- A letter to parents/carers

These scripts may need to be updated when new information arises. The leadership team needs to consider planning opportunities for staff to share updated information with staff and to adapt scripts accordingly.

If the suicide is a child or young person, please make sure you liaise with the SUDIC/CDOP point of contact to ensure consistency of messaging.

Preparing 'scripts' as a team ensures that staff have a shared understanding of what to say to children/young people and how to say it. The script can then be shared with parents/carers to inform them of exactly what information has been shared with their child in the education setting.

Thinking in advance about answers to questions young people may ask is advisable to ensure that adults give the same consistent message to avoid confusion or different messages for young people. These 'scripts' should make it easier to deal with providing answers to very difficult questions. It is important to be mindful of the young person's own needs, and their understanding of language, in order to prepare an appropriate response.

Colleagues within the Educational Psychology teams or other colleagues within the CDOP team will be able to provide you with appropriate scripts, and a selection of examples are provided below.

The paragraphs within each script are for guidance only, please edit and adapt the templates as appropriate for your situation.

They have been presented in bullet point form to remind you that any communication needs to be needs-led and bespoke to the specific situation.

Please take the time to be sure that you only use a sentence or paragraph if you are sure that it is suitable for you, appropriate to the circumstances, and that any services offered are available.

Briefings for students: When the death is confirmed as a suspected suicide

- I am so sorry to tell you all that one of our students, [NAME], has died. I'm also very sad to tell you that the cause of death is a suspected suicide. Many of you may also feel very sad. Others may feel other emotions such as anger or confusion. It's okay to feel whatever emotions you might be feeling.
- When someone takes their own life, it leads to a lot of questions, some of which may never be completely answered. While we may never know why [NAME] ended [HIS/HER/THEIR] life, we do know that suicide has many causes. In many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.
- Rumours may come out about what happened, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it.
- Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. If you'd like to talk to one of us, just let me or one of your teachers know.
- We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Briefings for students: When the death is *not* confirmed as a suspected suicide

- I am so sorry to tell you all that one of our students, [NAME], has died. The cause of death has not yet been determined.
- We are aware there has been some talk that this might have been a suicide death. Rumours may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends.
- I'm going to do my best to give you the most accurate information as soon as I know it. Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.
- Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. If you'd like to talk to one of us, just let me or one of your teachers know.
- We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Briefings for students: When the family have asked that the cause of death is not disclosed

- I am so sorry to tell you all that one of our students, [NAME], has died. The family has requested that information about the cause of death not be shared at this time.
- We are aware that there has been some talk that this might have been a suicide death. Rumours may begin to come out, but please don't spread them. They may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. I'm going to do my best to give you the most accurate information as soon as I know it. Since the subject has been raised, I do want to take this chance to remind you that suicide, when it does occur, is very complicated. No one single thing causes it. But in many cases, a mental health condition is part of it, and these conditions are treatable. It's really important if you're not feeling well in any way to reach out for help. Suicide should not be an option.
- Each of us will react to [NAME]'s death in our own way, and we need to be respectful of each other. Right now, I'm feeling very sad, and many of you may feel sad too. Others may feel anger or confusion. It's okay to feel whatever emotions you might be feeling. Some of us may have known [NAME] well, and some of us may not. But either way, we may have strong feelings. You might find it difficult to concentrate on schoolwork for a little while. On the other hand, you might find that focusing on school helps take your mind off what has happened. Either is okay. I want you to know that your teachers and I are here for you. If you'd like to talk to one of them, just let me or one of your teachers know. We have details of resources and service support available for you and your family. Please ask if this would be helpful during this difficult time. We are all here for you. We are all in this together, and the school staff will do whatever we can to help you get through this.

Briefing for parents/families of students at the establishment: When the death is confirmed as suspected suicide

- I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER/THEIR] family and friends. All of the students were given the news of the death by their teacher in [CLASS/HOMEROOM] this morning. I have included a copy of the announcement that was read to them.
- The cause of death was suicide. Suicide is a very complicated act. Although we may never know why [NAME] ended [HIS/HER/THEIR] life, we do know that suicide has multiple causes. In many cases, a mental health condition is part of it. But these conditions are treatable. It's really important if you or your child are not feeling well in any way to reach out for help. I am including some information that may be helpful to you in discussing suicide with your child. Members of our Crisis Response Team are available to meet with students individually and in groups today as well as over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. Note that children who are already vulnerable may be at greater risk due to exposure to the suicide of a peer.
- If you or your child needs help right away, in a medical emergency call 999. Outside of an emergency Young Minds run a Parents Helpline to offer advice to anyone worried about a child or young person under 25. Call 0808 802 5544, weekdays 9.30am–4pm.
- If your children, you, or any of your family are affected by the suspected suicide, we have a specialised suicide bereavement service which can provide free and confidential support for as long as you need it. Call Amparo on 0330 088 9255 or visit amparo.org.uk.
- Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school.
- The school will be hosting a meeting for parents and others in the community at [DATE/ TIME/LOCATION]. Members of our Crisis Response Team [OR NAME SPECIFIC MENTAL HEALTH PROFESSIONALS] will be present to provide information about common reactions following a suicide and how adults can help youth cope. They will also provide information about suicide and mental illness in adolescents, including risk factors and warning signs of suicide, and will address attendees' questions and concerns. If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION]
- Sincerely, [HEAD/PRINCIPAL's NAME]

Briefing for parents/families of students at the establishment: When the cause of death is unconfirmed:

- I am so sorry to tell you all that one of our students, [NAME], has died. Our thoughts and sympathies are with [HIS/HER/THEIR] family and friends. All of the students were given the news of the death by their teacher in [CLASS/HOMEROOM] this morning. I have included a copy of the announcement that was read to them.
- The cause of death has not yet been determined by the authorities. We are aware there has been some talk that this might have been a suicide death. Rumours may begin to circulate, and we have asked the students not to spread them since they may turn out to be untrue and can be deeply hurtful and unfair to [NAME] and [HIS/HER/THEIR] family and friends. We will do our best to give you accurate information as it becomes known to us. Members of our Crisis Response Team are available to meet with students individually and in groups today, as well as over the coming days and weeks. Please contact the school office if you feel your child needs additional assistance. If you or your child needs help right away, in a medical emergency, call 999. Outside of an emergency Young Minds run a Parents Helpline to offer advice to anyone worried about a child or young person under 25. Call 0808 802 5544, weekdays 9.30am–4pm.
- Information about the funeral service will be made available as soon as we have it. If your child wishes to attend, we strongly encourage you to accompany him or her to the service. If the funeral is scheduled during school hours, students who wish to attend will need parental permission to be released from school. If you have any questions or concerns, please do not hesitate to contact me or one of the school mental health professionals. We can be reached by calling [PHONE NUMBER, EXTENSION]
- Sincerely, [HEAD/PRINCIPAL's NAME]

In addition, here are some other soundbites and approaches that may be useful:

- "We have learned that very sadly, one of our students has died over the weekend."
- "We know that there has been a lot of talk about whether this was a death by suspected suicide. Since the subject of suicide has been raised, we want to take this opportunity to give you accurate information about suicide in general, ways to prevent it, and how to get help if you or someone you know is feeling depressed or may be suicidal."
- "Some of you were aware of [NAME]'s struggles with depression, and might feel regret or even guilt, that you weren't able to do something to prevent [HIS/HER/THEIR] death. It's a huge shock to us all that [NAME] is no longer with us and it's natural to look back and wonder if you could have done anything to have averted this tragedy. This is a natural human response to a sudden and unexpected death and it's okay to talk about those feelings."
- "When someone we love dies by suicide, we have many different feelings, including feeling very sad. You might also feel angry, confused, or guilty you weren't able to do anything to stop [NAME] harming [HIMSELF/HERSELF/THEMSELVES].
- Feeling sad after a death, though, does not mean that you are depressed. It is important to talk to someone about how you are feeling so that you get some help to feel better and to answer any questions or worries you may have about what happened."
- "We are all shocked and saddened by [NAME]'s death and although it's still under investigation there's been a lot of talk about suicide in the news/on social media so let's talk about suicide in general as it's an important topic."
- "It is not a sign of weakness to ask for help; on the contrary, it's a sign of strength. For someone in a mental health crisis, sharing how you feel can get you the help you need. It is vital to ask for help if you experience suicidal thoughts. Some people really struggle to reach out for help when they are feeling desperate, and I want you to know that you can always ask a trusted adult for help."

Appendix 4

Abbreviations used in this guidance document

CDOP Child Death Overview Panel

JAR Joint Agency Response

SUDIC Sudden Unexpected Death in Infancy and Childhood

Acknowledgements

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